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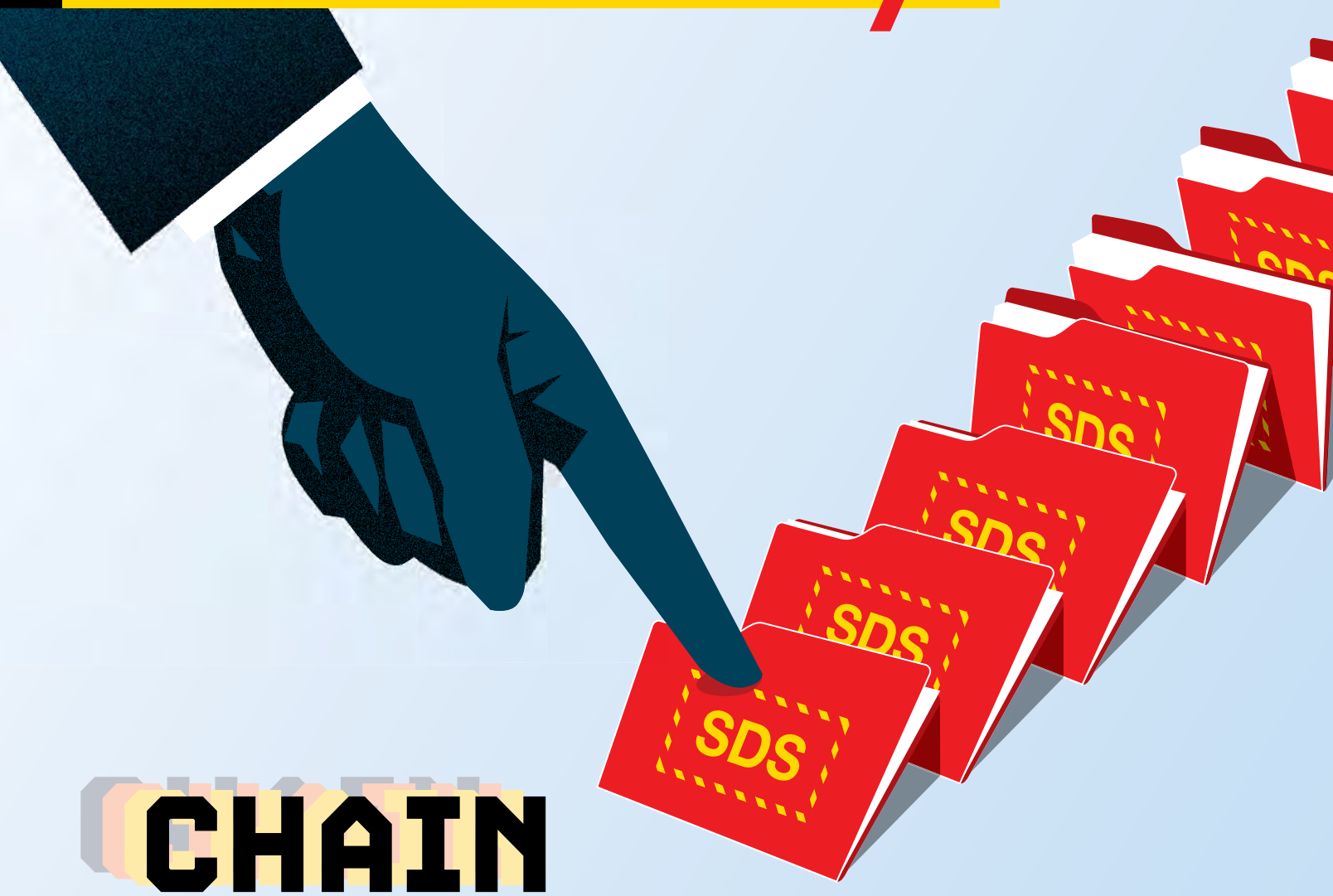
CMA™ Today



CHAIN REACTION

Safety Data Sheets Linked to Improved Workplaces

Talk of the Towns

As we eagerly await spring, I am excited to report that the AAMA Board of Trustees (BOT) has been hard at work this winter with initiatives and projects to enhance the recognition of our profession and credential. During the successful winter BOT meeting, we got into gear with much productive discussion and planning.

Committees have been working on membership benefits and leadership support for both state and chapter leaders. Along with many of our quality improvements initiatives, the AAMA website is in the process of a complete upgrade. We apologize for the delay in this process; however, it is our current top priority. Other improvements for members and state leaders are currently in the works, so stay tuned for great things on the horizon!

One way *you* can get involved is by taking part in events hosted by your state society. Can you believe it is almost time for many of your state conferences? Our BOT members are excited to attend many of your state society meetings as your AAMA Bureau Representatives and share new information on upcoming events and projects. So, support your local state by being an active participant and taking advantage of the wonderful opportunities state societies offer.

On the national level, don't forget to mark your calendar for the 2023 AAMA Annual Conference! I urge you to join us this year in Lake Buena Vista, Florida, September 22–25, for a weekend of continuing education, networking, and fun. Keep your eye on the "Conference" webpage of the AAMA website to access details and important documents as they become available.

Make sure to also note the time and place for the 2024 AAMA Annual Conference: September 19–23, 2024, in Grand Rapids, Michigan.

Down the road, we're charting a course for 2025—and we need your help! The AAMA is currently taking bids for the 2025 conference. Interested applicants have until May 1, 2023, to complete the 2025 AAMA Annual Conference Site Consideration Form, which you can find on the AAMA website on the "Downloads" webpage within the "Conference" section.

If you feel inspired by all these exciting events and planning, I encourage you to join us on the national level of the AAMA. You can take the first step today by filling out the AAMA Volunteer Leadership Application, available on the "Guidelines and Forms" webpage of the AAMA website, by Aug. 1. The BOT and I cannot wait to work with you—and see you at upcoming gatherings!

Deborah Novak, CMA (AAMA)
2022–2023 AAMA President

AAMA® Mission

The mission of the American Association of Medical Assistants® is to provide the medical assistant professional with education, certification, credential acknowledgment, networking opportunities, scope-of-practice protection, and advocacy for quality patient-centered health care.

CMA (AAMA)® Certification

The CMA (AAMA) is awarded to candidates who pass the CMA (AAMA) Certification Exam. PSI Services LLC constructs and administers the exam. The CMA (AAMA) credential must be recertified every 60 months by the continuing education or exam method.

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AAMA update

A Magical Moment in Florida

The registration brochure for the 2023 AAMA Annual Conference will be posted on the website soon. Download the brochure to access a wealth of resources:

- **Be our guest—check out discounts and details.** Find conference hotel discounts and see if any information about the Sunshine State catches your eye.
- **Gain the bare necessities.** Pore over a whole new world of continuing education opportunities.
- **Share magical moments.** Come face-to-face with fellow members of the AAMA from all over the country!

Plan now to attend conference by adding this year's dates to your calendar: Lake Buena Vista, Florida—Sept. 22–25, 2023

2023 State Conferences

Due to the ongoing unpredictability of the COVID-19 pandemic, details about state society conferences are ever-changing. The AAMA will share available information on the "State Society Conferences" webpage (under the Continuing Education tab of the AAMA website) and via the AAMA Facebook page's events section.

AAMA members and other interested medical assistants—if your state is not listed, contact your state president for details. You can find your state president on the "State and Chapter Listings" webpage. *(Updates will be posted to the AAMA website and Facebook page as received.)*

State society leaders—two ways to reach potential attendees are available:

1. Make sure your state conference information is posted on the AAMA website. You can email the AAMA at MarCom@aama-ntl.org with questions and updated information, including links to registration information for your state meeting.
2. If you would like AAMA staff to share the event via the AAMA's Facebook page to broadcast the information to its 51,000+ followers, submit a Save-the-Date online form, accessible via the My Account section of the AAMA website *(must be signed in for access)*. ✦

On the Web

Who's Who?

Within the "About" Section/Executive Office Staff

The AAMA has supported medical assistants for more than six decades, and in that time, we've had the privilege to know some outstanding individuals. In the spirit of strengthening connections, the "Executive Office Staff" webpage provides a breakdown of all staff.

State Scope of Practice Laws

Under Employers or Home Page/State Scope of Practice Laws Section

Access updated documents detailing key state scope of practice laws for medical assistants. Find out everything you need to know about the duties medical assisting staff can perform.

Check Certification Expiration

Under My Account/My Certification Information

Time flies. Make sure it doesn't pass your recertification by! CMAs (AAMA)® can double-check their certification expiration dates on the AAMA website. Sign in or create an account to stay ahead of the curve. ✦

Official Call for HOD Representation

State societies are entitled to the following representation in the House of Delegates (HOD) at the 2023 AAMA Annual Conference in Lake Buena Vista, Florida. The HOD convenes at 8 AM Saturday, Sept. 23, 2023, at the Hilton Orlando Lake Buena Vista–Disney Springs Area.

