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**MEDICAL ASSISTING
PROGRAM
CLINICAL/PRACTICUM
MANUAL**



August 3, 2021

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SECTION 1: INTRODUCTION

Welcome to Medical Assisting (MA)

This clinical/practicum manual has been prepared to help orient you to the SCC Medical Assisting Program. It serves as a supplement to the Sandhills Community College Student Handbook. The rules, policies, and procedures recorded in this manual* will guide you through the next year of your educational career.

***The policies/rules contained within this manual are not all inclusive; additional information will be relayed in class as necessary. Policies are subject to change with out notice.**

Please keep this manual at your fingertips at all times. Students are expected to exercise good critical thinking skills and show responsibility by being knowledgeable of and compliant with all policies contained within this manual – whether they pertain to the classroom, lab, clinic, or clinical/practicum.

The SCC MA Student Handbook and Clinical/Practicum Manual will also serve as guidelines for your professional behavior and student responsibilities as you attend classes on campus and at the clinical/practicum sites.

The faculty and staff of the SCC Medical Assisting Program wish you much success in your studies. Through your acceptance into the program, you have just accomplished the first milestone towards earning a Certificate in Medical Assisting and the credentials associated with this most rewarding career-Medical Assisting!! We hope that you will always remember the pride and happiness you feel now for accomplishing this first step.

Again, congratulations for being accepted into the Medical Assisting Program.

Medical Assistant Orientation to Clinical/Practicum

A highlight of every MA student's program is the clinical/practicum experience scheduled during the last section of the Medical Assisting curriculum. The clinical/practicum allows each student to put into practice those concepts and skills acquired through two semesters of diligent study.

A clinical/practicum experience can only be possible with the cooperation and support of health professionals who maintain practices in the Moore and Hoke County areas. As a MA clinical/practicum student, you are a "guest" who is allowed to participate in the activities at a medical facility. As with any thoughtful "guest", it is essential that you conduct yourself in a manner acceptable to the regular members of the "host" medical team.

As a member of a health team, you are expected to abide by certain rules of behavior. Violation of these rules shall result in your immediate removal from a clinical/practicum site and receive a grade of U (Unsatisfactory) for the Clinical/Practicum course. Failure to complete your clinical/practicum will remove you from the program and all MA classes associated with the clinical/practicum.

While every medical office has its own set of individual rules and procedures, all offices forbid:

1. Drug and/or alcohol abuse;
2. Using Cell Phones in the clinic;
3. Abuse or assault and battery on a patient (verbal and/or physical);
4. Any violence-related crime;
5. Illegally obtaining and/or possessing drugs or alcohol for personal or other use, violations of the Controlled Substance Act;
6. Evidence of any crime, which undermines the public trust;
7. Withholding information critical to the safety of the patient's health;
8. Performing medical services for which you are not licensed and/or not competent to perform;
9. Providing illegal drugs to others;
10. Falsifying a patient's record;
11. Violations of confidentiality; and
12. Improper attitude toward patients or employees of the Healthcare Team.

Other college and medical facility policies (both written and those required by common sense) may be applied at the clinical/practicum site. For the time being, however, students must understand the purpose and functions of these rules and must check, “Yes” to the following statements in order to continue in the MA program:

1. My instructor has explained the rules listed above, and I have no questions as to their content or application to me should a violation occur. _____yes_____no
2. I understand that I am not allowed to have any absences or arrive late during my clinical/practicum. If an emergency arises, I understand that I must contact my instructor prior to the absence and seek approval for the absence based on the instructor’s discretionary judgment. If approved, I must then follow the proper protocol as directed by the program director to notify the facility .
_____yes_____no
3. I understand that a past or present violation of these rules could affect my continuance of clinical/practicum. It is essential that any information of past or present violations be shared with the instructor prior to placement. Negative information coming to light at a later date will result in the student’s removal from the clinical/practicum site. _____yes _____ no
4. I understand that if I do not adhere to the policies of the medical facility or the college that I can be removed from the clinical/practicum site. If, for any reason, the medical facility requests that a student be removed from the site, the student will receive a grade of “U”, removing them from the program, and the student must re-apply to admission into the Medical Assisting Program. _____yes _____no
5. I understand that I must conduct myself as a professional at the clinical/practicum site, the college, and in public to maintain the credibility of my profession at all times. I understand that any negative remarks or conduct could jeopardize the program and future placement of medical assisting students. _____yes _____no
6. My instructor has explained to me prior to clinical/practicum placement that the medical **facility will not be compensating** me for the contact hours which I will perform during my clinical/practicum experience. _____yes_____no
7. My instructor has also explained to me that I will be required to perform a minimum of 160 contact hours during my clinical/practicum experience.(A minimum of 25 hours a week) **Students must complete 100% of the 160 hours to receive a grade for the course.**
_____yes_____no

Student signature

Date

SECTION 2: GENERAL POLICIES

A. MEDICAL ASSISTING PROGRAM- Mission Statement

The Mission of the SCC Medical Assistant Program is to prepare medical students who excel in the knowledge, skill and professionalism required by employers in the medical community.

B. MEDICAL ASSISTING PROGRAM GOALS

- Prepare competent entry-level medical assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. **Students must pass 100% of all competencies in the MA program and in the Master Competency List within 3 attempts to be able to progress in the MA program.**
- To help students' complete competencies as required by our program.
- To teach effective communication and patient advocacy.
- To help students understand and practice health safety policies and procedures and provide quality patient care.
- To help students to demonstrate professionalism, understanding and compassion while serving diverse populations.
- Prepare students for immediate employment as a medical assistant.

SECTION 3: CLINICAL/PRACTICUM POLICIES

COMPETENCIES FOR THE MEDICAL ASSISTING PROGRAM:

These competencies identify the **knowledge, skills, and behaviors** graduates of the SCC Medical Assisting Program are expected to achieve to enter medical practice. This document is designed to direct the educational process and serves as a basis for curriculum development, review, and outcomes assessment; and for guiding the selection of course content, sequencing, and learning activities across the curriculum. Faculty and student input provide a mechanism for periodic review and refining of the competencies.

The competencies are categorized into **three domains** that represent the focus of the curriculum: Competencies: Cognitive (knowledge), psychomotor (skills), and affective (behavior).

