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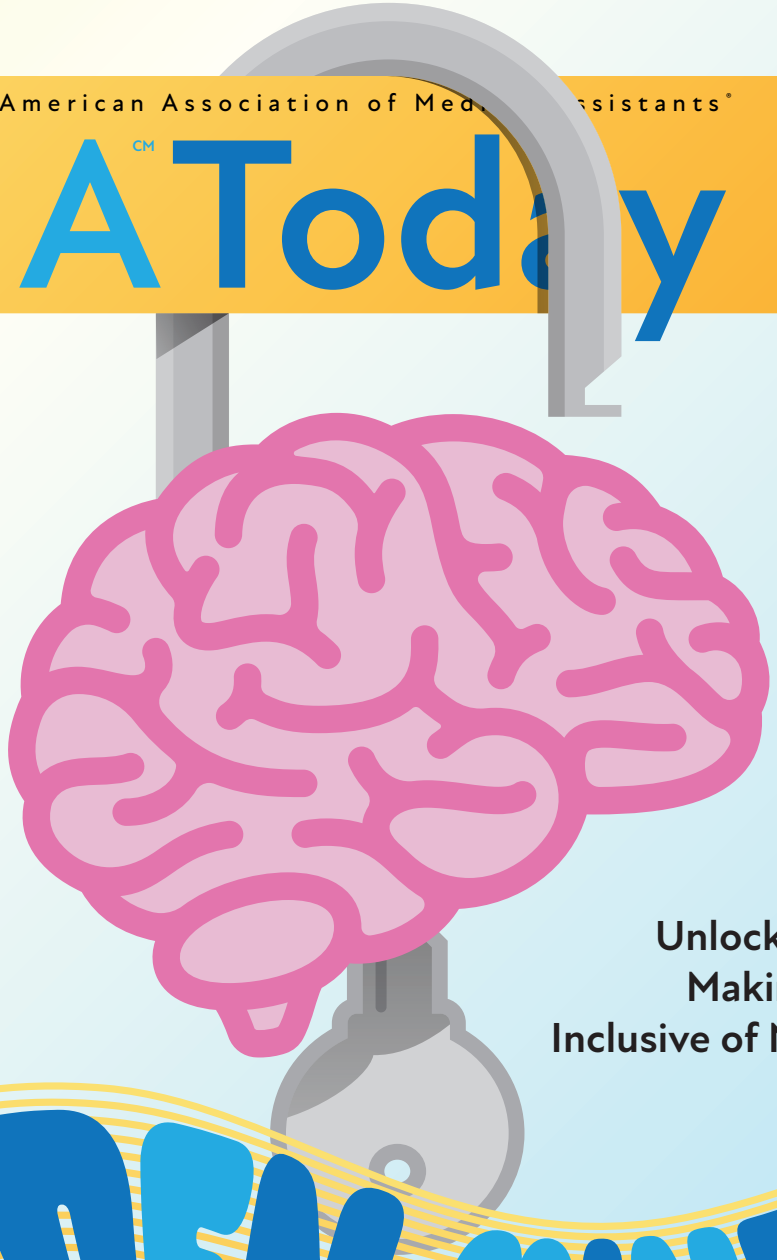

Unlock Strategies for Making Workplaces Inclusive of Neurodiversity

OPEN MINDS

Success through Sharing

New state and chapter leaders: congratulations, and thank you for stepping up to serve your state society or local chapter for the 2023–2024 year. I know firsthand that volunteer leadership can be challenging, but the feeling you get from making a difference is rewarding. Advocating for your profession is a gift, and you will benefit from all the valuable knowledge and marketing resources you gain from leadership.

Volunteer leadership on your résumé shows your career initiative, professional development, and professionalism. The connections you make along the way will improve your life. You will receive positive responses from physicians, managers, coworkers, and administrators when you share your knowledge on the qualifications, scope of practice, and benefits of hiring CMAs (AAMA)®. These responses will encourage you to continue to build recognition for the medical assisting profession.

As an AAMA member or leader, you can access countless resources. If you need assistance brainstorming ideas or solutions, the AAMA Board of Trustees (BOT) is happy to help and mentor. The BOT members' emails are listed on the "National Volunteer Leaders" webpage. AAMA BOT members—who have a variety of talents, skills, experience, and specialties—may be able to provide leadership support or help present a virtual program for a chapter or state meeting.

Another resource is the AAMA Society of Past Presidents, which has a wealth of knowledge, great mentoring skills, and helpful advice. AAMA staff can also direct your questions to the department or board who can help. So, if you are new to a leadership position or have hesitated to take the step to become an AAMA leader, consider the team available to help you succeed throughout your leadership journey. I am also available to every member and leader at any time. You can reach me at DNovak@aama-ntl.org. If you prefer to chat or text by phone, email me, and I will forward you my cell phone number.

You can still volunteer to serve on an AAMA committee. Apply by **Aug. 1, 2023**, to be a 2023–2024 leader! The volunteer form with eligibility and committee descriptions is on the "Guidelines and Forms" webpage. Let your voice and ideas be heard!

Note the dates for upcoming AAMA leadership meetings that AAMA members are invited to attend:

- AAMA BOT Summer Meeting: July 7–8, 2023, in Grand Rapids, Michigan
- AAMA BOT Preconference Meeting: Sept. 22, 2023, in Lake Buena Vista, Florida
- 67th AAMA Annual Conference: Sept. 22–25, 2023, in Lake Buena Vista, Florida
- State Leaders session at the AAMA Annual Conference: Sept. 24, 2023, in Lake Buena Vista, Florida

I hope everyone has a great summer filled with fun and happy moments with loved ones. Be safe and enjoy your Fourth of July!

Deborah Novak, CMA (AAMA)

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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Volume 56 | Issue 4

CMA Today

12 OPEN MINDS
Unlock Strategies for Making Workplaces Inclusive of Neurodiversity
By Mark Harris

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Candidates for the AAMA Board of Trustees

Vice President

Aimee Wicker, MA, BHA, CMA (AAMA)

I want the AAMA to be the *organization for medical assisting standards, knowledge, and education—to be the organization that members and employers see as the expert for information and standards. We need to set the pace for the country, ensuring that we are first in emerging job skills and technology.*

Vital Stats

Member: 1997; Certified: 1997

National Volunteer Teams

Chaired: Awards; Career Professional Development; Membership Development; Partnership; Strategic Issues Planning

Served: Speaker of the House; Vice Speaker of the House; Trustee; 2017 Conference Education; Advisory; Annual Conference; Bylaws and Resolutions; Endowment; HOD Minutes; Marketing; Maxine Williams Scholarship; Public Affairs Advocacy; Research and Development

Speaker of the House

Sherry Bogar, CN-BC, CMA (AAMA)

I believe in the power of the profession of medical assisting and the strength of the AAMA to continue to lead our profession into the future. The AAMA and CMA (AAMA) credential will continue to set the standards for medical assisting and protect medical assistants' rights to practice.

Vital Stats

Member: 2004; Certified: 2004

National Volunteer Teams

Chaired: Ad Hoc on Higher Education; Awards; Marketing; Social Media

Served: Vice Speaker of the House; Trustee; Annual Conference; Assessment-Based Certificate; Bylaws and Resolutions; Career Professional Development; Conference CE Sessions; Endowment; HOD Minutes; Leadership Development; Membership Development; Nominating; Partnership; Strategic Issues Planning

AAMA Award of Distinction: Medical Assistant of the Year (2018)

Vice Speaker of the House

Jane Seelig, CMA-A (AAMA)

Many years of activity in the AAMA have given me a life filled with strength and confidence. Education, leadership, and mentoring are the strengths of our organization based on professional competency. My goal is to share these strengths by encouraging AAMA membership with our fellow professionals.

Vital Stats

Member: 1979; Certified: 1981

National Volunteer Teams

Chaired: 2011 Annual Conference Education; 2008 Annual HOD Tellers; 2014 Annual HOD Credentials; 2019 Annual HOD Reference; Awards; Bylaws and Resolutions; Documents; Leadership Development

Served: Speaker of the House; Vice Speaker of the House; Trustee; Annual Conference; Career Professional Development; Conference CE Sessions; Endowment; Membership Development; Nominating; Public Affairs; Strategic Issues Planning

Natasha Geno, ATS, CMA (AAMA)

My vision is to represent the great members of our organization by amplifying the members' voices without pushing a personal agenda. I believe my skills are best suited to help others find their voice. My goal as hopeful Vice Speaker is to help facilitate the advocacy we, as members, deserve.

Vital Stats

Member: 2013; Certified: 2011

National Volunteer Teams

Chaired: Social Media

Served: Trustee; Awards; Endowment; Leadership Development; Marketing; Maxine Williams Scholarship; Nominating; Partnership

Trustee

Candy L. Miller, CMA (AAMA)

Pride. Passion. Perseverance. I am proud *of my credential and promote it with pride. I am* passionate *about my career and always strive to be professional and the best I can be. I* persevere *when the going gets tough and never give up. Our career is worth fighting for.*

Vital Stats

Member: 1978; Certified: 1981

National Volunteer Teams

Chaired: Continuing Education Board (vice chair); 2002 Annual Conference Registration; 2015 Annual Conference Education (cochair); Conference CE Sessions; Membership Development

Served: Trustee; 1994 Annual Conference Education; Annual HOD Tellers; Bylaws and Resolutions; Career Professional Development; Endowment; HOD Minutes; Leadership Development; Marketing; Membership Development; Strategic Issues Planning

AAMA Awards of Distinction: Spirit of Medical Assisting (2006); Leadership and Mentoring (2016)

Aimee Quinn, BSHCA, CMA (AAMA)

Creating an awareness of the CMA (AAMA) credential that will help with recruitment, retention, and recognition. Enhancement of recruitment strategies to bring in new CMAs (AAMA), incentivize current members to retain their

membership, and recognize opportunities through leadership, mentoring, and networking. I strive to work for and with members of the AAMA.

