

# Assessment of Immunization Training Needs for Medical Assistants

## Executive Summary

The purpose of the Assessment of Immunization Training Needs for Medical Assistants survey was to assess the immunization-related training needs of medical assistants (MAs) throughout the U.S. A web-based instrument, with 25 questions, was developed to describe the population of MAs, the immunization services tasks they most commonly perform, their experiences with immunization-related training, their future training preferences and possible methods/modes for communicating with them. Even though the survey distribution methodology targeted 24 states (and rural populations within four of these 24-targeted states), the final group of respondents included 1977 MAs from 49 states, the District of Columbia and Guam.

NOTE: The following acronyms are used throughout this document: AAMA (American Association of Medical Assistants), CDC (Centers for Disease Control and Prevention), CMA (Certified Medical Assistant), RMA (Registered Medical Assistant), on-the-job trained (OJT), Vaccines for Children (VFC) program and Vaccine Information Statements (VISs). It should also be noted that the term “MA Program” refers to the variety of preparatory medical assisting education programs, ranging from non-accredited six-month programs to accredited associate degrees in medical assisting.

Key findings from the data include:

- Professional preparation to become a MA was varied and ranged from OJT, graduate from an MA program, graduate from an MA program and an RMA, graduate from an MA program and a CMA, to some combination of these.
- While MAs worked in a variety of settings, most worked in physicians’ offices and of those, family practice offices were the most common.
- A majority of the healthcare offices where MAs worked participated in the VFC program.
- Immunization tasks that MAs performed often include: screening patients, educating patients/parents, administering vaccines, record keeping, and storage and/or handling of vaccines.
- The leading reasons MAs participated in immunization training were, 1) when a doctor or other medical staff offered training in their office, 2) when there was a change in immunization recommendations or 3) when a new vaccine came out.
- The majority of MAs received their immunization training in the past as in-services and most received immunization updates and trainings from in-house staff or other lecturers.
- Training topics identified as important to MAs include: adverse reactions or “side effects,” educating patients/parents, administering vaccines, risk communication, record keeping and/or documentation in patient record, immunization schedules, storage and/or handling of vaccines, clinical information about disease, VISs and screening patients.
- MAs’ preferred delivery method for future immunization trainings was as an in-service activity in their office.
- Educational strategies preferred by MAs include problem-based learning and case studies.
- Factors that motivated MAs to participate in immunization trainings were learning new or updated information and current job requirements.
- Barriers for participating in immunization trainings were finding time during their work schedule, not being aware of available trainings and the cost of trainings.
- MAs identified their supervisors as “gatekeepers” of information and in fact, many learned of this training assessment from their supervisor.

- MAs identified that the best ways to announce training availability and updated information were via email, direct mail and key websites.

Recommendations based on these key findings have been organized into the following categories: advocacy, communication and training.

#### Advocacy:

- Advocate for professional preparatory standards.
- Partner with medical and nursing associations to facilitate communications with MAs, to advocate the ongoing need for immunization training and to encourage valuable support and recognition of MAs.
- Advocate for a national mechanism (e.g., registry) to collect contact information for MAs regardless of educational preparation or membership in a professional association.
- Advocate for uniform regulation of the medical assistant profession.

#### Communication:

- Announce training availability and updated information via email, direct mail and key websites (e.g. immunization registry sites, CDC).
- Communicate training opportunities to worksite supervisors.
- Communicate to worksite supervisors the importance of ongoing updates and immunization training for MAs.

#### Training:

- Focus immunization-related trainings on: “adverse reactions or ‘side effects’”; “educating patients/parents (i.e., health communication)”; “administering vaccines”; “risk communication (e.g., discussion of vaccine safety)”; “record keeping and/or documentation in patient record”; “immunization schedules”; “storage and/or handling of vaccines”; “clinical information about disease”; “VISs”; and, “screening patients”.
- Develop case studies and problem-based learning activities.
- Develop short, modular training units that incorporate case studies and problem-based learning.
- Deliver trainings for MAs as in-services by either in-house staff (e.g., nurse, medical staff) or by other lecturers (e.g., pharmaceutical representatives, nurse from technical college, public health staff).
- Utilize a train-the-trainer methodology that incorporates these modular training units, to support worksite supervisors as they train MAs.
- Partner with VFC program to facilitate the development and dissemination of training opportunities for MAs in VFC settings.
- Offer continuing education units (CEUs) as an incentive for MAs, particularly CMAs and RMAs, to attend trainings.
- Explore strategies to offer no-cost or low-cost training to MAs by collaborating with other agencies (e.g., state immunization programs, professional organizations, pharmaceutical companies).
- Market available continuing education offerings to MAs and their supervisors and clarify that many trainings offer CEU credit that CMAs and RMAs may be able to use.
- Develop immunization-related training materials at an instructional level appropriate for the diversely-trained population of MAs.