Supporting behaviors and skills are reflected in individual course syllabi. Goals, objectives, and assignments in individual courses within the curriculum elaborate the specific mechanisms and learning experiences by which students develop and demonstrate the competencies and are reflected in course outlines. ***“Students must pass 100% of all competencies in the MA program and in the Master Competency List within three attempts to be able to progress in the MA program.”***

A. COMPETENCIES (Psychomotor & Affective)

Master Competency Checklist 2015 MAERB Core Curriculum

Psychomotor & Affective Competencies	Grade	Pass	Date	Int.
I Anatomy & Physiology				
I.P.1. Measure and record:				
a. blood pressure				
b. temperature				
c. pulse				
d. respirations				
e. height				
f. weight				
g. length (infant)				
h. head circumference (infant)				
i. pulse oximetry				
I.P.2 Perform:				
a. electrocardiography				
b. venipuncture				
c. capillary puncture				
d. pulmonary function testing				

I.P.3. Perform patient screening using established protocols				
I.P.4. Verify the rules of medication administration:				
a. right patient				
b. right medication				
c. right dose				
d. right route				
e. right time				
f. right documentation				
I.P.5. Select proper sites for administering parenteral medication				
I.P.6. Administer oral medications				
I.P.7. Administer parenteral (excluding IV) medications				
I.P.8. Instruct and prepare a patient for a procedure or a treatment				
I.P.9. Assist provider with a patient exam				
I.P.10. Perform a quality control measure				
I.P.11. Obtain specimens and perform:				
a. CLIA waived hematology test				
b. CLIA waived chemistry test				
c. CLIA waived urinalysis				
d. CLIA waived immunology test				
e. CLIA waived microbiology test				
I.P.12. Produce up-to-date documentation of provider/professional level CPR				

I.P.13. Perform first aid procedures for:				
a. bleeding				
b. diabetic coma or insulin shock				
c. fractures				
d. seizures				
e. shock				
f. syncope				
I.A.1. Incorporate critical thinking skills when performing patient assessment				
I.A.2. Incorporate critical thinking skills when performing patient care				
I.A.3. Show awareness of a patient's concerns related to the procedure being performed				
II Applied Mathematics				
II.P.1. Calculate proper dosages of medication for administration				
II.P.2. Differentiate between normal and abnormal test results				
II.P.3. Maintain lab test results using flow sheets				
II.P.4. Document on a growth chart				
II.A.1. Reassure a patient of the accuracy of the test results				
III Infection Control				
III.P.1. Participate in bloodborne pathogen training				
III.P.2. Select appropriate barrier/personal protective equipment (PPE)				
III.P.3. Perform handwashing				
III.P.4. Prepare items for autoclaving				

III.P.5. Perform sterilization procedures				
III.P.6. Prepare a sterile field				
III.P.7. Perform within a sterile field				
III.P.8. Perform wound care				
III.P.9. Perform dressing change				
III.P.10. Demonstrate proper disposal of biohazardous material				
a. sharps				
b. regulated wastes				
III.A.1. Recognize the implications for failure to comply with Center for Disease Control (CDC) regulations in healthcare settings				
IV Nutrition				
IV.P.1. Instruct a patient according to patient's special dietary needs				
IV.A.1. Show awareness of patient's concerns regarding a dietary change				
V Concepts of Effective Communication				
V.P.1. Use feedback techniques to obtain patient information including:				
a. reflection				
b. restatement				
c. clarification				
V.P.2. Respond to nonverbal communication				
V.P.3. Use medical terminology correctly and pronounced accurately to communicate information to providers and patients				
V.P.4. Coach patients regarding:				
a. office policies				

b. health maintenance				
c. disease prevention				
d. treatment plan				
V.P.5. Coach patients appropriately considering:				
a. cultural diversity				
b. developmental life stage				
c. communication barriers				
V.P.6. Demonstrate professional telephone techniques				
V.P.7. Document telephone messages accurately				
V.P.8. Compose professional correspondence utilizing electronic technology				
V.P.9. Develop a current list of community resources related to patients' healthcare needs				
V.P.10. Facilitate referrals to community resources in the role of a patient navigator				
V.P.11. Report relevant information concisely and accurately				
V.A.1. Demonstrate:				
a. empathy				
b. active listening				
c. nonverbal communication				
V.A.2. Demonstrate the principles of self-boundaries				
V.A.3. Demonstrate respect for individual diversity including:				
a. gender				
b. race				
c. religion				
d. age				
e. economic status				

f. appearance				
V.A.4. Explain to a patient the rationale for performance of a procedure				
VI Administrative Functions				
VI.P.1. Manage appointment schedule using established priorities				
VI.P.2. Schedule a patient procedure				
VI.P.3. Create a patient's medical record				
VI.P.4. Organize a patient's medical record				
VI.P.5. File patient medical records				
VI.P.6. Utilize an EMR				
VI.P.7. Input patient data utilizing a practice management system				
VI.P.8. Perform routine maintenance of administrative or clinical/practicum equipment				
VI.P.9. Perform an inventory with documentation				
VI.A.1. Display sensitivity when managing appointments				
VII Basic Practice Finances				
VII.P.1. Perform accounts receivable procedures to patient accounts including posting:				
a. charges				
b. payments				
c. adjustments				
VII.P.2. Prepare a bank deposit				
VII.P.3. Obtain accurate patient billing information				
VII.P.4. Inform a patient of financial obligations for services rendered				

VII.A.1. Demonstrate professionalism when discussing patient's billing record				
VII.A.2. Display sensitivity when requesting payment for services rendered				
VIII Third Party Reimbursement				
VIII.P.1. Interpret information on an insurance card				
VIII.P.2. Verify eligibility for services including documentation				
VIII.P.3. Obtain precertification or preauthorization including documentation				
VIII.P.4. Complete an insurance claim form				
VIII.A.1. Interact professionally with third party representatives				
VIII.A.2. Display tactful behavior when communicating with medical providers regarding third party requirements				
VIII.A.3. Show sensitivity when communicating with patients regarding third party requirements				
IX Procedural and Diagnostic Coding				
IX.P.1. Perform procedural coding				
IX.P.2. Perform diagnostic coding				
IX.P.3. Utilize medical necessity guidelines				
IX.A.1. Utilize tactful communication skills with medical providers to ensure accurate code selection				
X Legal Implications				
X.P.1. Locate a state's legal scope of practice for medical assistants				
X.P.2. Apply HIPAA rules in regard to:				
a. privacy				

b. release of information				
X.P.3. Document patient care accurately in the medical record				
X.P.4. Apply the Patient's Bill of Rights as it relates to:				
a. choice of treatment				
b. consent for treatment				
c. refusal of treatment				
X.P.5. Perform compliance reporting based on public health statutes				
X.P.6. Report an illegal activity in the healthcare setting following proper protocol				
X.P.7. Complete an incident report related to an error in patient care				
X.A.1. Demonstrate sensitivity to patient rights				
X.A.2. Protect the integrity of the medical record				
XI Ethical Considerations				
XI.P.1. Develop a plan for separation of personal and professional ethics				
XI.P.2. Demonstrate appropriate response(s) to ethical issues				
XI.A.1. Recognize the impact personal ethics and morals have on the delivery of healthcare				
XII Protective Practices				
XII.1. Comply with:				
a. safety signs				
b. symbols				
c. labels				
XII.2. Demonstrate proper use of:				
a. eyewash equipment				

b. fire extinguishers				
c. sharps disposal containers				
XII.3. Use proper body mechanics				
XII.4. Participate in a mock exposure event with documentation of specific steps				
XII.5. Evaluate the work environment to identify unsafe working conditions				
XII.A.1. Recognize the physical and emotional effects on persons involved in an emergency situation				
XII.A.2. Demonstrate self-awareness in responding to an emergency situation				