AK	3	NC	10
AL	3	ND	2
AR	2	NE	3
CA	4	NH	3
CO	3	NJ	3
CT	3	NM	3
FL	5	NV	2
GA	5	NY	3
HI	2	OH	6
IA	5	OK	3
ID	3	OR	4
IL	5	PA	4
IN	6	SD	3
KS	2	SC	5
KY	4	TN	3
MA	4	TX	3
ME	3	UT	3
MI	6	VA	3
MN	6	WA	6
MO	3	WI	7
MT	3		

Recorded 2022 Conference Sessions Available for CEUs

Were you unable to attend the 2022 AAMA Annual Conference but still want to learn about some valuable topics and earn CEUs?

Three recordings of continuing education sessions from conference are now online in the e-Learning Center:

- *Physical Therapy First: A First Line of Defense for Pain, Recovery, and Injury Prevention*
- *Health Equity: We All Have a Role to Play*
- *HIV and AIDS: Epidemiology, Screening, and Provider-Patient Communication*

Each course is worth 2 AAMA CEUs and is available for $20 for members and $30 for nonmembers.

Enter the Excel Awards!

The submission window for the 2023 Excel Awards will be open soon. Start gathering your submission materials to enter the competition honoring the achievement of excellence:

- **AAMA members.** Nominate someone deserving of recognition!
  - Nominate a medical institution—big or small—that employs medical assistants and is a strong supporter of professional growth for the Medical Assistant Employer of the Year Awards.
  - Nominate exemplary national leaders for one of the three Awards of Distinction.
- **State leaders.** Enter your state publication, website, marketing campaign, or community service effort for recognition.
- **Medical assisting students.** Craft an essay responding to this prompt: "What are three personal characteristics that will assist you in becoming the best medical assistant you can be, and why is it important to obtain a medical assisting credential?" Enter for a chance to win **$1,000**.

Visit the "Excel Awards" webpage to read the details on required submission materials. Entry forms will be available for download soon. Entries must be postmarked or emailed by July 15 (for the employer, Distinction, and student entries) or August 1 (for state entries). ✦

Principles for Determining Whether to Develop a Microcredential

Donald A. Balasa, JD, MBA
AAMA CEO and Legal Counsel

Much has been written about microcredentials over the last two years. In-person sessions and webinars about microcredentialing have been offered by groups such as the Institute for Credentialing Excellence (I.C.E.), the Certification Network Group, the Association of Test Publishers, and the Health Professions Network. In fact, I have presented or copresented on microcredentials for some of these organizations.

This article aims to offer some theoretical and practical considerations for determining whether a microcredential in a particular profession should be created.

Defining *Microcredential*

Several definitions of *microcredential* and *microcredentialing* have been propounded. The following from I.C.E. is a good working definition:

> In credentialing, [a microcredential is] the recognition awarded to an individual who has demonstrated attainment of a narrow scope of knowledge, skills, or abilities. The scope of the microcredential can be as granular as a single skill or competency.[1]

The Economics of Information

Accurate and pertinent information may be considered a commodity with economic benefits. As is the case with all commodities, there is a cost for obtaining relevant information. A rational decision-maker will opt to obtain the information if the benefits of having certain information outweigh the costs of procuring such information.

Applying the Economics of Information

The principles of the economics of information help frame the following threshold question when considering whether to create a microcredential: Is the demand from employers for an objective indicator of competence in a subset of all required competencies sufficient to justify the development of a microcredential? This threshold question can be put in the form of the following principle: if the demand is great enough and employers are willing to pay a large enough premium for job seekers—or current employees seeking a higher position—with the microcredential, job seekers and employees will be willing to pay a high enough price to justify the creation of the microcredential.

Practical Considerations

In addition to the theoretical analysis, a potential developer of a microcredential must answer essential practical questions. The following are some key questions that incorporate both theoretical and practical elements:

- Is there sufficient demand for a microcredential?
- Is the short-term and long-term estimated revenue generated by a microcredential program greater than the estimated initial and ongoing costs of creating and maintaining a microcredential program?
- Will a microcredential program divert demand (and therefore revenue) from a macrocredential program? If so, is this an acceptable outcome for the body offering the two programs? Is it possible to estimate and compare the net revenue from the microcredential program with the decrease in net revenue (if any) from the macrocredential program?
- Is it possible to partially or completely segment the markets for the microcredential and the macrocredential? (If two markets are completely segmented, decisions in one market do not affect decisions in the other.)
- Are there secondary or indirect benefits and costs of creating a microcredential? Is it possible to quantify these benefits and costs?

A Case Study of a Successful Microcredential

Change in Federal Law

In 2011 the Centers for Medicare & Medicaid Services (CMS) issued regulations establishing the Medicare and Medicaid Electronic Health Record Incentive Programs (subsequently renamed the *Medicare and Medicaid Promoting Interoperability Programs*),[2] pursuant to the 2009 enactment of the Health Information Technology for Economic and Clinical Health Act by Congress. One of the requirements of the Incentive Programs involved a demonstration of the meaningful use of the electronic health record. To receive incentive payments under Stage 2 of the Incentive Programs (effective January 1, 2013), participating providers had to attest that a certain percentage of (1) medication orders, (2) laboratory orders, and (3) diagnostic imaging orders was entered into the computerized provider order entry (CPOE) system by either licensed health care professionals or credentialed medical assistants.[3]

The Dilemma for Non-Credentialed Medical Assistants

Many non-credentialed medical assistants were entering orders into the CPOE system

when CMS announced the meaningful use requirement on August 23, 2012. These medical assistants were at risk of losing their jobs unless they obtained an appropriate medical assisting credential by January 1, 2013.

Obtaining the CMA (AAMA)® was not a practical short-run solution because of the four-month implementation timeline.

The primary credential offered by the American Association of Medical Assistants® (AAMA) was (and is) the Certified Medical Assistant® (American Association of Medical Assistants)—abbreviated as the CMA (AAMA). The only eligibility pathway for the CMA (AAMA) Certification Exam at the time of the CMS requirement was graduation from a postsecondary medical assisting program accredited by either the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the Accrediting Bureau of Health Education Schools (ABHES). When the CMS credentialed medical assistant meaningful use requirement went into effect, many of the non-credentialed medical assistants in the workforce either had no academic training in medical assisting or had completed a medical assisting program that was not accredited by either CAAHEP or ABHES. Therefore, they were not eligible for the CMA (AAMA) Certification Exam, and—because CAAHEP- and ABHES-accredited medical assisting programs were (and are) at least one academic year in length—they did not have enough time to go back to school to complete an accredited program.

The ABR-OE

To prevent a significant percentage of the medical assisting population from being terminated because they did not have a credential, the AAMA developed the Assessment-Based Recognition in Order Entry (ABR-OE). The ABR-OE is an assessment-based certificate that measures the attainment of the knowledge needed to enter orders accurately and effectively into the CPOE system. It met the CMS requirement of a credential that would qualify the holder to enter orders into the electronic health record for meaningful use calculation purposes. Importantly, the ABR-OE can be completed in weeks by those willing to study diligently. During the early years of the Incentive Programs, the ABR-OE allowed medical assistants to obtain a qualifying credential and keep their jobs.

Robust Demand

As discussed earlier, the first issue to consider when evaluating the wisdom of developing a microcredential is whether there is enough demand. If a sufficient level of demand exists, a pricing structure can be established to generate an adequate amount of revenue.

Legal mandates often generate opportunities for providing traditional education, an assessment-based certificate, a certification, or a micro version of one or more of these. This is especially true when an individual's ongoing employment is at stake. In light of the CMS rule and its short implementation timeline, medical assistants and employers of medical assistants realized that obtaining an appropriate credential verifying competence in electronic order entry was, in many instances, not an option.

Market Segmentations

Realizing that some medical assistants eligible for the CMA (AAMA) Certification Exam may choose to pursue the ABR-OE instead of the CMA (AAMA), the AAMA prohibited (1) current CMAs (AAMA); (2) anyone who ever was a CMA (AAMA); and (3) anyone who is a student in, or a graduate of, a CAAHEP- or ABHES-accredited medical assisting program from obtaining an ABR-OE. These eligibility requirements were legally permissible under the antitrust laws and effectively brought about a virtually complete segmentation of the market for the ABR-OE and the market for the CMA (AAMA). Consequently, there was no decrease in macrocredential—the CMA (AAMA)—revenue because of the existence of the microcredential—the ABR-OE.

Conclusion

The above case study provides a textbook scenario for developing a microcredential. Complete market segmentation between a macrocredential and a microcredential, as is the case with the CMA (AAMA) and the ABR-OE, is seldom attainable. Nevertheless, the principles set forth above should help determine whether the development of a microcredential is advisable. ✦

Questions? Contact Donald A. Balasa, JD, MBA, at DBalasa@aama-ntl.org or 800/228-2262.

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UNDER THE MICROSCOPE

Zoom In on the Ins, Outs, and Abouts of Genetic Screening and Testing

By Brian Justice

The National Human Genome Research Institute defines *genetic screening* as a process used to identify a smaller group of people from within a population. The identified subgroups may have a higher risk of having a disease, developing that disease, or having children who develop that disease. Genetic testing, however, is focused on the individual.[1]

"The best thing to understand is that screening and testing are two different words, because they are different things," says Pamela Trapane, MD, chief of the pediatric genetics division at the University of Florida College of Medicine and medical director of the Duran Genetics Center at Wolfson Children's Hospital, both in Jacksonville, Florida. "A screening is not a diagnostic test. A breast cancer screening is not diagnostic, for instance. If you find something [during the screening], you go in, get a sample, test, and *then* make a diagnosis."

