

***New for 2020-2021***

Competitor orientation deleted from ILC.

## Event Summary

Medical Assisting provides members with the opportunity to gain knowledge and skills required to assist in administrative and clinical tasks. This competitive event consists of 2 rounds. Round One is a written, multiple choice test and the top scoring competitors will advance to Round Two for the skills assessment. This event aims to inspire members to become allied health professionals who respond and assist efficiently in clinical settings.

**Dress Code** Competitors shall wear proper business attire or official HOSA uniform, or attire appropriate to the occupational area, during both rounds. Bonus points will be awarded for [proper dress](#).

- General Rules**
1. Competitors in this event must be active members of HOSA and in good standing.
  2. Secondary and Postsecondary/Collegiate divisions are eligible to compete in this event.
  3. Competitors must be familiar with and adhere to the [“General Rules and Regulations of the HOSA Competitive Events Program \(GRR\).”](#)
  4. All competitors shall report to the site of the event at the time designated for each round of competition. At ILC, competitor’s [photo ID](#) must be presented prior to ALL competition rounds.

## Official References

5. 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 Test

7. [Test Instructions](#): The written test will consist of fifty 50 multiple choice items in a maximum of 60 minutes.
8. **Time Remaining Announcements**: There will be a verbal announcement when there are 30 minutes, 15 minutes, 5 minutes, and 1 minute remaining to complete the test.

9. **Written Test Plan**

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

10. The test score from Round One will be used to qualify the competitor for Round Two.

11. **Sample Test Questions**

1. Information in the medical record that the patient provides, including medical history and chief complaint, is classified as what type of information?
  - A. Administrative
  - B. Objective
  - C. Identifiable
  - D. **Subjective**  
Blesi pp 596
  
2. When a medical assistant makes a derogatory statement about the practices of another health professional, the medical assistant is liable under what type of tort?
  - A. Assault
  - B. Battery
  - C. **Defamation**
  - D. Invasion of privacy  
Simmers pp 108
  
3. If a medical insurance policy has a deductible of \$75, what is the patient's responsibility?
  - A. Patient does not have to pay the first \$75 for service.
  - B. Patient may deduct this amount from the physician's bill.
  - C. Patient reimburses physician for \$75 only.
  - D. **Patient has to pay this amount each year before the insurance company will pay.**  
Blesi pp 627

**Round Two Skills**

12. 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                        | (4 minutes)  |
| Skill VIII: | Sterile Gloving                                      | (3 minutes)  |

13. The selected skill(s) will be presented to competitors as a written scenario at the beginning of the round. The scenario will be the same for each competitor and will include a challenging component that will require the competitors to apply critical thinking skills. A sample scenario can be found [here](#).
14. Timing will begin when the scenario is presented to the team and competitors will be stopped at the end of the time allowed for a selected skill(s).
15. The scenario is a secret topic. Competitors MAY NOT discuss or reveal the secret topic until after the event has concluded or will face penalties per [the GRRs](#).
16. Judges will provide information to competitors as directed by the rating sheets. Competitors may ask questions of the judges while performing skills if the questions relate to patient physiology and will be included in the scenario.

### Final Scoring

17. The competitor must earn a score of 70% or higher on the combined skill(s) of the event (excluding the test) in order to be recognized as an award winner at the ILC.
18. Final rank is determined by adding the round one test score plus round two skill score. In case of a tie the highest test score will be used to determine final placement.

#### Competitor Must Provide:

- Two #2 lead pencils with eraser
- Red pen
- Barrier devices (non-latex gloves, gown, goggles or safety glasses, mask)
- Non-latex sterile surgical gloves
- A [photo ID](#)