Program Outcomes:

Upon successful completion of the program, the student should be able to:

- Function professionally in a legal and ethical manner as a medical assistant.
- Use medical terminology correctly.
- Effectively communicate with other healthcare team members, patients, and physicians.
- Procure and distribute both office supplies and medical supplies.
- Manage documents, both paper and electronic, in a medical office.
- Follow laws and regulations regarding patient privacy and confidentiality.
- Demonstrate proficiency with basic medical testing procedures.
- Display knowledge and use of techniques for asepsis, workplace safety, and risk management.
- Demonstrate knowledge and competency in ICD-10 coding and electronic billing of multiple insurances.
- Integrate cognitive objectives and psychomotor and affective domain competencies into daily practice.

B. CLINICAL/ PRACTICUM- General Expectations

A. DRESS CODE

Introduction

The goal of the dress code is to provide guidelines for students so that you can maintain a professional appearance, increase the confidence of patients in the care they will receive, and improve infection control.

Faculty is responsible for enforcement of these guidelines.

1. Scrubs:

Each student is required to wear a clean, burgundy, or gray uniform pant and shirt. Uniforms should not fit tight.

- a. The student will wear uniforms selected by the Medical Assisting program. **No T-shirts.**
- b. The student will wear a name tag on the right side of their scrub.
- c. The hemline of uniform pants will not fall below the sole of the shoe. ***Pants that drag the ground will be considered a violation of safety and infection control, and the student will be asked to leave the lab until the pants are the appropriate length.***

2. Footwear:

- a. White socks.
- b. Ankle socks are not suggested due to exposure of legs.
- c. White shoes must not have mesh on top of shoe. /clogs are acceptable if the top of the foot is completely covered. No Croc with holes.
- d. All shoes are to be closed toed.

B. BEHAVIOR/LANGUAGE

Medical Assisting students represent the Medical Assisting Program and Sandhills Community College, in general.

- ***At all times***, a professional attitude should be reflected in speech and in dress attire.
- ***At all times***, medical assisting students are expected to dress and behave with respect for themselves and with the highest respect and regard for others on campus.
- Students who are reported to have embarrassed classmates, faculty and/or staff in regard to their wardrobe/behavior/language on campus or clinical/practicum site will be referred for a conference with the Program Director.
- **Serious and/or repetitive infractions could result in probation or dismissal from the Medical Assisting Program.**

C. MISCELLANEOUS

1. Gum is not to be chewed in any lab class or clinical/practicum site.
2. No food or drink is allowed in the classroom/lab area.
3. Students may not enter the lab unless they are in the appropriate uniform (long pants, closed-toe shoes, and with hair pulled back off the collar and anchored).
4. Non-compliance with any stated policy will result in disciplinary procedures as noted. See "Disciplinary Procedures".

Professional Concern:

Medical Assisting students must achieve and consistently demonstrate concern for patients, peers, and others.

Ethical Behavior:

Medical Assisting students behavior must exemplify the highest moral and ethical standards.

Ethical Guidelines:

Any behavior that tends to gain an unfair advantage for any student in an academic matter; this includes, but is not necessarily limited to, the following guidelines:

- No student shall during an examination have, nor use, nor solicit any type of unauthorized information or material (written or oral), copy from another students' paper or discuss the examination with any other person.
- No student shall during an examination knowingly give any unauthorized aid to another student.
- No student shall acquire by any means knowledge of the contents of an examination yet to be given.
- No student shall fraudulently claim for credit any classroom, clinical/practicum, laboratory, or other procedure or assignment performed by an unauthorized person, including a fellow student.

II. Violation of Rights

Any behavior in violation of the rights of any member of the community, peers, or faculty/staff of Sandhills Community College; this includes, but is not necessarily limited to:

1. Theft of property.
2. Physical or psychological abuse.
3. Purposeful damage to another's property.
4. Obstruction/disruption of any authorized activities (teaching, or administrative duties) being conducted by a member of Sandhills Community College.
5. Any illegal use of drugs or alcohol, which is deemed **unsafe and will be grounds for dismissal from the Medical Assisting program.**

III. Violations of Property

Any behavior in violation of the property of Sandhills Community College; this includes, but is not necessarily limited to:

1. Theft of property.
2. Willful damage to property.
3. Alteration or misuse of documents or records of the School.
4. Unauthorized entry into or use of the Schools' facilities.

**Chronic disregard or failure to adhere to the rules and regulations of the Medical Assisting Programs are also grounds for dismissal.

IV. Deficiencies in Standards:

Serious deficiencies in standards such as those described in the sections above regarding Dress Code, Professional Concerns and Ethical Behavior shall be reported to the Medical Assisting Program Director and appropriate officials.

V. Requirements for Receiving a Certificate in Medical Assisting

A. Satisfactory completion of the program, including satisfactory achievement of all programs Competencies and successful completion of the Clinical/Practicum hours (160 hours total). ***Students must attend 100% of all hours in laboratory and clinical/practicum courses to receive a grade for the course.***

B. A cumulative grade point average of 75% or higher in the all courses.

C. Demonstration of the ability to meet the standards for professional growth and development.

SECTION 4: RISK MANAGEMENT

A. Infection Control

Standard Precautions:

1. Blood and body fluids, including saliva, of all students/patients are to be regarded as potentially infectious for HBV, HIV, and other blood borne pathogens.
2. Standard precautions will be used for all student/patient interactions.

B. Safety Practice Controls

Safety controls are in place to reduce the exposure by removing the hazard or protecting the student, faculty, and patient from the hazard. Safety controls reduce the exposure by altering the way a task is performed. The following safety practices will be utilized by the Medical Assisting department:

1. Personal Hygiene:

- a. A professional attitude is reflected in a professional appearance.
- b. Students are asked to be very conscientious in maintaining a clean and professional environment.

A. Hair:

- a. Hair, beards, and mustaches must be clean and neat.
- b. Hair should be secured in such a way that it will be off the shoulders and away from the face.

B. Nails:

- a. Nails should be short, clean, and well-manicured and should **not be longer than 2mm** from the nail bed.
- b. Sculptured or acrylic nails are not allowed.