Vital Stats

Member: 2005; Certified: 2005

National Volunteer Teams

Served: Marketing, Membership Development; Nominating

Shirley Sawyer, CMA (AAMA), CPC

My vision is to mentor more. I have had great mentors as a member of the AAMA. I would love to have an area on the website for new members to be able to go for answers and help and a new member forum on Facebook and at conference.

Vital Stats

Member: 1991; Certified: 1995

National Volunteer Teams

Chaired: Continuing Education Board; Conference CE Sessions

Served: Annual Conference; Assessment-Based Certificate; Editorial Advisory; Membership Development and Marketing; Nominating; Practice Managers; Reference

AAMA Award of Distinction: Leadership and Mentoring (2018)

Shannon Thomas, AAS, CMA (AAMA)

I aim to bring more awareness to the importance of the association to students and new graduates. And I want to continue to move CMAs (AAMA) to the forefront of the medical profession with our protected credential while striving to retain professionalism and new knowledge.

Vital Stats

Member: 2001; Certified: 2003

National Volunteer Teams

Served: 2019 Annual Conference Education; Editorial Advisory; Membership Development

Sandra Williams, CMA (AAMA)

My vision for the AAMA is to reach out to the younger generation of medical assistants regardless of the credential they hold. We must mentor those who are passionate about medical assisting and find ways to support their professional growth.

Vital Stats

Member: 1987; Certified: 1987

National Volunteer Teams

Chaired: Career Professional Development; Membership Development; Practice Managers

Served: Trustee; Continuing Education Board; Annual Conference; Endowment; Leadership Development; Maxine Williams Scholarship; Strategic Issues Planning

AAMA Awards of Distinction: Leadership and Mentoring (2019); Medical Assistant of the Year (2021) ✦

Make a Difference for Medical Assistants: Join the CEB!

The Continuing Education Board (CEB) is looking for experienced volunteers to continue its mission of developing and administering quality continuing education opportunities for medical assistants.

Overview: Responsibilities will include remotely assisting with CEB projects as needed throughout the year, as well as travel to three meetings: one each in late winter or early spring, summer, and fall.

For more information, download the AAMA Volunteer Leadership Application via the "Guidelines and Forms" webpage of the AAMA website (under the "Volunteers" tab). ✦

Your Deadline to Make a Difference

Reminder: AAMA Volunteer Leadership Applications are due by **August 1**.

You can find the application on the "Guidelines and Forms" webpage, accessible via the teal "Volunteers" drop-down menu.

BOT Qualifications

Thinking of running for the AAMA Board of Trustees? Check the *AAMA Bylaws* on our website (within the "Member Downloads" section) to make sure you meet the requirements for nominations. Nominees have already been announced, but candidates may put forth nominations from the floor at the AAMA Annual Conference.

Don't Miss Out on Any Messaging from the AAMA!

Keeping your AAMA profile's contact information updated ensures you're up to date on everything you need to know from the AAMA. Make sure to update your AAMA profile—especially your cell phone number and preferred email address for AAMA messages.

To check that your information is accurate—and to update it if it isn't—sign into your AAMA website account. Then select "My Profile" from the left-side menu. ✦

Boards of Nursing Should Authorize APRNs to Delegate to Medical Assistants

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

An adapted version of the following will be transmitted to the boards of nursing of all American jurisdictions.

It is the position of the American Association of Medical Assistants® (AAMA) that the boards of nursing of all American jurisdictions should amend their regulations/rules and/or advocate for legislation that would permit advanced practice registered nurses (APRNs)—especially nurse practitioners—to delegate to appropriately educated and currently credentialed medical assistants the administering of intramuscular, intradermal, and subcutaneous injections.

In 2022, the Delaware and South Dakota boards of nursing amended their regulations to allow APRNs (and, under South Dakota law, licensed nurses) to delegate the administration of medication to knowledgeable and competent medical assistants who have met specified education and certification requirements. Note the following excerpt from the amended regulations of the Delaware Board of Nursing:

> 8.7.15.1 APRNs are authorized to assign and supervise medication administration to a medical assistant if the medical assistant has successfully completed a medical assistant training program and possesses current national medical assistant certification.[1]

The South Dakota Board of Nursing published similar revisions to its rules:

> **20:48:04.01:10. Delegation of additional medication administration tasks to a medical assistant.** In addition to the tasks listed in § 20:48:04.01:09.01, a licensed nurse may delegate the following medication administration tasks to a medical assistant, who holds current certification with a national certification body approved by the board [of nursing], in a stable nursing situation as defined in § 20:48:01:01:
>
> (1) Administration of scheduled medications by intradermal, subcutaneous, or intramuscular route; and
>
> (2) Calculation of the dose of a prescribed amount.[2]

The AAMA continues to support the enactment of laws that authorize licensed independent providers (including physicians, APRNs, and physician assistants) to delegate to medical assistants advanced tasks—such as administering intramuscular, intradermal, and subcutaneous injections, including vaccines—when those medical assistants meet the following requirements:

- Have completed formal medical assisting education that includes pharmacology and injection theory and technique
- Have a current, accredited clinical medical assisting credential

Utilizing medical assistants to the fullest extent of their education and credentialing will increase the efficiency of ambulatory health care delivery and expand the availability of ambulatory health care services. ✦

Please direct questions to AAMA CEO and Legal Counsel Donald A. Balasa, JD, MBA, at DBalasa@aama-ntl.org.

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AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS®

ON THE MENU

Malnutrition Screenings Take Little Time and Offer Many Benefits

By John McCormack

For health care professionals, malnutrition may not immediately come to mind when evaluating patients with obesity. However, ignoring the possibility of malnutrition is ill-advised, according to Andrew Freeman, MD, director of cardiovascular prevention and wellness at National Jewish Health in Denver. Overlooking these patients can keep malnutrition underdiagnosed and undertreated.

"What many health care professionals don't realize is that you can be obese *and* be malnourished. … Ultra-processed [foods, for instance, can cause] deficiencies in a number of different nutrients," says Dr. Freeman. "While not all [patients with obesity] are malnourished, many … are."

Moreover, due to weight bias, health care professionals might overlook malnutrition's signs and symptoms in patients with larger bodies who are engaging in restrictive or disordered eating. Severing false connections between patients' body sizes and behaviors is necessary to provide nuanced care.[1]

For this reason, screening patients of *all* weights for malnutrition is critical. Fortunately, screening can be simple. To evaluate whether patients are getting the nutrients they need, clinicians simply must *ask*, advises Dr. Freeman.

"I don't routinely recommend clinicians screen with all the different protein and albumin/globulin tests, but rather [I recommend they] spend time talking to folks about their diets. One's diet has a major impact on health outcomes, from cardiovascular disease to cancer to [various] inflammatory conditions," he says. "So, it doesn't make sense to check all these fancy [laboratory tests] and other things … when simply asking patients what they're eating, getting a sense of that, and then helping them make adjustments to eat better is what's needed."

The beauty of such an approach is that all members of the health care team—including medical assistants—can get involved. "It can be as simple as asking someone what they had for dinner last night, and that opens up time for a conversation," says Dr. Freeman. From there, health care providers can share education on how certain foods or insufficient amounts of healthy food provide inadequate nutrients.

While casual conversation can jumpstart the discussion, more formal—yet simple—screening tools can help health care providers identify malnutrition.

For example, Jodi Anne Schmitz, CMA (AAMA), a medical assisting team lead at Park Nicollet Clinic and Specialty Center Maple Grove in Minnesota, routinely asks social-determinants-of-health questions—which address nonmedical factors such as a patient's lifestyle, diet, economic stability, and neighborhood resources—during the rooming process to gauge patient nutrition and access to healthy food.

Caregivers at the Phoenix Veterans Affairs (VA) Health Care System also take a structured approach. They use the Malnutrition Screening Tool (MST) to assess patients. The MST includes two questions clinicians ask patients upon admission[2]:

1. Have you lost weight recently without trying?
2. Are you eating poorly due to a decreased appetite?

A patient who answers "yes" or "unsure" to the first question earns two points. If the patient answers "yes" to the second question, another point is added to the score. A score of at least two requires follow-up by a dietetic technician, and a score of three requires follow-up by a registered dietitian. Mary Chew, MS, RD, CNSC, a research dietician with the Phoenix VA Health Care System, has studied the tool's effectiveness and found that more patients have been diagnosed with malnutrition since the Phoenix VA Health Care System began using the MST to screen patients for malnutrition.[2]

BALANCING ACT

While screening processes and tools are paramount, medical assistants and other clinicians must understand all facets of malnutrition, including its symptoms, so that no patient is overlooked.

Notably, the MST's questions do not take intentional yet harmful restrictive eating into consideration. Dieting behaviors can be similar to those associated with eating disorders, which have medical risks for people of all sizes, even when prescribed to patients with larger bodies.[1]

Meanwhile, Lena Beal, MS, RDN, LD, a national media spokesperson for the Academy of Nutrition and Dietetics, points

out that a recent study published in the *Journal of Health, Population and Nutrition* illustrates that inadequate knowledge of malnutrition can serve as a "barrier to effective nutrition care to [patients]."[3]

"Medical professionals understand the premise of being inadequately fed or undernourished, yet types of malnutrition and the signs are less understood," says Beal, who works as a heart failure and transplant dietitian for Piedmont Healthcare in Atlanta.

Briefly, malnutrition is an imbalance between the nutrients a body needs to function and the nutrients it receives. Malnutrition can be undernutrition or overnutrition and be caused by a lack of calories, specific proteins, vitamins, or minerals. Malnutrition can also stem from excess calories that the body does not know what to do with.[4]

Symptoms of malnutrition due to undernutrition include the following[4]:

- Weakness, faintness, and fatigue
- Irritability, apathy, or inattention
- Dry skin, rashes, and lesions
- Brittle hair, hair loss, and hair pigment loss
- Frequent and severe infections
- Low body temperature and inability to get warm
- Low heart rate and blood pressure
- Thin arms and legs with swelling in the belly and face
- Stunted growth and intellectual development in children

Malnutrition symptoms stemming from overnutrition include the following[4]:

- High blood pressure
- Insulin resistance
- Heart disease

MORE OR LESS

Various forms of malnutrition exist[5]:

- **Stunting** is defined as children who fall below the average height for their age.
- **Underweight** adults are below a healthy weight.
- **Wasting** is when children or adults are below a healthy weight for their height.

