

Medical Assisting Today

The Magazine for Professional Medical Assistants

One Size Does Not Fit All



Weight Management
Plans for Individuals

Thanks a Million

Adapted from the inaugural address of 2024–2026 AAMA President Virginia Thomas, CMA (AAMA), at the 2025 AAMA Annual Conference.

As we celebrate the 2024–2025 Board of Trustees and the hard work that they have done this past year, I would like to thank a few people:

- The Virginia State Society of Medical Assistants, for a wonderful conference and for your support over the last 10 years
- Dr. Derkay and all my providers at my practice, for the encouragement while I have served on the Board of Trustees
- My dad, for being my biggest cheerleader and supporting me, especially since Mom passed
- The 2024–2025 Board of Trustees, the AAMA staff, and volunteer leaders for making this past year a wonderful success

The Marketing Strategy Team created a PowerPoint for the AAMA, state societies, and local chapters. Working together with staff, the team also created our 2025 MARWeek theme and poster to show that medical assistants are champions in health care. The Leadership Development Strategy Team offered our state society and local chapter leaders six continuing education units this year. Our Ad Hoc Committee on Mentoring has begun the first draft of the AAMA mentoring tool for leadership navigators.

And again, the AAMA staff deserves our recognition and thanks for all that they do. Those in the call center, as well as other staff, provide so much support to members. And of course, we thank CEO and Legal Counsel Don Balasa for always being a guiding light, being a sounding board, and willing to fight for every medical assistant and our right to practice.

As we step into the 2025–2026 year, I hope to complete the work we have started and set new initiatives. I welcome innovative ideas and collaboration with the Board of Trustees, the Certifying Board, and the Continuing Education Board. By collaborating, we can help advance the AAMA and the medical assisting field. And we also need the members' help. You are the boots on the ground and know what works in your state.

I would like to leave you with a few things I have learned over my first year as President:

- You do not always have to be so serious. Sometimes a little lightheartedness and laughter can break the tension ... and it's good for the soul.
- It is okay to be passionate about a topic but do so with respect.
- Always extend kindness and grace, even if your feelings were hurt.

It has been a great year! Let's do it again!

Virginia Thomas, CMA(AAMA)

Virginia Thomas, CMA (AAMA)
2024–2026 President



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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.



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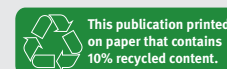
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One Size Does Not Fit All



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2025 Conference Recap

This installment of AAMA Update summarizes highlights from the 2025 AAMA Annual Conference in Arlington, Virginia.

Many thanks to the Annual Conference Education Committee, the members of the Virginia State Society of Medical Assistants, and the 2024–2025 Annual Conference Committee for a fun and informative event dedicated to medical assisting professionals. ♦

House Highlights

The House of Delegates elected and reelected officers and trustees. Meet your 2025–2026 Board of Trustees:

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2026 Conference

The 2026 AAMA Annual Conference and the celebration of the AAMA's 70th anniversary will be held at the Grand Sierra Resort and Casino in Reno, Nevada!

Sept. 14 to 17, 2026

(Monday through Thursday)

Mark your calendars and prepare for an unforgettable experience at this premier venue, located just 40 minutes from beautiful Lake Tahoe. The Grand Sierra Resort and Casino is the ideal destination to celebrate the AAMA's 70th anniversary! ♦

An Association of Winners

The AAMA congratulates all the Excel Award winners. You go above and beyond to positively represent the AAMA and the medical assisting profession, and your recognition is well-earned. Visit the "AAMA Excel Awards" webpage to view a full list of winners and read the winning student essay.

Also, congratulations to Betty Springer, CMA-C (AAMA), for receiving the 2025 AAMA Life Member Award. ♦



Coming soon to the e-Learning Center:

Responding to Human Trafficking: The Medical Assistant's Role

In recognition of National Human Trafficking Prevention Month, the AAMA will be releasing a new course this January, "Identifying and Responding to Human Trafficking: The Medical Assistant's Role," to assist medical assistants with recognizing and responding to human trafficking in the clinical setting.

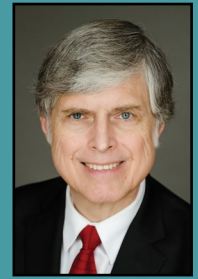
This course will explore the scourge of human trafficking, who is at risk, how to recognize signs of potential trafficked people, and more. Through modules on communication strategies; laws on human trafficking, reporting, and privacy; and appropriate documentation protocols, medical assistants will gain a nuanced perspective on addressing potential cases of human trafficking in the clinical setting. Additional modules on collaborating with team members and local agencies, using scenario-based role-plays, and recognizing and managing secondary trauma will equip medical assistants with practical, hands-on strategies to help support patients, clinics, and themselves in the fight against human trafficking.

The course will be available for preorder starting Thursday, January 1, and will be released later in the month.

*AAMA members will receive an exclusive additional 40% discount on purchases of the course in January 2026.



An Overview of Health Care AI Legislation Enacted in 2025



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

Medical assistants are working with artificial intelligence (AI) in various capacities and to an increasing degree. Regardless of their roles, medical assistants are positioned to become the go-to health professionals to work with AI in the current environment.

This article will describe some of the state health care bills enacted in 2025 related to AI. As of September 23, 2025, 50 states have introduced more than 130 AI bills impacting health care, and 38 states have passed approximately 100 of those bills into law.¹

Definition and Uses of AI

AI may be defined as “the ability of a digital computer or computer-controlled robot to perform tasks commonly associated with intelligent beings.”² AI is being used in health care in many ways, including for providing prevention, diagnosis, treatment, and information to patients. Many of these AI functions have been and continue to be addressed in state legislation.

Trump Administration AI Policy

President Donald Trump issued executive order (EO) 14179 “Removing Barriers to American Leadership in Artificial Intelligence” on January 23, 2025. This EO revoked the previous AI EO issued by President Joe Biden, which the Trump Administration considered to be too restrictive, hinder innovation, and threaten “America’s global AI dominance.”

In July 2025, the Trump Administration published *Winning the Race: America’s AI Action Plan*. According to this document,

“The United States needs to innovate faster and more comprehensively than our competitors in the development and distribution of new AI technology across every field, and dismantle unnecessary regulatory barriers that hinder the private sector in doing so.”³

AI Language Not Included in OBBBA

The Trump Administration originally included in its One Big Beautiful Bill Act (OBBBA) proposal a 10-year moratorium on local and state laws that would limit, restrict, or otherwise regulate AI models. This language was in keeping with the deregulatory emphasis of President Trump’s EO and AI action plan. However, this language was not included in the final version of the OBBBA.

Noteworthy State AI Legislation Enacted in 2025

Arizona: Denial of Claims and Prior Authorization

Arizona House Bill 2175 forbids insurers from relying on only AI to deny a claim or a request for prior authorization:

20-3103. Denial of claims; review of claims

Before a health care insurer may deny a claim that was submitted by a provider on the basis of medical necessity, the medical director shall individually review the denial. During each individual review, the medical director shall exercise independent medical judgment and may not rely solely on recommendation from any other source.

...

20-3407. Denial of prior authorization; review of prior authorization

Before a health care insurer may issue a direct denial of a prior authorization of a service that was requested by a provider and that involves medical necessity, the medical director shall individually review the denial. During each individual review, the medical director shall exercise independent medical judgment and may not rely solely on recommendations from any other source.⁴

Florida: Establishment of Sunshine Genetics Consortium

Florida House Bill 907 incorporated the Florida Institute for Pediatric Rare Diseases into Florida statute and created the Sunshine Genetics Consortium, consisting of physicians and researchers. The Sunshine Genetics Consortium is charged with the following⁵:

- Integrating genomic sequencing technologies
- Advancing research in genetic and precision medicine
- Leveraging *artificial intelligence* in genomics
- Promoting clinician education and workforce development
- Securing external funding to support and expand genetic screening efforts

Illinois: Prohibition of Using AI in Psychotherapy to Make Therapeutic Decisions

The purpose of Illinois House Bill 1806 is “to protect consumers from unlicensed or unqualified providers, including unregulated artificial intelligence systems.”⁶ It includes the following:

Section 15. Permitted use of artificial intelligence.

Legal Eye

On Medical Assisting



(a) As used in this Section, “permitted use of artificial intelligence” means the use of artificial intelligence tools or systems by a licensed professional to assist in providing administrative support or supplementary support in therapy or psychotherapy services where the licensed professional maintains full responsibility for all interactions, outputs, and data use associated with the system

...

Section 20. Prohibition on unauthorized therapy services

...

(b) A licensed professional may use artificial intelligence only to the extent the use meets the requirements of Section 15. A licensed professional may not allow artificial intelligence to do any of the following:

- (1) make independent therapeutic decisions;
- (2) directly interact with clients in any form of therapeutic communication;
- (3) generate therapeutic recommendations or treatment plans without review and approval by the licensed professional; or
- (4) detect emotions or mental states.⁶

Oregon: AI May Not Use Health Professional Titles

Oregon House Bill 2748 clarifies that AI may not use the title of a health professional. The version of the legislation enacted into law contains the following provision:

SECTION 2. A nonhuman entity, including but not limited to an agent powered by artificial intelligence, may not use any of the following titles:

- (1) Advanced Practice Registered Nurse or the abbreviation APRN;

(2) Certified registered nurse anesthetist or the abbreviation CRNA;

(3) Clinical nurse specialist or the abbreviation CNS;

(4) Licensed practical nurse or the abbreviation LPN;

(5) Registered nurse or the abbreviation RN;

(6) Nurse practitioner or the abbreviation NP⁷

Texas: Permissible Use of AI in Health Care

A Texas Senate Bill 1188 clarifies that health care practitioners are permitted to use AI for specific purposes if they meet certain requirements:

Sec. 183.005. ARTIFICIAL INTELLIGENCE IN ELECTRONIC HEALTH RECORD. (a) A health care practitioner may use artificial intelligence for diagnostic purposes, including the use of artificial intelligence for recommendations on a diagnosis or course of treatment based on a patient's medical record, if:

- (1) the practitioner is acting within the scope of the practitioner's license, certification, or other authorization to provide health care services in this state, regardless of the use of artificial intelligence;
 - (2) the particular use of artificial intelligence is not otherwise restricted or prohibited by state or federal law; and
 - (3) the practitioner reviews all records created with artificial intelligence in a manner that is consistent with medical records standards developed by the Texas Medical Board.
- (b) A health care practitioner who uses artificial intelligence for diagnostic purposes as described by Subsection (a) must disclose the practitioner's use of that technology to the practitioner's patients.⁸

Utah: Limitations on Use of Mental Health Chatbots

A “mental health chatbot” was defined in Utah House Bill 452. This newly enacted statute also imposes disclosure requirements on suppliers of mental health chatbots:

13-72a-101. Definitions.

