American Medical Certification Association

2012 Volume II
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Medical Terminology
A to Z Pathologies
Dealing with Hearing Impaired Patients
History of Health Insurance
History of the Hippocratic Oath

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Medical Terminology

In many senses, the medical field is all about innovation. In the last decade alone, the combination of scientific and technological advancements has paved the way for two key things: an increase in the production and use of medical apparatus, as well as the ability for medical care to become more accessible, both in the practice and at home. Not only is innovation visible through science and technology, it is visible through thought. As we continue to evolve as human beings, doctors and scientists are testing the barriers of the human mind to come up with medical solutions that were unthinkable in the past. Despite the evolution of thought and practice, there is a small string that bridges the gap between tradition and innovation in the medical field: language. We may be using new devices and coming up with new approaches, but we are still using the same words to record and communicate our progress.

The evolution of medical terminology is just as rich as the success of medical progress. From a historical sense, our earliest form of medicine was largely influenced by the findings of the early Greek civilization. That civilization may not exist, but its influence is still visible through the everyday use of some of the most basic medical terms: "aut-o" (self) the Greek root word "cardio" (heart) and “–algia” which translates to “pain”.

Our medical vocabulary was further influenced by the English during the Middle Ages. The medical terminology that is reflected in the early English medical texts is heavily influenced by certain cultural cues of that time. Of all these cultural cues, the emergence of Christianity is viewed as one of the major influences on the medical thoughts and writings of the people of this time. For the most part, there is a large connection between spiritual enlightenment and physical health which is paralleled with the connection between moral corruption and disease. Around 1355, victims began to fall prey to a widespread plague for which there was no visible cause or solution. In light of the strong belief in the connection between spiritual enlightenment and physical health, the English began to assume that the victims of this plague had fallen prey to some sort of demonic possession. From this and other similar occurrences, many thinkers believe that the word “sick” is a reflection of this connection between demonic possession and sickness, since it is closely related to the word “suck”, from the belief that the demons would suck the life out of the plagued victims.

1). Our earliest form of medicine was influenced by which civilization?
A. Mayan
B. Incan
C. Greek
D. Persian

2). The term "aut-o" refers to which of the following?
A. Self
B. Immune
C. Aorta
D. Illness

3). The term “–algia” refers to which of the following?
A. Self
B. Ailment
C. Pain
D. Heart

4). Which of the following religions influenced the medical writings of the English during the Middle Ages?
A. Puritanism
B. Quaker
C. Christianity
D. Catholocism

5). The English valued the connection between physical health and _________.
A. Yearly preventative care
B. Spiritual enlightenment
C. Innovative medicine
D. Technology

Sources:
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1079361/
http://homes.chass.utoronto.ca/~cpercy/courses/6361pochop.htm
A to Z Pathologies

Below you will find a brief list of pathologies. Review each term, then complete the quiz at the end of the section.

Abdominal aortic aneurysm: A term used to refer to an abnormal bulge that occurs in the aorta, the body's major blood vessel.

Achalasia: Patients suffer discomfort due to this rare disorder that makes it difficult for food and liquid to pass into the stomach. Difficulty occurs when the esophagus loses the ability to squeeze food down, and the muscular valve between the esophagus and stomach does not fully relax. This is usually a result of damage to the nerves in the esophagus.

Berger's disease: A rare condition that is caused by inflammation of blood vessels in the patient's fingers and toes. Blood vessels in the fingers and toes become narrowed or blocked with blood clots, limiting blood flow.

Calcific uremic arteriolopathy: This serious, uncommon disease occurs when calcium accumulates in small blood vessels of the fat and skin tissues. People who have this condition are often susceptible to kidney failure.

Dermal liposarcoma: Liposarcoma, a type of soft tissue sarcoma, is a cancerous tumor that develops from fat cells. Though this condition can develop anywhere throughout the body, it typically appears in the deep fat tissues of the limbs or abdomen in patients ages 50 to 65.

Ebstein's Anomaly: A condition in which the valve between the right heart chambers is malformed and rests lower than normal in the lower-right heart chamber.