COMMON INGREDIENTS FOR MALNUTRITION

While conversations about diet and screening for malnutrition are crucial for all patients, care providers should pay special attention to those at risk for malnutrition and who present malnutrition symptoms.

These populations are at a greater risk of malnutrition[4]:

- **Low-income patients** may have less access to adequate nutrition.
- **Children** have greater nutritional needs than adults so they can grow and develop.
- **Chronically ill patients** may have conditions that directly affect their appetite or calorie absorption or increase their caloric needs.
- **Older patients'** nutrition can deteriorate due to institutionalization or reduced mobility, appetite, and absorption of nutrients

NUTRITION IS SERVED

While various screening tools can assess patients' likelihood of malnutrition, clinicians must confirm that the patient is presenting with two of the following characteristics to formally diagnose the condition, according to guidelines from the American Society of Parenteral and Enteral Nutrition and the Academy of Nutrition and Dietetics[2]:

- Insufficient energy intake
- Weight loss
- Loss of muscle mass
- Loss of subcutaneous fat
- Localized or generalized fluid accumulation that may sometimes mask weight loss
- Diminished functional status as measured by hand grip strength

A formal diagnosis can increase the awareness of malnutrition across the interdisciplinary team. As such, patients can promptly receive treatments that prevent complications and improve health outcomes.[2]

For example, undernutrition can be treated with nutritional supplements. These could be individual micronutrients or a custom nutritional formula to restore what the patient is missing. It can take weeks of refeeding to correct severe undernutrition.[4] Meanwhile, overnutrition is generally treated with diet and lifestyle changes.[4]

These treatments are most effective when various clinicians work together to address malnutrition. "Establishing a nutrition task force led by dietitians as the unique nutrition care providers will assure the implementation of a standardized nutrition care process," concludes Beal. "The multidisciplinary approach improves the quality of treatment and may reduce costs by avoiding unnecessary treatments and simplifying the treatments used." ✦

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New Recommendation Encourages Mammograms at 40

A new draft recommendation from the U.S. Preventive Services Task Force (USPSTF) proposes that anyone assigned female at birth with an average risk of breast cancer begin screening biennially at age 40 to reduce their fatality risk. The update does not apply to those at an increased risk of breast cancer through family history, as they should follow screening recommendations from their physicians.

A review of new evidence by a panel of experts at the USPSTF prompted the new recommendation. Previous guidance urged people to begin biennial mammograms at age 50 and left the decision to screen in their 40s up to the individual, according to NPR.

"New and more inclusive science about breast cancer in women younger than 50 has allowed us to expand our prior recommendation," says Carol Mangione, MD, an internal medicine specialist who coauthored the recommendation. "There are a lot more women getting breast cancer, and that influences our recommendation."

"If all women followed our new recommendation, we could reduce mortality from breast cancer in the U.S. by about 20%," says Dr. Mangione.

Black women are 40% more likely to die from breast cancer, making the new recommendation incredibly important for addressing this disparity, adds Dr. Mangione. The USPSTF calls for further research into the racial inequities in breast cancer and for all women who receive abnormal mammogram results to get the necessary follow-up evaluations, testing, biopsies, and treatment.

This draft recommendation now more closely aligns with other organizations, though some urge women to get *annual* screenings. Patients should speak with their physicians about their risk for breast cancer and what screening practices can best protect them.

Legislation Allowing Fentanyl Testing Strips Can Save Lives

The opioid crisis has worsened since 2014 when fentanyl, a synthetic opioid, first began contaminating drugs. In 2021, fatal drug overdoses surpassed 100,000 per year, according to the National Institute on Drug Abuse. Fentanyl was largely responsible for this upsetting milestone, and the numbers continue to rise.

Fentanyl, which can quickly enter the brain and stop a person's breathing, is 50 to 100 times more potent than morphine. Drugs like cocaine and MDMA can be intentionally laced or cross-contaminated with fentanyl, according to Everyday Health. Fentanyl has become increasingly disguised as pills like Adderall, Xanax, and Vicodin, which teenagers are more likely to try casually than drugs like heroin. Overdose deaths among 14- to 18-year-olds nearly doubled in 2020 and rose another 20% in the first half of 2021 compared with the last decade.

Rapid fentanyl testing strips can provide lifesaving information about a drug, but U.S. paraphernalia laws, which prohibit items explicitly used for taking or testing illicit drugs, create barriers to safe use in many states. Apart from Alaska, every state in the U.S. has paraphernalia laws. Laws that originally aimed to curb marijuana use also prohibit the possession of equipment for testing illicit drugs, including fentanyl test strips.

However, overdose deaths in the last few years are prompting change. In 2021, a study found that possessing some drug testing equipment was legal in 22 states, and in 19 states, it was also legal to distribute this equipment to adults. The remaining states' paraphernalia laws made testing illegal in various capacities.

Since then, at least 16 states have passed legislation that permits some drug testing equipment. At least 10 of the 15 states where fentanyl testing strips remain illegal are working to decriminalize their use.

Legislation is making strides in broadening access to fentanyl test strips, but reduction laws still fall short as other adulterants emerge. Harm reduction is crucial to the nation's plan to reduce overdose deaths and prevent the tragedies of the opioid crisis.

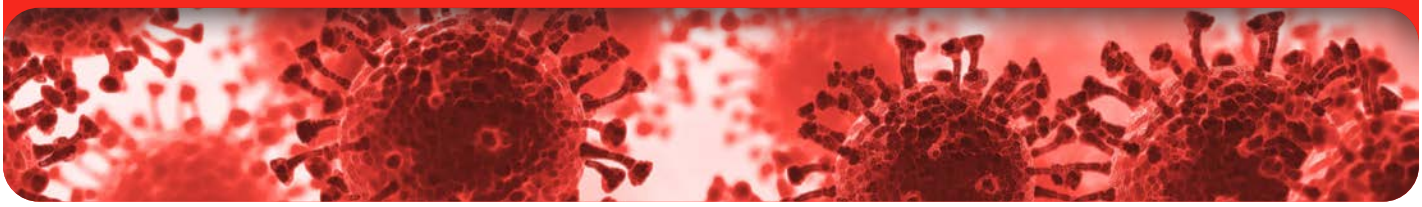
Long COVID Linked to Vitamin D Deficiency

About 20% of adults in the United States who contract COVID-19 develop long COVID (a continuation or appearance of COVID-19 symptoms within three months of an acute COVID-19 infection). For those who are hospitalized for COVID-19, the total increases to 50%–70%, according to a new study from the *Journal of Clinical Endocrinology & Metabolism*.

Researchers recruited 50 people diagnosed with long COVID and 50 without it. At the six-month follow-up, the researchers found that people with long COVID had lower vitamin D levels than those without the condition. They identified no other observable differences between the matched participants other than their vitamin D levels, suggesting this is a factor in the symptoms of long COVID. They also found that greater vitamin D deficiencies were often linked with the neurocognitive symptoms associated with long COVID.

Vitamin D deficiencies affect cognitive health, obesity, and bone health, all of which parallel symptoms of long COVID and chronic diseases.

About 25% of Americans have inadequate vitamin D levels. The only way to determine whether you have enough vitamin D is to get a blood test from your physician. While most people get enough vitamin D from sunlight and food, some may need supplements to reach adequate levels and help lower their risk of developing long COVID.



Health Care Workforce Shortage and Inequities Require Action

U.S. lawmakers are growing concerned about the ongoing health care worker shortage as the pandemic highlights the indispensability of the workforce. This shortage, and the lack of diversity in the field, have prompted leaders of Black medical institutions to speak out for funding to develop a more diverse workforce.

More than an additional 17,000 primary care practitioners, 12,000 dental health practitioners, and 8,200 mental health practitioners are needed, according to the Health Resources and Services Administration. But the worker shortage is particularly prominent in minority communities. In fact, while 13% of the U.S. population is Black, less than 6% of U.S. physicians are Black, according to CNN.

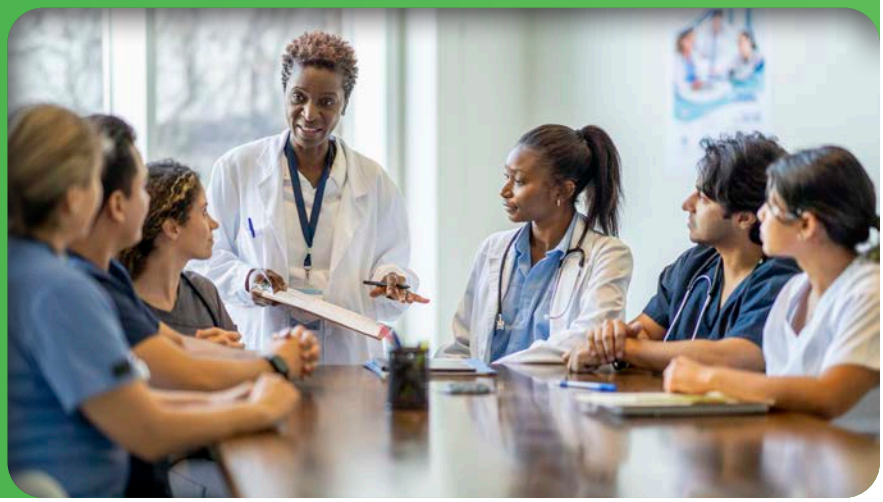
"Allocating resources and opportunities matter for us to increase capacity and scholarships and programming to help support these students as they matriculate," says Valerie Montgomery Rice, MD, president of the Morehouse School of Medicine.