# MEDICAL ASSISTING

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

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

| <b>Skill I</b>                        | <b>Perform a Telephone Screening</b> (Time: 4 minutes)  | <b>Possible</b> | <b>Awarded</b> |
|---------------------------------------|---|-----------------|----------------|
| 1.                                    | Answered the phone promptly (by the third ring) in a polite and pleasant manner.  | 2               | 0              |
| 2.                                    | Identified office and self by name, and "how may I help you?"   | 2               | 0              |
| 3.                                    | Voice was clear and distinct – spoke at a moderate rate, expressing consideration for the needs of the caller.                      | 2               | 0              |
| 4.                                    | Listened to & recorded, on the HOSA Office Message Form:  |                 |                |
|                                       | a. the complete name (spelled correctly) , DOB, M/F, and phone number of the caller (as appropriate).                               | 2               | 0              |
|                                       | b. the reason for the call, and   | 1               | 0              |
|                                       | c. the date and time of the call.   | 1               | 0              |
| 5.                                    | Determined if the call is an emergency situation and, if so, processed the call immediately, using the HOSA Office screening chart. | 1               | 0              |
| 6.                                    | Used the HOSA Office screening chart to ask the appropriate questions.  | 2               | 0              |
| 7.                                    | Accurately documented the information on the HOSA Office Message Form and routed to provider with the appropriate level of urgency. | 2               | 0              |
| 8.                                    | Forwarded the call if needed, and explained to the caller that his/her call was being forwarded and to whom.                        | 2               | 0              |
| 9.                                    | After screening and routing the call, signed off on the message with final action taken.  | 2               | 0              |
| 10.                                   | Used correct grammar and appropriate courtesy.  | 1               | 0              |
| 11.                                   | Held phone correctly 2-3" in front of mouth.  | 1               | 0              |
| 12.                                   | Closed call appropriately and allowed the caller to be the first to hang up.  | 1               | 0              |
| 13.                                   | Appropriate verbal and nonverbal communication with patient and other personnel.  | 2               | 0              |
| <b>TOTAL POINTS – SKILL I</b>         |   | <b>24</b>       |                |
| <b>70% Mastery for Skill I = 16.8</b> |   |                 |                |

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

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

## HOSA Medical Office Screening Chart and Message Form

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

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

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

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

## MEDICAL ASSISTING

Fillable MEDICAL OFFICE REGISTRATION FORM

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

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

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

| <b>Items Evaluated</b>                 |  | Possible  | Awarded |
|--|--|-----------|---------|
| 21.                                    | Obtained faxed verification form from insurance company to verify coverage and included it in the patient's folder. (verbalized) | 1 0       |         |
| 22.                                    | Appropriate verbal and nonverbal communication with patient and other personnel.   | 2 0       |         |
| <b>TOTAL POINTS – SKILL II</b>         |  | <b>28</b> |         |
| <b>70% Mastery for Skill II = 19.6</b> |  |           |         |

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

## HOSA Medical Office Registration Form

*Please print neatly*

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



# HOSA MEDICAL OFFICE REGISTRATION FORM

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

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

|   |  |                          |                        |                        |
|---|--|--------------------------|------------------------|------------------------|
| <b>IN CASE OF EMERGENCY</b>   |  |                          |                        |                        |
| Name of local friend or relative (not living at same address):  |  | Relationship to patient: | Home phone no.:<br>( ) | Work phone no.:<br>( ) |
| 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. |  |                          |                        |                        |
| _____<br><i>Patient/Guardian signature</i>  |  |                          | _____<br><i>Date</i>   |                        |

process my claims.

Patient/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

## MEDICAL ASSISTING

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

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

[Fillable Medical Office Health History Form](#)

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

| <b>Items Evaluated</b>                  |   | <b>Possible</b> |   | <b>Awarded</b> |
|---|---|-----------------|---|----------------|
| 16.                                     | Thanked the patient and explained the next step in the examination, assuring the patient is comfortable and informing the patient of any wait time.   | 1               | 0 |                |
| 17.                                     | Appropriate verbal and nonverbal communication with patient and other personnel.  | 2               | 0 |                |
| 18.                                     | VERBALIZED to the judge the next steps – Chart a summary of the findings on the patient’s chart or EMR, highlight significant information, assemble forms and have them ready for the provider. | 1               | 0 |                |
| <b>TOTAL POINTS – SKILL III</b>         |   | <b>23</b>       |   |                |
| <b>70% Mastery for Skill III = 16.1</b> |   |                 |   |                |