Familial melanoma: Melanoma is a form of skin cancer that occurs within the cells that are responsible for skin pigmentation.

Ileitis: Also referred to as, Crohn's disease, this is a condition which causes chronic inflammation of the digestive tract, most commonly, the small intestine. Flare-ups often lead to bouts of stomach pain, severe diarrhea, weight loss and low energy.

Kawasaki Disease: Named after the doctor who first reported this syndrome, Kawasaki disease causes inflammation in the arteries of children.

Lewy body dementia: A condition in which your nerve cells degenerate and die over time, eventually causing your memory and thinking abilities to decline as well.

Lewy body dementia: Term used to describe an eye disorder associated with aging, usually results in the gradual loss of clear vision.

Odontogenic lesions: Term used to refer to cysts or tumors that develop in your jawbone or the soft tissues in your mouth. Fortunately, these lesions are generally noncancerous; treatment options include medications and surgery.

Salivary gland cancer: Cancer that affects the salivary glands; these glands create saliva in the mouth and aid in the digestion of food.

Tay-Sachs disease: Term used to describe a rare disorder passed from parent to child. Children begin to exhibit symptoms as early as 6 months, as the disease progresses, the child's body loses function, leading to blindness, deafness, paralysis and.

Ulcerative colitis: A disease that causes chronic inflammation of the large intestine (colon) and rectum. Symptoms include abdominal cramps, diarrhea and rectal bleeding.

1). What is “Lewy body dementia”?
A. Term used to describe an eye disorder associated with aging, usually results in the gradual loss of clear vision
B. Term used to describe a rare disorder passed from parent to child. Usually results in short term memory loss.
C. Term used to describe first stages of Alzheimer.
D. A condition in which your nerve cells degenerate and die over time, eventually causing your memory and thinking abilities to decline as well.

2). Where do odontogenic lesions typically occur?
A. Jawbone
B. Liver
C. Pelvic Area
D. Salivary glands

3). What is the origin of the name, “Kawasaki Disease”
A. Kawasaki Motors
B. Name of first patient to be diagnosed with this disease.
C. Name of doctor who first reported this syndrome.
D. Unknown.

4). What disease is also referred to as Crohn's Disease?
A. Ileitis
B. Crohnitis
C. Arbritary Bowel Syndrome
D. Tay-Sachs disease

5). What is the term used to refer to a rare condition that is caused by inflammation of blood vessels in the patient's fingers and toes?
A. Berger’s disease
B. Tay-Sachs disease
C. Achalasia
D. Ebstein's Anomaly


AMCA Continuing Education Credits: 1 (A to Z Pathologies, 10/2012)
Dealing with Hearing Impaired Patients

Reilly is a twenty-six year old female that has arrived for treatment at an urgent care facility. In addition to using a computer to electronically sign in for an appointment, patients that arrive at the facility are also required to complete a brief intake form. When Reilly notices that the slot for intake forms appears to be empty, she simply uses the computer to sign herself in and sits down to wait. To the normal eye, Reilly does not exhibit any signs that would indicate that she has any disabilities. She seems calm and composed, makes eye contact with each person that walks by, and even smiles and nods at the medical assistant that arrives to usher her into a more private area of the facility. As Ana, the medical assistant, busily shuffles through her piles of paper to find an intake form for Reilly, she rambles along making small talk about how hectic the day has been and apologizes profusely for having to search for the form. She notices that Reilly does not respond, however she attributes this to the fact that the patient might be in some sort of discomfort. After discovering the stack of forms, Ana sits down to go over the intake form with Reilly in hopes of speeding the process along. Since she has committed the form to memory, she barely needs to look down, and begins to question Reilly in a friendly, conversational manner. Again, she notices that Reilly simply smiles and nods at the precursory questions, but has not spoken yet. When she finally asks Reilly what sort of treatment she hopes to receive, she notices that Reilly points to her throat and signals with her hands. Ana then realizes that she is dealing with a deaf patient. Reilly is a first for the urgent care facility, since they have never encountered a deaf patient. How will they handle this situation?