C. Nail polish is not allowed.

Proper hand care promotes asepsis. Please avoid cuts/torn cuticles, etc. as these are entry for pathogens.

D. Jewelry:

- a. Watches need to have a second hand. Digital watches and watches with safety chains are not permitted.
- b. Necklaces are not permitted.
- c. Bracelets are not permitted.
- d. Only **one (1) small earring per earlobe** is allowed to be worn in the lab or during the clinical/practicum. No other earrings are to be worn on or near the face, to include tongue, nose, and brow rings.
- e. Students who are married and wish to wear their wedding rings may wear the wedding band as long as it is not so ornate as to harbor bacteria.
- f. Jewelry infractions will be decided by the clinical/practicum instructors.

E. Body Adornment:

- a. No visible tattoos are permitted in clinical/practicum.
- b. Tattoos must be covered with bandages during clinical/practicum.
- c. No visible body piercing is permitted, i.e. nose, eyebrows, lips, tongue, etc.

F. Other areas of concern

Body odor: due to the warmth of the clinic and grading sessions which can elevate nervous conditions, please be sure to apply ample amounts of effective deodorants.

Mouth odor/oral hygiene: avoid heavily seasoned foods (onions and garlic particularly). These foods have a lingering effect on your breath. Optimal oral hygiene is a **MUST** for students so that a positive example can be established for our partners/patients.

Smoking is *highly discouraged*. Students will not be permitted in lab if their clothes, hair, breath, and/or fingers smell of smoke.

Cosmetics should not be excessive. Proper application should reflect a neat, natural appearance.

Perfumes and fragrances may not be worn on clinical/practicum days.

2. Hand Washing

- a. Hand washing is mandatory:
- b. At the beginning of the clinical/practicum day
- c. Before glove placement prior to procedure/patient care
- d. Upon visual contamination or the integrity of the gloves become compromised
- e. After glove removal
- f. Between checkoffs/patient care
- g. Before leaving the classroom lab, clinical/practicum site
- h. Before eating, drinking, or applying cosmetics outside of the lab, clinical/practicum site.

Hand Sanitizer/Antiseptic rubs protocol: May be used during check-off/patient care if the hands are not visibly contaminated.

Using a “dime size” amount of a commercial sanitizer/antiseptic rub agent that contains 60-95% ethanol, vigorously rub the hands together with emphasis on the fingertips, nail beds, and palm side of the hands until dry. This should take approximately 15 seconds. Example of products: Purell

3. PPE: When working in the laboratory or during the clinical/practicum, a student must use appropriate PPE.

All individuals will wear non-sterile disposable gloves whenever there is the potential to come in contact with infectious material, (blood, urine, stool, or mucous membranes. Gloves must not be washed or otherwise reused. Gloves must be changed between check-off/patients and hands washed before leaving the clinical/practicum area. Skin breaks should be covered with Band-Aids before donning gloves.

Utility gloves must be worn for instrument cleaning or housekeeping procedures. Sturdy, unlined utility gloves should be worn for all cleaning and disinfection of instruments, work equipment and environmental surfaces. Utility gloves have an increased resistance to instrument punctures. Utility gloves must be replaced if the integrity of the gloves is compromised.

G. Accident/Injuries

1. Accidents Occurring off Campus

Accidents that occur off campus to SCC students while on school-sponsored activities should be handled according to school guidelines as follows:

- Wound/Injuries: Cleanse the wound appropriately and cover with appropriate material, i.e., Band-Aid, 4x4, etc. Prepare an incident report and send it to the Clinical/Practicum Director.

*If the wound/injury requires a physician’s intervention/assessment, take student to the hospital or medical doctor.

2. Accidents Occurring during Clinical/Practicum

The Medical Assisting student needs to alert their supervisor/office manager when an injury has occurred. Follow the guidelines of the office and contact the Clinical/Practicum Director at SCC to fill out an Accident/Incident report. Student is responsible for picking up an Insurance Claims form to turn into the place where services were rendered. If the student fails to supply the practice with an Insurance Claim form, the student will be liable for the charges from the incident.

**SANDHILLS COMMUNITY COLLEGE MEDICAL
ASSISTING PROGRAMS BLOOD OR BODY FLUID
EXPOSURE INCIDENT REPORT**

INCIDENT:

DATE: _____ TIME: _ am pm LOCATION: _____

Please Circle One:

Needlesticks Instrument Puncture Blood Spatter/Mucous Membrane Exposure

Other (Specify) _____

DESCRIBE: Route of exposure (nature/location of injury):

Circumstances under which exposure occurred:

EXPOSED PERSON:

Name: _____ Hepatitis B Vaccination Series Completed? Yes
No

MA Student MA Faculty

SOURCE INDIVIDUAL: If source individual is unknown, check here:

Name of Source Person: _____ Age: ____

Phone: _____

SIGNATURE OF SOURCE
INDIVIDUAL _____

STEPS FOR FILING ACCIDENT CLAIMS

1. The Student Accident Report form is to be filled out by instructor and student. Return this form to the Program Director with both signatures as soon as possible.
2. The student needs to take the insurance claim form to the place where services were rendered (hospital, drug store, doctor's office). Most of the time the medical offices will file the insurance form for the student.
3. ***This is secondary insurance.*** Coverage is an excess policy unless there is no other insurance in place. Other insurance includes, but is not limited to: Group Health Policies, Individual Health Policies and medical provision provided under any other insurance policies. Attach the primary carrier's Explanation of Benefits (EOB) showing payment or denial of each bill. "Primary Carrier" would include any and all other coverage that a participant may have.
4. **DO NOT PUT THE COLLEGE NAME ON THE INVOICE AT THE HOSPITAL OR DOCTOR'S OFFICE, THE BILL OR INVOICE SHOULD BE IN THE NAME OF THE STUDENT. THE INSURANCE COMPANY, (NOT THE COLLEGE) IS RESPONSIBLE FOR ALL CLAIMS.**

Sandhills Community College
Student Accident Report

This Student Accident Report is for school use only. The staff member in charge of the student at the time of the accident should assist the student in completing this form. Copies should be sent to the Program Director and Director of Allied Health within twelve hours of the accident. Unsupervised off-campus accidents should be reported by the Program Director as soon as information is known.

The injured student or other appropriate person should secure a Claim Form for submission to the medical agency supplying treatment.

