



AAMA 2012–2013

CMA (AAMA) Occupational Analysis

Since its founding in 1956, the American Association of Medical Assistants (AAMA) has been the dynamic leader and recognized voice of the medical assisting profession. One of the most important aspects of defining and leading a profession is conducting empirical research about the performance responsibilities of the members of the profession. The AAMA has once again demonstrated its unparalleled status in the vanguard of the medical assisting profession by conducting the AAMA 2012–2013 CMA (AAMA) Occupational Analysis. This article is a summary of how the study was done, and what its results revealed.

NCCA Requirement

As required by the National Commission for Certifying Agencies (NCCA) *Standards for the Accreditation of Certification Programs*, the CMA (AAMA) certification program of the AAMA must conduct periodically a job/practice analysis to be used as the basis for developing the assessment instrument.¹ The job/practice analysis must lead to the following:

- Clearly delineated performance domains and tasks
- Associated knowledge and/or skills
- Sets of content/item specifications¹

To meet this requirement, the AAMA Occupational Analysis Task Force (OATF) undertook a comprehensive occupational analysis of CMAs (AAMA) during 2012 and 2013. Members of the AAMA OATF consisted of representatives from the following:

Twelve Most Frequently Performed Responsibilities

The following responsibilities were most frequently performed by survey respondents (listed in descending order from more frequently performed to less frequently performed):

- | | |
|--|---|
| 1 Abide by principles and laws related to confidentiality | 7 Maintain patient records |
| 2 Adapt communications to an individual's understanding | 8 Provide care within legal and ethical boundaries |
| 3 Demonstrate respect for individual diversity (culture, ethnicity, gender, race, religion, age, economic status) | 9 Practice standard precautions |
| 4 Employ professional techniques during verbal, non-verbal, and text-based interactions | 10 Document patient communication, observations, and clinical treatments |
| 5 Comply with risk management and safety procedures | 11 Identify potential consequences of failing to operate within the scope of practice of a medical assistant |
| 6 Interact with staff and patients to optimize workflow efficiency | 12 Transmit information electronically |

- Board of Trustees (BOT)
- Certifying Board
- Continuing Education Board
- Medical Assisting Education Review Board
- At-large CMAs (AAMA) chosen by the BOT

Applied Measurement Professionals (AMP), a prominent testing and measurement firm, assisted the AAMA with all aspects of this important project. The result is the AAMA 2012–2013 CMA (AAMA) Occupational Analysis (Occupational Analysis).

Survey Details

E-mail invitations to participate in the survey were sent to a random sample of CMAs (AAMA) who had been initially certified within the four years prior to the survey. The survey sample was limited to this population of CMAs (AAMA) because the purpose of the CMA (AAMA) Certification Examination is to measure entry-level knowledge of medical assistants who have graduated 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).

Of the 26,907 e-mail invitations received by these CMAs (AAMA), 5,058 usable responses were returned, which is a response rate of 18.8 percent.

Responsibility Criticality Analyses

The objective of the Occupational Analysis was to identify critical responsibilities performed by CMAs (AAMA). The OATF first constructed a list of 69 responsibilities deemed to be performed by at least some CMAs (AAMA). The study sought indicators of criticality of each based on these research questions:

Which of the 69 responsibilities were...

1. performed extensively enough to be considered critical?
2. important enough to be considered critical?
3. important enough for subgroups of survey respondents to be considered critical?

Responsibilities that did not meet one or more of these three criteria were excluded by the OATF from the final list.

Research Question 1

Any of the 69 responsibilities that were performed by fewer than 50 percent of the survey respondents were removed from the final list of critical responsibilities. The OATF was of the opinion that responsibilities performed by fewer than half of the respondents could not be justified as critical.

Research Question 2

Survey recipients were asked to rate the level of importance of each of the 69 responsibilities:

- 1 for minimally important
- 2 for moderately important

- 3 for very important
- 4 for extremely important

Responsibilities with mean importance values less than 2.6 were excluded from the final critical responsibility list.

Research Question 3

The third research question prompted analyses of responsibility importance among several subgroups within the sample. The OATF set the requirement that critical responsibilities had to show mean importance values of at least 2.5.

Six Excluded Responsibilities

Based on the findings for Research Questions 1, 2, and 3, the OATF excluded six responsibilities from the final critical responsibility list because they were performed by fewer than 50 percent of the survey respondents. Therefore, the number of critical responsibilities in the final list was 63.

No Added Critical Responsibilities

Survey recipients were asked about the adequacy of the critical responsibility list in describing the medical assisting profession. More than 98 percent of the recipients approved the list as fully covering the breadth of the profession of medical assisting. As a result of this finding, no additional responsibilities were added to the list, and the number of critical responsibilities in the final list remained at 63.

Uses of the Study

Employment and Marketing Tool for All CMAs (AAMA)

This Occupational Analysis is a helpful resource and marketing tool for practicing CMAs (AAMA), as well as CMA (AAMA) educators. This article can be shared with employers and prospective employers who need information about

what responsibilities CMAs (AAMA) are being delegated.

This document also provides valuable data to the Certifying Board (CB) and the Continuing Education Board (CEB) of the AAMA, as well as to the Medical Assisting Education Review Board (MAERB). The boards rely on the study when updating their documents:

- CB: *Content Outline of the CMA (AAMA) Certification/Recertification Examination*
- CEB: *Advanced Practice of Medical Assisting*
- MAERB: *Core Curriculum*, which is incorporated into the CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting*

Reference

1. National Commission for Certifying Agencies. *Standards for the Accreditation of Certification Programs*. Washington, DC: National Commission for Certifying Agencies, Institute for Credentialing Excellence; 2005.

Legal Scope of Practice

This Occupational Analysis does not delineate the legal scope of medical assisting practice. Legally delegable responsibilities vary from state to state. Scope of practice questions should be directed to AAMA Executive Director and Legal Counsel Donald A. Balasa, JD, MBA, at dbalasa@aama-ntl.org.

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CMA (AAMA)
Occupational Analysis



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