...

(10)(a) “Mental health chatbot” means an artificial intelligence technology that:

(i) uses generative artificial intelligence to engage in interactive conversations with a user of the mental health chatbot similar to the confidential communications that an individual would have with a licensed mental health therapist; and

(ii) a supplier represents, or a reasonable person would believe, can or will provide mental health therapy or help a user manage or treat mental health conditions.

(b) “Mental health chatbot” does not include artificial intelligence technology that only:

(i) provides scripted output, such as guided meditations or mindfulness exercises; or

(ii) analyzes an individual's input for the purpose of connecting the individual with a human mental health therapist.

...

13-72a-203. Disclosure requirements.

(1) A supplier of a mental health chatbot shall cause the mental health chatbot to clearly and conspicuously disclose to a Utah user that the mental health chatbot is an artificial intelligence technology and not a human.

(2) The disclosure described in Subsection (1) shall be made:

(a) before the Utah user may access the features of the mental health chatbot;

(b) at the beginning of any interaction with the Utah user if the Utah user has not accessed the mental health chatbot within the previous seven days; and

(c) any time a Utah user asks or otherwise prompts the mental health chatbot about whether artificial intelligence is being used.⁹ ♦

Questions may be directed to CEO and Legal Counsel Donald A. Balasa, JD, MBA, at DBalasa@aama-ntl.org.

References

1. State legislatures continue to tackle AI use in healthcare. LexisNexis. September 23, 2025. Accessed December 15, 2025. <https://www.lexisnexis.com/community/insights/legal/capitol-journal/b/state-net/posts/state-legislatures-continue-to-tackle-ai-use-in-healthcare>
2. Palaniappan K, Yan Ting Lin E, Vogel S. Global regulatory frameworks for the use of artificial intelligence (AI) in the healthcare services sector. *Healthcare*. 2024;12(5). doi:10.3390/healthcare12050562
3. The White House. *Winning the Race: America's AI Action Plan*. July 2025. Accessed December 15, 2025. <https://www.whitehouse.gov/wp-content/uploads/2025/07/Americas-AI-Action-Plan.pdf>
4. H.R. 2175. 57th Leg., 1st Sess. (Ariz. 2025). <https://www.azleg.gov/legtext/57leg/1R/laws/0165.pdf>
5. H.R. 907. (Fla. 2025). <https://www.flsenate.gov/Session/Bill/2025/907/BillText/er/PDF>
6. H.R. 1806. (Ill. 2025). <https://www.ilga.gov/documents/legislation/104/HB/PDF/10400HB1806lv.pdf>
7. H.R. 2748. 83rd Leg. (Or. 2025). <https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB2748>
8. H.R. 1188. (Tex. 2025). <https://capitol.texas.gov/tlodocs/89R/billtext/html/SB01188F.htm>
9. H.R. 452. (Utah 2025). <https://le.utah.gov/~2025/bills/static/HB0452.html>



FREE Courses on the AAMA e-LC!

Two new free continuing education courses from the Center for the Application of Substance Abuse Technologies, an AAMA partner, are available on the AAMA e-Learning Center!

Ethical Considerations and Effective Strategies for Preventing Excessive Alcohol Use

1 CLIN/GEN CEU

Explore ethical frameworks and practical prevention strategies to help reduce excessive alcohol consumption in your community.

SCAN TO SEE
COURSE DETAILS



Stimulant Use and Reproductive Health Considerations

1 ADMIN/CLIN/GEN CEU

Gain valuable insight into the intersection of stimulant use and reproductive health, and learn best practices for client care and education.

SCAN TO SEE
COURSE DETAILS



SELF-SERVICE

STUDENT SELF-ASSESSMENT

	YES	NO
~~~~~	X	
~~~~~	X	
~~~~~		X
~~~~~	X	
~~~~~		X

## Students Employ Self-Assessments to Advance Their Abilities

### STUDENT SELF-ASSESSMENT

	YES	NO
~~~~~	X	
~~~~~	X	
~~~~~		X
~~~~~	X	
~~~~~		X

By John McCormack

"Knowing yourself is the beginning of all wisdom." —Aristotle

Integrating self-reflection and assessment into the classroom is a valuable practice, according to Julayne Masterman-Thomas, MS, BSBA, CMA (AAMA), an associate professor in the health sciences department at Ivy Tech Community College in Indiana.

"I love to see the students' self-reflections," says Masterman-Thomas. "Usually, I get the 'Aha!' moments included in self-reflection assignments. For example, students say things like 'I never knew it was important to learn about different cultural backgrounds and how communication, including body language, can affect my interaction with patients.' So, self-reflection and assessment [exercises] are great for me, and frankly, it's fantastic for the students as well."

The challenge for educators, however, is to take this philosophical idea of self-reflection and put it into practice. Specifically, educators need to implement effective self-reflection and assessment into their curricula and everyday teaching practices.

Investing in You

Self-assessment is defined as a process by which students monitor and evaluate the quality of their thinking and behavior when learning and identify strategies that improve their understanding and skills. That is, self-assessment occurs when students evaluate their own work to improve performance, as they identify discrepancies between their current and desired performance.¹

Additionally, the benefits of self-assessment for students should motivate educators to incorporate opportunities for reflection into their lessons. "Self-assessment is a great way to move students to take responsibility for their learning. It also cultivates lifelong skills and habits. Long after the lectures, readings, and activities on specific content have faded into memory, today's students can benefit from knowing how to recognize their learning successes and take action to improve themselves," says Chad Gotch, PhD, an associate professor of educational psychology at Washington State University.

More specifically, self-assessment and reflection can bring three significant benefits to the classroom, according to Dr. Gotch. To start, self-reflection and assessment can

enable students to better understand where they are headed intellectually and set better goals for their learning. After establishing goals, students can better assess their current position on the path toward these ultimate objectives. Finally, through these self-awareness activities, students gain the perspective to act on what they see in their current performance and approach future learning with more focus and success.

"If you provide multiple opportunities to self-assess, you can stack these benefits. For example, a student can ask themselves, 'What worked before when I faced a challenge like this?' and refine their learning strategies," notes Dr. Gotch.

Ultimately, self-assessment can have an overall positive impact on students, particularly in relation to their self-perception of their performance, according to James McMillan, PhD, a professor and chair of the foundations of education department at Virginia Commonwealth University. "Overall, students increase their self-confidence and motivation," he says. "They learn through experience that their efforts pay off with better performance, which strengthens [their] persistence and perseverance. They also become more

resilient learners, learning how to manage mistakes and misunderstandings. Most important, perhaps, is that students hone skills that will help them learn in the future.”

Customized Options

Educators can employ a variety of self-reflection and assessment practices with students^{2,3}:

- **Journaling.** By recording their thoughts, emotions, and personal experiences, students can identify patterns, track changes, and gain a deeper understanding of their individual obstacles and challenges.
- **Online Self-Assessment Questionnaires.** Designed by professionals, these tools can help students better understand strengths and weaknesses and fine-tune goals.
- **Goal-Setting Apps.** These help students set goals and track progress with built-in reminders and visualizations.
- **The SMART Approach.** This approach prompts students to set their goals with the following qualities:
 - Specific
 - Measurable
 - Achievable
 - Relevant
 - Time-bound
- **Exit cards.** Students track what they learned and what they need more help with on a small card or a Post-it given to each student at the end of a lesson.
- **Traffic lights.** Students indicate their

DIY Self-Assessment

To successfully implement self-reflection, educators should adopt a variety of best practices:

Time it right. “Make sure self-assessment is done when students have the most potential to act upon the assessment. Reflecting on a test of content that won’t be tested again is not as powerful as examining progress within the flow of learning,” says Chad Gotch, PhD.

Encourage specificity. “Self-assessment is more effective when it is focused on specific tasks or chunks of learning rather than global evaluations,” says Dr. Gotch. For instance, nurturing students to think like “I get these few codes mixed up and should find a way that works for me to better understand them” gives students clearer focus than “I’m bad at coding.”

Set clear expectations. “Explain to students the nature of [the] criteria for judging a performance [as] correct or incorrect. This can be done by giving students examples of student work and having them evaluate the work with specific criteria, asking students to come up with criteria, and showing students how performance could be improved to meet [the] targeted performance. [Educators] can analyze work samples with students to show them how [the] criteria are applied,” says James McMillan, PhD.

Take baby steps. “There is no need to go all in, all at once. ... Start small and scaffold to more extensive self-assessment processes,” advises Dr. McMillan.

Keep it simple. “Students normally do not like lengthy assignments to attempt to understand themselves—self-assessments and reflections can be completed in an easy, fun, and quick format,” says Kelsie Spetelunas, CMA (AAMA).

understanding of particular work using a traffic light icon. Students label their work with colors according to whether they think they have good (green), partial (yellow), or little (red) understanding.

- **Dedicated improvement and reflection time.** Students read and make use of the feedback they have received. To make this valuable, every student needs to have plenty of feedback (from themselves, the educator, and their peers) that they can respond to.

While educators have many self-reflection and assessment options to choose from, they should carefully implement each tool with best practices in mind.

Real Life Receipts

When deploying these tools and following best practices, the benefits associated with self-reflection and assessment can be seen

in the medical assisting classroom on a daily basis.

Indeed, Jessica Blessinger, CMA (AAMA), who served as a medical assisting clinical educator at Hancock Regional Hospital in Greenfield, Indiana, from 2021 to 2024, has found that students in the medical assistant program benefit from taking a look inward.

“Students can focus on their strengths and weaknesses, which in turn can allow them to have [fewer] barriers along their learning journey. If the student knows how they learn best, this can be channeled into an ideal way for them to learn a new skill,” says Blessinger, who currently works as a patient care technician at Hancock Health.

Self-assessments and reflections continue to yield benefits long after students leave the classroom too. “You do not stop self-reflecting once you end your education,” concludes Kelsie Spetelunas, CMA (AAMA), IV lead at Dartmouth Health in New Hampshire. “Every day requires you to reflect and assess, whether it be about home, work, children, spouses, etc. Self-assessing helps you grow professionally, personally, and mentally.” ♦

References

1. McMillan J, Hearn J. Student self-assessment: the key to stronger student motivation and higher achievement. *Educ Horiz*. 2008;87(1):40-49. Accessed December 15, 2025. <https://files.eric.ed.gov/fulltext/EJ815370.pdf>
2. Spiers A. Top self-reflection resources for student success. Oxford Scholastica Academy. March 13, 2025. Accessed December 15, 2025. <https://www.oxfordscholastica.com/blog/university-preparation-articles/top-self-reflection-resources-for-student-success/>
3. Eight tools for peer and self-assessment. The Education Hub. July 1, 2018. Accessed December 15, 2025. <https://theeducationhub.org.nz/8-tools-for-peer-and-self-assessment>

Robust NIH Funding Is Key to U.S. Leadership in Science and Medicine

Proposed funding cuts to the National Institutes of Health (NIH) would derail the United States as a worldwide leader in scientific and biomedical discovery, according to a new report from the Association of American Medical Colleges. Further, these cuts would jeopardize new scientific advances and clinical treatments that save patient lives and ensure the health of millions of Americans.