"Many people get this confused," agrees Christine Hricak, CMA (AAMA), a genetic counseling assistant with the Lehigh Valley Health Network in Allentown, Pennsylvania. "Screening [tells] you risk factors. [A patient] may be at risk for a condition, but it doesn't necessarily mean [the patient has] it. Testing is more definite with results."

Notably, screenings are not necessarily based on preexisting conditions.

"Common preventive screenings can be based on age or gender—like colonoscopies, for example," explains Nicole Koelling, CMA (AAMA), senior population health coordinator at St. Luke's Hospital in Chesterfield, Missouri. "Genetic testing is usually recommended by a physician based on a significant family history for a certain condition."

Examine Health Cues

"The benefits of screening and testing include knowledge," says Danielle Jalbert, CMA (AAMA), lead medical assistant and preceptor at Swedish Mercer Island Primary Care in Washington. "A big part of my work is helping patients overcome barriers of all kinds—financial, logistical, emotional. So, if a patient is hesitant, I want to know why. Then we can focus our energy and efforts on learning more and taking action."

Genetic screening can improve both population health and health equity by identifying high-risk populations and prompting targeted treatments that drive better outcomes.[2]

Nevertheless, both pros and cons are present in screening and testing, observes Hricak.

"Genetic counselors [must] consider the patient's anxiety level or desire to have more information," she says. "It varies from patient to patient, and a discussion with their medical provider can help them decide what testing [will] work best."

Up to Code?

Another reason for clarifying the capabili-

ties of genetic screening and testing is the popularity of recreational genetics, such as 23andMe and AncestryDNA. The market for these services is projected to be almost $2 billion by 2026.[2]

"I think genetic screening or testing is becoming more mainstream," says Peter Hulick, MD, medical director of the Mark R. Neaman Center for Personalized Medicine and division head of the Center for Medical Genetics with NorthShore University HealthSystem in Evanston, Illinois. "[Many] of the ancestry-related direct consumer offerings out there started to get genomics and genetics into the [common] nomenclature."

However, a 2021 study published in *JAMA Cardiology* revealed how direct-to-consumer testing could mislead users. Researchers compared the results of genetic tests ordered by clinicians versus commercial genetic tests for familial hypercholesterolemia—a condition in which variants of several genes cause markedly high cholesterol and an increased risk of heart attack, stroke, and more. They found that commercial genetic tests missed crucial variants for almost 70% of participants, and the impact was even greater—and potential consequences even more dire—for people of color.[3]

A separate investigation by the *New York Times* revealed that commercial prenatal screening produced false results 85% of the time.[4]

The significance of accurate testing cannot be overstated. "Genetic testing can only tell you [whether] you have a specific gene variant or mutation, not [whether] you will get cancer," explains the American Cancer Society.[5] "So, the test can tell what *might* happen, but it cannot tell what *will* happen. A positive test result does not always mean you will get the disease. And a negative result does not mean you have no risk of getting the cancer."[5]

"[Recognizing] that a positive result isn't destiny [is crucial]," agrees Dr. Hulick. "[A result] doesn't guarantee that something will happen, but it allows patients to … get information [before] being diagnosed so they can be put on a plan to reduce that risk."

Tried and Tested

Privacy concerns can also inform patients' opinions about screening and testing. The Genetic Information Nondiscrimination Act of 2008 prohibits employers and insurers from making decisions based on genetic information.[5] Regardless of federal and state protections and the thoroughness of clinician-conducted testing and review, how frontline professionals interact with apprehensive patients impacts how patients will react to their testing or screening results.

"I always joke that our profession is one of the most highly technical and, at the same time, one of the lowest [technological]," says Dr. Trapane. "A lot of it is counseling and psychiatry. [We help] people by educating them about what their test is and is not."

"I encourage patients to realize that results give us a starting point for action," says Jalbert. "After all, knowledge is power!" ✦

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Through the Lens of DNA

Researchers envision a day when an app knows its user's risk for certain diseases, the odds of passing diseases on, and what medicines would best treat the ailments. Genomics, the study of genomes, will make these advances possible. Genes compose DNA, and a genome is a complete picture of an individual's DNA and how it functions and interacts in an individual's body.[6]

Humans are 99.9% identical in their genetic makeup, so understanding that minuscule—but crucial—0.1% holds the key to detecting, treating, and even preventing certain diseases. One of the most intriguing developments is the rapid growth of pharmacogenomics, the study of how genes affect an individual's response to drugs. Increasingly, one's DNA can predict what medications *and* dosages would be most effective.[6]

"There are so many things on the horizon," says Pamela Trapane, MD. "It's kind of like all our [smartphone] updates. It just keeps going faster and faster."

Coffee's Benefits for Patients with Liver Disease

Coffee may reduce the severity of non-alcoholic fatty liver disease in patients with obesity and type 2 diabetes, according to research in *Nutrients*. Scientists in Portugal found that the caffeine and polyphenols in coffee can negate oxidative stress in the liver.

The study used urine samples and self-reported data from 156 middle-age participants to detect caffeine and non-caffeine compounds. Researchers then analyzed the urine, determining that the caffeine and non-caffeine metabolites hinder the advancement of liver disease.

The connection between obesity and type 2 diabetes is a dire public health concern, reports Medical News Today. Liver disease often develops with no symptoms and currently has no known cure. It can progress into other liver problems, such as cirrhosis and liver fibrosis.

This study contributes to other evidence that coffee protects against liver disease. Along with encouraging coffee consumption, researchers caution patients with obesity or type 2 diabetes to avoid adding sweeteners to their coffee for health precautions.

Decline in U.S. Life Expectancy

The average life expectancy for Americans dropped by more than seven months in 2021, as shown by recent data from the Centers for Disease Control and Prevention. This decrease follows the even larger drop of 1.8 years in 2020. The expected lifespan of someone born in the U.S. is now at its lowest in nearly two decades—76.4 years.

The primary drivers of the decline were COVID-19 and drug overdoses, reports NPR. COVID-19 deaths account for 60% of the stark decline, claiming 417,000 lives in 2021, even more than in 2020. However, preliminary data from 2022 indicates that COVID-19 deaths are now on the decline.

The uptick in drug overdose deaths also speaks to the mental health crisis exacerbated by the pandemic. Deaths caused by substance use often occur in young people, whose age significantly affects the life expectancy average. Other major contributors to the death toll—heart disease, cancer, and diabetes—remain prevalent.

One can hope that U.S. life expectancy will rebound in the coming years as populations continue to improve public health through vaccinations, thus protecting one another from COVID-19 fatalities. ✦

Experimental Alzheimer Drug Shows Promise

An experimental Alzheimer disease drug called Lecanemab has shown signs of slowing memory loss. Patients in the early stages of Alzheimer disease who used the drug for 18 months had 27% less cognitive decline than patients who received the placebo, according to a new study published in the *New England Journal of Medicine*.

The study used data from nearly 1,800 participants ranging in age from 50 to 90 years. Over an 18-month period, the participants who used the drug saw a 1.21-point decline in memory, while the control group declined by 1.66 points. Lecanemab reduced markers of amyloids in patients with early Alzheimer disease, which assisted in the slowed decline in cognition and functioning.

Researchers say that this effect is small and has its share of potential side effects, such as brain swelling and bleeding. And yet, this research and development is a promising step toward treatment for Alzheimer disease, which currently has no cure and affects more than 6 million Americans.

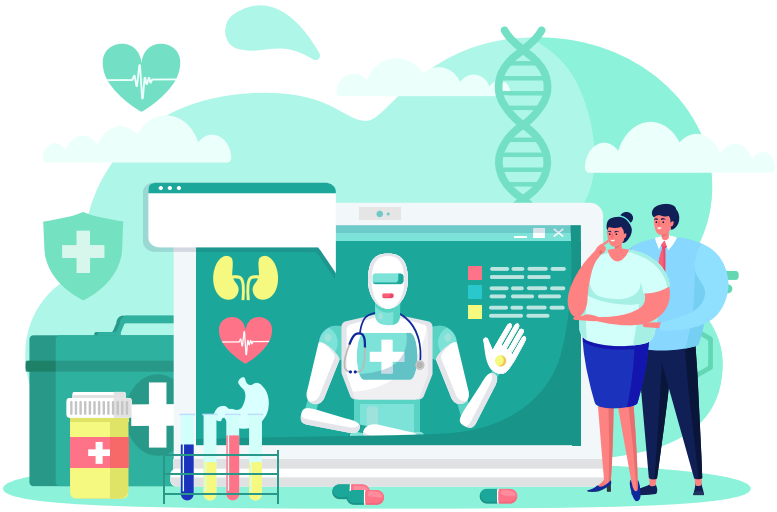
Irresponsible Usage of AI Can Hinder Health Care Research

Artificial intelligence, or machine learning (ML), has recently dominated the news cycle, showing promise in various disciplines. However, it can negatively affect health care research if used irresponsibly. Though many researchers find that ML may revolutionize health care due to its objectivity, the misuse of algorithms can perpetuate preexisting stereotypes and prejudices in health care, according to ScienceDaily.