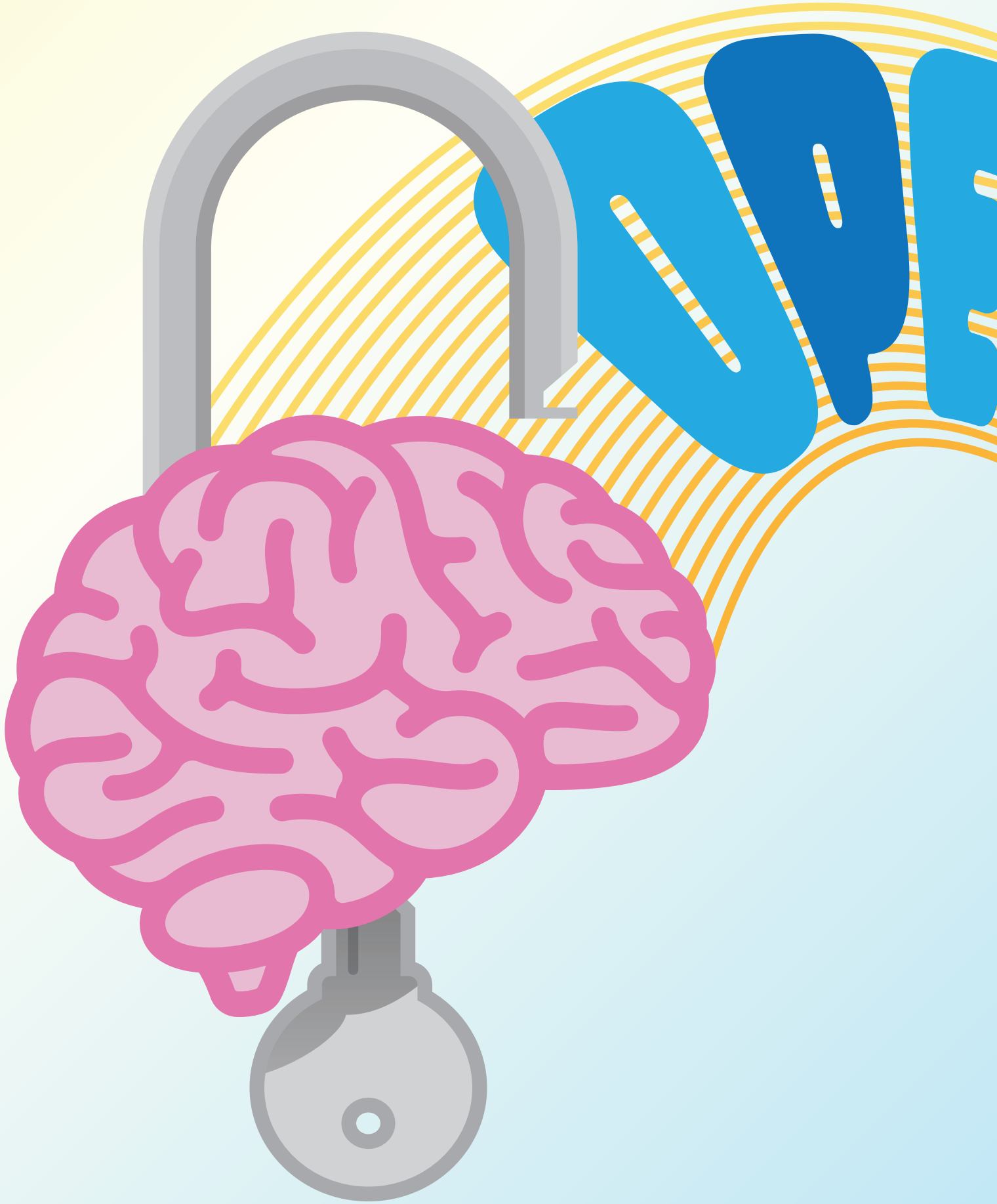
A recent study found that the economic burden of health inequities for racial and ethnic minority communities in the U.S. was up to $451 billion in 2018.

The COVID-19 pandemic only revealed and exacerbated the problem. "We saw a higher death rate in Black and brown communities because of access [issues] and fear and a whole bunch of other factors, including what we recognize as racism and unconscious bias," says Dr. Rice. "We needed more physicians, more health-care providers. ... We can't just rely on physicians. We have to rely on a team approach."

The United States is projected to face a shortage of up to 124,000 physicians by 2034, according to the Association of American Medical Colleges, leaving the nation ill-prepared to respond to future emergencies.

While not a new challenge, COVID-19, stress, and burnout have only magnified the problem. Legislation and statewide efforts to boost recruitment, loosen licensing requirements, expand training programs, and raise health care workers' wages can help fight the crisis.





Unlock Strategies for Making Workplaces Inclusive of Neurodiversity

By Mark Harris

Life in the modern world is characterized by the diversity of human experience. With a global population of approximately 8 billion people,[1] how could it be otherwise?

A range of influences affect how individuals perceive and interact with the world. These influences include socioeconomic status, race, ethnicity, language, gender, religion, geographical location, childhood development, and other factors. People invariably see the world through different lenses.

One of these lenses involves the function of the human brain: How do people mentally process information and relate to the world? Interestingly, no singular definition explains how a "normal" brain works. Considerable natural diversity exists in the cognitive function of human beings.[2] In other words, thinking, learning, and behaving in different ways is normal.

Neurodiversity is a term used to describe these natural differences. The term first emerged in the late 1990s in the work of Australian sociologist Judy Singer. She believes the way her brain works as a woman with autism is not a disorder or deficit but a natural difference in what it means to be human. She says, "I'm not quite disabled, and I am not quite mainstream."[3]

As a framework for understanding brain differences, neurodiversity encompasses the perspective that cognitive variability in a group, community, or society is normal. But neurodiversity does not necessarily involve a clinical diagnosis. Being neurodivergent is not a medical condition.

Many medical and psychiatric researchers believe the concept of neurodiversity can enrich our understanding of diagnosable conditions such as autism, dyslexia, attention-deficit/hyperactivity disorder, and other neurodevelopmental conditions.[4] This research is shaping new interventions to increase employment and other opportunities for people with neurodivergence.

A Comprehensive Perspective

In a broad sense, neurodiversity is associated with social movements for diversity, equity, and inclusion for all people. The term encompasses the idea that just as biodiver-

sity is necessary for a healthy ecosystem, neurodiversity is necessary for a group, community, or society to thrive and grow.[5] Disability rights advocates have embraced neurodiversity to destigmatize disability and promote inclusion and equal rights for neurodivergent people throughout society.

"Neurodiversity is just one of the diversities, like racial and gender diversity," says Lawrence Fung, MD, PhD, director of the Stanford Neurodiversity Project at Stanford University in Palo Alto, California. "Neurodiversity is about the diversity of our brain. Now, there are diversity movements because there is not much inclusion and equity in the different aspects of diversity. Neurodiversity is another angle of looking at how we can improve opportunities for people [with] differences."

The concept of neurodiversity recognizes that every neurodivergent person has unique strengths and challenges. But whether a particular difference or characteristic is viewed as a strength or limitation will depend on the context or environment, notes Dr. Fung, who is also an assistant professor in Stanford University's department of psychiatry and behavioral sciences.

For example, some people with autism may exhibit repetitive behavior or thoughts. Is this an inherent disability? Not necessarily. "If someone is doing something over and over again and not getting anywhere, we call it perseveration," explains Dr. Fung. "But if the result is good, you're going to call it persistence. You're going to call it perseverance. It's the same characteristic, but the outcome is driving people in the environment to say this is for good."

Many people with autism and neurodivergence have unique skills and talents to offer the world. Yet society and medicine often emphasize the disability or problem associated with a neurodevelopmental diagnosis. In response, neurodiversity studies emphasize the strengths-based model of neurodiversity. While acknowledging individuals' unique challenges, the strengths-based model strives for an encompassing understanding of what it means to be neurodivergent. This approach emphasizes the developmental potential for neurodivergent people in education, work, and life. For example, in a therapeutic setting, a strengths-based approach to counseling might focus on how to develop personal interests and goals.

"The medical model is about the diagnosis, what's wrong, [and] the symptoms," says Dr. Fung. "Typically, in the medical model, we use lists of symptoms to characterize the condition. The strengths-based model of neurodiversity [uses] positive psychology and psychiatry [to understand] how we can maximize [peoples'] strengths. So, we're looking at it in a more comprehensive way. It's not just about what the IQ test is telling us; it's about many different things, including the person's character strengths and tendencies. Our goal is to get the person to be happier and more fulfilled and have a good trajectory of development. That's what we are trying to do instead of trying to figure out that we have a problem and [extinguishing] the problem."

The concept of neurodiversity is also informed by the social environment and its effect on the experience of disability. "The social model of disability is about [how] the environment [shapes] peoples' disability," says Dr. Fung. "For example, if we don't have [sidewalk] curb cuts, we are going to see people in a wheelchair be [inhibited]. They cannot do a lot of things. They cannot get onto the pavement. But when there

Resources

Center for Neurodiversity at Rowan University
https://sites.rowan.edu/neurodiversity/

Frist Center for Autism and Innovation at Vanderbilt University School of Engineering
https://www.vanderbilt.edu/autismandinnovation/

Stanford Neurodiversity Project at Stanford Medicine
https://med.stanford.edu/neurodiversity.html

is consideration of how the environment can be shaped so everyone is included, the person in the wheelchair will be able to do much more."

This outlook does not deny that using a wheelchair has challenges. But the social model of disability reframes our understanding of disability to highlight how the social environment can create disabling barriers.[6]

Neurodiversity studies draw on pioneering educational research in human development and intelligence, says Dr. Fung. This research includes the multiple intelligences theory, which provides a more comprehensive approach to understanding human intelligence.[7] Developed in the 1980s by Harvard researcher Howard Gardner, PhD, this approach categorizes intelligence based on the idea of multiple pathways to learning[7]:

- Linguistic
- Logical-mathematical
- Spatial
- Bodily-kinesthetic
- Musical
- Intrapersonal
- Interpersonal
- Naturalist

For example, some people might be more verbally oriented, while others show an aptitude for conceptual or abstract thinking. Other people might have highly refined musical intelligence or are particularly sensitive to the feelings of others. Thus, people learn and express their intelligence in different ways.