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

# HOSA Medical Office Health History Form

Date \_\_\_\_\_

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

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

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

**Patient's Past History:**

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

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

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

| Serious Illness/Injuries/Hospitalizations | Date | Outcome |
|---|------|---------|
|   |      |         |
|   |      |         |
|   |      |         |

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

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

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

## MEDICAL ASSISTING

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

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

| <b>Skill IV Measure Height and Weight</b> (Time: 5 minutes) |   | <b>Possible</b> |   | <b>Awarded</b> |
|---|---|-----------------|---|----------------|
| 1.  | Used alcohol-based handrub for hand hygiene.  | 1               | 0 |                |
| 2.  | Greeted patient and introduced self.  | 1               | 0 |                |
| 3.  | Identified patient.   | 1               | 0 |                |
| 4.  | Explained the skill using language the patient could understand, and instructed the patient to remove shoes and any outer clothing or heavy items in pockets. | 1               | 0 |                |
| 5.  | Placed a paper towel on the scale platform.   | 1               | 0 |                |
| 6.  | Assisted patient to the center of the scale. (If appropriate, kindly requested the patient stand still and not hold on to any part of the scale.)             | 1               | 0 |                |
| 7.  | Moved the lower weight bar (measured in 50 pound increments) to the estimated number and slowly slid the upper bar until the balance beam was centered.       | 2               | 0 |                |
| 8.  | Read the weight by adding the upper bar measurement to the lower bar measurement and rounded to the nearest $\frac{1}{4}$ pound.                              | 2               | 0 |                |
| 9.  | Raised the measuring bar beyond the patient's height and lifted the extension.  | 1               | 0 |                |
| 10.   | Lowered the measuring bar until it firmly rested on top of the patient's head.  | 1               | 0 |                |
| 11.   | Assisted the patient off the scale and instructed the patient to sit and put on shoes.  | 2               | 0 |                |
| 12.   | Read the height line where the measurement fell, rounded to the nearest $\frac{1}{4}$ inch.   | 2               | 0 |                |
| 13.   | Lowered the measuring bar to its original position, returned the weights to zero, and discarded the paper towel.  | 1               | 0 |                |
| 14.   | Documented the height and weight on the patient's chart.  | 2               | 0 |                |
| 15.   | Appropriate verbal and nonverbal communication with patient and other personnel.  | 2               | 0 |                |
| <b>TOTAL POINTS -- SKILL IV</b>                             |   | <b>21</b>       |   |                |
| <b>70% Mastery for Skill IV = 14.7</b>                      |   |                 |   |                |

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

## MEDICAL ASSISTING

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

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

| <b>Skill V Prepare/Assist with a Routine Physical Exam (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 handrub.   | 1               | 0 |                |
| 4. Prepared the examination equipment, as directed in the scenario, on the Mayo tray or countertop in order of use, and covered with a towel.  | 2               | 0 |                |
| 5. Pulled out the step from the table (if possible) and placed a gown and drape on the table.  | 2               | 0 |                |
| 6. Called the patient to the exam room:  | 1               | 0 |                |
| a. Greeted the patient by name.  | 1               | 0 |                |
| b. Introduced self and instructed the patient on what to do.   | 1               | 0 |                |
| c. Verbalized the measurement of vital signs, height and weight. (Or measure height and weight if included in the scenario.)   | 1               | 0 |                |
| d. Instructed patient to go the bathroom and obtain a urine specimen. Provided patient with a labeled specimen bottle and instructions to leave the specimen in the marked door in the bathroom.<br><br><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 |                |