In a 2022 *Nature Medicine* article, researchers found that despite having guidelines for ML in clinical research, the guidelines apply only once researchers have decided to use ML and do not evaluate the appropriateness of its use in certain circumstances. Additionally, ML algorithms used in health care settings have been trained on too little data and do not yet understand populations holistically.

Researchers must evaluate ML algorithms against traditional statistical measures before employing them in clinical research. While ML can complement research or detect patterns, researchers must be able to explain how they reached their conclusions and evaluate their processes.

The research team behind the 2022 *Nature Medicine* article is working to provide guidance on ML and traditional statistics to harness the use of ML algorithms in the future, ensuring the responsible use of ML in clinical research. ✦



Diversity in Cardiologists Affects Public Health

Diversity among medical workers is crucial to people's health, but more effort needs to be put toward recruiting, training, and supporting those individuals. The lack of ethnic and racial diversity among medical workers harms patient care and health outcomes, as patients receive better care from physicians who understand their backgrounds.

Though Black and Hispanic people account for 13% and 17% of the population, respectively, those groups account for only 5% and 6% of practicing physicians, according to *Circulation: Cardiovascular Quality and Outcomes*. In cardiology, the disparities are even higher, with 5% Hispanic cardiologists and nearly 3% Black cardiologists.

Cardiovascular disease's prevalence makes cardiology a critical field for global health. Many cardiovascular disease risk factors tie into a patient's socioeconomic status. A physician who understands a patient's background, from diet to exercise regime, can better guide them toward a healthier lifestyle and foster a trusting patient-provider relationship.

Fortunately, racial and ethnic diversity in medical school applicants increased during the COVID-19 pandemic. Encouraging diversity in the medical field, starting with students, could go a long way in solving health disparities in ethnically and racially diverse communities.

CHAIN REACTION

Safety Data Sheets Linked to Improved Workplaces

By Mark Harris

Chemicals are everywhere. They occur as part of nature and make up both living and inanimate matter. Chemicals are also manufactured and found in many commercial and industrial products. A modern global inventory lists more than 350,000 chemicals and mixtures of chemicals registered for commercial use and production.[1]

Manufactured chemicals can broadly improve our quality of life, health, and well-being. However, a crucial caveat goes along with the ascribed benefits of chemical products: they must be used safely and appropriately to avoid harming people or the environment. The significance of safety is especially relevant with chemicals categorized as potentially hazardous to human health.

Most health care facilities use hazardous chemicals, which often can be found in products used to clean, disinfect, and sterilize work surfaces, medical supplies, and medical instruments. Other exposure risks include laboratory chemicals, pesticides, aerosolized medications, anesthetic gases, fixatives used for tissue specimens, surgical smoke from lasers and electrosurgical instruments, medical waste, and other sources. Even pharmaceuticals used in cancer therapy, antiviral drugs, hormone agents, and bioengineered drugs can contain hazardous chemicals.[2]

About 8 million U.S. health care personnel face potential exposure to hazardous workplace chemicals, according to the National Institute for Occupational Safety and Health.[3] These employees can include physicians, nurses, medical assistants, operating room personnel, environmental services staff, laboratory personnel, and others.

Public awareness of hazardous chemicals' environmental and chemical risks continues to grow. Many federal, state, and industry protections prevent or minimize potential chemical hazards. These protections include safety engineering practices, regulatory and administrative rules, guidelines on the use of protective equipment, and other measures.

Despite efforts to prevent workplace exposures, potential health risks remain. Those risks can vary greatly; exposure to hazardous chemicals in the workplace can cause various acute and chronic health effects, such as skin rashes, adverse reproductive outcomes, certain types of cancer, and other health conditions.[3]

Up to Standard

The Occupational Safety and Health Administration's (OSHA) Hazard Communication Standard (HCS) guides the management of hazardous chemicals in the workplace.[4] It provides an overall framework for government and industry efforts to ensure chemical safety in the workplace. Notably, the HCS mandates that employers maintain a written hazard communication program to ensure employee safety and protection.

"The OSHA hazard communication program was designed to protect workers from hazardous chemicals in their workplace," says Marge McFarlane, PhD, MS, MT(ASCP), principal of Superior Performance Consultants LLC in La Pointe, Wisconsin. "The program has three key elements: a chemical inventory list, safety data sheets (SDSs) for each hazardous chemical, and a training program. A complete and accurate inventory sets up the requirements for which safety data sheets are required and what training is needed."

The chemical inventory should include a list of all on-site hazardous chemicals. Employers should use the product identifiers to prepare the inventory, according to OSHA. The identifier can be the product name, a common name, or the chemical name. The product identifier must be the same name used on the SDS and label. Doing so will make tracking the status of each SDS or label easier.[4]

In turn, the SDS provides essential information about the properties of each chemical and its associated physical, health, and environmental health hazards. The SDS also contains information about protective measures and safety precautions for handling, storing, and transporting hazardous chemicals.[5]

Notably, OSHA revised the SDS format in 2012 to align with the United Nations Globally Harmonized System of Classification and Labeling of Chemicals (GHS). The revised format provides more consistent and agreed-upon industry criteria for classifying and communicating essential information on hazardous chemicals. The new format has been required of all users as of June 1, 2015.[6]

"The [HCS] gave employees the right to know about hazardous substances in the workplace," says Rachel Housman, CSP, CIH, a safety consultant and industrial hygienist with Ally Safety, a Vancouver, Washington–based producer of workplace safety training videos. "Before the standard was implemented in the 1980s, people didn't have the right to know [whether] they were working with toxic, carcinogenic, or dangerous products. The GHS improved the communication structure in many areas. It's known as the *right-to-comprehend* portion because it made hazardous chemical communication more straightforward. ... [The GHS] also required that [SDSs] be organized into 16 simple sections, so there's no need to search for the information you need in a 10-page document—[it will] be in the same short section every time now."

> "I would post the OSHA pictograms on a bulletin board so that employees can see them and reidentify the health and physical hazards. When doing safety rounds, I would also suggest having the employee in the area show you a container of a hazardous chemical and identify the pictograms on the label. I often find that this information needs to be regularly reinforced."
>
> —Marge McFarlane, PhD, MS, MT(ASCP)

By the Book

The 16-section SDS format organizes information based on the following categories[5]:

- Section 1: Identification

- Section 2: Hazard(s) Identification
- Section 3: Composition and Information on Ingredients
- Section 4: First Aid Measures
- Section 5: Firefighting Measures
- Section 6: Accidental Release Measures
- Section 7: Handling and Storage
- Section 8: Exposure Controls and Personal Protection
- Section 9: Physical and Chemical Properties
- Section 10: Stability and Reactivity
- Section 11: Toxicological Information
- Section 12: Ecological Information (Nonmandatory)
- Section 13: Disposal Considerations (Nonmandatory)
- Section 14: Transport Information (Nonmandatory)
- Section 15: Regulatory Information (Nonmandatory)
- Section 16: Other Information

Several sections of the SDS could be considered particularly essential for health care providers, according to Dr. McFarlane, who is also a safety engineering and environmental public health expert. For example, section 1 identifies the chemical name and the name, address, and phone number—including the emergency phone number—of the manufacturer, importer, or another responsible party. Meanwhile, section 2 describes the hazards and warning statements associated with the chemical, including pictograms. Section 3 describes the chemical ingredients, while section 4 covers appropriate first aid measures.

In turn, section 6 gives recommendations on the appropriate response to spills, leaks, or other accidental releases, including containment and cleanup practices to prevent or minimize exposures. Section 8 describes exposure controls and required personal protective equipment (PPE), while section 9 describes the chemical and physical properties. Additionally, section 11 provides toxicology information.

Finally, section 16 can indicate the date the SDS was created or the last revision to the SDS and where any changes or updates were made.[5]

Overall, OSHA's GHS update, which aligns U.S. standards with international classification and labeling criteria, has several advantages, explains Dr. McFarlane:

- Reduced confusion about hazard classifications
- Increased understanding of recommended safety precautions, approved use, proper storage, and disposal of chemicals and mixtures
- Better downstream risk management by increasing the understanding of hazardous chemicals' risks
- Facilitated training with uniform SDSs and well-defined hazard classes
- Enhanced worker understanding
- Improved worker safety
- Enhanced international trade

The Danger Zone

In case of an emergency or urgent situation, quick access to the SDS file is critical, according to experts. "[SDSs] must be immediately available to all staff without the need to get a key or a computer log-in from someone else," notes Dr. McFarlane. While most medical practices today maintain many records electronically, a backup SDS file should be available in case of a power outage or other emergency that prevents timely access to the electronic record system. Keeping a hard copy folder or binder of the file accessible can help in such circumstances.

"For instance, if a medical practice operates on multiple floors, my recommendation is to always have a binder of your [SDSs] on each floor [and] available electronically so that anyone can access it from anywhere," advises David J. Zetter, PHR, SHRM-CP, CHCC, president and lead consultant at Zetter Healthcare in Mechanicsburg, Pennsylvania. "That way, [the SDS] is easily accessible, and all staff should [know its location]."