Name of injured: _____

Address: _____ Phone number: _____

Date: _____ injured: _____

Time: _____

Description of Accident: _____

Where did it occur? _____

How did it occur? _____

Activity engaged in- _____

Under school supervision? _____ Yes _____ No

Nature of injury: _____

Description of accident and injury:

Part of body injured	Type of injury	Extent of injury
<input type="checkbox"/> Foot <input type="checkbox"/> Leg <input type="checkbox"/> Eye	<input type="checkbox"/> Burn <input type="checkbox"/> Bruise	<input type="checkbox"/> First Aid <input type="checkbox"/> Doctor
<input type="checkbox"/> Arm <input type="checkbox"/> Neck <input type="checkbox"/> Mouth	<input type="checkbox"/> Cut <input type="checkbox"/> Strain	<input type="checkbox"/> Lost time <input type="checkbox"/> Hospital
<input type="checkbox"/> Hand <input type="checkbox"/> Chest <input type="checkbox"/> Other	<input type="checkbox"/> Fall <input type="checkbox"/> Foreign Body	<input type="checkbox"/> No time lost <input type="checkbox"/> Other
<input type="checkbox"/> Back <input type="checkbox"/> Finger	<input type="checkbox"/> Slip <input type="checkbox"/> Other	<input type="checkbox"/> Sent home

Description of group activity, if any, engaged in at time

Name of Doctor: _____

Remarks: _____

Student's Signature _____ Date: _____

To be completed by staff member

Check main cause of accident and explain: _____

Staff member's signature: _____ Date: _____



Relation Insurance Services
 P.O. Box 25936 Overland
 Park, KS 66225
 (877) 246-6997

CLAIM FORM

PLEASE COMPLETE IN FULL TO ENSURE PROPER PROCESSING - SEE BACK FOR FILING INSTRUCTIONS.

TO BE COMPLETED BY PARENT/STUDENT

NAME OF PATIENT (Last Name) (First Name) (Middle Initial)			STUDENT ID NUMBER
ADDRESS (Street) (City) (State) (Zip)			
PHONE NUMBER	DATE OF BIRTH	MALE	FEMALE
DATE & TIME ACCIDENT OR ILLNESS BEGAN		WAS ACCIDENT DUE TO EMPLOYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>	
NATURE OF INJURY OR ILLNESS		HAVE YOU EVER BEEN TREATED FOR THIS CONDITION BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF ACCIDENT, PLEASE STATE HOW, WHO, WHEN AND WHERE ACCIDENT OCCURRED: - - - - -			
IS INJURY RELATED TO PARTICIPATION IN INTERCOLLEGIATE SPORTS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
DO YOU HAVE ANY OTHER INSURANCE INCLUDING BUT NOT LIMITED TO GROUP OR INDIVIDUAL HEALTH AND/OR ACCIDENT, GOVERNMENT PLAN OR AUTOMOBILE PLAN? YES <input checked="" type="checkbox"/>			
IF YES, PLEASE GIVE NAME, ADDRESS, PHONE NUMBER, AND POLICY NUMBER OF THIS PLAN: - - - - -			
SUBSCRIBER'S NAME		EFFECTIVE DATE: - - - - -	
IF UNDER THE AGE OF 18, PLEASE PROVIDE PARENT/GUARDIAN'S INFORMATION BELOW:			
NAME OF PARENT/GUARDIAN (Last Name) (First Name) (Middle Initial)			
ADDRESS (Street) (City) (State) (Zip)			

STATEMENT OF CERTIFICATION

COMPLETED BY CLAIMANT, PARENT OR GUARDIAN

I hereby certify that all preceding information is true and complete, and I have reviewed the fraud statement for my state.

New York Claimants: ANY PERSON KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERTO, COMMITTS A FRAUDULENT INSURANCE ACT. WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. (PURSUANT TO 11 NYC RR86)

Signature _____ Date _____

AUTHORIZATION TO RELEASE INFORMATION

I authorize any Health Care Provider, Insurance Company, Employer, Person or Organization to release information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment related information, to Relation Insurance Services, the Plan Administrator, or their employees and authorized agents for the purpose of validating and determining benefits payable. A photocopy of this authorization shall be as valid as the original.

Signature _____ Date _____

TO BE COMPLETED BY THE SCHOOL

NAME OF SCHOOL ORGANIZATION	POLICY NUMBER
ADDRESS OF SCHOOL	TELEPHONE NUMBER OF SCHOOL ORGANIZATION

WAS REFERRAL GIVEN TO STUDENT? YES _____

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE _____

Relation

SPECIAL RISK CLAIM FILING INSTRUCTIONS

In the event of an Injury, the member should:

1. Report to a Physician or Hospital.
2. Coverage is excess to all other insurance. Claims must be filed with your other insurance carrier(s) prior to filing under this Plan.
3. Complete and sign a claim form. Please submit one claim form for each Injury. Mail the completed claim form, all medical bills, and copies of your other insurance carrier's Explanation of Benefits (if applicable) to:

Doug Sutton
Insurance Services
Post Office Box 20104
Raleigh, NC 27619

4. File claim within 30 days of Injury. Bills should be received by the Company within 90 days of service. Bills submitted after one year will not be considered for payment except in the absence of legal capacity.
5. If you have questions about a claim, contact:

Doug Sutton Insurance Services at (800) 788-7771 or bonnlesutton@dougsuttonins.com

SECTION 5: CLINIC MANAGEMENT SYSTEMS

A. MONITORING AND MANAGING STUDENT ACADEMIC PROGRESS

Student performance, both academic and clinical/practicum, will be reviewed by the Program/Practicum Director throughout the semester.

Course Promotion:

At the completion of each class, the Medical Assisting department faculty will meet to ensure that all students are progressing satisfactorily in each course within the program. The department faculty will determine whether or not a student should be promoted into the next semester of study or be recommended for graduation upon completion of the clinical/practicums.

Promotion/Advancement Recommendations will be based on:

- Must maintain a 75% or better in all courses to promote.
- Attendance record must be maintained in each semester.
- Successfully meet professionalism and semester clinical/practicum requirements, including 100% of the clinical/practicum competencies listed on the Master Competency.
- Is deemed to be safe to continue to work in the medical office.

B. RECOMMENDATION FOR CLINICAL/PRACTICUM SUPERVISORS

1. A well-structured orientation is essential. Students should be introduced, shown around the office, and given a general knowledge of office policies and procedures.
2. Students will have a basic general knowledge of procedures listed on the evaluation forms. Explanation of how your office personnel perform each procedure will still be necessary.
3. As soon as procedures are adequately explained and the student has observed how the procedures are performed in your office, the student will be expected to begin performing the procedure under supervision.
4. It will be the supervisor's and the student's joint decision as to when the student may begin to perform the procedure without assistance.
5. The student will be working minimum of 25 hours a week for 6.5 **consecutive** weeks. The clinical/practicum is an educational experience; therefore, the student is not paid. Rotation throughout the office is necessary to meet American Association of Medical Assistant's Guidelines. Suggested rotation is as follows:
 - a. Two to three and a half weeks of administrative duties or 80 hours: i.e. telephone duties, banking duties, bookkeeping, appointment scheduling, filing, checking patients in and out, computer processes, transcription, typing billing, insurance, electronic claims filing, etc.
 - b. Two to three and a half weeks of clinical/practicum duties or 80 hours:

assisting doctor, vital signs, charting, work up patients, lab procedures, sterilizing instruments, etc.