A theory of identity development known as Chickering's Seven Vectors of Development also influences neurodiversity research. Based on the research of Arthur Chickering, PhD, the seven vectors of development address issues involving how people manage emotions and interpersonal relationships and develop competence, autonomy, purpose, and integrity in their lives. The theoretical framework is concerned with how other people (e.g., educators, parents, and employers) influence a person's life.[8]

For Dr. Fung and other researchers, insights from these areas of developmental science provide a framework for their approach to making a neurodivergent person's immediate environment more beneficial for development.

Better for All

Today, multiple initiatives in education and business are underway to improve access and opportunity for neurodivergent people in the workforce. For instance, the Stanford Neurodiversity Project sponsors the Neurodiversity at Work Program, a collaborative initiative that brings employers and job seekers together to shape more neurodiverse-friendly work environments. Other academic programs working on expanding educational and employment opportunities for neurodiverse people include the Frist Center for Autism and Innovation at Vanderbilt University in Nashville and the Center for Neurodiversity at Rowan University in Glassboro, New Jersey. These centers combine multidisciplinary research in neuroscience, psychology, and other disciplines with resources to help neurodivergent students and job seekers find meaningful careers.

Experts agree that missed opportunities to develop a neurodivergent individual's potential hurt the individual, employers, and organizations that could benefit from the vast talent pool in the neurodivergent community. With high unemployment reported in the autistic community, this negligence in embracing neurodivergent individuals is especially unacceptable.

"We know individuals who exemplify characteristics that compete with societal definitions of normal are often excluded from job opportunities in the workplace," says Chiara Latimer, MFT, codirector of the Center for Neurodiversity at Rowan University. "We hear language like 'they weren't a good fit' instead of [employers] looking at the strengths those individuals bring. Employers might say they want a

Fast Facts

Neurodiversity describes the breadth of the human experience of the world, in school, at work, and through social relationships. Driven by genetic and environmental factors, an estimated 15% to 20% of the world's population exhibits some form of neurodivergence.[12]

diverse team with creative and innovative thinkers, but when they have opportunities to do so, oftentimes they are hesitant."

Many factors cause society's failure to do more on behalf of neurodivergent people. One concern is organizational systems' inability to understand how to better accommodate neurodivergent individuals in the workforce, including in the hiring process. Employment barriers can start right at the front door of workplace culture. Some neurodivergent people might feel particularly uncomfortable in job interviews, avoiding eye contact or having other difficulties with their interactions. Even when an individual has a strong aptitude for skills an employer needs, such as attention to detail, information management, or other proficiencies, their potential could go unrecognized if the hiring process excludes a skills test or other way of verifying their aptitude.[9]

Various factors can make the hiring process fair and productive, depending on the position or organization, explains Latimer. But flexibility is likely the key to crafting a more neurodivergent-friendly hiring process. "One idea is to not interview people at all, allowing someone to just submit a portfolio of their work," suggests Latimer. "If you're in an organization and have to do the traditional interview, one thing you can do is allow candidates to review interview questions in advance. You can also make sure to ... [allocate] enough time. You can be willing to rephrase questions and allow people time to think and respond to the questions. These are just a few ideas of some best practices."

Accommodating employment practices does not equate to granting special favors or privileges to certain people. In some capacity, every workplace is built on accommodations. A neurodiverse-friendly workforce or organization does not discriminate against neurodivergent staff, recognizing the value of accommodating all employees fairly and equitably. In this sense, the organizational culture might value a more elastic approach toward workplace accommodations, regardless of whether someone has a diagnosable condition requiring accommodations under the Americans with Disabilities Act.[10]

"All human beings need accommodation, but accommodations that work for most people tend not to be thought of as accommodations," says David Caudel, PhD, associate director of the Frist Center for Autism and Innovation at Vanderbilt University. "For example, if you think about a workplace such as a corporate office, the temperature is kept at a certain level. The way people interact with each other on a professional level, how we talk, and what we say and don't say—all of these are designed as accommodations so that the people who show up can do their work with minimum distractions. We all need accommodations. It's just that for those of us who are autistic or neurodivergent, accommodations can look different than [those made for] everybody else."

While considerable progress in enhancing public awareness and recognition of neurodiversity issues has occurred, challenges remain in the workforce, acknowledges Dr. Caudel. "Over 80% of people on the autism spectrum are unemployed or underemployed, [including] people with college degrees—even graduate degrees," he observes. "And part of the issue is that there is a lot of science that we don't yet understand about autism and other forms of neurodivergence. But one [thing] we do know is that with the right accommodations and support, these people could be brilliant, successful contributors to society. That's why we take a strengths-based approach."

A physicist by training, Dr. Caudel is an adult with autism who was diagnosed with Asperger syndrome—now described as autism spectrum disorder (ASD) level 1—in his 30s. As an autism researcher, his perspective is informed by an appreciation for how pivotal public education is to creating a more understanding environment for neurodivergent people in the workforce.

"Particularly with ASD level 1, [autism is] often referred to as an invisible disability," says Dr. Caudel. "That's because when people see our differences and us struggling with things they don't normally struggle with, they jump to conclusions. They assume we're narcissistic or care only about ourselves. Or they might assume that we're just trying to be jerks. When in reality, what they are seeing is [our] struggle. And so, in a situation that should call for patience, compassion, and understanding, we get dehumanized. We get ostracized.

"We do know individuals [with autism] can work in any sort of job, including as researchers and scientists, [physicians], nurses, and medical assistants," he continues. "We also can see that in workplaces where they have some basic understanding of neurodiversity and how to accommodate and include people, [neurodivergent] folks tend to thrive and do well. But in environments where people do not recognize that neurodiversity exists, we tend to suffer the most."

Brain or Shine

Due to pandemic-related adjustments to employment practices, the work environ-

What Conditions Can a Neurodivergent Person Have?

Medical criteria do not define what it means to be neurodivergent, and so a variety of conditions can fall under this term. People who identify as neurodivergent may have at least one of these conditions or disorders—although people with these conditions may choose not to identify as neurodivergent[9]:

- Autism spectrum disorder
- Attention-deficit/hyperactivity disorder
- Down syndrome
- Dyscalculia (difficulty with math)
- Dysgraphia (difficulty with writing)
- Dyslexia (difficulty with reading)
- Dyspraxia (difficulty with coordination)
- Intellectual disabilities
- Mental health conditions (e.g., bipolar disorder or obsessive-compulsive disorder)
- Prader-Willi syndrome
- Sensory processing disorders
- Social anxiety disorder
- Tourette syndrome
- Williams syndrome

ment has become more flexible or accommodating in some practices (e.g., via remote work). This cultural shift may benefit neurodivergent people in the workforce, according to experts.

"With our experience in the pandemic, we saw individuals that may not have ever needed accommodations in the workplace needing accommodations," notes Latimer. "We should move forward from what we've learned and not go back just out of familiarity. We have to adopt a new understanding of what a flexible work environment could be. If we want innovators in our workforce, we should recognize that innovators work in a variety of ways. We need organizations [that] explicitly say, 'We want you to work in the way that's best for [you].' And if that's working at home, wonderful. If it's in the office, great. If it's with dim lighting or noise-canceling headphones, that's OK too. If it's with what we call nontraditional work hours, great. We have to challenge ourselves and ask: How do we get the best productivity out of employees? And it's probably going to be by allowing them to tell us what they need but also presenting options."

Neurodiversity programs and initiatives have largely occurred in large corporate settings, the information technology (IT) sector, and higher education. In health care settings, researchers are exploring neurodiversity, but more work remains. "The medical model has been the backbone of medicine for a long time," says Dr. Fung. "To bring in new concepts of how to do things in a drastically different way is especially difficult. It's more difficult than in other workplaces, such as IT. There are a lot of people in IT who already know they are neurodiverse and want to make things better for their employees."

The extent to which neurodiversity is recognized and accepted within the health care workforce can also benefit neurodivergent patients. "We have patients that are neurodiverse, and they need help," notes Dr. Fung. "Our job as physicians and medical providers is to take care of [neurodivergent patients]. And if we understand them better, we can provide better care. That is one angle we are trying to get the medical community to understand, because a lot of people in medicine have no idea they are seeing neurodiverse patients. Studies published by Kaiser Permanente in California prove it's a big problem."

"The question isn't 'Can neurodivergent people work in health care?' " adds Latimer. "They can, because they already do. Whether or not people are disclosing, we know from looking at prevalence rates across the country that … there are already neurodivergent people who are working in health care. So, it's not a matter of [suddenly] trying to open a door but rather recognizing how we can provide better access and eliminate barriers."

While society is increasingly focusing on diversity, equity, and inclusion, issues involving neurodiversity are often likely to go unnoticed. This is part of the challenge for the health care field. While no data depicts how many neurodivergent physicians work in the U.S. health care system, observers imagine it as a small minority.[5] However, attention to these issues is increasing. A recent commentary for the American Academy of Pediatrics notes the need for physicians and medical education to do more to meet the needs of the neurodiverse community, including enhancing opportunities for neurodiverse pediatricians to enter the health system.[5]

While research in this area is relatively new, recommendations tailored to neurodiversity in health care systems are likely on the horizon, reports Dr. Fung.

Celebrating Diversity

In her long career, Jonette Yazzie, CMA (AAMA), of Moreno Valley, California, has worn many hats, including medical assisting educator, staff supervisor, billing office manager, and other positions in medical practices. She has also grown to appreciate differences in people. Whether in the classroom or on the job, everyone brings their own unique stamp to how they learn, think, and perform at work, she asserts.

"I truly believe we don't all learn or work in the same way," says Yazzie, who retired in 2022 as an educator at Platt College in Riverside, California. "Your brain is just wired differently than mine. Sometimes people with autism have a strength that's so strong. … Our brains are just different. And in the end, we have to learn to be OK with our differences."

What about the prospect of the health care system becoming more openly inclusive of neurodivergent staff? "I think a lot of people are probably scared because it's different," says Yazzie. "It's not how we've always done it. I believe we need to become more open-minded, because there are strengths among neurodiverse people. … When we can match jobs with peoples' strengths, then we are building not only a better world, but we're building a better health care system."