The issue of quick access to SDSs is a safety issue, adds Viviane Potucek, CMA (AAMA), a practice manager for an orthopedic medical practice at the Hospital for Special Surgery in Stamford, Connecticut. "For medical assistants and [practice] staff

Stay One Step Ahead

Employers can implement an effective hazard communication program by following these six steps[4]:

1. Learn the OSHA Hazard Communication Standard and identify the responsible staff member(s).
2. Prepare and implement a written hazard communication program.
3. Confirm that containers are labeled.
4. Keep safety data sheets up to date.
5. Provide employee training and education.
6. Evaluate and reassess your program.

generally, it's important to know what to do in case of an accidental hazards exposure or contact," she says. "For example, if a hazardous chemical gets in your eyes or you touch or inhale it, do you know what to do? How do you clean? Do you need a specific soap? Do you use water? It's very important to know how to respond."

For this reason, the SDS can be the go-to source for urgent or timely safety information. "Generally, every hazardous chemical product in the [practice] that is used in the clinical area, including medications, will have [an SDS]," explains Potucek. "Every employee who is going to potentially touch or use the product in any way—either to prep somebody, for cleaning, or whatever the use may be—should be trained and familiar with it. You need to know how to use the product [and] what can happen if an accident or exposure [occurs]. How hazardous is this product? If, for example, the product involves a substance that could potentially spill, you will need to know how to immediately respond."

Every hazardous chemical product must also be properly labeled based on OSHA rules. The label should include key information such as the product identifier, supplier identifier, and precautionary statements. Precautionary statements include any of the following[6]:

- Hazard pictograms
- Signal words (e.g., *danger* or *warning*)
- Hazard statements (e.g., "Highly flammable liquid and vapor. May cause liver and kidney damage.")

The necessary identifier information should include the chemical manufacturer or other responsible party's name, address, and telephone number.[6]

An addendum might be offered on the SDS requirements. Some common household consumer products—such as glass cleaner, for example—may not always require an SDS if their use in the workplace is similar to home consumer use. However, if the duration and frequency of a product's use in the workplace exceed typical consumer use, staff have the right to know whether there might be any potential hazards associated with these practices. The practice may be obligated to provide the appropriate SDS in such instances.[7]

Pictograms and Hazards

The following images are examples of common pictograms in OSHA Hazard Communication Standards[10]:

Health Hazard
- Carcinogen
- Mutagenicity
- Reproductive Toxicity
- Respiratory Sensitizer
- Target Organ Toxicity
- Aspiration Toxicity

Flame
- Flammables
- Pyrophorics
- Self-Heating
- Emits Flammable Gas
- Self-Reactives
- Organic Peroxides

Exclamation Mark
- Irritant (Skin and Eye)
- Skin Sensitizer
- Acute Toxicity (Harmful)
- Narcotic Effects
- Respiratory Tract Irritant
- Hazardous to Ozone Layer (Nonmandatory)

Gas Cylinder
- Gases Under Pressure

Corrosion
- Skin Corrosion/Burns
- Eye Damage
- Corrosive to Metals

Exploding Bomb
- Explosives
- Self-Reactives
- Organic Peroxides

Flame Over Circle
- Oxidizers

Environment (Nonmandatory)
- Aquatic Toxicity

Skull and Crossbones
- Acute Toxicity (Fatal or Toxic)

Out of Harm's Way

As an experienced practice manager, Potucek wants medical assistants to understand that chemical hazards exist in many common office products. "For instance, in our [practice], we take sutures and staples out," she notes. "Nowadays, most of the instruments we use are disposable or single use, but some [practices] might still use autoclaves for sterilization. [This process] requires using a disinfectant like MetriCide to clean the instruments before using the autoclave. There are also chemical products used to clean spills. These cleaning substances typically have health hazards. They can be carcinogenic or have respiratory, aspiration, and organ toxicity effects. That's why you may need to wear gloves or use scoops to scrape something off the floor."

Other risks can be associated with chemical products as well, adds Potucek. "Some cleaning products can also be flammable, self-heating, or self-reactive," she notes. "Or certain chemicals may react with a substance, and it becomes either hard or gelatinous. All this information will be in the [SDS]. Even something like Clorox bleach has [an SDS]. Whenever you're training someone on how to clean the instruments or use an autoclave, how to use the appropriate [SDS] should also be part of the training process."

Staff training and education on hazardous chemical safety should occur whenever new hazards are introduced, and new hires should receive training before they begin work duties, according to OSHA.[4] The training should ensure staff is familiar with the proper use of SDSs and hazardous chemical labels. Safety training should strive to present information in an accessible and clear format. "The standard that gave workers the right to know now gives them the right to understand," states the OSHA website regarding updated HCS requirements.[8]

For this reason, periodic OSHA safety training can serve as a refresher course on safety practices and help to

"There are two important takeaways on safety data sheets: they need to be readily available for employees, and they need to be reviewed. The good news is these aren't the tedious, jargon-filled safety data sheets of the '90s. They have been updated to 16 easy-to-read sections. Simply find the section with the information that you want, like first-aid measures, and review it. Most sections are short and simple."

—Rachel Housman, CSP, CIH

prevent complacency about these practices, explains Dr. McFarlane. "Employees need training on the hazards of the chemicals in the workplace before they are exposed to them," she remarks. "For example, they need to know that isopropyl alcohol, which is commonly used in medical [practices], is flammable and a serious eye irritant [and need to be able to identify] signs and symptoms of overexposure. Staff may not remember or recognize the hazards because they have used this product without adverse effects for many years. The training program also requires information on how to use required PPE, spill kits, first aid, and safe segregation and storage."

OSHA safety training should be able to answer most questions and concerns staff members have about managing hazardous chemical risks in their workplace. "The training and education program should communicate all the necessary safety information on the hazardous chemicals you have on-site and where this information is located," says Zetter. "To [comply], the doctors have to do the training along with staff. OSHA training is for everyone in the practice. The practice can be fined and penalized if the agency finds out you haven't done it."

On Good Authority

Medical practices should have a designated safety compliance officer or other assigned staff member who can oversee these activities to ensure adherence to OSHA safety requirements. The designated staff person can organize and maintain the SDS folder. Depending on practice resources, an outside contractor or consulting service can also manage this responsibility.

Fortunately, locating a product's SDS is not difficult. "Every manufacturer of every product with hazardous chemicals is required to provide the [SDS] at no cost," reports Zetter, who's also a former president of the National Society of Certified Healthcare Business Consultants. "Fortunately, the [SDSs] should be easy to find. You can do a Google search for the manufacturer and the product SDS. It's almost impossible not to find it."

Potucek agrees. "In my experience, you can usually find the SDS you're looking for," she remarks. "If you're using Google, I would make sure that the [SDS] information is specific to the chemical—i.e., lot number and registration number. You can also reach out to the [chemical] vendor to get the official SDS that goes with that product. If you don't have the appropriate SDS, then you're not being compliant, so this is something that you have to do."

If the practice cannot locate an SDS, they should contact OSHA for assistance. If necessary, employers can use the OSHA Occupational Chemical database to obtain information.[7]

One helpful idea is to create checklists for some practice safety responsibilities, such as ensuring the SDS folder is up to date, suggests Potucek. "You can create a binder of checklists for when things expire or when to look for updates," she says. "You can check online quarterly, every six months, or once a year. Has anything changed or need to be updated? Because there are no reminders. The manufacturers [will not] send us an email [saying] the SDS for a product has changed. We need to be proactive about [maintaining current information] and create systems that will help us to stay up to date."

While federal OSHA requirements for hazardous chemicals apply in all states, certain states may require additional safety rules and guidelines.[9] "OSHA requirements can be different in each state, depending on whether a state has OSHA regulations that supersede federal OSHA," explains Zetter. "In some states, the OSHA program can be more stringent or strict than the federal program."

Safety in Numbers

Staff should take the responsibility of workplace safety seriously. Regarding hazardous chemicals, diligence is the key to creating an effective, safety-focused practice culture.

As such, managers must try to make safety training on hazardous chemicals engaging and effective for staff. A large

part of this challenge can involve helping staff recognize their role and responsibility in bolstering safe workplace practices.

In other words, safety responsibilities are not solely the safety compliance officer's job but also require the active engagement and cooperation of everyone in the practice.

Practice managers must recognize that safety education is most effective when staff feels personally invested in its goals, notes Housman, who is also a certified safety professional and industrial hygienist. "We are becoming more aware of hazardous chemicals—from what's in our food to products we use at home and even in cosmetics," she observes. "However, [the workplace is] one of the most important places to prevent exposure. Often, our actions can make a huge difference in our exposures. Think of things like using proper PPE, following procedures, and using fans or ventilation—all of these can [greatly] impact our exposure levels. It's all about making the topic relatable and pointing out the ways that employees have an impact on protecting their own safety and health."

With staffing shortages impacting many health care services, busy staff can sometimes relegate safety practices a lesser tier of responsibilities. This mistake can be dangerous.

"We can all agree that workplace safety is important, but most of the time, it feels like an additional task competing for priority in an already full schedule," concludes Dr. McFarlane. "Everyone wants to leave at the end of the day as healthy as when they arrived. New employees may not always recognize their risk when using hazardous chemicals. Over time, workers may become accustomed to the hazards, and since nothing bad *has* happened, they often believe nothing bad *will* happen. … Sooner or later, there may be an adverse event. Successful safety-based cultures require that management and employees are engaged. Employees need to be able to speak up if there are safety concerns. Safety policies need to be consistently enforced [for] every person, every task, every day. No shortcuts."