6. At the midpoint of clinical/practicum, the student's office supervisor must complete the midpoint checklist and evaluation #1. This is essentially done to evaluate the learning experience of the student up to that point and discover which areas are left to be introduced. By the 6th week the student should have been exposed to all applicable procedures and performed at least 95% of them.
7. A plan of supervision is provided for supervisors to use as they wish.
8. By the end of the 6 and a half weeks, all documents including the checklist and evaluation #2 should be completed and discussed with the student. **Please scan and email this to the Program Director.**
9. The Sandhills Community College clinical/practicum coordinator will visit and observe the student once a week during the clinical/practicum. A brief conference with the student and/or supervisor may be necessary at that time. This visit may be unannounced.
10. If you anticipate grading the student with "Needs Improvement," please discuss this with the student prior to completing the end checklist so the student can have time to implement improvements.
11. A MOU will be signed by the Sandhills Community College officials and your clinical/practicum representatives. These MOU's should be returned to us before clinical/practicum begins.
12. Students will be excused from clinical/practicum only for injury or illness verified by a doctor, death in the immediate family, or other evaluated individual circumstances. Please report unexcused absences or tardiness to the clinical/practicum instructor.
13. Students have paid for liability insurance when registering for class.
14. Students are up to date on their immunizations, including Hepatitis B, MMR, Tdap, Varicella, TB Skin Test (unless otherwise wavered).

C. ALL CLINICAL/ PRACTICUM FORMS:

Administrative/Clinical/Practicum Site Check-List	Page 31
Evaluation # 1	Page 33
Evaluation # 2	Page 34
Preceptor's weekly Progress Report	Page 35
Agency Evaluation of Medical Assisting Clinical/Practicum Program	Page 36
Time Report	Page 37
Clinical/Practicum Time Sheet	Page 38
Exit Interview	Page 39
Student Self Evaluation	Page 40
Clinical/Practicum Evaluation of Student	Page 41
Student Evaluation of Clinical/Practicum	Page 50

ADMINISTRATIVE/CLINICAL/PRACTICUM SITE CHECK-LIST

Student: _____

Students are required to observe or participate in at least 95% of the activities presented below. Site contact person/preceptor is asked to complete and sign this form and send it back to the Medical Assisting Instructor upon completion of the 160-hour externship.

Administrative Duties

****Preceptor:** Please place your initials/credentials in the correct column (*Observed, Successful Completion, or Unsuccessful Attempt*) once the student completes the task.

Task	Date	Observed	Successful Completion	Unsuccessful Attempt
Answer Phones				
Greet Patients				
File/Update Patient Records				
Schedule Appointment				
Use EMR Appropriately				
Use Medical Terms				
Maintain Confidentiality				

Clinical/Practicum Duties

****Preceptor:** Please place your initials/credentials in the correct column (*Observed, Successful Completion, or Unsuccessful Attempt*) once the student completes the task.

Task	Date	Observed	Successful Completion	Unsuccessful Attempt
Interview/Patient History				
Taking/Recording Vital Signs				
Preparing Patient for Examination				
Assisting During an Examination				
Cleaning/Preparing Exam/Treatment Rooms				

Collecting Lab				
Performing Urinalysis				
Phlebotomy				
Dressing Change/				
Perform Injection(s)				
Perform an EKG				
Document Accurately				

Preceptor/Contact

Date

Student

Date

Sandhills Community College
Medical Assisting
Clinical/Practicum Evaluation #1

**This is a confidential document used for educational and training improvement. Please complete the form as accurately as possible and return in the postage paid envelope.*

Date _____

Student _____

Supervisor _____

Clinical/Practicum Site _____

What strengths has the student demonstrated in the workplace? Please give details:

What weaknesses have you identified in the student in the workplace? Please give details:

What recommendations for improvement could you make regarding this student for the remainder of the clinical/practicum?

Signature: _____ Date: _____

Thank You for helping educate and train our workers of tomorrow!

Sandhills Community College
Medical Assisting Clinical/Practicum
Evaluation # 2

Student _____ Date _____

Clinical/Practicum Facility _____

Discuss positives and/or negatives observed in regard to professionalism demonstrated by the student.

Give examples of how the student has/has not shown enthusiasm during the entire clinical/practicum experience.

In what ways has the student shown/not shown improvement in their skill level at your facility?

Please identify areas and/or skills that the student may need to improve on.

Would your facility be willing to serve as a reference or provide a letter of reference for this student?

Why or why not?

Does your facility hire medical assistants? Why or why not?

Signature:

Date: _____

SANDHILLS COMMUNITY COLLEGE
MEDICAL ASSISTING CLINICAL/PRACTICUM PROGRESS EVALUATION

Preceptor's Progress Report
(To be completed at the end of each week)

Date: _____

Student _____ Agency _____

Directions: Your evaluation of this student is needed in order to help the individual become a more efficient future medical assistant. The clinical/practicum experience provided is part of the student's instructional program, and your rating will be used in the final evaluation of the student. Please consider each category carefully and check each statement (or statements) which you think are most applicable. This evaluation will be discussed with the student.

COOPERATION

- ___ Works cooperatively with agency personnel
- ___ Usually works cooperatively with agency personnel
- ___ Helps only when requested
- ___ Does not work well with others

INITIATIVE

- ___ Displays initiative to a high degree
- ___ Occasionally goes ahead on own
- ___ Weak in performing regular duties
- ___ Performs regular duties only

ATTITUDES

- ___ Shows enthusiasm
- ___ Shows general interest
- ___ Shows interest in certain tasks
- ___ Lacks interest in work

PUNCTUALITY

- ___ Very punctual
- ___ Usually punctual
- ___ Usually late

APPEARANCE

- ___ Dresses appropriately
- ___ Usually dresses appropriately
- ___ Neglects appearance occasionally
- ___ Dresses inappropriately

RELIABILITY

- ___ Can be relied on
- ___ Can usually be relied on
- ___ Cannot be relied on

NOTE: Check any of the negative or undesirable traits listed below that you think apply to this student.

- ___ Has too many visitors
- ___ Smokes excessively
- ___ Talks too much

- ___ Uses telephone for personal calls
- ___ Asks for time off too frequently
- ___ Is loud and boisterous
- ___ Careless in following directions

SUMMARY COMMENTS: _____

Preceptor's Signature _____ Date _____

**AGENCY EVALUATION OF MEDICAL ASSISTING
CLINICAL/PRACTICUM PROGRAM**

Name of Agency _____

Name of Preceptor _____

Name of Student _____

Thank you very much for participating in our clinical/practicum program. The on-the-job experience you provided this student is an important part of our instructional program. To help us continue to improve our curriculum, we would appreciate your evaluating our program and the above-named student specifically. Please respond to the following statements.