As an educator, Yazzie notes that even tasks with established parameters or guidelines can have degrees of individual variation in how those tasks or assignments are done from one person to another. Regarding education and training, finding ways to work with peoples' differences while strictly adhering to safe practices, standards, and requirements is crucial.

Being flexible and open to change is also necessary to evaluate ways to better accommodate people's differences, suggests Yazzie. As an educator, Yazzie recalls working with a military veteran with Tourette syndrome—a condition associated with tics and other symptoms[11]—who wanted to work as a medical assistant at a veterans affairs hospital. He sometimes had difficulty with certain tasks, such as giving injections or drawing blood. Yazzie felt he would thrive in a front office position welcoming patients, managing appointments, and completing related office assignments. She arranged his transfer to a different program track in which she felt he could be more successful.

Yazzie also recalls working with young adults who she believes may have been hyperactive and would do better in their work or training if they could sometimes listen to music. "What is wrong with letting them listen to some music if they can hear and engage with me?" she asks. "Sometimes, this would help keep them on an even path and manage themselves better. Instead of saying, 'This is the way it's always been, and this is the way we have to do it,' I think we should try to find ways to be flexible and work with people."

Of course, the strength-based model does not encourage ignoring disabilities or limitations in a person's cognitive or social skills but working to find the right balance in a diagnostic assessment. It aims to find how someone can grow in ways that bring them happiness and satisfaction.

"The strengths-based approach is important because individuals have been told for so long what they can't do and are not good at," concludes Latimer. "The neurodiversity paradigm recognizes not only one's strengths but also how those strengths can fit in the larger society. The other piece of it is challenging ableism—these thoughts that people may have about disability and individuals who have a formal diagnosis. Some of us have been trained in a medical model, so we have to challenge ourselves around the ableist views that we may have learned. Especially in the workplace, if we can create environments where people are able to express what they need without [worrying] about maintaining employment or

Neurodiversity Basics

Neurodiversity: "A concept that regards individuals with differences in brain function and behavioral traits as part of normal variation in the human population."[13]

Neurotypical: "Having, relating to, or constituting a type of brain and behavioral functioning that represents the middle 68% of the human population."[13]

Neurodiverse or **neurodivergent:** "Having, relating to, or constituting a type of brain functioning that is not neurotypical."[13]

being seen as less than, it will help us create a much better workforce."

Today, many examples of well-known, accomplished individuals are considered neurodivergent, such as animal scientist Temple Grandin, Olympic gold medalist Simone Biles, and climate activist Greta Thunberg.[9] They are members of a large neurodivergent community that is rich in potential, skills, and talents.

The emerging field of neurodiversity studies is opening the door to a better understanding of how to promote diversity, equity, and inclusion for neurodivergent people. Through improved patient care, mental health services, and social and workplace support systems, neurodivergent individuals can more easily live meaningful, productive lives as equal participants in a society that supports and values their contributions to the world. ✦

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T F

☐☐ 1. Understanding how people manage interpersonal relationships can help professionals structure a supportive environment for neurodivergent people.

☐☐ 2. Studies on different learning styles have shed light on neurodiversity.

☐☐ 3. Neurodiversity is a scientific concept that is independent of social environment and other factors.

☐☐ 4. Neurodivergent people often have unique strengths and needs.

☐☐ 5. Neurodivergent people may have strong attention to detail or information management skills, which can benefit many workplaces.

☐☐ 6. Neurodivergent people may be uncomfortable with job interviews, affecting their ability to succeed in hiring processes.

☐☐ 7. Accommodations and opportunities for neurodivergent people are not provided in the workplace.

☐☐ 8. The unemployment rate among people with autism is lower than the national average.

☐☐ 9. Asperger syndrome does not fall within the broad definition of autism because its symptoms vastly differ.

☐☐ 10. The COVID-19 pandemic necessitated adjustments in traditional workplace practices, which may benefit neurodivergent people.

T F

☐☐ 11. Neurodiversity is a medical condition associated with a diagnosis of one or more neurological disorders.

☐☐ 12. The diversity, equity, and inclusion model has not sufficiently emphasized the need to accommodate neurodiverse people.

☐☐ 13. Neurodiversity benefits society just as biodiversity benefits ecosystems.

☐☐ 14. Neurodiversity programs and initiatives have made the greatest progress in benefiting employees in health care settings.

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Wanted: Stress Manager

For most employees in the United States, stress is a regular part of their workday, affecting their overall career satisfaction, according to Healthline. Learning how workplace stress impacts you and the steps you can take to manage stress levels is crucial to maintaining a happy work-life balance:

Common causes. Anything threatening or challenging can cause stress as a natural response. Factors that cause workplace stress include having too many responsibilities in or beyond your job role, experiencing an increase in workload, or enduring harassment or discrimination at work.

Effects of stress. Some common physical symptoms of stress include frequent headaches, chronic pain, recurring illnesses, digestive problems, appetite and sleep changes, and increased fatigue. Prolonged stress can cause numerous health conditions, such as burnout. Burnout may manifest as emotional exhaustion, increased anger and irritability, physical exhaustion, increased pain, and withdrawal from your job or loved ones.

Managing stress. To quell workplace stress and better support staff, employers should encourage appropriate workloads, frequent breaks, and open communication.

However, employees may also need to safeguard their health independently by engaging in mindful activities like meditation, practicing yoga, seeking out therapy for coping strategies, and reaching out to management to seek solutions.

Managing workplace stress takes effort, especially in an unhealthy workplace. For employees to take control of how jobs affect their health, companies must be held accountable for their approaches to work culture. And as stress mounts, employees deserve to be able to take a step back and care for themselves.

Liquid Assets

With summer in full swing, the long, hot days can be a recipe for dehydration. Dehydration occurs when your body loses more water than it gains, easily occurring when sweating on a hot day or exercising.

Here are some signs of dehydration from Biotrust to help you decipher when you need a glass of water and remind you to stay hydrated throughout the day:

- **Fatigue:** Dehydration can cause fatigue, lethargy, and tiredness because of low blood pressure.
- **Headaches:** Headaches can arise even during mild dehydration, with pain linked to dropping blood pressure from water loss. When dehydrated, the brain can shrink due to water loss and cause the brain to pull away from the skull, causing a painful headache.
- **Depressed mood:** Slight dehydration can affect one's mood and make them anxious or depressed.
- **Flushed or dry skin:** An early sign of dehydration is flushed skin. You can also determine dehydration by pinching the skin on your hands and arms. You are likely dehydrated if the skin does not quickly return to its normal appearance.
- **Muscle cramps:** Fluids in the body allow your muscles to relax, but dehydrated muscles are prone to cramping.
- **Thirst:** Thirst indicates that the body needs water but can be wrongly identified as hunger.
- **Dark urine:** Paying attention to one's urine color is a good way to gauge hydration. Lightly colored urine reflects healthy hydration levels. When dehydrated, urine will be dark in color and infrequent.
- **Weakness:** The body struggles to retain moisture when dehydrated, lowering blood volume and pressure and making you feel lightheaded or faint.
- **Bad breath:** When low on water, your mouth and tongue can feel dry and sticky. When you are dehydrated and have less saliva, bacteria are more likely to grow in your mouth and cause bad breath.
- **Increased heart rate:** Dehydration causes strain on the heart. Due to the lowered blood pressure, your heart must work harder to pump blood wherever necessary, thus increasing your heart rate and causing heart palpitations.
- **Decreased brain function:** Because the brain is over 70% water, it needs proper hydration for cells to function and keep alert and concentrated. Dehydration leads the brain to work harder than normal to complete tasks.

Keeping a water bottle with you, eating fruits and vegetables, tracking your hydration, and adding fruit or flavoring to your water can encourage consistent hydration and keep you safe on the hottest days.

Egg-zamining Labels

Despite the surge in the cost of eggs—70%, according to CNN—eggs are still a foundational part of many people's diets.

Figuring out what terms justify their price tags can be complex, but Everyday Health offers a helpful guide for deciphering even the most confusing egg cartons:

- **Cage-Free** indicates that the hens had some freedom to move around but does not guarantee that the hens could access the outdoors.
- **Free-range** indicates that hens do not live in cages and have some degree of access to the outdoors, depending on the brand.
- **Organic** indicates that the hens had an organic diet and did not receive any antibiotics or hormones. This option is great for those who are passionate about the environmental impact of farming or the health effects of consuming antibiotics or hormones.
- **Pasture-raised** means that the hens could roam freely on a pasture and eat a more natural diet than those confined to a barn. Since their diets are more varied, their yolks are usually brighter, and their eggs contain more omega-3 fats and vitamin E.
- **Omega-3** eggs are enriched with heart-healthy omega-3 fatty acids by feeding hens flaxseeds. However, many other foods offer more omega-3s.
- **Grades** from the U.S. Department of Agriculture provide assessments of quality and sanitary processing; Grade AA is the highest egg grade, followed by Grade A and Grade B.

Unfriendly Foods

Since the Food and Drug Administration requires that food labels identify only the top nine allergens (peanuts, tree nuts, shellfish, fish, wheat, dairy, soy, eggs, and sesame), those with rare food allergies must be diligent when checking ingredient lists and eating out. These food allergies may be harder to detect without awareness, says Verywell Health:

- **Avocados:** Avocados are generally served raw, so killing off allergens is not an option. Latex-fruit syndrome may cause this allergy, because foods like avocados, kiwi, and bananas have proteins that resemble latex. About 30–50% of people with a latex allergy also have latex-fruit syndrome.
- **Gelatin:** Gelatin is a natural thickener made from animal collagen that gives foods like Jell-O, marshmallows, and gummy candies their distinct textures. Vaccines can also contain gelatin, so those with gelatin allergies should consult an allergist before receiving certain vaccines.
- **Nickel:** Skin irritation is the telltale sign of a nickel allergy, but those with this allergy may have to avoid foods high in nickel, like legumes and chocolate, and canned foods. People with nickel allergies may get mouth and throat sores that last a week.
- **Pork:** Individuals with allergies to pork may undergo an immediate immune response after consuming pork or pork byproducts like bacon. You can find pork ingredients in various foods such as sodas, chips, and sauces.
- **Red Meat:** Also referred to as alpha-gal allergy, allergies to red meat can cause hives, breathing difficulties, and diarrhea within hours of consuming red meat. It could be related to tick bites, which may cause a temporary allergy to red meat, dairy, and animal-based gelatin products.
- **Wine:** Rarely, people can have allergic reactions triggered by the proteins, mold, or enzymes in wine.