“Disrupted funding has interrupted critical research at academic health systems and medical schools across the country—and has slowed the search for treatments for a broad range of diseases, including cancer, diabetes, [Alzheimer disease], and many other illnesses,” says David J. Skorton, MD, Association of American Medical Colleges president and CEO. “Congress must restore full funding for NIH in [fiscal year] 2026, which will allow the biomedical enterprise to fulfill its commitment to improving health for every American.”

As the report notes, the Trump administration has proposed a 40% cut to the NIH budget for fiscal year 2026, resulting in a reduction of approximately \$18 billion. As of press time, House and Senate appropriations committees had rejected these drastic cuts, but negotiations continue.

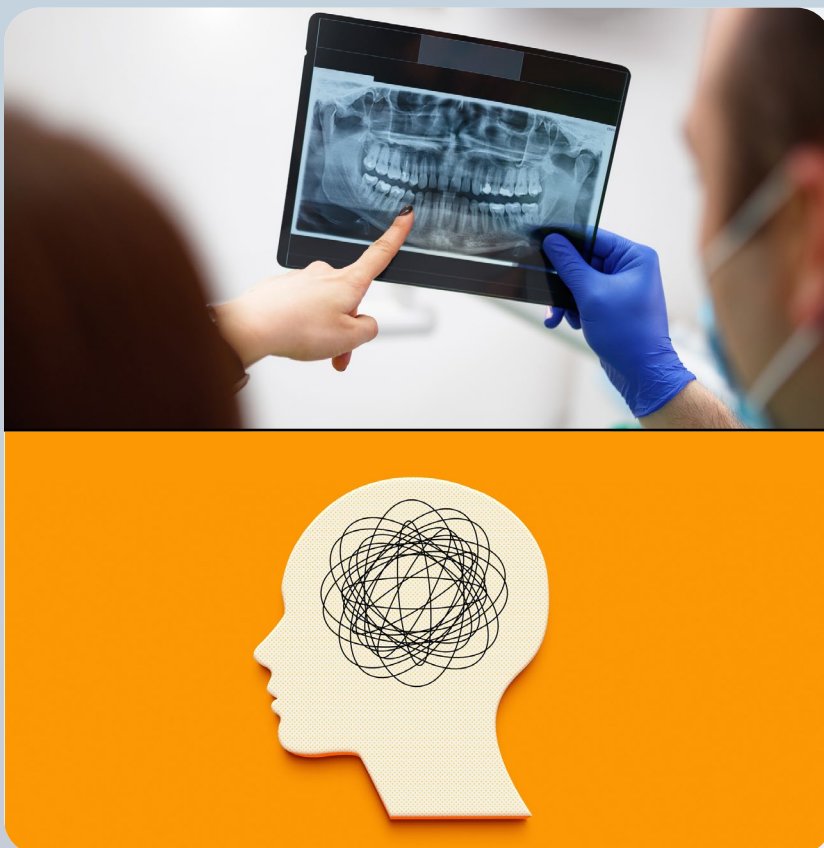


Gumming Up the Works: The Dental-Mental Connection

New research published in *Neurology Open Access* has found an association between gum disease and damage to the brain.

Causation has yet to be proven, but chronic mouth inflammation may affect blood vessel health in the brain. “While more research is needed to understand this relationship, these findings add to growing evidence that keeping your mouth healthy may support a healthier brain,” says study author Souvik Sen, MD, MS, MPH, of the University of South Carolina, in *ScienceDaily*.

Study participants with gum disease were 56% more likely to be grouped with other participants as having the most extensive white matter damage in the brain. Hyperintensities to white matter in the brain “often increase with age and are considered a marker of underlying brain injury.”





Parents Need Knowledge and Comfort for “The Talk”

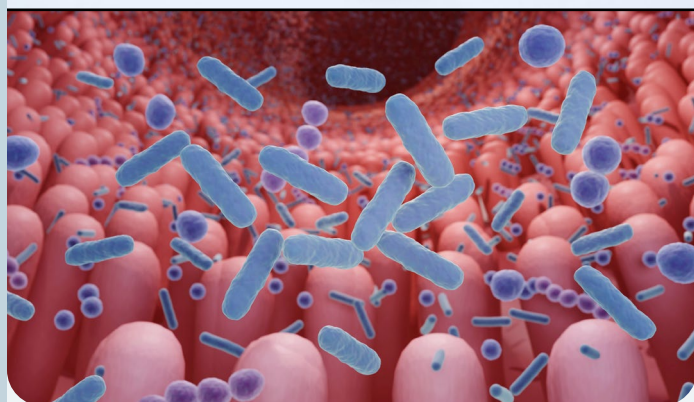
When discussing sexual and reproductive health (SRH) with their children, parents need access to evidence-based information, according to a study in *JAMA Network Open*. Further, frequent communication and comfort with broaching the topic are key elements in fostering a supportive, positive setting for healthy sexual development.

The study comprised 522 parent-teen pairs. Parents with the following qualities were most likely to have frequent SRH communication:

- Female
- Black
- Younger than 45 years old
- Annual household incomes under \$30,000
- Less than a bachelor's degree

The research found that frequent SRH communication is associated with higher rates of healthy teen sexual behaviors. That said, this positive association is negated when parents are ill-informed about or uncomfortable discussing sexual health topics with their teens.

For clinicians, offering parents overly simplistic messages like “talk about sex more” with their teens is not sufficient, note the study’s authors. Rather, parents require knowledge, skills, and support to engage in such conversations, as well as current, evidence-based sexual health information. Schools, health care professionals, and community organizations can help educate parents and enhance their knowledge and comfort in discussing SRH.



Common Medications May Disrupt the Gut Microbiome

A recent study finds that some common medications—including antibiotics, antidepressants, antipsychotics, beta-blockers, biguanides, proton pump inhibitors, and benzodiazepines—could disrupt the microbiome and may have years-long impacts on gut health. The gut microbiome, which comprises bacteria, fungi, and yeasts, plays a crucial role in human health.

The study, published in the American Society for Microbiology’s journal *mSystems*, analyzed data from 2,509 adults in Estonia, aged 23 to 89 years. The research, highlighted in *Medical News Today*, found that the negative impact on the microbiome increased in correlation with the length of time that people took a given medication. Additionally, taking more medications and certain drug interactions heightened the effect on the microbiome. Benzodiazepines seemed to have the most significant negative impact.

Patients should follow their physician’s instructions and take medications only as prescribed and only for as long as needed, emphasizes Babak Firoozi, MD, a gastroenterologist at MemorialCare Orange Coast Medical Center in California. “Particularly with benzodiazepines, long-term use should be strongly discouraged, as it easily leads to dependency and is linked to cognitive decline.”



By Mark Harris

Modern medicine can do a great deal to prevent and treat illness and disease. However, our health and well-being begin with the choices we personally make to stay healthy. These include practices such as following a balanced and nutritious diet, engaging in regular physical activity, getting sufficient sleep, managing stress effectively, maintaining healthy relationships, and other aspects of a healthy lifestyle.

A major component of healthy living is nutrition. The everyday diet we follow is essential to our health and well-being. A healthy diet protects us not only from malnourishment but also from chronic diseases such as heart disease, stroke, diabetes, and cancer, according to the World Health Organization (WHO).¹

Unfortunately, the modern world is not always user-friendly when it comes to supporting healthy food choices. The advent of modern industrial food production has created a food economy largely based on the consumption of highly processed food

products. Consequently, foods high in fats, sodium, and sugar constitute a major portion of the American diet. In fact, nearly 60% of the average adult diet in the United States involves consumption of highly processed (or ultra-processed) foods. For children, these processed foods account for nearly 70% of daily intake.²

Measuring Up the Matter

The condition of being overweight or obese is very common. In fact, close to 3 of every 4 U.S. adults age 20 or older have either overweight or obesity as a condition. For children and teens, obesity affects nearly 1 in 5 of the population.³ The prevalence of obesity in U.S. adults was 40% between August 2021 and August 2023, with the highest rate among adults ages 40–59, according to the National Center for Health Statistics. Further, the occurrence of severe obesity was 9% and higher in women than in men across all age groups.⁴

Notably, WHO classifies obesity as a “chronic complex disease” characterized by the presence of excessive fat deposits that

can impair health.⁵ As such, overweight and obesity may be defined by calculating the body mass index (BMI). This involves measuring a person’s weight and height and then calculating the weight in kilograms divided by height in meters squared, rounded to one decimal place.⁴

As a measure, BMI is a simple, accessible, and ingrained screening tool for health care providers to evaluate overweight and obesity in patients to signal increased risk for certain chronic conditions. However, natural variations in sex, age, and ethnicity limit the accuracy of BMI. Moreover, calculating one’s BMI does not directly measure fat, thereby not accounting for body fat distribution,⁴ and does not capture the complex relationship between one’s body composition and health risks. In fact, the BMI formula, first developed approximately 200 years ago, and its subsequent standardized category cutoffs were determined through studies that included only non-Hispanic white men.⁶ For these reasons, waist circumference, visceral fat, genetic and metabolic factors, and

One Size Does Not Fit All

Weight Management Plans for Individuals



the body adiposity index are more useful measurements for clinicians to assess risk in patients.^{5,6}

Fighting Tooth and Claw?

Certainly, many factors can contribute to overweight and obesity, from dietary patterns to lack of sleep or physical activity, genetics and family history, medications, and other influences. Whatever the contributing factors, weight loss management can be a crucial component of an individual's efforts to be healthy.

In 1980, the U.S. Department of Agriculture and U.S. Department of Health and Human Services published the first *Dietary Guidelines for Americans*, a compendium of food and nutritional recommendations that provide a foundation for federal nutrition standards.⁷ As such, the guidelines provide a good starting point for understanding the role and challenges of nutrition and diet in fostering health.

Since 1990, Congress has required the guidelines to be updated every five

years. Accordingly, *Dietary Guidelines for Americans, 2025-2030* will soon replace the current *Dietary Guidelines for Americans, 2020-2025*.⁷

The most recent guidelines review four key categories that cover information on the following⁸:

- Following healthy dietary patterns at every life stage
- Customizing nutrient-dense food and beverage choices for various individuals and populations
- Meeting food group needs within calorie limits
- Observing dietary limits on added sugars, saturated fat, sodium, and alcoholic beverages

Within this framework, the guidelines provide the following recommendations:

- Limiting added sugars to less than 10% of calories per day for ages 2 and older and avoiding added sugars for infants and toddlers.
- Limiting saturated fat to less than 10%

of calories per day starting at age 2.