| <i>Items Evaluated</i>   | <b>Possible</b> | <b>Awarded</b> |
|--|-----------------|----------------|
| <b>*Judge states to position the patient in horizontal recumbent position.</b>   |                 |                |
| 7. Positioned the patient in horizontal recumbent position with the head on a small pillow, arms at the sides, with the lower torso covered by the drape and table extended as needed. | 2      0        |                |
| <b>*Judge states the examination is complete.</b>  |                 |                |
| 8. Helped the patient to a sitting position, alert to signs of dizziness. Adjusted the exam table as necessary.  | 2      0        |                |
| 9. Instructed the patient to dress and provided privacy or assisted as needed.   | 2      0        |                |
| 10. Provided patient instructions as directed by the physician (judge), asked the patient if he/she had any questions, and saw the patient out.  | 2      0        |                |
| 11. Appropriate verbal and nonverbal communication with patient and other personnel.   | 2      0        |                |
| 12. Properly cleaned the room:   | 1      0        |                |
| a. Put on gloves to wrap up table paper and dispose of used supplies in appropriate waste containers.  |                 |                |
| b. Disinfected table tops and examination table.   | 1      0        |                |
| c. Discarded gloves in the appropriate container.  | 1      0        |                |
| d. Replaced used supplies and covered table and pillow with clean paper.   | 1      0        |                |
| e. Washed hands or used alcohol-based handrub.   | 1      0        |                |
| <b>TOTAL POINTS -- SKILL V</b>   | <b>30</b>       |                |
| <b>70% Mastery for Skill V = 21</b>  |                 |                |

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

## MEDICAL ASSISTING

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

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

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



| <b>Items Evaluated</b>                 |   | <b>Possible</b> |   | <b>Awarded</b> |
|--|---|-----------------|---|----------------|
| 18.                                    | Cleaned the supplies following agency policy and returned them to proper storage. | 1               | 0 |                |
| 19.                                    | Washed hands or used alcohol-based handrub.                                       | 1               | 0 |                |
| <b>TOTAL POINTS -- SKILL VI</b>        |   | <b>26</b>       |   |                |
| <b>70% Mastery for Skill VI = 18.2</b> |   |                 |   |                |

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## MEDICAL ASSISTING

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

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

| <b>Skill VII Test Urine with Reagent Strip (Time: 4 minutes)</b> |  | <b>Possible</b> |   | <b>Awarded</b> |
|--|--|-----------------|---|----------------|
| 1.   | Assembled necessary equipment and supplies.  | 1               | 0 |                |
| 2.   | Washed hands or used alcohol-based handrub. and donned disposable non-latex gloves and other PPE as required.  | 2               | 0 |                |
| 6.   | Verified that the name on the specimen container matched the name on the laboratory report form.   | 1               | 0 |                |
| 7.   | Gently rotated the container between hands to mix the urine specimen.  | 2               | 0 |                |
| 5.   | Removed the cap from the reagent bottle and removed one strip without touching the test paper end, and placed the lid securely back on the bottle and held the reagent strip by the clear end. | 1               | 0 |                |
| 6.   | Immersed the strip in the urine specimen, making sure all reagent areas are submerged  | 1               | 0 |                |
| 7.   | Removed the strip immediately and tapped the edge of the strip against the side of the specimen container to remove excess urine.  | 2               | 0 |                |
| 8.   | Turned the strip so that the reagent areas are facing you.   | 1               | 0 |                |
| 9.   | Held the strip horizontally near the color comparison charts on the reagent bottle.  | 1               | 0 |                |
| 10.  | Noted the time. Used the timer provided by HOSA to time the reagents. Recorded all results on the laboratory report.   | 3               | 0 |                |
| 11.  | Placed strip on paper towel for judge verification of results. <b><i>Judge verified results match what is recorded on laboratory report</i></b>  | 2               | 0 |                |
| 12.  | Discarded the strip and any contaminated disposable supplies in appropriate receptacle.  | 1               | 0 |                |
| 13.  | Discarded urine specimen following agency protocol. (verbalized)   | 1               | 0 |                |
| 14.  | Cleaned work area with surface disinfectant.   | 1               | 0 |                |
| 15.  | Removed and properly disposed of the gloves and other required PPE in correct order and in the proper receptacle   | 1               | 0 |                |
| 16.  | Washed hands or used alcohol-based handrub.  | 1               | 0 |                |
| 17.  | Recorded the results for each section of the reagent strip in the patient's chart.   | 1               | 0 |                |
| <b>TOTAL POINTS -- SKILL VII</b>                                 |  | <b>23</b>       |   |                |
| <b>70% Mastery for Skill VII = 16.1</b>                          |  |                 |   |                |

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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\*

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

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

## MEDICAL ASSISTING

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

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

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

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