ON ERROR

Broadcast These Strategies Loud and Clear to Prevent Medication Errors

By Brian Justice

Considering the pace of technology, the evolution of communication systems, and an ongoing emphasis on patient-centered care, people may assume that medication errors rarely occur. However, the entire system depends on professionals who—however highly trained or dedicated—can make mistakes. Health care providers, patients, and the systems that connect them are at risk for medication errors.

In March 2023, the Institute for Safe Medical Practices identified the top medication errors and hazards.[1] They applied some nuance to their choices. "Our selected top concerns are not solely based on the most frequently reported problems or those that have led to the most serious consequences for patients, although these factors were considered," the report states. "Rather, we focused on errors and hazards that continue to occur but can be avoided or minimized with system [and] practice changes."[1]

The Institute for Safe Medical Practices cites inaccurate patient medication lists as the cause of many medication errors.[1] In fact, inconsistent knowledge and poor communication of medical information are responsible for up to 50% of all medication errors, according to the Institute for Healthcare Improvement.[2]

"An error can occur at any time during the medication order, procurement, and administration process," says Joleen Sams, MSN, APRN, FNP-C, a health care content contributor and owner of Ad Astra Content Services. "In the ambulatory setting, drugs can easily be administered to the wrong patient because the patient is not wearing an armband or even because two doses [of something, like a vaccine] or medications with similar names are right next to each other."

"[Electronic health records] offer a lot of medication, doses, and frequency options," says April Jones, CMA (AAMA), who works with MetroPartners OBGYN in Woodbury, Minnesota. And yet, "some options may be chosen for ease rather than accuracy," she cautions.

TOO MUCH STATIC

Beyond the human aspect of the U.S. health care system, the information sources for medications are institutional and fragmented, says Frank Federico, RPh, an Institute for Healthcare Improvement director who focuses on patient safety.[2]

"The physician's [practice] has records, but they are difficult to keep current, especially if the patient has prescriptions from many specialists," he says. "The pharmacy has records, but only for the prescriptions filled there. The hospital medical record may be incomplete, considering that most care is administered in the ambulatory setting."[2]

Again, these institutions and organizations ultimately depend on people.

"The most common patient medication errors are administering [the] wrong medication, dosage, or route, as well as failing to identify drug interactions or allergies," says Brian Clark, BSN, MSNA, founder of United Medical Education, a Provo, Utah–based organization that offers online Advanced Cardiac Life Support, Pediatric Advanced Life Support, and Basic Life Support certifications. "They can also occur due to miscommunication, lack of knowledge or training, distractions, and even similar-looking packaging."

NEWS FLASH

The consequences of medication errors are serious. Nearly 7,000 prescription medications and numerous over-the-counter drugs are available in the United States, in addition to thousands of supplements, herbs, and more.[3] As many as 9,000 people die yearly from medication errors, and hundreds of thousands of adverse reactions or complications go unreported.[3]

Medication errors are also expensive. Treating patients with medication-associated errors is estimated to cost more than $40 billion a year.[3] Other costs include patients' psychological and emotional suffering, decreased patient satisfaction, and a growing lack of trust in the health care system.[3]

Confusion can easily happen at almost any step, cautions Leann Buneta, AAS, BSS, CMA (AAMA), CMSS, with the Oklahoma Cancer Specialists and Research Institute Breast Clinic in Tulsa, Oklahoma. "Patients may not completely understand what medications they are taking because they do not ask questions or they have a lot of information given to them at one time," she says.

CROSSED WIRES

Pharmacies have also come under scrutiny for their practices amid declining drug reimbursement rates and cost pressures from prescription drug plan administrators. Consolidation has resulted in bigger but fewer sources for prescriptions. As of 2019, large chain drugstores distribute approximately 70% of prescriptions nationwide.[4]

Pharmacies may also request refills even when the drug was prescribed for only a single cycle.

"When you are bombarded with refill after refill, it's easy for things to fall through the cracks, despite your best efforts," said Mark Lopatin, MD, a rheumatologist in Pennsylvania.[4]

DEDICATED LISTENERS

"The best way to prevent errors is to take your time, read labels, and double-check yourself and patient charts," advises Sharonda Thomas, CMA (AAMA), about practice precautions. In the meantime, some more ambitious solutions are being developed locally.

Brattleboro Memorial Hospital in Brattleboro, Vermont, launched a community education program, which includes contributing articles to the local newspaper, their own newsletter, and other forums and offering access to blank copies of the hospital's admissions medication form. People are encouraged to fill in the medication form and keep a copy to take to the hospital or physician's practice.[2]

These kinds of efforts are working, observes Tim Lynch, PharmD, MS, of Franciscan Health System. "People are much more educated these days about how to help us help them," he says. "Patients often arrive with their medications or their list because they're aware of the importance." He notes that much of that education occurs in primary care settings, with practices encouraging patients to bring all their medications into every appointment for review.[2]

"A functional [electronic health record] that helps catch common mistakes is one of the best means of preventing errors," adds Sams. "As for human error, the best practice involves open discussion when [errors] occur, an environment that promotes patient safety, and management willing to listen and identify system failures."

At whatever point errors occur in the patient journey, health care professionals understand the commitment needed and the challenge.

"Organizations that are working on [embracing the challenge] don't do it just to meet national patient safety standards," says Federico. "They do it because it's the right thing to do for the patients. It is part of delivering good patient care, but that doesn't mean it's easy."[2] ✦

TUNE IN TO THESE TIPS

The Emergency Care Research Institute recently published a report[5] that cited medication errors as a top patient safety concern. The report includes recommendations for avoiding errors[5]:

- Standardizing medication reconciliation processes
- Identifying organizational factors contributing to inaccurate medication histories
- Encouraging patients to maintain a current medication list and bring it to every health care encounter
- Including the reason for the medication throughout all documentation systems for medication orders and care and discharge planning
- Using patient navigators to educate patients on using portals to double-check medication lists
- Creating a distraction-free environment for intake or admission processes
- Making staff feel safe reporting system issues that could lead to medication errors
- Developing a flowchart of processes to avoid unnecessary steps
- Defining roles and responsibilities
- Conducting multidisciplinary training sessions with medication and reconciliation coaches for one-on-one training and assistance

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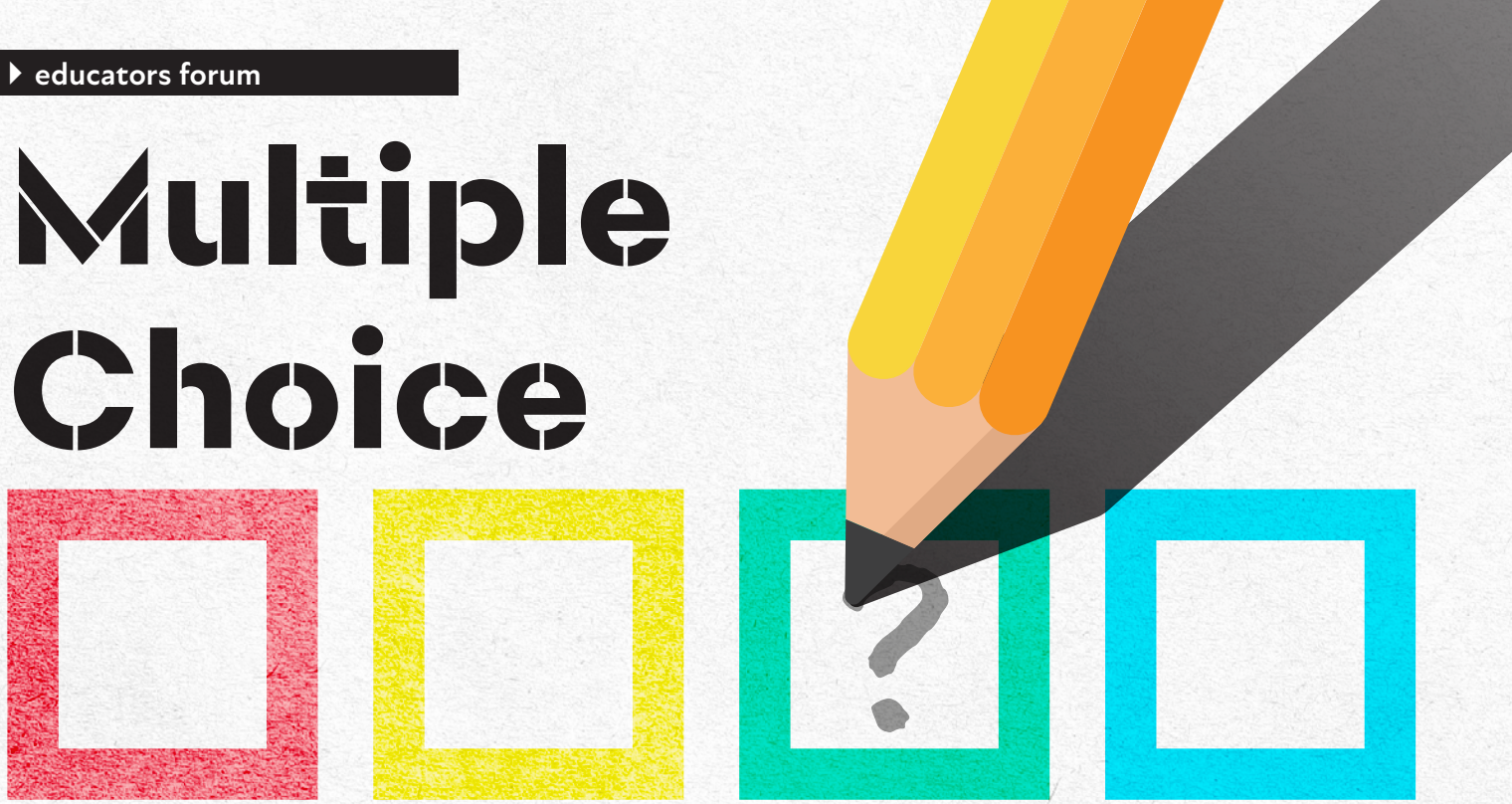


Strategies for Test Anxiety Offer Many Ways Forward

by Pamela Schumacher, MS

Educators have likely seen the symptoms in students: fidgeting, inability to focus, and shallow breathing. Often, students perform well in classroom discussions and on assignments, but testing unleashes the beast known as *test anxiety*. Test anxiety—uneasiness or apprehension experienced before, during, or after an exam—can affect any student; and for some, it can interfere with learning and affect grades.[1] However, educators can positively affect students' performance by helping them understand and address test anxiety.