- Limiting sodium intake to less than 2,300 mg per day (or even less if younger than 14).
- Limiting alcoholic beverages (if consumed) to two drinks or less a day for men and one drink or less a day for women.⁸

While these recommendations provide a solid foundation for a healthy diet, weight loss diets can vary considerably in their approach. In fact, many popular diet plans are promoted as solutions to improved health and weight loss, such as the Mediterranean, low-carb, vegan, and plant-based diets. There are also different approaches to calorie control, from consistent daily calorie restriction to alternatives such as calorie cycling, intermittent fasting, and other methods.

Admittedly, it can be confusing for individuals to know what dietary approach is personally best for them. For those who want to start a healthy nutrition program, especially when a health diagnosis is involved, it can

be helpful to identify their weight and health goals and develop a plan to achieve them. As many diet and nutrition experts emphasize, the focus on weight loss should be viewed in the broader context of one's overall health and how to improve it sustainably.

"My overall philosophy toward nutrition and weight management is centered around balance, sustainability, and personalization," says Kristen Smith, MS, RDN, an Atlanta-based spokesperson for the Academy of Nutrition and Dietetics. "I believe that healthy eating should enhance your life—not restrict it. Rather than focusing on rigid diets or short-term fixes, I emphasize building habits that can be maintained over time, rooted in evidence-based nutrition principles."

"Balance is a key part of this approach—balance across food groups, macronutrients, and, importantly, in mindset," suggests Smith. "A healthy eating pattern includes a wide variety of foods, allowing for both nutrient-dense options and foods that bring enjoyment. I encourage clients to focus on progress, not perfection, helping them develop a positive relationship with food and their bodies. The key challenges to achieving and maintaining weight loss for most adults include unrealistic expectations, restrictive diets, and the difficulty of sustaining long-term behavior changes amid busy lifestyles and social pressures."

A successful diet plan should be tailored to the individual, with a realistic focus on a person's particular needs and goals. "Trying to fit yourself into someone else's idea of healthy is not healthy," says Jennifer Bruning, MS, RDN, LDN, a spokes-

The U in Nutrition

"Determining the best dietary strategy for a patient or client is highly individualized and depends on several factors, including personal preferences, cultural background, health status, and lifestyle. I focus on finding an approach that aligns with a person's goals and is both nutritionally balanced and sustainable long term, rather than promoting one diet for all my clients. By assessing what's realistic and enjoyable for the individual, I can help them adopt habits they're more likely to maintain, leading to lasting health benefits and improved overall well-being."

—Kristen Smith, MS, RDN

person for the Academy of Nutrition and Dietetics in Chicago. "Nutrition must be personalized to be what is healthy for you! The weight loss philosophy that I see being effective for many people is: don't focus on weight loss. Making 'I want to lose weight' the primary goal is often [unsustainable], because that is not something you can actually *do*, as in, that's not an action you can take. What you can do is focus on strength training and have a goal of weight-lifting sessions, for example. Or, you can have a daily fiber intake goal or a modest calorie deficit goal, and take the steps of logging your food intake. Weight loss can then be the result or side effect of actions that you take."

Experts Weigh In

While many people start a diet on their own, in many instances, meeting with a registered dietitian nutritionist (RDN) can

be beneficial. "A person should seek the assistance of a registered dietitian nutritionist when they need expert guidance on nutrition for managing medical conditions such as diabetes, heart disease, gastrointestinal disorders, or obesity or when they want personalized support for achieving health and wellness goals," says Smith. "While referrals

are often made through a primary care provider for managing medical conditions, many individuals also choose to self-refer for support with weight management and overall wellness goals.

"As part of the health care team, RDNs collaborate closely with physicians, nurses, and other allied health professionals to provide evidence-based nutrition care," adds Smith. "They assess individual needs, develop tailored nutrition plans, monitor progress, and communicate findings to ensure a coordinated approach that supports the patient's overall treatment plan and long-term health outcomes."

Indeed, a timely referral to an RDN can be an essential step in ensuring patients receive comprehensive care. "Collaborating with an RDN can happen at any point in your health care or weight loss journey, but most people find it most impactful if you

can meet with a dietitian at the outset," remarks Bruning. "Whether that is a weight loss goal or help with a new diagnosis, working with an RDN can help you with realistic goal setting and advice on how to change habits to meet that goal."

"It's worth asking your [general practitioner] if they have a dietitian they can refer you to," says Bruning. "Often, we see

Calorie Cycling

One popular alternative to consistent calorie-restrictive diets is calorie cycling (or calorie shifting). Calorie cycling is a dietary approach that involves alternating between high- and low-calorie days to lose weight. Advocates believe the approach can improve diet adherence, boost metabolism, and curb hunger by increasing hormones such as leptin and dopamine, which play a role in appetite regulation.

Calorie cycling involves increased food intake on select days to provide energy and maintain and repair muscle. These higher-calorie days are accompanied by low-calorie days to establish a consistent overall calorie deficit over the week, which is necessary for weight loss. The diet may be a flexible option for those who find it difficult to adhere to a consistent calorie-restriction diet.¹¹

this more with specialists like a gastroenterologist. Many dietitians specialize just like [physicians] do, so these collaborations make a lot of sense for all health care professionals involved, as well as patients or clients. You may need a referral in certain specialized cases, usually involving Medicare. But if your [physician] doesn't work with an RDN, you don't necessarily need a referral for general questions or for help with weight loss."

If a person's physician does not work with an RDN, Bruning suggests they use the "Find a Nutrition Expert" resource available on the Academy of Nutrition and Dietetics website. This database lists credentialed nutrition and dietetics practitioners by location, specialty, language, and insurance and payment options. The database also includes telehealth options.

With so many dietary strategies to choose from, how does Bruning determine what dietary approach might be best for a particular client? "What the client is already doing; what foods they like, have access to, and can afford; what they know how to prep or cook; how much time they have for shopping and cooking; and what allergies or intolerances they have are important considerations," she observes. "Adding in past and current health status, what medications a person takes, foods or cooking practices of cultural importance, viewpoints on sustainability or animal welfare, family considerations, etc., helps to round out who your client is and what foods or patterns might work well for their individual situation."

The key to success is perhaps finding recommendations that actually work for the individual. "Diet patterns or plans can

Dietary Guidelines for Americans

An underlying premise of the *Dietary Guidelines for Americans* is that nutritional needs should be met primarily from nutrient-dense foods and beverages. These provide vitamins, minerals, and other health-promoting components and have no or little added sugars, saturated fat, and sodium.

These core elements make up a healthy dietary pattern:

- **Vegetables of all types**—dark green, red and orange, starchy, and other vegetables
- **Fruits**, especially whole fruit
- **Grains**, at least half of which are whole grains
- **Dairy**, including fat-free or low-fat milk, yogurt, and cheese, and/or lactose-free versions and fortified soy beverages and yogurt as alternatives
- **Protein foods**, including lean meats, poultry, and eggs; seafood; beans, peas, and lentils; and nuts, seeds, and soy products
- **Oils**, including vegetable oils and oils in food, such as seafood and nuts¹⁰

give helpful guidance, but those plans need to be altered to fit what works for the person [rather than] the person having to give up important aspects of their life to fit a diet," says Bruning. "For example, if someone is of a culture that is not part of the Mediterranean region, then assigning them a Mediterranean diet plan may not be the best fit, unless they have a goal of eating more Mediterranean foods. However, the pattern represented in the Mediterranean diet can be applied to individual eating plans based on that person's preferences or heritage: in this case, it would be a focus on lots of vegetables and fruits, whole grains, [and] animal protein from fish and seafood with less poultry and limited red meat. An individual can fill those broad categories with the foods that matter to them. An individualized approach is something that you can expect from working with a qualified nutrition professional like a registered dietitian."

Paws and Effect

In primary care and other medical settings, the role of an RDN goes beyond offering general nutritional or dieting advice. As licensed and credentialed professionals, RDNs are integral members of the health care team, providing medical nutrition ther-

apy (MNT) to manage a variety of health conditions and diseases. In turn, RDNs may also have certification in specialized areas of care such as oncology, pediatrics, and renal care.

"[MNT] differs from general nutrition or dietary counseling in that it is a clinical, evidence-based approach used to manage or treat specific medical conditions through individualized nutrition assessment, diagnosis, intervention, and monitoring," explains Smith. "For example, a patient newly diagnosed with type 2 diabetes may

receive MNT to support blood glucose management. The RDN would evaluate the patient's current eating habits, medications, and [laboratory] results, then develop an individualized meal plan focused on carbohydrate consistency, portion control, and overall balanced nutrition. During follow-up visits, the RDN would review glucose records, make necessary adjustments to the plan, and collaborate with the health care team to help achieve optimal outcomes."

MNT provides practitioners with a "systematic problem-solving method" to aid their decision-making and safely address nutrition-related health problems.⁹ "General nutrition *counseling* provides guidance for behavior change, while nutrition *education* provides information only," adds Bruning. "Medical nutrition *therapy* encompasses not only nutrition education and counseling, but the medical aspects of an individual's life, like past and current diagnosis or medical concerns, plus medications and/or treatments that impact nutrition status—think dialysis or chemotherapy. RDNs are uniquely qualified to create appropriate and medically supervised nutrition plans to treat or manage various health conditions."

"In the example of a client seeking support for weight loss, general information like,

‘you need to be in a calorie deficit to lose weight—try eating foods with more fiber to stay full, and track your eating with a nutrition data app,’ would be nutrition counseling and education,” says Bruning. “If the client needs individual considerations to be taken into account, it then becomes a situation of needing medical nutrition therapy. In this example, that could look like a client sharing a diagnosis of diabetes, [a] past eating disorder, or [an] allergy to certain foods. That is why working with an RDN is the best bet for most people. Rarely does a person have such a straightforward health status that no medical nutrition therapy is needed.”

No Patient Too Small

In his work with young patients and their families at Advocate Lutheran General Hospital in Park Ridge, Illinois, pediatric cardiologist David Thoele, MD, is a strong believer in establishing healthy nutritional and lifestyle practices from an early age.