This is certainly sound advice. Every staff member must be on board with OSHA safety requirements to avoid complacency about safety-related job responsibilities and to work together to ensure hazardous chemicals are managed according to the highest professional standards. ✦

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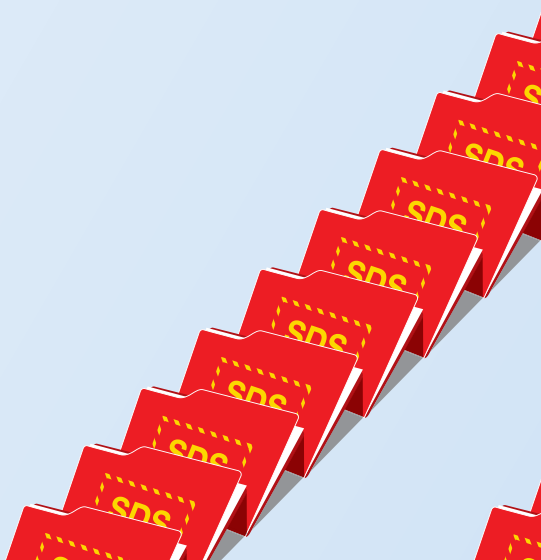
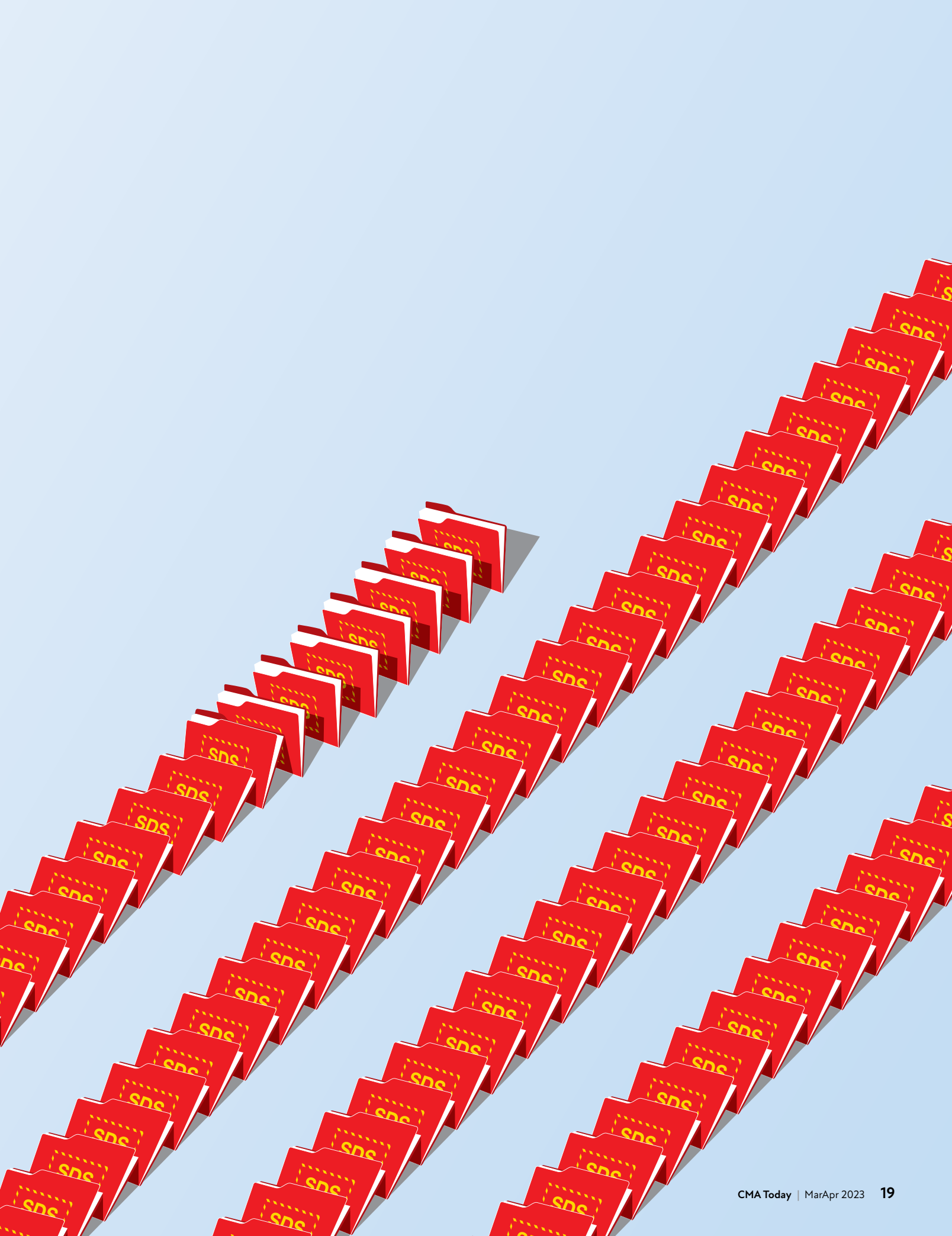
"The original Hazard Communication Standard was developed so that workers had a right to know about hazardous chemicals in their workplace. The [United Nations Globally Harmonized System of Classification and Labeling of Chemicals] update is focused on workers' right to better understand chemical hazards in their workplace. This is accomplished using an updated, consistent format for the safety data sheets. The 16 sections in the [safety data sheets] are now always in a specific order. This is a key benefit. Previously, material safety data sheets could have information in any order, and some information was not included."

—Marge McFarlane, PhD, MS, MT(ASCP)

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T F

☐ ☐ 1. Safety data sheets (SDSs) must contain the appropriate response to hazardous substance spills and leaks, including cleanup practices to prevent or minimize exposures.

☐ ☐ 2. Product indentifiers required by the Occupational Safety and Health Administration (OSHA) must be formal chemical names, not the product names or common names used to identify the hazardous chemical or product.

☐ ☐ 3. Hormone agents and antiviral drugs sometimes contain dangerous chemicals.

☐ ☐ 4. The hazard communication program mandated by OSHA must have a chemical inventory list, SDSs for each hazardous chemical, and a training program for employees.

☐ ☐ 5. Manufacturers of products containing dangerous chemicals are required to notify the public whenever an update to a product's SDS occurs.

☐ ☐ 6. SDSs are not required for well-known household products used in the workplace, even if their use in the workplace exceeds typical consumer use.

☐ ☐ 7. Because of the supremacy clause in the U.S. Constitution, states are legally forbidden from establishing workplace safety regulations more stringent than the federal requirements.

☐ ☐ 8. An SDS must contain information about protective measures and safety precautions for handling and storing dangerous chemicals.

☐ ☐ 9. Finding SDSs online is difficult because the manufacturer often keeps this information confidential to prevent competitors from gaining access to it.

☐ ☐ 10. The United Nations Globally Harmonized System of Classification and Labeling of Chemicals is inconsistent with the OSHA SDS format, resulting in occasional confusion when identifying hazardous chemicals.

T F

☐ ☐ 11. OSHA requires employers to have a written hazard communication program.

☐ ☐ 12. SDSs must contain the contact information—including emergency telephone numbers—of each hazardous substance's manufacturer and other responsible parties.

☐ ☐ 13. Hazardous chemical exposure is linked to chronic—but not acute—health conditions.

☐ ☐ 14. Electronically maintaining SDSs is sufficient, and keeping a hard copy backup has no benefit.

☐ ☐ 15. The OSHA Hazard Communication Standard gives employees the right to be informed of the carcinogenic and toxic chemicals they use.

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Find Your Fitness Dream Team

Half the battle of exercise is getting to the gym or starting a routine. Many people look to running groups or classes to bolster their habits and socialize while they get moving. Working out in groups keeps you accountable and committed to your fitness regimen, according to UW Health.

Whether in an instructor-led class or an informal exercise group, being surrounded by energy motivates you to stay with the group and complete the exercise. The costs associated with group classes encourage attendance to avoid losing money by being a no-show.

Group workouts suit any type of workout and offer variety, as groups and classes exist for a range of exercises. Joining various groups to try out different forms of exercise is a great way to pinpoint athletic interests.

Instructor-led courses prevent injuries thanks to instructors' expertise and precisely constructed routines. They incorporate warm-ups and cooldowns, which people often neglect on their own. Additionally, qualified instructors can examine the accuracy of your form and cater the routine to your physical limitations.

Finally, the social factor of group exercise provides a boost to even the most dreaded workout routine. If you can find a group that suits your interests, meets at a convenient time, and sets realistic goals, you may reap the terrific physical and mental benefits of exercise.