Testing 1, 2, 3

"Test anxiety is experiencing anxiety specifically related to being evaluated or judged," says Shane G. Owens, PhD, ABPP, a private practice psychologist who treats people pursuing medical education. "The student is anxious because their performance is being looked at or measured. It's especially anxiety-provoking when they're evaluated or judged by someone who has control over their future or career."

Nicole Burgess, CMA (AAMA), a provider educator at Health First, a not-for-profit community health system in Melbourne, Florida, says worrying about a test can be a big part of the problem. "The anticipation prior to taking a test can lead to increased anxiety for the test taker," she explains. "Sometimes, the most challenging part of taking a test is the fear of not knowing what material will be included."

Case Study

Test anxiety can affect students of all backgrounds. On average, test anxiety varies based on gender, with women reporting higher levels than men, even when performance outcomes are the same.[2] Dr. Owens notes that the Anxiety and Depression Association of America estimates that 18% of U.S. adults experience some form of test anxiety, while 25%–33% of the population experiences general anxiety.

Some test anxiety is rational, such as when the student is unprepared, potentially due to insufficient study skills. For example, students might recopy notes word-for-word or highlight long passages without understanding the significance.[3] Also, poor performance on previous tests may cause them to engage in negative self-talk such as "I'm stupid" or "I *never* pass tests." These students may effectively study and be prepared for the exam but become too anxious to function during the test.[3]

Lisa Connelley, CMA (AAMA), a skills educator for the medical assistant program at Lone Star College-North Harris in Houston, Texas, has witnessed this: "I've had students who did well in class but seemed to forget everything when they took the test, even though they answered the questions correctly before."

Burgess notes that test anxiety can fluctuate based on the circumstance: "Anxiety isn't the same for every test. It can be based on the test taker's experience, exposure, [and] the type of test they will be taking. [With] smaller, simpler tests and quizzes, the anxiety level may be less. But if the student is relying on passing a test required for licensure or certification, their level of anxiety can be debilitating."

Fear Factors

Although most students experience some degree of test anxiety, the intensity can differ

and manifest differently from student to student. Symptoms vary[4]:

- **Physical:** Excessive sweating, headaches, light-headedness, nausea, panic attacks, rapid heartbeat, or shortness of breath
- **Emotional:** Feelings of fear, helplessness, or stress; negative thoughts; fixation on past performance; worry about the future; racing thoughts; or mind-blanking
- **Behavioral:** Difficulty concentrating, negative self-image, comparing themselves to others, or procrastination

"Anxiety has two responses—escape and avoidance," says Dr. Owens. "When tests or clinicals roll around, some students might suddenly be absent. Others may avoid doing homework or studying. This procrastination might seem like laziness; however, it is often a symptom of anxiety or perfectionism. The best way to cure procrastination is to understand and address the underlying anxiety."

Some students hide their anxiety because they fear appearing incompetent, notes Dr. Owens. "As the [educator], you can recognize these students by looking for anomalies in their behavior," he advises. "Does the student do well in class and on homework assignments but then bomb quizzes and tests? If so, this might [indicate] that the student has test anxiety and may need you to intervene."

Make the Grade

Educators can help students with test anxiety in many ways. "The number one thing [an educator] can do is list the mental health resources available at their college on the syllabus and then point them out during the first class," suggests Dr. Owens. "I also tell students to become the absolute master of a topic, which is how I got through graduate school. For instance, if I were a medical assisting student and the unit was phlebotomy, I would tell myself, 'Today, I'm Phlebotomy Man,' and learn everything about it, practice the technique, and counter negative self-talk with positive statements."

Consistent check-ins, or *pulse checks*, work for Burgess. "After reviewing information, I check in with students to make sure they understand the key themes or takeaways," she explains. "I've found [the] repetition of material is vital to ensure the information remains in the students' memory. More importantly, being able to recall key points makes them feel competent and reduces their test anxiety."

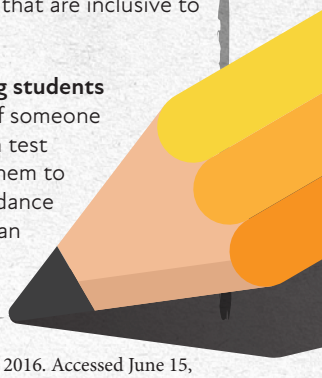
One method that shows promise is highlighting the benefits of stress through brief expressive writing exercises.[5] This method particularly aids low-income students who may feel more pressure to succeed because they fear they have less room for error. In a study, teachers helped students conduct a stress reappraisal by asking them to complete a two-step process before taking their exams. First, students read an excerpt on how responses to stress, such as a faster heartbeat and heavy breathing, help improve performance by increasing oxygen flow to the brain and boosting alertness.[5-6] Then, students respond to a multi-question prompt: "How do people sometimes react when they feel nervous? Why does this happen? How can the way a person feels in stressful situations help them do well in those situations?"[6] Another group of students wrote about their thoughts and feelings about the test and recalled other stressful times. Both exercises improved student performance.[5]

Connelley has worked through test anxiety in her academic career and is attuned to its effects on students. "It's important to let students know that it's OK to ask for help and that they're not the only ones who experience test anxiety," she says. "[In school, I] had extreme test anxiety. It wasn't until an advisor suggested I seek help that I did something about it. … I received special accommodations to help with my anxiety, did better in school, and was able to graduate." ✦

A+ Efforts

Help students manage test anxiety with these actions[4]:

- **Teach students to study more efficiently.** Encourage them to study earlier in the day and have a dedicated study space to help them focus and recall information.
- **Establish a pre-test routine.** Give reviews and quizzes before the test, and incorporate study times and breaks for students during class.
- **Make yourself available.** Tell students when you are available for questions or concerns, and emphasize that asking for help is OK.
- **Teach relaxation techniques.** Practice deep-breathing exercises and light stretches, and have students envision positive outcomes.
- **Stress physical health.** Encourage students to move around or take a walk when studying. Remind them that sleep is a crucial part of test preparation.
- **Accommodate learning disabilities.** Students learn in different ways. Provide suggestions for studying or test preparation that are inclusive to all students.
- **Direct struggling students to a counselor.** If someone is struggling with test anxiety, advise them to speak with a guidance counselor who can help them manage it.



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Through the Ages

CMA (AAMA) Supports Pediatric Patients from Infancy to Adulthood

By Cathy Cassata

For about 12 years, Kayla Gruver, CMA (AAMA), has cared for children at Keystone Pediatrics in Chambersburg, Pennsylvania.

"I know the patients well, and I love being able to watch them grow from infancy to adulthood," she says. "Some of the older kids who were regulars still come in with their younger siblings to chat and catch up with me."

For instance, a family with six kids ranging from 4 to 18 years old has been with the practice since Gruver started in 2012.

"The kiddos all call me their favorite, and any time they need shots, I'm the one they want to give them. Their parents also keep me in the loop with all their kids," she says.

Being a mom to a teenage son helps Gruver connect with parents in a special way.

"If there is something [the kids] don't understand or aren't comfortable sharing with the [physician], they often confide in me, and I relay it to the provider. My coworkers laugh because I often know the entire family history, even how the dog is doing," she says. "I can build that rapport with parents in a timely manner, so when the physician comes in, they can cover everything they need to in the allotted time."

Before becoming a medical assistant, Gruver worked as a certified nursing assistant for geriatric patients. "I had a hard time when I would get attached to patients and they [would pass] away, because I treat patients as if they are my family or how I would want to be treated," says Gruver.

While she has experienced the heartbreak of pediatric patients dying or being mistreated, she most often witnesses them thriving. "This is what keeps me in pediatrics," she says.

Although the practice has 13 providers, Gruver has worked under the same physician. She assists the physician in seeing about 25 patients per day for a wide range of care, including checkups, acute visits, preoperative care, and more.

Her daily duties include rooming kids, taking their vitals, entering their histories into medical records, and helping in the practice's busy walk-in clinic when needed.

Her vast skill set epitomizes the value of CMAs (AAMA)®. In fact, she opened her employer's eyes to the credential.

"When I started, there were four medical assistants working there; two were certified, but leadership wasn't familiar with what the CMA (AAMA)® credential meant," she says.

She set out to inform leadership at her workplace about the certification and why hiring CMAs (AAMA) benefits the practice. She showed them informational AAMA literature about the credential, continuing education requirements, and compensation and directed them to the AAMA website.

"Not only did they see what I could do as a certified individual, [but] they also reached out to my supervisor, who attested to the benefit of certification and how it [indicates] a well-rounded medical assistant," says Gruver.

The practice's leadership particularly appreciated the need to maintain certification through continuing education. While the practice still hires uncredentialed medical assistants, they recognize the importance of certification.

"Keystone began holding us a grade above an [uncredentialed] medical assistant. If you're certified, they bump you to the next pay bracket," says Gruver.

The practice also reimburses medical assistants for continuing education and allows them to attend conferences and sessions without taking personal time off.

"I'm proud to work at a place that appreciates my profession in the way it deserves," says Gruver. ✦

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