1. The Clinical/Practicum Program has been beneficial to our organization:

- | | |
|-------------------|----------------------|
| A. Strongly Agree | D. Disagree |
| B. Agree | E. Strongly Disagree |
| C. Neutral | |

Comments: _____

2. How would you describe this student worker's skills as compared to others that you have supervised?

- | | |
|------------------|------------------|
| A. Excellent | C. Average |
| B. Above Average | D. Below Average |

Comments: _____

3. How would you evaluate the training provided by SCC?

- | | |
|------------------|------------------|
| A. Excellent | C. Average |
| B. Above Average | D. Below Average |

Comments: _____

4. Would you be willing to use another clinical/practicum student from SCC? ____Yes____No

5. Would you be willing to hire a graduate from this program? _____Yes _____No

6. General comments about our program, our students, and/or our clinical/practicum Procedures.

Signature: _____ Date: _____

Thank you very much for taking the time to respond to these questions. A stamped, self-addressed envelope is enclosed.

**Sandhills Community College Medical Assisting
Clinical/Practicum Time Sheet**

Student: _____ Clinical/Practicum: _____

Contact: _____ Phone number: _____

Week of: _____

	Date	Clock In	Clock Out	Lunch	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Total Number of Hours for the Week: _____

Required Signatures:

Clinical/Practicum Preceptor/Contact

Date

Student

Date

Medical Assisting Instructor

Date

Clinical/Practicum Evaluation of Student

Name of Clinical/Practicum Student Being Evaluated: _____

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Indicate in the appropriate box the student's level of competency, if applicable, or access to the specific task.

Psychomotor & Affective Competencies	Competent	Needs Work	Student was able to observe	Not Available at this site
I Anatomy & Physiology				
I.P.1. Measure and record:				
a. blood pressure				
b. temperature				
c. pulse				
d. respirations				
e. height				
f. weight				
g. length (infant)				
h. head circumference (infant)				
i. pulse oximetry				
I.P.2. Perform:				
a. electrocardiography				
b. venipuncture				
c. capillary puncture				
d. pulmonary function testing				
I.P.3. Perform patient screening using established protocols				
I.P.4. Verify the rules of medication administration:				
a. right patient				

b. right medication				
c. right dose				
d. right route				
e. right time				
f. right documentation				
I.P.5. Select proper sites for administering parenteral medication				
I.P.6. Administer oral medications				
I.P.7. Administer parenteral (excluding IV) medications				
I.P.8. Instruct and prepare a patient for a procedure or a treatment				
I.P.9. Assist provider with a patient exam				
I.P.10. Perform a quality control measure				
I.P.11. Obtain specimens and perform:				
a. CLIA waived hematology test				
b. CLIA waived chemistry test				
c. CLIA waived urinalysis				
d. CLIA waived immunology test				
e. CLIA waived microbiology test				
I.P.12. Produce up-to-date documentation of provider/professional level CPR				
I.P.13. Perform first aid procedures for:				
a. bleeding				
b. diabetic coma or insulin shock				
c. fractures				
d. seizures				
e. shock				
f. syncope				

I.A.1. Incorporate critical thinking skills when performing patient assessment				
I.A.2. Incorporate critical thinking skills when performing patient care				
I.A.3. Show awareness of a patient's concerns related to the procedure being performed				
II Applied Mathematics				
II.P.1. Calculate proper dosages of medication for administration				
II.P.2. Differentiate between normal and abnormal test results				
II.P.3. Maintain lab test results using flow sheets				
II.P.4. Document on a growth chart				
II.A.1. Reassure a patient of the accuracy of the test results				
III Infection Control				
III.P.1. Participate in bloodborne pathogen training				
III.P.2. Select appropriate barrier/personal protective equipment (PPE)				
III.P.3. Perform handwashing				
III.P.4. Prepare items for autoclaving				
III.P.5. Perform sterilization procedures				
III.P.6. Prepare a sterile field				
III.P.7. Perform within a sterile field				
III.P.8. Perform wound care				
III.P.9. Perform dressing change				
III.P.10. Demonstrate proper disposal of biohazardous material				
a. sharps				
b. regulated wastes				

III.A.1. Recognize the implications for failure to comply with Center for Disease Control (CDC) regulations in healthcare settings				
IV Nutrition				
IV.P.1. Instruct a patient according to patient's special dietary needs				
IV.A.1. Show awareness of patient's concerns regarding a dietary change				
V Concepts of Effective Communication				
V.P.1. Use feedback techniques to obtain patient information including:				
a. reflection				
b. restatement				
c. clarification				
V.P.2. Respond to nonverbal communication				
V.P.3. Use medical terminology correctly and pronounced accurately to communicate information to providers and patients				
V.P.4. Coach patients regarding:				
a. office policies				
b. health maintenance				
c. disease prevention				
d. treatment plan				
V.P.5. Coach patients appropriately considering:				
a. cultural diversity				
b. developmental life stage				
c. communication barriers				
V.P.6. Demonstrate professional telephone techniques				
V.P.7. Document telephone messages accurately				

V.P.8. Compose professional correspondence utilizing electronic technology				
V.P.9. Develop a current list of community resources related to patients' healthcare needs				
V.P.10. Facilitate referrals to community resources in the role of a patient navigator				
V.P.11. Report relevant information concisely and accurately				
V.A.1. Demonstrate:				
a. empathy				
b. active listening				
c. nonverbal communication				
V.A.2. Demonstrate the principles of self-boundaries				
V.A.3. Demonstrate respect for individual diversity including:				
a. gender				
b. race				
c. religion				
d. age				
e. economic status				
f. appearance				
V.A.4. Explain to a patient the rationale for performance of a procedure				
VI Administrative Functions				
VI.P.1. Manage appointment schedule using established priorities				
VI.P.2. Schedule a patient procedure				
VI.P.3. Create a patient's medical record				
VI.P.4. Organize a patient's medical record				
VI.P.5. File patient medical records				