Weaning Off the Screen

Everyone scrolls sometimes, but taking time away from the screen to do other activities is crucial for your physical and mental well-being. Here are some tips for putting down your phone from CNBC:

- **Set a schedule.** Designate a cycle for checking your phone, first setting an alarm for every 15 minutes and then increasing it incrementally as you improve at disconnecting.
- **Turn off push notifications.** Make sure you check apps only when you want to and not when your phone tells you to.
- **Delete or hide tempting apps.** Getting rid of apps that you click unconsciously can prevent time spent scrolling. Place language learning or puzzle apps on your home screen and save Facebook and Twitter for your web browser.
- **Ban your phone from bed.** Try to do something other than look at your phone before you fall asleep or after you wake up. A regular alarm clock alleviates reliance on your phone in the morning.
- **Turn on grayscale.** Making your screen less attractive is a great way to deter usage. Social media apps rely on color and design to draw in users. Grayscale can take some of that power away.

A Thrifty Grocery Guide

With high food prices in grocery stores, shopping requires careful planning and execution to remain on budget. EatingWell shares some tips for keeping grocery bills low while keeping your pantry well stocked with nutritious items:

- **Check the freezer aisle** for fruits and vegetables that will be ready whenever you need them.
- **Map out your meals before shopping** to create a realistic shopping plan and stick to the foods you need.
- **Stock up on versatile pantry staples** like root vegetables, canned goods, rice, and pasta to prepare for versatile and filling meals.
- **Go vegan occasionally** to avoid purchasing some of the products with the most inflated prices in the meat and dairy aisles.
- **Pick a weekly splurge** to treat yourself and avoid buying expensive goodies later.

Zesting Up Immune Health

Herbs and spices shape the flavor profile of a dish, distinguishing foods between cultures and regions and offering innumerable culinary possibilities. Beyond contributing flavor, herbs and spices can boost your immunity, according to Everyday Health:

- **Turmeric** is well-known for its anti-inflammatory and antioxidant properties. It can be ground into a mug of golden milk or tossed into a smoothie, soup, or curry.
- **Cinnamon** is a warm spice that offers antifungal and antibacterial properties. Sprinkle cinnamon in coffee or on buttered toast or fruit for additional flavor.
- **Ginger** is a traditional medicine staple, used for treating colds, headaches, and nausea. Fresh ginger knobs can be grated into stir-fries, soups, and baked goods or made into ginger tea with lemon.
- **Peppermint** is an herb with flavonoids that aid immune health by helping the body protect and repair itself. Enjoy peppermint in tea or use peppermint oil in water to alleviate congestion.
- **Paprika** is high in vitamins C and A, which aid immune response. Use a sprinkle of paprika to liven up eggs, popcorn, and marinades.

Don't Lose Sleep Over It!

While a bit of worrying is perfectly natural in daily life, letting it derail your sleep routine can hinder you. Disarm those pesky late-night thoughts with these tips from Best Health, so you can rest easy and enjoy a calmer night routine.

- **Schedule time for worries.** If you have a busy life, bedtime may be when your thoughts settle and worries arise. Give yourself 20–30 minutes in the evening to document your fears and brainstorm solutions before you get in bed.
- **Write down your concerns.** If anxious thoughts persist beyond your scheduled worry time, additional writing before bed can help you process and release them. Write whatever you feel—whether the problems are big or small.
- **Leave your bedroom.** Move to another room until your anxiety subsides to separate your association between your bedroom and worries. Then return when you are sleepy and calm.
- **Occupy your mind.** Counting sheep is a trope for a reason—a mind occupied by visuals can better fall asleep. If sheep are too boring, picture a story with compelling characters to distract you as you drift off.

PILLAR OF SUPPORT

Employee Assistance Programs Create Stronger Workplace Foundations

By John McCormack

Beverly Parnell, CMA (AAMA), shares that the practice where she works faces little staff turnover. She attributes employee longevity to the unwavering support the physicians and practice owners provide staff.

"Our employees always know that if they have an issue of any kind, they can come to us, and we'll try to work through it and help them out in any way we can," says Parnell, practice manager at the Family Physicians of Evans in Georgia, where she has worked for over 25 years.

If employees have car troubles or financial difficulties, they can talk with Parnell, and she will work with the physicians to get them a loan from the practice. Employees who experience mental health issues can access counseling and other services through an employee assistance program (EAP) or confer with Parnell, who will guide them to the proper assistance through the EAP.

The practice uses its EAP as all organizations should: to help employees get the assistance they need and keep them engaged with their work.

An EAP is a set of professional services specifically designed to improve and maintain productivity and healthy functioning within the workplace.[1] Additionally, those services address an organization's particular business needs through the application of specialized knowledge and expertise about human behavior and mental health, according to the International Employee Assistance Professionals Association.[1]

More specifically, an EAP can help employees identify and resolve personal concerns—including health, familial, financial, substance use, legal, emotional, or other personal issues—that could affect job performance.[1]

When employees voluntarily enroll in EAPs, their participation in the program is confidential by law. However, when employers request that employees receive services as a condition of employment (e.g., after a positive drug test or behavior issues), then employers can receive updates about the employees' participation in counseling or other services.[2]

Notably, EAPs started as drug and substance use programs and advanced into offering more comprehensive mental health services. "Now, there are many other aspects to EAPs," says Julie Stich, CEBS, vice president of content at the International Foundation of Employee Benefit Plans in Brookfield, Wisconsin. "The programs offer a wide range of services, [such as] financial

counseling, will preparation, estate planning, [and] helping employees with [familial] problems."

How are you holding up?

These programs can be especially valuable for health care organizations in which staff members have always dealt with a demanding workplace and must now further contend with the unrelenting pressures of the COVID-19 pandemic.

"Offering an [EAP] is important for every organization but might be even more [crucial] in medical organizations, where so many stressors [transpire] every day that [affect] the employees," says Stich.

While EAPs are typically provided and administered by third parties, practice managers often become involved in selecting and promoting these programs.

Practice managers can help ensure that employees know exactly how EAPs might help them—a long-standing challenge. Managers will often discuss EAPs when employees are hired but may not continue promoting the programs.

"If employees don't need the services [immediately], they will forget about the benefit. So, when they are [amid] a personal crisis—their home has had a fire or their child is dropping out of school, they don't remember that they have these services available to them," says Stich. "Whether [it's a human resources] department or a practice manager, [someone must] continue to remind employees that the EAP is there for them, remind them of the broad range of services it offers, and show them how easy it is to connect with the EAP."

A tower of strength

Practice managers must remember that getting employees involved in EAP programs can also help the organization. For example, EAPs can improve employee retention and save organizations money, because replacing an employee can cost one-half to two times the employee's annual salary.[3]

In addition to improving retention, EAPs can help enhance employees' overall work performance. For example, EAPs can lead to reduced absentee rates.[4]

Perhaps just as crucial, EAPs can help avoid circumstances in which employees are present in the workplace but are not fully functioning due to illness, emotional distress, or other personal distractions.[4]

"When employees come to work thinking about the collection letters they are receiving or how their [older] parent is coping, they can't be as productive," observes Stich.

Even more, if employees are distracted, they could make costly mistakes. Such missteps could lead to workplace accidents and even patient harm in medical settings, warns Stich.

When employees are engaged and productive, health care leaders can rest assured that they foster an environment that makes patients feel comfortable and welcome.

"When your employees are happy, it shows on their faces. I've been in practices where employees are [unhappy], and that bothers me," concludes Parnell. "But when employees are happy, they will care for each other, care for the physicians, and *definitely* care for the patients." ✦

Better by design

Not every EAP is created equal. To assess EAPs, practice managers and other organizational leaders should ask EAP providers the following questions, according the Substance Abuse and Mental Health Services Administration[5]:

- Does your staff belong to a professional EAP association?
- Does the staff who would be assigned to my practice hold the Certified Employee Assistance Professional credential?
- What is the education level of each member of your professional staff?
- Do you have references we can contact?
- Do you provide on-site employee education and supervisor training services?
- What fee programs do you offer?
- Will you do on-site visits and conduct a needs assessment of our practice?
- What types of counseling services and how many sessions are available to employees?
- How easy is it for employees to use the EAP?
- Where and how often is the EAP available to employees?
- Which programs and services do you refer employees to, and why?
- Does the EAP have a system for evaluating the program's effectiveness?

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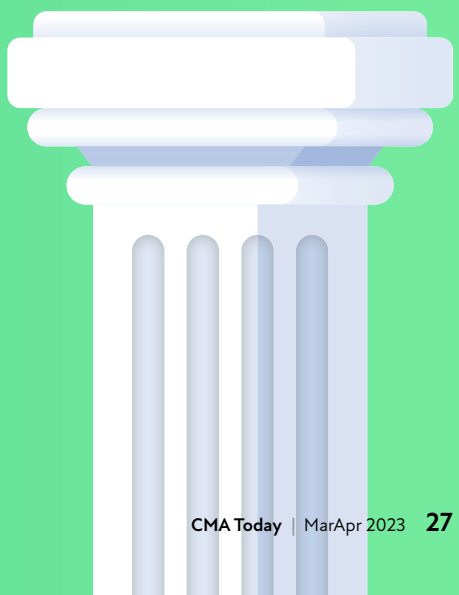

ON READ ALERT

Facilitate a More Sensitive Environment with Content Warnings for Classroom Materials

by Pamela M. Schumacher, MS, CCMP

Whether to issue content warnings is a controversial question facing medical assisting educators. In the classroom, content warnings are verbal or written notifications that precede potentially sensitive content to allow students to prepare themselves for or disengage from materials according to their well-being needs.[1] Potential topics to flag for students include self-harm, violence, animal death (e.g., dissection and animal testing), miscarriages, and eating disorders—topics medical assisting students may expect to learn about but could make students uncomfortable at the very least.[1]

While content warnings that offer students subject details (e.g., timing, depth, or medium) may offer some benefits, some preliminary research indicates that educators may face challenges with content warnings.

