

# Stanly Community College Medical Assisting Program Practicum Handbook



2024-2025



MED 260- Clinical Practicum  
Medical Assisting Student Schedule

Student Name \_\_\_\_\_

Clinical Site \_\_\_\_\_

Week of \_\_\_\_\_

**Total Hours for Week:** \_\_\_\_\_

| *Please indicate<br>(A), (C), or (G) each<br>day | Monday | Tuesday | Wednesday | Thursday | Friday |
|--|--------|---------|-----------|----------|--------|
| Sign- In Time                                    |        |         |           |          |        |
| Check-out (Lunch)                                |        |         |           |          |        |
| Check-in (after<br>lunch)                        |        |         |           |          |        |
| Sign- Out Time                                   |        |         |           |          |        |
| Total Daily Hours                                |        |         |           |          |        |
| Preceptor Signature                              |        |         |           |          |        |

Colleges' Practicum Coordinator Signature \_\_\_\_\_

Total Practicum Hours \_\_\_\_\_



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**PRACTICUM EVALUATION OF STUDENT  
2022 MAERB Core Curriculum**

**Stanly Community College**

**Medical Assisting Program**

**Name of Practicum:** \_\_\_\_\_

**Student Being Evaluated:** \_\_\_\_\_

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

| <b>Psychomotor &amp; Affective Competencies</b> |   |                  |                   |                                    |                                   |
|---|---|------------------|-------------------|------------------------------------|-----------------------------------|
|   | <b>Competency</b>   | <b>Competent</b> | <b>Needs Work</b> | <b>Student was able to observe</b> | <b>Not Available at this site</b> |
| <b>I. Anatomy, Physiology, and Pharmacology</b> |   |                  |                   |                                    |                                   |
| I.P.1   | Accurately measure and record:<br>a. blood pressure<br>b. temperature<br>c. pulse<br>d. respirations<br>e. height<br>f. weight (adult and infant)<br>g. length (infant)<br>h. head circumference (infant)<br>i. oxygen saturation |                  |                   |                                    |                                   |
| I.P.2   | Perform the following procedures:<br>a. electrocardiography<br>b. venipuncture<br>c. capillary puncture<br>d. pulmonary function testing  |                  |                   |                                    |                                   |
| I.P.3   | Perform patient screening following established protocols   |                  |                   |                                    |                                   |
| I.P.4   | Verify the rules of medication administration:<br>a. right patient<br>b. right medication<br>c. right dose<br>d. right route<br>e. right time<br>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 treatment  |  |  |  |  |
| I.P.9  | Assist provider with a patient exam  |  |  |  |  |
| I.P.10 | Perform a quality control measure  |  |  |  |  |
| I.P.11 | Collect specimens and perform:<br>a. CLIA waived hematology test<br>b. CLIA waived chemistry test<br>c. CLIA waived urinalysis<br>d. CLIA waived immunology test<br>e. CLIA waived microbiology test |  |  |  |  |
| I.P.12 | Provide up-to-date documentation of provider/professional level CPR  |  |  |  |  |
| I.P.13 | Perform first aid procedures for:<br>a. bleeding<br>b. diabetic coma or insulin shock<br>c. stroke<br>d. seizures<br>e. environmental emergency<br>f. syncope  |  |  |  |  |

## II. Applied Mathematics

|        |   |  |  |  |  |
|--------|---|--|--|--|--|
| II.P.1 | Calculate proper dosages of medication for administration |  |  |  |  |
| II.P.2 | Record laboratory test results into the patient's record  |  |  |  |  |
| II.P.3 | Document on a growth chart                                |  |  |  |  |
| II.P.4 | Apply mathematical computations to solve equations        |  |  |  |  |
| II.P.5 | Convert among measurement systems                         |  |  |  |  |

## 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 hand washing  |  |  |  |  |
| 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<br>a. sharps<br>b. regulated waste |  |  |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>IV. Nutrition</b>                          |  |  |  |  |  |
| IV.P.1  | Instruct a patient regarding a dietary change related to a patient's special dietary needs                                   |  |  |  |  |
| <b>V. Concepts of Effective Communication</b> |  |  |  |  |  |
| V.P.1   | Respond to nonverbal communication   |  |  |  |  |
| V.P.2   | Correctly use and pronounce medical terminology in health care interactions  |  |  |  |  |
| V.P.3   | Coach patients regarding:<br>a. office policies<br>b. medical encounters   |  |  |  |  |
| V.P.4   | Demonstrate professional telephone techniques  |  |  |  |  |
| V.P.5   | Document telephone messages accurately   |  |  |  |  |
| V.P.6   | Using technology, compose clear and correct correspondence   |  |  |  |  |
| V.P.7   | Use a list of community resources to facilitate referrals  |  |  |  |  |
| V.P.8   | Participate in a telehealth interaction with a patient   |  |  |  |  |
| <b>VI. Administrative Functions</b>           |  |  |  |  |  |
| VI.P.1  | Manage appointment schedule, using established priorities  |  |  |  |  |
| VI.P.2  | Schedule a patient procedure   |  |  |  |  |
| VI.P.3  | Input patient data using an electronic system  |  |  |  |  |
| VI.P.4  | Perform an inventory of supplies   |  |  |  |  |
| <b>VII. Basic Practice Finance</b>            |  |  |  |  |  |
| VII.P.1                                       | Perform accounts receivable procedures to patient accounts including posting:<br>a. charges<br>b. payments<br>c. adjustments |  |  |  |  |
| VII.P.2                                       | Input accurate patient billing information in an electronic system   |  |  |  |  |
| VII.P.3                                       | Inform a patient of financial obligations for services rendered  |  |  |  |  |
| <b>VIII. Third-Party Reimbursement</b>        |  |  |  |  |  |
| VIII.P.1                                      | Interpret information on an insurance card   |  |  |  |  |
| VIII.P.2                                      | Verify eligibility for services  |  |  |  |  |
| VIII.P.3                                      | Obtain precertification or preauthorization with documentation   |  |  |  |  |
| VIII.P.4                                      | Complete an insurance claim form   |  |  |  |  |
| VIII.P.5                                      | Assist a patient in understanding an Explanation of Benefits (EOB)   |  |  |  |  |