VI.P.6. Utilize an EMR				
VI.P.7. Input patient data utilizing a practice management system				
VI.P.8. Perform routine maintenance of administrative or clinical/practicum equipment				
VI.P.9. Perform an inventory with documentation				
VI.A.1. Display sensitivity when managing appointments				
VII Basic Practice Finances				
VII.P.1. Perform accounts receivable procedures to patient accounts including posting:				
a. charges				
b. payments				
c. adjustments				
VII.P.2. Prepare a bank deposit				
VII.P.3. Obtain accurate patient billing information				
VII.P.4. Inform a patient of financial obligations for services rendered				
VII.A.1. Demonstrate professionalism when discussing patient's billing record				
VII.A.2. Display sensitivity when requesting payment for services rendered				
VIII Third Party Reimbursement				
VIII.P.1. Interpret information on an insurance card				
VIII.P.2. Verify eligibility for services including documentation				
VIII.P.3. Obtain precertification or preauthorization including documentation				
VIII.P.4. Complete an insurance claim form				
VIII.A.1. Interact professionally with third party representatives				

VIII.A.2. Display tactful behavior when communicating with medical providers regarding third party requirements				
VIII.A.3. Show sensitivity when communicating with patients regarding third party requirements				
IX Procedural and Diagnostic Coding				
IX.P.1. Perform procedural coding				
IX.P.2. Perform diagnostic coding				
IX.P.3. Utilize medical necessity guidelines				
IX.A.1. Utilize tactful communication skills with medical providers to ensure accurate code selection				
X Legal Implications				
X.P.1. Locate a state's legal scope of practice for medical assistants				
X.P.2. Apply HIPAA rules in regard to:				
a. privacy				
b. release of information				
X.P.3. Document patient care accurately in the medical record				
X.P.4. Apply the Patient's Bill of Rights as it relates to:				
a. choice of treatment				
b. consent for treatment				
c. refusal of treatment				
X.P.5. Perform compliance reporting based on public health statutes				
X.P.6. Report an illegal activity in the healthcare setting following proper protocol				
X.P.7. Complete an incident report related to an error in patient care				
X.A.1. Demonstrate sensitivity to patient rights				
X.A.2. Protect the integrity of the medical record				

XI Ethical Considerations				
XI.P.1. Develop a plan for separation of personal and professional ethics				
XI.P.2. Demonstrate appropriate response(s) to ethical issues				
XI.A.1. Recognize the impact personal ethics and morals have on the delivery of healthcare				
XII Protective Practices				
XII.1. Comply with:				
a. safety signs				
b. symbols				
c. labels				
XII.2. Demonstrate proper use of:				
a. eyewash equipment				
b. fire extinguishers				
c. sharps disposal containers				
XII.3. Use proper body mechanics				
XII.4. Participate in a mock exposure event with documentation of specific steps				
XII.5. Evaluate the work environment to identify unsafe working conditions				
XII.A.1. Recognize the physical and emotional effects on persons involved in an emergency situation				
XII.A.2. Demonstrate self-awareness in responding to an emergency situation				

Additional Comments

What type of administrative duties did the student perform? What type of administrative duties did the student observe?

What type of clinical/practicum duties did the student perform? What type of clinical/practicum duties did the student observe?

What type of oversight did the Clinical/Practicum Coordinator of the medical assisting program provide for the student and the site supervisor? Were you able to contact the Clinical/Practicum Coordinator with any problems? Was there regular contact?

Signature of individual completing this evaluation _____

Credentials & Title _____

Date _____

STUDENT'S EVALUATION OF CLINICAL/PRACTICUM SITE

Sandhills Community College Medical Assisting Program

This survey is designed to help program faculty determine the appropriateness of individual clinical/practicum sites. All data will be kept confidential and will be used for program evaluation purposes only.

Name of Clinical/Practicum Site: _____

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any item.

**5 = Strongly Agree 4 = Agree 3 = Neutral (acceptable) 2 = Disagree 1 = Strongly Disagree
N/A = Not available at this site**

At This clinical/practicum site, I was:

- | | | | | | | |
|--|---|---|---|---|---|-----|
| 1. Provided orientation to the office/facility. | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. Assigned to a supervisor/preceptor who actively participated in my learning experience. | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. Allowed to perform the entry-level skills I had learned in school. | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. Given the opportunity to perform administrative skills. | 5 | 4 | 3 | 2 | 1 | N/A |
| 5. Given the opportunity to perform clinical/practicum skills. | 5 | 4 | 3 | 2 | 1 | N/A |
| 6. Adequately supervised and informed of whom to ask for help if I needed | 5 | 4 | 3 | 2 | 1 | N/A |
| 7. Treated respectfully by healthcare providers and other staff. | 5 | 4 | 3 | 2 | 1 | N/A |
| 8. Provided with adequate personal protective equipment (e.g. gloves) to protect my health and safety. | 5 | 4 | 3 | 2 | 1 | N/A |
| 9. Provided the opportunity to communicate with: | | | | | | |
| a. patients/clients/family members | 5 | 4 | 3 | 2 | 1 | N/A |
| b. physicians/health care professionals | 5 | 4 | 3 | 2 | 1 | N/A |
| c. staff and co-workers | 5 | 4 | 3 | 2 | 1 | N/A |
| d. supervisory personnel | 5 | 4 | 3 | 2 | 1 | N/A |
| 10. Not used to replace paid employees. | 5 | 4 | 3 | 2 | 1 | N/A |
| 11. Provided regular constructive verbal feedback by supervisor. | 5 | 4 | 3 | 2 | 1 | N/A |
| 12. Provided a final written performance evaluation. | 5 | 4 | 3 | 2 | 1 | N/A |
| 13. Not paid for any clinical/practicum hours | 5 | 4 | 3 | 2 | 1 | N/A |

Were you asked to perform any skills for which you were not prepared by your medical assisting program?
_____Yes _____No

If yes, please identify: _____

Would you recommend this site for future clinical/practicum students? ___ Yes ___ No Why? _____

What part of the clinical/practicum experience did you like best and/or least? _____

Print Student's Name: _____ Signature: _____

Date _____

**MEDICAL ASSISTING FINAL EVALUATION
OF CLINICAL/PRACTICUM EXPERIENCE**

Student _____

Agency _____

Evaluator _____

Patient Information and Drug Sheets ___Satisfactory___Unsatisfactory

Site Check Off Sheets ___Satisfactory___Unsatisfactory

Clinical/Practicum Evaluations ___Satisfactory___Unsatisfactory

SUMMARY COMMENTS:

Medical Assisting Instructor Signature

Date

***Please remove this receipt from the Clinical/Practicum Manual, sign and return receipt to your instructor as soon as possible! ***

CLINICAL/PRACTICUM MANUAL RECEIPT

I, _____

(Student's name), have received the Medical Assisting Clinical/Practicum Manual.

The Clinical/Practicum Manual has been explained and I have had my present questions answered. I understand that it is my responsibility to keep the Clinical/Practicum Manual in my possession for reference beyond this date. I will take the initiative and maintain the necessary degree of persistence to get any future questions answered by the instructor. I understand the potentials for both passing and failing this course.

STUDENT SIGNATURE _____

DATE _____