Raising the Alarm

Content warning and *trigger warning* are sometimes used interchangeably, but *trigger warnings* can refer more specifically to notices that warn audiences about content that might cause intense physiological and psychological symptoms for people with posttraumatic stress disorder (PTSD) and other anxiety disorders.[1]

"A *trigger* refers to a stimulus that causes someone to remember a traumatic experience or that resembles earlier traumatic experiences, which leads to anxiety, emotional dysregulation, or symptom recurrence," says Janice Carello, PhD, LMSW, associate professor and Master of Social Work program director at PennWest Edinboro in Pennsylvania. "Trigger warnings were originally used by feminist bloggers in the 1990s to alert readers that a post contained graphic materials that might be triggering, particularly for sexual assault survivors, those with [PTSD], or other mental health issues."

In a classroom, educators may provide content warnings in the syllabus, lectures, emails, or posts on a class website or portal. They might include forewarnings of challenging moments in reading assignments, lecture materials, videos shown in class, and topics that the educator expects will come up in class discussion.[1]

"While trigger warnings were first used on blogs recounting traumatic experiences, they have expanded to almost every context you can think of—academia, social media, digital entertainment, and the performance arts, to name a few," says Payton Jones, who graduated with a PhD in experimental psychopathology from Harvard University and has conducted research[2] on the use of trigger warnings.

"Mostly, trigger warnings are used to prevent unpleasant experiences—namely, being triggered by trauma cues. In the context of PTSD, this means having intrusive memories of one's trauma, typically accompanied by a rush of powerful negative emotion," explains Dr. Jones. "Unfortunately, the research to date indicates that the intent of trigger warnings rarely matches the actual outcome."

Causes for Concern

Content warnings commonly appear in the media and online, Dr. Jones notes. They are often used to label material that concerns sexual abuse or sexual assault, is potentially racially or politically offensive, or is graphically violent or sexual.[3] While free speech advocates fear content warnings hinder classroom discussion, a 2015 NPR poll shows that is not necessarily the case.

About half of professors said they used a trigger warning before introducing potentially difficult material, but some of those educators using trigger warnings did not intend to give students a free pass to avoid uncomfortable topics. Most educators (65%) said they used trigger warnings because they believed the material needed one.[3]

"There are times in medical assisting education that we show sensitive pictures for educational purposes, and students may not be prepared for the content," says Dana Curry, BSBA, CMA (AAMA), a medical assisting educator at JobTrain in Menlo Park, California. "I haven't used [content] warnings in class, but I could see warning students before the anatomy and physiology clinical, when teaching male and female reproductive health, or when discussing death and dying. Not all students have been exposed to these subjects, and they might appreciate

the notice so they can be prepared."

No research exists on the use of content warnings in medical assisting education. However, a small study with 20 medical educators was conducted in 2021. Participants' rationale for using trigger warnings was that the medical curriculum featured a range of potentially traumatic or distressing subjects, and it was appropriate to forewarn students. The educators thought it was "part of fulfilling a duty of care to [students]."[4] On the flip side, a 2022 metanalysis concluded that content warnings do not affect emotional responses to material or educational outcomes.[5] Additionally, findings on avoidance were mixed so that content warnings either have no effect on engagement or increase engagement with difficult material under specific circumstances.[5]

Sense of Security

Dr. Carello sees several benefits to using content or trigger warnings. "What I found in conducting my doctoral research was that using trigger warnings lets students know what to expect regarding content and conversation, acknowledges the widespread prevalence and impact of trauma, signifies that you care about students, and empowers them to care for themselves in relation to the content, you [the educator], and their peers," she says.

Dr. Carello gives this warning for sensitive social work curricula to students:

> Some of the material presented in this course—and some of the ways in which it is presented—may be upsetting or temporarily overwhelming at times. It is well-documented that indirect exposure to trauma may put helping professionals and trainees at risk for developing trauma reactions, particularly those who have a personal trauma history or limited clinical experience. Self-awareness and good self-care go a long way in recognizing and minimizing distress and bouncing back from it. Be sure to do periodic self-checks on how the material in the course—and the ways in which the material is delivered and discussed—are affecting you.

"Students should titrate exposure to the material," says Dr. Carello. "[This means] they should expose themselves to small amounts of trauma-related distress at a time to build up a tolerance and avoid becoming overwhelmed by traumatic memories, [and students should] limit exposure before bedtime and practice grounding techniques if they feel overwhelmed. I also publish links to free campus and community services, and I am available to talk to anyone having difficulties with classes."

Dr. Jones disagrees that content and trigger warnings help students. "Based on the current research, trigger warnings should not be included or given in any context. No research has revealed significant benefits in any context, and several experiments have identified potential harms," he explains.

For example, one study[6] found that giving trigger warnings strengthened the extent to which trauma survivors saw their trauma as part of their identity, which has harmful long-term effects. The purported benefits—that they might help someone brace for a difficult experience or encourage someone to avoid a trigger—did not bear out in practice.[6]

"A smaller drawback is that [content warnings] induce an uncomfortable period of anticipation before viewing something, and that anticipation does little or nothing to decrease the anxiety response after they view it," says Dr. Jones.

Being sensitive to the needs of students is key. The purpose of content warnings can be misunderstood; their main purpose is to make classrooms more inclusive for students with mental health conerns.[1] Ideally, content warnings that are used effectively in classrooms will empower students to practice self-care if and when the need arises.[1]

"I think it is helpful to honestly show students what to expect in the real world of health care," Curry explains. "Disease is not easy or pretty, and it can leave long-lasting visions in your head. [Offering] explanations and education as to why this happens and providing resources to cope can help lessen the effect. It can also make medical assistants more empathetic towards patients who have their own triggers or PTSD issues." ✦

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Advance Notice

If you choose to issue a content warning for a subject, consider sharing this information in addition to what to expect from upcoming materials and discussions[1]:

- Students can act in their best interests without ridicule or scrutiny.
- Students may excuse themselves from class. This allowance can make the difference between a student skipping an entire class or just stepping out for five minutes to collect themselves.
- Students will not be put on the spot if they are disengaged, are distressed, or choose to leave the room.
- Unaffected students must be considerate of their peers and demonstrate respectful communication.

LEADING THE WAY

Medical Assistant's Customer Service and Mentoring Skills Shine in Managerial Role

By Cathy Cassata

In her 20th year as a medical assistant, Crystal Henson, CMA (AAMA), spends her days managing the practice of one of the busiest pediatric ear, nose, and throat (ENT) surgeons in the Southeast.

"Even though we're in Georgia, we have patients who come from out of state to see Dr. Whitley for certain ear surgeries, cochlear implants, and reconstructive surgeries. I scheduled 55 surgeries this week alone," says Henson.

As the practice manager and surgical coordinator, she schedules surgeries with hospitals and surgical centers, manages insurance authorizations, and connects with patients' parents and guardians to keep them informed.

"I have a strong focus on providing world-class customer service and prioritize public outreach and treating patients and their families like they're a part of our family," she says. "Parents are really appreciative; they bring us cupcakes and cookies all the time."

She fine-tuned these interpersonal skills at her previous job with a large gastroenterology practice, which was her first position as a CMA (AAMA)®. During her 14 years with the practice, her role expanded to managing three to four practices at a time and traveling between them to ensure each practice ran smoothly and prioritized patient care.

When the COVID-19 pandemic began, Henson accepted a position as senior operations manager at a pathology and COVID-19 laboratory, which led her to her current employer—Whitley Pediatric ENT, a part of ENT of Georgia North. In her second year with the practice, she continues to find ways to enhance communication and patient care. When the chief operating officer of the practice noticed how well-run the practice was, she tasked Henson with training staff—including the nurse practitioner, audiologist, medical assistants, and front office coordinators—on customer service. Henson accepted the challenge and took it upon herself to put in extra effort outside work hours. She completed online courses to become a certified business coach.

"It's always been something that I wanted to do. Now I have a guide to follow when we implement a structured training program on customer service soon," she says.

Training others fits into her passion for leadership and mentoring. "I enjoy inspiring others to believe in themselves and motivating them in their careers and lives," notes Henson.

However, she still has a soft spot for connecting with patients. In addition to her practice manager role, she often fills in when the front-office staff and medical assistants are out sick or busy caring for other patients by performing administrative tasks, rooming patients, and assisting the physician with minor surgeries like frenectomies.

"The best part of my job is interacting with the kids," she says. "We give them all stickers, lollipops, and coupons for a local ice cream shop for being good patients, and some of the things they say are hilarious. They make us laugh every day."

The feedback and appreciation she receives from patients motivate her to keep going. She dedicates a workplace bulletin board to displaying postcards and drawings from patients.

"It's heartwarming to see how much of a difference you can make in others' lives," says Henson. "Helping kids requires a group effort, and parents [trust] us with the most special gift they have—their children—so I truly take that to heart, as I am a mother myself." ✦

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