As in everything, the first method of dealing with a foreign situation is to be equipped with as much knowledge as possible. One key fact to consider when accommodating a deaf patient is the necessity to understand their capabilities. Generally speaking, people that become deaf after the age of thirteen may be very comfortable with verbal communication, although it may be difficult for them to articulate clearly. Patients that have loss their hearing before the age of thirteen may struggle with verbal communication, and require the use of alternate tools such as written communication, visuals, or finger reading.

When determining how to deal with a patient that is fully or perhaps less capable than others, discretion is key. Consider the needs of the particular patient, instead of just assuming that your actions are appropriate. Many are under the impression that the use of a hearing aid will allow a deaf person to communicate fully, however this is an assumption that should never be made. While some may be able to communicate with little or no trouble, for others, a hearing aid simply allows for cues to certain environmental noises.

Discretion is needed in other areas as well. In addition to improper lighting, facial masking such as heavy make-up, excessive facial hair, and other facial adornments may inhibit the patient’s ability to read lips and facial gestures. When speaking with a deaf patient, is important to maintain eye contact. Constant gazing in another direction may give the impression that their attention may need to be directed to something elsewhere in the room.

The key to to success when dealing with a patient with any disability is always knowledge and awareness of their circumstances. Please proceed to the questions below.

1) What is one key aspect of understanding a deaf patient?
   A. Understanding their capabilities.
   B. Applying general, preconceived notions to attempt to assist them.
   C. Understanding their use of hearing aids.
   D. Applying for membership with the Deaf Association of America.

2) When is it more likely for deaf patients to struggle with communication?
   A. Female patients under the age of five.
   B. Patients that have loss hearing due to trauma.
   C. Patients that have loss their hearing before the before the age of thirteen
   D. Patients that have loss their hearing after the age of thirteen.

3) Which of the following is not an acceptable method of communication when dealing with deaf patients:
   A. Written communication
   B. Visuals
   C. Finger reading
   D. Using hand signals to indicate different things around the room.

4) When is it appropriate to maintain eye contact with a deaf person?
   A. Never; it makes them nervous.
   B. When you are making physical contact.
   C. All the time; eye contact is essential.
   D. At your discretion.

5) Which of the following are considered a communication barrier?
   A. Improper lighting
   B. Heavy make up
   C. Excessive facial hair
   D. All of the above

*Source
http://eh.net/encyclopedia/article/thomasson.insurance.health.us
http://whatisencyclopedia.com/committee-on-the-costs-of-medical-care-ccmc/
History of Health Insurance

Have you ever heard the phrase, “you don't know where you’re going, unless you know where you've been”? The determination of whether or not the statement is actually true is a conversation that can be saved for another time, but the quote itself can be applied to every aspect of life, especially the theory of healthcare. In our age of modern healthcare, it is always interesting, and even a little fun to look back and see where our practices came from.

Today, health insurance is a complicated system of rules and rewards: both the patient and the provider are expected to follow a certain amount of steps in order to be rewarded with either compensation or affordable health care. In the olden days, things were not so simple. In a time where health care was moving itself out of the country doctor's office and into the hospital, things got difficult when it came to figuring out a way to get the public to manage that cost. Mind you, it was a completely different time. The idea of “jobs” and “budgets” were fairly new as people began to work in the factories and production plants that were the result of the end of the first world war. But as money started to flow and people became familiar with the concept of having “income”, it became apparent that healthcare was not high on the list of priorities. In theory, the spending habits of people back then were similar to our spending habits now, people would pay a set amount of money items for the necessities as well a for “fun” things, but never for healthcare. After researching the use of “income”, the staff at Baylor Hospital in Dallas, Texas came up with a plan for people to pay for their healthcare in the same way that they paid for their other expenses: month by month. This plan was offered to teachers who were able to pay 50 cents each month in return for affordable health care in a time of medical need. The hospital saw its own small success with this plan, but the idea became widespread after the Great Depression when medical care costs plunged even lower on people's list of financial priorities. Pretty soon, it spread from hospital to hospital and eventually became known as “Blue Cross”.