“My philosophy about caring for all children is that you’re better off to build healthy hearts from the get-go by leading a healthy lifestyle, with a focus on prevention,” says Dr. Thoele. “What many people get sick and die from—heart attacks, strokes, cancer, diabetes, [and] kidney disease—are often preventable by eating healthy food, exercising, and having good relationships. For instance, even if I’m seeing a baby for a heart murmur, I will spend a fair amount of time talking to the parents about the importance of setting up a healthy lifestyle—eating fruits, vegetables, and whole grain foods; avoiding junk food; [not smoking or vaping]; [brushing] and [flossing] your teeth; and so on. These concerns

The Bear Necessities

Academy of Nutrition and Dietetics

www.eatright.org

Find a Nutrition Expert

www.eatright.org/find-a-nutrition-expert

are not [yet] relevant for a baby but will be down the road.” He emphasizes these issues for patients of all body types.

How does Dr. Thoele approach care for pediatric patients who are overweight? “Patients referred to me who are overweight very often have comorbidities such as high cholesterol, high triglycerides, and high blood pressure,” he reports. “They might have pre-diabetes or type 2 diabetes, which can be related to lifestyle. I always take an overall inventory of patients with these issues. I go into detail in terms of their diet; ask what they eat for breakfast, lunch, and dinner; ask about exercise; and emphasize

my concern for them.”

The latter point is especially vital, says Dr. Thoele: “I always try to develop a relationship and connection with my patients. Even if you are giving good advice, if you don’t have a good therapeutic relationship with a patient, if they don’t know you care about them, they may be less likely to listen to you. I also pretty much never emphasize a need to lose weight. ... I have found that when people repeatedly tell a person they’re overweight, that they need to lose weight, it doesn’t work. It’s just not successful. However, if you emphasize the importance of a healthy lifestyle, that can sometimes get the person to make positive changes.”

In his patient-centered approach, Dr. Thoele strives to motivate and empower patients to make healthy changes in their daily routines. “If the patient is doing something right, and they usually are doing something right—eating vegetables or fish or exercising, for example—I’ll start with emphasizing what they’re doing right and applaud and encourage that,” he says. “I’ll then make specific suggestions, which often

involve things like cutting down on ... junk food, or maybe even eating more food. For instance, people who are overweight often will not eat breakfast. I might suggest they have something for breakfast, because if they skip breakfast, they’re likely going to go to lunch very hungry. They are more likely to overeat then and not eat the healthiest foods for lunch.”

To engage with patients, Dr. Thoele might also share with patients and their families what he personally does to feel good and stay healthy, including his diet, exercise habits, and other lifestyle choices. “I try

Bear with Me

“With weight loss and diet, patient education is very important. The provider obviously has the ultimate say about what kind of diet or nutrition strategy the patient needs. But the medical assistant’s [role] can be to hone in and educate or reinforce the provider’s recommendations.

“In my family, heart disease is very prevalent. My grandfather, uncle, and, more recently, mother all died from cardiac arrest. I noticed that after [my mother] retired, she would take care of her family, picking up the grandkids from school or day care, but during the day, she would sit a lot. Looking back, I think her not moving and being as active as she could have been really contributed to her [cardiologic] complications along with her family history.

“Consequently, my brother and I have gone through extensive cardiology work-ups, including lipoprotein panels for total cholesterol, familial cholesterol, and lipoprotein a. I also work with a nutritional therapist to overcome that familial history and break that cycle. In terms of heart health, I think a lot of it comes down to what you eat every day and how you move. For myself, it’s not so much a specific diet but a clean and healthy diet with more fiber, taking fish oil, and moving, walking—even very minimal strength training with 5-pound weights is helpful.”

—Melody P. Gibson, MHRD, CMA (AAMA), CPT (ASPT), Associate Dean of Allied Health Programs at Gaston College in North Carolina

to recommend whole-grain carbohydrates and including some protein with every meal,” he suggests. “The proteins I like are foods with a lot of omega-3 fatty acids [e.g., a group of essential polyunsaturated fats obtained through diet or supplementation] such as fish, walnuts, almonds, and pumpkin seeds. As for exercise, I tell patients the best exercise is the one you will actually do. For myself, I like bicycle riding.”

While he emphasizes the long-term health benefits of a nutritious diet and exercise, Dr. Thoele also reminds patients of the short-term benefits. “They’re actually going to feel better now,” he says. “They will have more energy and get through the day better—maybe have less anxiety or depression. And hopefully, down the road, they will not have other health problems. In my experience, I have found that if I hang in there with my patients, very often they’ll make some changes and have success with their health goals.”

Patient Care Just Right

As Dr. Thoele and other experts suggest, working with patients who need and want to lose weight requires both sensitivity and a positive, nonjudgmental approach to care. This message resonates with Kelsie Spetelunas, CMA (AAMA), a team lead in primary care at Dartmouth Hitchcock Medical Center in Lebanon, New Hampshire.

“I struggled with my weight growing up and had gastric bypass surgery in 2020,” says Spetelunas. “I think it’s very important for staff to be sensitive to the stigma that patients with obesity or weight issues can feel about their condition. I’m kind of a point person now in our clinic to answer questions patients might have about weight management on a more personal level. Not only have I lived it myself, but I am helping patients who have questions they might not feel comfortable asking someone who hasn’t gone through these personal challenges.”

“One question I get quite often involves the stigma around being obese and how I dealt with that,” says Spetelunas. “I also get a lot of questions from patients regarding the support system that I have. I talk about

these issues freely with people. I think just being open and honest with patients, letting them know it’s not a quick fix to address these issues [and that] it’s a lifelong journey, and [recommend using] a support system is incredibly needed for these patients.”

Spetelunas agrees that many obese or overweight patients can benefit from working with an RDN. “Working with a dietitian is important at any stage,” she says. “Whether you need to lose weight or you’ve already lost the weight and want to make sure you are maintaining and doing it properly, [at] every stage of the journey it is important to work with your dietitian. They can help if you get in a rut—if you end up having what’s called a stall. They can help you work through that. I continue to see my dietitian yearly. My dietitian is someone I can rely on if I’m having a hard time. I can send an email, and she’ll respond and help me walk through that hard time.”

In the clinic, Spetelunas says she finds it very rewarding to be a support for patients. “I’ve had some great experiences with patients,” she reports. “One recent experience was with a patient I spoke with about weight loss, who had told me how important it was for her to become a mom. That was her goal. She has now lost 40 pounds and just recently found out that she is pregnant. This was after trying for years and years. She came to the clinic just to tell me the news. She didn’t even have an appointment. She was so excited to let me know that I had made a difference in her life. And that felt really good.”

Patients should know that their primary care team is there to help, not to judge, and to make sure they are healthy and making the right choices, says Spetelunas. In turn, she encourages patients to advocate for themselves, to ask for help from their providers when they need it, and to understand that weight management is not just about taking medication or undergoing surgery but about making positive daily choices that support their health over the course of a lifetime. ♦

The CE test for this article can be found on page 27.



References

1. Healthy diet. World Health Organization. April 29, 2020. Accessed December 15, 2025. <https://www.who.int/news-room/fact-sheets/detail/healthy-diet>
2. Sanford J. Ultra-processed food: five things to know. Stanford Medicine. July 15, 2025. Accessed December 15, 2025. <https://med.stanford.edu/news/insights/2025/07/ultra-processed-food--five-things-to-know.html>
3. What are overweight and obesity? National Institutes of Health. Updated March 24, 2022. Accessed December 15, 2025. <https://www.nhlbi.nih.gov/health/overweight-and-obesity>
4. Emmerich SD, Fryar CD, Stierman B, Ogden CL. Obesity and severe obesity prevalence in adults: United States, August 2021–August 2023. *NCHS Data Brief*. 2025;508. <https://dx.doi.org/10.15620/cdc/159281>
5. Obesity and overweight. World Health Organization. May 7, 2025. Accessed December 15, 2025. <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight/>
6. Berg S. AMA: use of BMI alone is an imperfect clinical measure. American Medical Association. June 14, 2023. Accessed December 15, 2025. <https://www.ama-assn.org/public-health/chronic-diseases/ama-use-bmi-alone-imperfect-clinical-measure>
7. Dietary guidelines for Americans. US Department of Agriculture. Updated August 13, 2025. Accessed December 15, 2025. <https://www.fns.usda.gov/cnpp/dietary-guidelines-americans>
8. Top 10 things you need to know about the dietary guidelines for Americans, 2020–2025. Dietary Guidelines for Americans. Accessed December 15, 2025. <https://www.dietaryguidelines.gov/2020-2025-dietary-guidelines-online-materials/top-10-things-you-need-know>
9. Morgan-Bathke M, Raynor HA, Baxter SD, et al. Medical nutrition therapy interventions provided by dietitians for adult overweight and obesity management: an academy of nutrition and dietetics evidence-based practice guideline. *J Acad Nutr Diet*. 2022;123(3). <https://doi.org/10.1016/j.jand.2022.11.014>
10. US Department of Agriculture, US Department of Health and Human Services. *Dietary Guidelines for Americans, 2020–2025*. 9th ed. December 2020. https://www.dietaryguidelines.gov/sites/default/files/2020-12/DGA_2020-2025_ExecutiveSummary_English.pdf
11. Miller K. What is metabolic confusion and is it safe for weight loss? Pros and cons of calorie cycling. *Women's Health*. July 15, 2025. Accessed December 15, 2025. <https://www.womenshealthmag.com/weight-loss/a65401341/what-is-metabolic-confusion/>

Attitude of Gratitude

Daily acts of gratitude feel good, and they also offer health benefits!

A recent study in *JAMA Psychiatry*, as profiled in Harvard Health, has quantified gratitude's impact on life expectancy and mortality. It found that study participants with "gratitude scores" in the highest third at the start of the study had a 9% lower risk of dying over the following four years than those in the bottom third.

The gratitude score was calculated from a six-item questionnaire in which study participants ranked their agreement with statements such as, "I have so much in life to be thankful for," and "If I had to list everything I felt grateful for, it would be a very long list."

"A 9% reduction in mortality risk is meaningful but not huge," says Tyler VanderWeele, codirector of the Initiative on Health, Spirituality, and Religion at the Harvard T.H. Chan School of Public Health. "But what's remarkable about gratitude is that just about anyone can practice it."

Prior research has found myriad positive health effects associated with gratitude, including improved emotional and social well-being, higher sleep quality, a reduced risk of depression, and favorable cardiovascular health markers.



Walk It Out

Daily walking can be the impactful steps to take toward delaying the onset of cognitive decline and Alzheimer disease, finds a new study from the Harvard Aging Brain Study, highlighted in ScienceDaily.

Study participants who averaged 3,000 to 5,000 steps per day enjoyed a three-year delay in cognitive decline. Higher step counts yielded a greater benefit, with a seven-year delay observed in those walking 5,000 to 7,000 steps per day. In contrast, participants who were largely inactive saw faster accumulation of tau proteins in the brain, which are associated with Alzheimer disease and decrements in brain function.

In the future, the research team plans to explore different types of physical activity to determine which are most beneficial and the impact of exercise intensity and duration on brain health.

