I. GENERAL PURPOSE/AUDIENCE

While medical assistants do not create care plans for patients, they do play an important role in a doctor's office by creating and maintaining patient charts. Patients' health may depend on their medical histories being up to date and accurate, so it is important that medical assistants know how to properly record patient information and medical background, both on paper an electronically. They must be able to utilize proper grammar, spelling, and punctuation to maintaining professional documents. The audience for this type of writing (charting) is doctors, nurses, and other medical professionals.

II. TYPES OF WRITING

In addition to charting, medical assistants also do electronic medical coding, file insurance claims, and handle billing, all tasks that may involve specialized writing. They may also transcribe physician notes or take diction from physicians. In an academic setting, students in a medical assisting program create mock patient charts using proper medical terminology. They also utilize writing skills as they learn to schedule appointments, code and process insurance claims, and assist with lab and exam procedures.

III. TYPES OF EVIDENCE

- First-hand accounts
- Physician notes
- Current standards/guidelines in the field

IV. WRITING CONVENTIONS

Professional:

- Record all communications to ensure all aspects of a patient's medical history are properly documented.
- Clear, precise, and straightforward language should be used.
- Avoid using first person in most cases; third person is used most frequently.
- Medical terminology and standard abbreviations should be used in charting.
- Direct quotes are used infrequently but can be used to accurately reflect patient statements
- It is acceptable to use passive voice when recording observations and procedures.

Academic:

- Use American Psychological Association (APA) formatting for papers.
- Use third person unless writing a reflection.
- Make sure to document all source material used, whether quoting or paraphrasing.
- Spell out acronyms, then use the abbreviated form in parentheses on first reference; on subsequent references, use only the acronym.
- Avoid using contractions.
- For research papers, be sure to use reliable, peer-reviewed sources.

V. COMMON TERMS AND CONCEPTS

- EMR—Electronic Medical Record
- HIPAA—Health Insurance Portability Accountability Act
- PSQIA—Patient Safety and Quality Improvement Act
- PHI—Protected Healthcare Information
- OSHA—Occupational Safety and Health Administration
- DHHS—Department of Health and Human Services
- http://nursing.flinders.edu.au/students/studyaids/clinicalcommunication/page_glossary.php?id=13 (contains a long list of acronyms used in clinical communication)

VI. CITATION STYLE

American Psychological Association (APA)
http://www.apastyle.org/index.aspx?_ga=2.161016573.1145620899.1531411654-1125241218.1531411654