The “Blue Cross” plan gained even more growth when employers learned that they could offer this affordable health care as a means of attracting potential employees. Affordable healthcare became viewed as as a “benefit” and employers began to toy with the idea of offering flexible packages to accommodate the needs of their diverse pool of workers.

1. What was the name of the first affordable healthcare plan?
   A. Baylor Blue
   B. Baylor Cross
   C. Blue Cross
   D. Blue Health

2. Which of the following categories of people were the first to be offered affordable healthcare?
   A. Disabled
   B. Teachers
   C. Students
   D. Veterans

3. What was the cost of the first affordable healthcare plan?
   A. $1.00
   B. .50
   C. Free
   D. It was income based.

4. What was the name of the first hospital to offer affordable healthcare?
   A. Blue Cross
   B. Dallas Hospital
   C. Baylor Blue
   D. Baylor

5. Which of the following states is home to the first affordable health care?
   A. Baylor, Texas
   B. Dallas, Texas
   C. Blue River, Indiana
   D. Fort Worth Texas
History of the Hippocratic Oath

In the medical community, the Hippocratic Oath is often viewed as one of the most prized historical medical documents. Under this oath, countless physicians and other medical professionals have sworn to practice medicine in an honest and ethical manner. This oath was written during the time of the early Greek civilization, by Hippocrates, a man who believed that there was a natural cause for every disease. Although it was originally written in Ionic Greek, the Oath is one of our earliest documents that reflects the sense of commitment, sound judgment, and ethical practice that is needed by any member of the medical industry. Read the oath, then continue to answer the questions below.

I swear by Apollo the physician, and Asclepius, and Hygieia and Panacea and all the gods and goddesses as my witnesses, that, according to my ability and judgement, I will keep this Oath and this contract:

To hold him who taught me this art equally dear to me as my parents, to be a partner in life with him, and to fulfill his needs when required; to look upon his offspring as equals to my own siblings, and to teach them this art, if they shall wish to learn it, without fee or contract; and that by the set rules, lectures, and every other mode of instruction, I will impart a knowledge of the art to my own sons, and those of my teachers, and to students bound by this contract and having sworn this Oath to the law of medicine, but to no others.

I will use those dietary regimens which will benefit my patients according to my greatest ability and judgement, and I will do no harm or injustice to them.

I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan; and similarly I will not give a woman a pessary to cause an abortion.

In purity and according to divine law will I carry out my life and my art.

I will not use the knife, even upon those suffering from stones, but I will leave this to those who are trained in this craft.

Into whatever homes I go, I will enter them for the benefit of the sick, avoiding any voluntary act of impropriety or corruption, including the seduction of women or men, whether they are free men or slaves.

Whatever I see or hear in the lives of my patients, whether in connection with my professional practice or not, which ought not to be spoken of outside, I will keep secret, as considering all such things to be private.

So long as I maintain this Oath faithfully and without corruption, may it be granted to me to partake of life fully and the practice of my art, gaining the respect of all men for all time. However, should I transgress this Oath and violate it, may the opposite be my fate.

1). Under the Hippocractic oath, medical professionals swear to do which of the following?
A. Practice medicine in a sound and ethical manner.
B. Follow the Hippocractic school of medicine.
C. Practice medicine in accordance with the Greek school of medicine.
D. Respect the patient’s right to privacy.

2). The Hippocractic Oath discusses the patient’s right to privacy.
A. True
B. False

3). Fill in the blank. I swear by Apollo the physician, and Asclepius, and Hygieia and Panacea and all the gods and goddesses as my witnesses, that, according to my_______ and _____________ I will keep this Oath and this contract:
A. ability and judgment
B. knowledge and judgment
C. ability and knowledge
D. ability and capability

4). The Oath is written in which of the following:
A. Contemporary Greek
B. Ionic Greek
C. Old English
D. None of the above

5). Who wrote the Hippocractic Oath?
A. Apollo
B. Panacea
C. Hippocrates
D. Asclepius