Because daily walking goals become harder to achieve during colder months, TODAY.com offers a few moves in the right direction:

- **Wear the right gear.** Put on layers, footwear made to be warm and water resistant, and any clothes that make you feel comfortable and inspired to move.
- **Tap into your competitive spirit.** Join a challenge or compete with a friend.
- **Stay indoors and get creative even without a gym membership.** If you'd prefer to stay at home, walk circuits around your home or march in place. If you have cabin fever, stroll through a shopping mall or walk laps between turns at the bowling alley.





Cool Choices for Kids' Winter Health

In the middle of winter, everyone in the family, especially children, could use an immunity boost to ward off sniffles, coughs, colds, and other common seasonal illnesses. Instead of the vitamin and supplement aisle, turn to fruits, vegetables, and other whole foods with health-promoting and energy-enhancing qualities.

Dietary experts share their recommendations for better cold weather health through food in *Newsweek*:

- Citrus provides a vitamin C boost, along with butternut squash and sweet potatoes.
- Eggs, milk, and fish provide vitamin D, which helps ward off colds, bronchitis, and pneumonia.
- Oatmeal, brown rice, unrefined cereals or breads, and beans and lentils offer nutritious sources of protein and fiber.

"Another great thing is to pair a carbohydrate food with a protein and a healthy fat," says Janelle Bober, MS, RDN, a registered dietitian at Dietitian Live. "This could look like nut butter on toast, nut butter or peanut butter with a vegetable, a hard-boiled egg and some crackers, or apples and cheese."



The Most Important Meal

Skipping breakfast is linked to an increased risk of metabolic syndrome (that is, having at least three of five conditions: abdominal obesity, high blood sugar, high blood pressure, high triglycerides, and low high-density lipoprotein cholesterol levels). Metabolic syndrome can contribute to several health problems, including heart failure and type 2 diabetes.

The review, published in *Nutrients*, consists of a meta-analysis of nine observational studies, with data from nearly 120,000 participants. The researchers note the differences between skipping breakfast and intermittent fasting—the former representing a person with an unstructured diet and the latter a conscious choice, often accompanied by a healthy lifestyle.

Eating breakfast "can stimulate the metabolism and provide the energy needed to function well. Also, by eating breakfast, it may help someone eat less throughout the day," notes Mir Ali, MD, a bariatric surgeon and medical director of MemorialCare Surgical Weight Loss Center at Orange Coast Medical Center in California, in *Medical News Today*.



Posture Puzzles

How Ergonomics Helps Practices Fit Their Workers

By Pamela Schumacher, MS, Prosci

Fitting workflows and workspaces to medical assistants is key to their health, happiness, and longevity on the job, because they are at high risk for work-related musculoskeletal disorders (WMSDs). In 2023, the U.S. health care and social assistance sector reported a nonfatal injury and illness incidence rate of 3.6 cases per 100 full-time workers, the highest among all industries.¹ This means that ergonomics, the design of work tasks to suit the capabilities of workers,² is not a luxury but a necessity in the medical practice.

Backbone of a Healthy Practice

Ergonomics aims to reduce and prevent musculoskeletal disorders caused by multiple factors:

- Physical (work tasks such as pushing, pulling, or lifting)
- Psychosocial (mental well-being influenced by social factors)
- Personal (age, sex, and body mass index)²

“In occupational health, ergonomics is the design of work tasks and job demands to fit the working population,” says Mark

E. Benden, PhD, CPE, department head of environmental and occupational health at the Texas A&M University School of Public Health in College Station, Texas. “Specifically, it is a science that seeks to match human capabilities with work demands in a manner that is both productive and safe. We want to fit tools, environments, and tasks to people, rather than making people fit things.”

“By creating an ergonomic workspace, employers can reduce the risk of workplace injuries and improve employee comfort and productivity. Psychological, physical, and social aspects are also considered. I like to say we are designing for a more user-friendly world,” says Nancy J. Stone, PhD, professor and chair of the psychology department at Middle Tennessee State University in Murfreesboro, Tennessee.

Not only is it the right thing to do, but paying attention to ergonomics is *required* under the Occupational Safety and Health Administration’s General Duty Clause, which stipulates that employers must keep their workplaces free from recognized serious hazards, including ergonomic hazards.³ Additionally, some U.S. states, such as California and Oregon, have implemented or are in the process of implementing their own mandatory ergonomics programs.⁴

Find the Perfect Fit

WMSDs are costly and can significantly reduce worker productivity and morale. In 2019, the Bureau of Labor Statistics reported 29% (325,270) of cases were related to WMSDs. The median days away from work for a WMSD was 14 days, compared to nine days off for other work-related injuries.⁵

“My coworkers and I have had work-related injuries such as back pain, foot pain, wrist pain, and headaches—all from incorrect ergonomics at work,” says Melodie Valencia Plumb, CMA (AAMA), who works at Valley Healthspan in Phoenix, Arizona. “These injuries could have been prevented if the medical office had ensured the desk or work area fit the individual. When that doesn’t happen, employees get injured and miss work for medical appointments and even surgery.”

“Common injuries are related to what one is doing,” says Dr. Stone. “If there is a great deal of seated computer work, then there could be higher incidents of wrist [e.g., carpal tunnel], neck, back, or shoulder issues. These injuries arise due to improper posture, which is often caused by improper seating, standing too long, and improper wrist position when typing.”

If a desk or chair is the wrong height, the employee will hunch over, leading to poor

posture and pain over time. Poor placement of a computer monitor or inadequate lighting can cause eye strain, headaches, and even vision problems.⁶

“I had a hand injury, and an orthopedist suggested I use an ergonomic mouse to help alleviate pain and create a more natural hand position,” says Christine Hricak, CMA (AAMA), a maternal fetal medicine genetic counseling assistant at Lehigh Valley Health Network in Allentown, Pennsylvania. “A lot of it is common sense. When we had to move heavy simulation mannequins, we’d buddy up so as not to hurt our backs.”

Using an understanding of ergonomics, medical assistants and other employees can design effective programs to prevent and minimize work-related discomfort and injuries. A workplace ergonomics safety program should do the following⁶:

- Analyze a job’s tasks and physical demands
- Design workstations and tools to fit the worker
- Use ergonomically designed tools
- Implement practices like frequent breaks and stretching exercises

“From an organizational or administrative perspective, medical offices should evaluate risk with the help of an ergonomist and then form a plan for prevention and response,” advises Dr. Benden. “Computer workstation upgrades, such as the desk and chairs, and computer hardware tend to be the lowest cost and biggest risk reduction for employees, but any intervention needs to include training and follow-up with the employees to maximize benefits.”

“Employees are more likely to be engaged with their work and perform at a higher caliber when they feel comfortable and supported in their workspace,” says Dr. Stone. “However, we want to be careful that we are not removing one risk for another.”

Putting the Pieces Together

Improve your well-being with these posture tips:

- Be alert and avoid situations that can cause repeated strain to the arms, hands, back, and neck.
- Try to maintain a neutral hand or arm position while doing any task.
- Report to your supervisor any situations that may cause repeated strain or stress to your body.
- Avoid situations that may create strains or muscle pulls due to the force or position required to complete the task.
- In order to reduce the possibility of strains, prepare your body by stretching or participating in simple warm-up activities early in your shift.⁸

The Big Picture

An important step is following up to ensure the ergonomic program reduces or eliminates the WMSD risk factors and that no new risk factors were created in the process. A medical practice can measure the effectiveness of its program by comparing data from before and after interventions using the following⁷:

- Symptom surveys
- OSHA recordkeeping forms
- Employee absentee rates
- Turnover rates
- Workers’ compensation costs
- Productivity indicators
- **Quality of products and services**
- Total savings

“Remember that workers will not experience the benefits of an ergonomic program immediately; it can take months for WMSD symptoms to disappear,” says Dr. Benden. “You will need to modify your intervention if new symptoms appear.”

Hricak has seen the benefits of these programs firsthand: “Ergonomics can improve job satisfaction and productivity, because if an injury occurs, [it] ends in lost time. Working in health care is rough, and many offices are short-staffed. If someone is out for a work injury, that creates more work for the other employees.”

Sometimes all it takes is alerting management to the problem, observes Valencia Plumb: “At my previous employer, the desks and chairs were quite high, and we did not

have good foot support either. This caused significant back pain that would hurt at all times of the day, and even stretching didn’t help. We brought it up with the manager, who sent someone to observe our working arrangements and posture. They ordered new chairs and lowered the desks, and our aches and pains subsided

after this correction.” ♦

References

1. Injuries, illnesses, and fatalities. US Bureau of Labor Statistics. Updated November 8, 2024. Accessed December 15, 2025. <https://www.bls.gov/web/osh/table-1-industry-rates-national.htm>
2. About ergonomics and work-related musculoskeletal disorders. Centers for Disease Control and Prevention. February 21, 2024. Accessed December 15, 2025. <https://www.cdc.gov/niosh/ergonomics/about/index.html>
3. Ergonomics. Occupational Safety and Health Administration. Accessed December 15, 2025. <https://www.osha.gov/ergonomics/faqs>
4. Ergonomics 201: controls, state regulations, and resources. American Health Care Association, National Center for Assisted Living. March 6, 2024. Accessed December 15, 2025. <https://www.ahcanca.org/News-and-Communications/Blog/Pages/Ergonomics-201-Controls-State-Regulations-and-Resources.aspx>
5. Elements of ergonomics programs. Centers for Disease Control and Prevention. February 26, 2024. Accessed December 15, 2025. <https://www.cdc.gov/niosh/ergonomics/ergo-programs/index.html>
6. Workplace ergonomics and safety: tips, equipment, and examples. Tulane University. June 9, 2023. Accessed December 15, 2025. <https://publichealth.tulane.edu/blog/workplace-ergonomics-safety/>
7. Step 5: evaluate your ergonomic program. Centers for Disease Control and Prevention. March 6, 2024. Accessed December 15, 2025. <https://www.cdc.gov/niosh/ergonomics/ergo-programs/evaluate.html>
8. Vance NK. Ergonomics in the workplace. Centers for Disease Control and Prevention. March 15, 2019. Accessed December 15, 2025. <https://stacks.cdc.gov/view/cdc/213728>



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SURVEY SAYS

Use Negative Patient Feedback to Your Advantage

By Kelli Smith

Receiving negative feedback, even within a sea of positive feedback, can ruin your day. Patients may get angry about long wait times or call to complain about not understanding their post-visit care instructions. And while some complaints are more valid than others, in health care there is a silver lining: feedback from patients can serve as a crucial tool for enhancing patient care and customer service.

One of the most effective ways to receive feedback from patients is through surveys. Patient surveys are a simple but crucial way to gather feedback directly from patients after a health care visit. They help clinics, hospitals, practices, and other health care delivery settings understand how patients feel about their experiences, including communication, wait times, staff behavior, and overall satisfaction.

Considering that 1 in 3 patients switch providers due to a bad experi-

ence,¹ these surveys can prove incredibly crucial for medical assistants aiming to use their position as frontline health care workers to strengthen their workplaces and patient care.

To properly respond to feedback—particularly negative feedback—practices must first understand why this feedback matters and how to design and distribute surveys.

Polling Priorities

Patient feedback is crucial as a tool to

enhance quality and safety, strengthen patient trust and engagement, and support organizational growth. Feedback from patients can reveal blind spots in communication, scheduling, rooming, and general interactions within the practice.

Administering surveys and collecting patient feedback is also crucial because patients want to feel respected and heard. In fact, 76% of patients say that how they are treated by staff is as significant to them as the treatment itself, according to the Agency for

Healthcare Research. And 84% of patients say communication is the most important part of their experience, according to a survey by NRC Health.¹

Moreover, collecting patient feedback can support the growth of the organization, as public reviews influence the reputation of the practice. This is a crucial element of patient retention, and even growth when patients decide whether to recommend the practice to their family and friends.

Increase Survey Response Rates

Many practices have reported a decline in survey response rates. This can be a concern because surveys with low response rates provide data that is less representative of the patient population.

To maximize the number of responses, practices can do the following⁵:

- Ensure that addresses, phone numbers, and email addresses are up to date and accurate.
- Try to improve contact rates after the surveys have been sent out (e.g., follow up with patients on the phone and email them reminders to complete the survey).
- Use multiple methods of communication, including email, mail, and text messaging.

Put On Your Thinking CAHPS

Patient surveys are essential for gathering real and actionable feedback from patients about their experiences. Ideally, patient feedback should be collected directly after appointments, procedures, or discharges.¹ Regularly administering surveys can help you track changes over time and see whether a practice is improving.

The federal government helps providers measure patient satisfaction and evaluate outcomes using data collected from patients. For instance, the Agency for Healthcare Research and Quality (AHRQ) funds and administers the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program.

Due to the complexity of the health care system and its delivery settings, the CAHPS program comprises several surveys that ask patients to report on their experiences with a range of providers and specialties. These cover care providers ranging from physicians' practices to hospitals, nursing homes, dialysis centers, and more.²

Whether or not you use CAHPS to design your surveys, asking the right questions can uncover gaps in patient experiences and find areas to make improvements. Here are 10 crucial questions feedback surveys can ask³:

1. **"How easy was it to schedule your appointment?"** Scheduling an appointment is one of the first interactions a patient has with your practice. Finding this process frustrating can prompt them to switch providers.
2. **"How long did you wait before seeing a provider?"** Long wait times are one of the most common complaints in health care. When patients wait too long, they are more likely to seek care elsewhere.
3. **"Did you feel listened to and understood by your provider?"** Patients want to feel heard, respected, and understood by their providers. If they feel rushed or dismissed, they are unlikely to keep returning to your practice.
4. **"How would you rate the friendliness and professionalism of our staff?"** The front desk staff sets the
5. **"Was your treatment plan clearly explained?"** Patients who understand their diagnosis and treatment plan are more likely to follow through with their care recommendations.
6. **"How satisfied are you with the follow-up care and communication?"** Patients may have more questions after their appointment. If they cannot get answers from their provider, their health and satisfaction will be affected.
7. **"Would you recommend our practice to friends and family?"** This is the ultimate measure of a patient's satisfaction with your practice.
8. **"How satisfied were you with the comfort and cleanliness of our practice?"** A comfortable and clean environment helps patients feel at ease during stressful moments. If your practice is unkempt, they may question your attention to detail.
9. **"Did we provide enough information about billing and insurance options?"** Clear communication about bills and insurance policies will reduce financial stress.
10. **"What is one thing we could do better?"** This open-ended question provides valuable insights into patients' expectations and gaps in their experience.

Good Answers!

Practices can implement surveys in many ways. Some practices may choose a third-party vendor, whereas others may print surveys and hand them to patients. Other practices may distribute online surveys.

tone for the patient's experience. A warm and welcoming environment can make all the difference in satisfaction and retention.

Feedback in the Educational Setting

Just like in health care practices, medical assisting educators can use surveys to collect feedback from students and students' employers on the quality and effectiveness of their teaching and medical assisting program, according to Latasha Ladd, MEd, BS, CMAC, medical assisting program director at South University in Columbia, South Carolina.

"These surveys help us evaluate curriculum relevance, instructional effectiveness, and how well our students are prepared to enter the health care workforce," she says. "The feedback also helps us identify areas for continuous improvement and ensure that our program outcomes align with industry expectations."

The student and employer surveys include questions related to professionalism, communication skills, technical competencies, and overall job readiness. "Employers are also asked to evaluate their satisfaction with our graduates' performance and whether they would consider hiring South University graduates again in the future," explains Ladd.

Any negative feedback from an employer or student is taken seriously by Ladd. "[Negative feedback] is reviewed carefully and discussed among faculty and the program advisory committee," she says. "We use this information to guide program enhancements, improve instructional strategies, update course content, and strengthen externship experiences. This continuous feedback loop ensures that our graduates remain well-prepared and competitive in the field."

Regardless, the negative feedback acts as a tool to guide the program and make it better. "Constructive feedback is an essential tool for growth and improvement," concludes Ladd. "It helps us maintain program excellence, meet accreditation standards, and most importantly, prepare students to provide high-quality patient care. By fostering open communication with students and employers, we ensure that our program continues to reflect current health care industry needs."

Digital distribution of surveys may entail messages through the patient portal, automated text messages, email follow-ups, and QR codes posted in examination rooms or at checkout desks.

However, some may opt for options that have patients take the survey in-office, whether on a kiosk while waiting or on paper cards with a few quick questions.

Regardless of how an individual practice decides to collect their feedback, they should follow best practices:

Send surveys out as soon as possible.

Survey data loses integrity when respondents take too long to react after receiving care. Once time has passed, patients may find it harder to remember multiple steps and care providers.⁴

Prioritize accessibility. Know your audience and create surveys that are accessible to as many patients as possible. Optimize the layout, readability, and length of the survey to empower and encourage people to provide valuable patient experience insights. Offering surveys in multiple languages can also engage a broader demographic. Equity among respondents creates insights that are more representative and drive more meaningful change.⁴

Optimize surveys for web and mobile.

People are often more receptive to digital messaging. In fact, text message surveys are estimated to reach 98% of people and have a response rate of 45%. Digital delivery can also reduce costs for the practice and provide more flexibility for patients.⁴

Additionally, encourage all patients to complete the surveys, not just those with strong negative or positive opinions.

The No. 1 Answer(s)

What is even more important than the presence of patient complaints is how they are dealt with by the practice. Collecting and acting on feedback is crucial to delivering better, more personalized care.

Pointers for Playing

Be prepared to deal with negative feedback⁶:

- **Do not respond out of anger.** Take a moment to pause and breathe. This will help you avoid making impulsive responses that come across as unprofessional, spiteful, or rude and reflect poorly on you or the practice.
- **Do not take it personally.** Patient complaints may be out of your control. A patient could be having a bad day or have anxiety about their health. You can validate patient complaints without blaming yourself.
- **Put yourself in the patient's shoes.** Try to see where they are coming from. You may be in the right, but the patient deserves to feel heard and taken seriously.

Some practices, including Albany ENT and Allergy Services in Albany, New York, decide not to rely on surveys but on Google and Facebook to obtain feedback on their practice visits, according to Todd Lasher, AAS, CMA (AAMA), who is a medical assistant and audiology assistant at the practice. In lieu of surveys, Lasher's practice looks at how patients rate their visit from 1 to 5 and the content of their review. This way, patients can freely comment on providers, the practice, and specific employees.

"Our negative feedback is sent to our provider relations team, and negative comments [are] forwarded to our practice administrator to follow up with the patients," says Lasher, who is also the president of the New York State Society of Medical Assistants.

Some issues patients may comment on pertain to medical assistants' workflows. While this negative feedback can sometimes feel overwhelming or upsetting, it provides the opportunity to implement better practices. Medical assistants can consider how to improve their communication, rooming practices, or process of taking vital signs to make positive changes to the patient experience.

Patient satisfaction and experience surveys are a crucial part of a practice's effort to close care gaps. The goal for health care employees should be to make patients feel heard and cared for. After all surveys have been completed, distributed, and collected, be sure to take action on the survey results—both to accentuate the positive and eliminate the negative. Even small adjustments, such as making eye contact and smiling at the

patient, can go a long way toward reducing the likelihood of negative feedback from patients.

As the link between patients and providers, medical assistants can facilitate change in the practice. The goal is not perfection but continuous improvement, which medical assistants can foster with strong communication, efficiency, and empathy.

Regardless of negative feedback, medical assistants have the power to transform patient complaints into positive, productive interactions. ♦

The CE test for this article can be found on page 28.



References

1. Chris. Everything you need to know about patient surveys in 2025. *TheySaid* blog. August 8, 2025. Accessed December 15, 2025. <https://www.thesaid.io/blog/about-patient-surveys>
2. CAHPS patient experience surveys and guidance. Agency for Healthcare Research and Quality. March 2012. Reviewed May 2024. Accessed December 15, 2025. <https://www.ahrq.gov/cahps/surveys-guidance/index.html>
3. Ten patient satisfaction survey questions and examples. SolutionReach. Accessed December 15, 2025. <https://www.solutionreach.com/blog/10-questions-to-improve-patient-satisfaction-in-your-practice>
4. Aneja S. Three best practices for improving HCAHPS survey data and patient care. Medical Group Management Association. March 8, 2021. Accessed December 15, 2025. <https://www.mgma.com/articles/3-best-practices-for-improving-hcahps-survey-data-and-patient-care>
5. Methods for increasing the number of responses to CAHPS surveys. Agency for Healthcare Research and Quality. August 2024. Reviewed August 2024. Accessed December 15, 2025. <https://www.ahrq.gov/cahps/surveys-guidance/survey-methods-research/increasing-responses.html>
6. Handling bad online patient reviews: a guide for physicians and practices. Physician Side Gigs. Accessed December 15, 2025. <https://www.physiciansidegigs.com/bad-online-patient-review>



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Diet Planning

Deadline: Postmarked no later than **March 1, 2026**

Credit: 2.5 AAMA CEUs (gen/clin) **Code:** 144966

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Directions: Determine the correct answer to each of the following, based on information derived from the article.

- | T F | T F |
|---|--|
| <p><input type="checkbox"/> <input type="checkbox"/> 1. <i>The Dietary Guidelines for Americans</i> recommends limiting alcoholic beverages to two drinks or less a day for men and women.</p> <p><input type="checkbox"/> <input type="checkbox"/> 2. The percentage of highly processed (or ultra-processed) food in the diet is lower for an average American child than an average American adult.</p> <p><input type="checkbox"/> <input type="checkbox"/> 3. The body mass index (BMI) is calculated by measuring a person's weight and height and then calculating the weight in kilograms divided by height in meters squared, rounded to one decimal place.</p> <p><input type="checkbox"/> <input type="checkbox"/> 4. In the United States, the 20–39 age group had the highest rate of obesity between 2021 and 2023.</p> <p><input type="checkbox"/> <input type="checkbox"/> 5. Medical nutrition therapy (MNT) is a problem-solving approach that helps health professionals make decisions and address nutrition-related health problems.</p> <p><input type="checkbox"/> <input type="checkbox"/> 6. <i>The Dietary Guidelines for Americans</i> recommends limiting sodium intake to less than 2,300 mg per day—and even less for those younger than 14 years old.</p> <p><input type="checkbox"/> <input type="checkbox"/> 7. Obesity is defined as a chronic complex disease characterized by the presence of excessive fat deposits that can impair health.</p> <p><input type="checkbox"/> <input type="checkbox"/> 8. The most recent <i>Dietary Guidelines for Americans</i> contains a key category on “observing dietary limits on added sugars, saturated fat, sodium, and alcoholic beverages.”</p> <p><input type="checkbox"/> <input type="checkbox"/> 9. Visceral fat, the body adiposity index, waist circumference, and genetic factors are less useful measurements than BMI for assessing obesity risk in patients.</p> <p><input type="checkbox"/> <input type="checkbox"/> 10. MNT should be tailored to a patient's cultural background, life circumstances, preferences, and medical conditions.</p> | <p><input type="checkbox"/> <input type="checkbox"/> 11. Building healthy eating habits for a child is important for many aspects of their future health and well-being.</p> <p><input type="checkbox"/> <input type="checkbox"/> 12. The standardized cutoff categories for the BMI formula were determined by a study that included men and women from diverse ethnicities.</p> <p><input type="checkbox"/> <input type="checkbox"/> 13. <i>The Dietary Guidelines for Americans</i> recommends limiting saturated fat to less than 20% of calories each day, starting at age 10.</p> <p><input type="checkbox"/> <input type="checkbox"/> 14. Finding balance across food groups, macronutrients, and mindset is a key element of a scientifically sound approach to weight management.</p> <p><input type="checkbox"/> <input type="checkbox"/> 15. A weight loss plan should focus on a person's overall health, not just on meeting weight loss goals.</p> <p><input type="checkbox"/> <input type="checkbox"/> 16. Registered dietitian nutritionists (RDNs) work with licensed providers and allied health professionals to develop tailored nutrition plans, monitor progress, and keep other health professionals informed of patients' progress.</p> <p><input type="checkbox"/> <input type="checkbox"/> 17. Obtaining a referral from a licensed provider to consult with an RDN is mandatory.</p> <p><input type="checkbox"/> <input type="checkbox"/> 18. A healthy diet protects against chronic diseases such as cancer, heart disease, and diabetes.</p> |



Patient Surveys

Deadline: Postmarked no later than **March 1, 2026**

Credit: 1 AAMA CEU (gen/admin) **Code:** 144967

Directions: Determine the correct answer to each of the following, based on information derived from the article.

- | T F | T F |
|---|--|
| <p><input type="checkbox"/> <input type="checkbox"/> 1. Some medical practices use Google and Facebook instead of surveys to collect patient feedback.</p> <p><input type="checkbox"/> <input type="checkbox"/> 2. Practices should wait at least a week after patients' appointments and procedures before seeking feedback so that patients have the opportunity to think about and evaluate their experiences.</p> <p><input type="checkbox"/> <input type="checkbox"/> 3. Patient feedback can help providers and staff detect blind spots in aspects of care delivery and correct the areas that need improvement.</p> <p><input type="checkbox"/> <input type="checkbox"/> 4. In most cases, patient surveys are ineffective at obtaining meaningful feedback because biases and preconceptions are reflected in responses.</p> <p><input type="checkbox"/> <input type="checkbox"/> 5. A positive correlation exists between how clearly a treatment plan is explained and whether patients comply with the treatment plan.</p> <p><input type="checkbox"/> <input type="checkbox"/> 6. Surveys may be distributed in person or online.</p> <p><input type="checkbox"/> <input type="checkbox"/> 7. Providing the option to take the survey in multiple languages is a bad idea because it may make it difficult to compare responses from people using different languages.</p> | <p><input type="checkbox"/> <input type="checkbox"/> 8. Including a question on the survey asking whether the practice provided enough information on billing and insurance options is unwise because doing so may cause discontent in the mind of a patient.</p> <p><input type="checkbox"/> <input type="checkbox"/> 9. Research indicates that patients care as much about how they are treated as they do about the treatment they receive.</p> <p><input type="checkbox"/> <input type="checkbox"/> 10. Only 10% of patients change providers because of a bad experience.</p> <p><input type="checkbox"/> <input type="checkbox"/> 11. The quality of patient care can be improved by reviewing patient feedback and making appropriate changes in the delivery of care.</p> |

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*CMA (AAMA) Works Toward
Experiencing Various Specialties*



By Cathy Cassata

When Emily Martinez, CMA (AAMA), was 8 years old, she witnessed her aunt endure cancer.

“I watched the doctors, nurses, and medical assistants all help her. Seeing her go through this and how they cared for her really impacted my life, especially once she passed away,” says Martinez. She wanted to follow in these health care workers’ footsteps, so she decided to attend a medical assisting program after graduating from high school.

“I naturally love to care for people, and losing my aunt gave me the push to pursue health care,” says Martinez. “I want to impact patients and their families in the same way my aunt and [our] family were impacted. I want to make them feel comfortable, seen and heard, and well taken care of.”

She began medical assisting school in August 2024. However, a few months into the program, she had to take two months off from school due to health issues. “At the time, I didn’t know what was happening. I was always getting sick and throwing up and having to go to the hospital,” says Martinez. “I still went to school and made sure I was there even though I felt sick and horrible. It was hard, and there were times I thought I might not be able to do it and that assignments or [laboratories] were too stressful.”

Physicians determined she had precancerous polyps on her gallbladder that required surgery to remove. “I ended up having heart issues after that because the procedure was so hectic on my body, but I’m recovered and feel healthier than ever,” she says.

Due to the time off, she had to restart the medical assisting program. “It ended up being for the best because I got better test scores since I was feeling well,” she says. “I’m grateful that I continued to go to school because now I have this career and a purpose to fulfill. I know I can make a difference in people’s lives every day I go to work.”

After graduating in July 2025, Martinez

landed a job at an urgent care clinic in Chicago. Her day consists of drawing blood, taking vital signs, performing laboratory tests, administering throat swabs, and giving injections. “I love what I do, and I’m passionate about being good at my job,” she says.

Interacting with patients is her favorite part of the day. “It’s the little things—laughing with a patient, saying something nice that cheers them up, or making them feel comfortable and understood and that their concerns will be addressed,” she says.

She believes that the variety of skills and experiences she gains in urgent care will eventually help her secure a position in a specialty practice. “One of my goals is to get more experience and branch out. I want to go into different specialties and see what works for me and what doesn’t,” says Martinez.

She sees herself working at an oncology practice someday, if she finds the right fit. “I’ve thought about it a lot lately, but I think I need to try out different specialties first,” she says. “But eventually helping those dealing with cancer would be a rewarding way to honor my aunt and family, and what I went through personally too.” ♦

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The Missouri Minute, published by **Missouri** (A), Rachel Clifford, CMA (AAMA), editor

SDSMA Messenger, published by **South Dakota** (B), Alexius Plooster, CMA (AAMA), and Susan Hookie, CMA (AAMA), editors

FSMA Presidents Newsletter, published by **Florida** (C), Jeanette Tyler, CMA (AAMA), editor

The Helping Hands, published by **Ohio** (D), Diana Rogers, CMA (AAMA), editor

Achievement

IDSMA Newsletter, published by **Idaho** (B), Shaeli Christiansen, CMA (AAMA), editor

NSMA Monthly Newsletter, published by **Nebraska** (B), Angy McCarter, CMA (AAMA), LRT, editor

The Michigan Medical Assistant Journal, published by **Michigan** (D), Tracie Hardy, CMA (AAMA), editor

Med-A-Scoop, published by **Indiana** (D), Pamela Neu, CMA (AAMA), MBA, editor

TEMPO, published by **North Carolina** (D), Linda Metcalf, CMA (AAMA), editor

WEBSITE DEVELOPMENT

Excel

South Dakota (B), Susan Hookie, CMA (AAMA), web chair

Florida (C), Mary Lou Allison, CMA-C (AAMA), web chair

Michigan (D), Mistie Atkins, CMA (AAMA), web chair

Achievement

Connecticut (B), Rebecca Rivera, CMA (AAMA), web chair

South Carolina (C), Sandra Williams, CMA (AAMA), web chair

Massachusetts (C), Dawn Jordan-LeBlanc, CMA (AAMA), Jean Lyman, Brittany Simensen, web chairs

Indiana (D), Pamela Neu, CMA(AAMA), MBA, web chair

MARKETING, PROMOTION, AND RECRUITMENT

Excel

"State Conference," conducted by **New Mexico** (A), Jennifer Benton, CMA (AAMA), BA, AS, PBT(ASCP), campaign director

"Bridging the Gap," conducted by **Idaho** (B), Jessica Hunter, campaign director

"Brevard County Chapter Summer Kickoff Seminar," conducted by **Florida** (C), DeAnna Parton, CCMA (NHA), campaign director

COMMUNITY SERVICE

Excel

"Bridge to our Neighbors," conducted by **Virginia** (B), Debra Benson, CMA (AAMA), service program director

"Hannah's Socks," conducted by **Ohio** (D), Rhonda Lazzette, CMA (AAMA), service program director

Achievement

"Paws for a Cause," conducted by **South Carolina** (C), Crissy Taylor, CMA (AAMA), service program director

STUDENT ESSAY AWARD

Essay: Christopher Gress

MEMBERSHIP RETENTION

North Dakota (A)

New Hampshire (B)

Maine (C)

Ohio (D)

MEMBERSHIP RECRUITMENT

Oklahoma (A)

Missouri (B)

Kentucky (C)

Indiana (D)

STUDENT MEMBERSHIP RECRUITMENT

Oklahoma (A)

Nebraska (B)

Maine (C)

Illinois (D)

CMA (AAMA)[®] CERTIFICATION

Nevada (A)

Nebraska (B)

Florida (C)

Iowa (D)

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