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>IX. Procedural and Diagnostic Coding</b>        |   |  |  |  |  |
| IX.P.1   | Perform procedural coding   |  |  |  |  |
| IX.P.2   | Perform diagnostic coding   |  |  |  |  |
| IX.P.3   | Utilize medical necessity guidelines  |  |  |  |  |
| <b>X. Legal Implications</b>                       |   |  |  |  |  |
| X.P.1  | Locate a state's legal scope of practice for medical assistants                         |  |  |  |  |
| X.P.2  | Apply HIPAA rules in regard to:<br>a. privacy<br>b. release of information              |  |  |  |  |
| X.P.3  | Document patient care accurately in the medical record                                  |  |  |  |  |
| X.P.4  | Complete compliance reporting based on public health statutes                           |  |  |  |  |
| X.P.5  | Report an illegal activity following the protocol established by the healthcare setting |  |  |  |  |
| X.P.6  | Complete an incident report related to an error in patient care                         |  |  |  |  |
| <b>XI. Ethical and Professional Considerations</b> |   |  |  |  |  |
| XI.P.1   | Demonstrate professional response(s) to ethical issues                                  |  |  |  |  |
| <b>XII. Protective Practices</b>                   |   |  |  |  |  |
| XII.P.1  | Comply with safety practices  |  |  |  |  |
| XII.P.2  | Demonstrate proper use of:<br>a. eyewash<br>b. fire extinguishers                       |  |  |  |  |
| XII.P.3  | Use proper body mechanics   |  |  |  |  |
| XII.P.4  | Evaluate an environment to identify unsafe conditions                                   |  |  |  |  |
| <b>Affective</b>                                   |   |  |  |  |  |
| A.1  | Demonstrate critical thinking skills  |  |  |  |  |
| A.2  | Reassure patients   |  |  |  |  |
| A.3  | Demonstrate empathy for patients' concerns  |  |  |  |  |
| A.4  | Demonstrate active listening  |  |  |  |  |
| A.5  | Respect diversity   |  |  |  |  |
| A.6  | Recognize personal boundaries   |  |  |  |  |
| A.7  | Demonstrate tactfulness   |  |  |  |  |
| A.8  | Demonstrate self-awareness  |  |  |  |  |

**Additional Comments:**

**Additional Comments**

**What type of oversight did the Practicum Coordinator of the medical assisting program provide for the student and the site supervisor?**

**Were you able to contact the Practicum Coordinator with any problems?**

**Was there regular contact?**

**Signature of individual completing this evaluation** \_\_\_\_\_

**Credentials &Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature**\_\_\_\_\_

**Credentials &Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature**\_\_\_\_\_

**Credentials &Title** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Signature**\_\_\_\_\_

**Credentials &Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Stanly Community College  
Medical Assisting Program  
HIPAA Release Form  
MED 260  
Clinical Practicum  
Summer Semester

**Consent to Release Information:** The Health Insurance Portability and Accountability Act (HIPAA) is a law passed by Congress that is a detailed set of regulations created and enforced by the Federal Department of Health and Human Services. HIPAA gives patients a series of rights for their health information. The student will consent to the release of a copy of their immunizations record, TB skin test results, and CPR card to the clinical affiliates when requested. Students will also allow for verification of their social security number for identification purposes and release of criminal record check and drug screening results to clinical affiliates when requested.

I hereby give my permission to Starra R. Herring, Program Director of the Medical Assisting Program at Stanly Community College, to release a copy of my shot/immunization record(s) and a copy of my CPR card to my clinical sites. These sites may include family practice, pediatrics, OB/GYN, urgent care, or specialty clinics.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Stanly Community College -Medical Assisting Program**  
**MED 260 Clinical Practicum**  
**Summer Semester**

**REGULATIONS/GUIDELINES FOR PRACTICUM**

**Dress Code and Appearance Policy:**

Any student not complying with the Medical Assisting Program's dress code will be dismissed from class, lab or clinical for the day and will be given an absence. Uniforms: Uniforms must be clean, wrinkle-free and appropriately covering skin to comply with OSHA safety guidelines. Long sleeve shirts (with no visible writing) maybe worn under scrub tops. If a jacket is needed it must be white warm-up no longer than the waist. Shoes: Shoes must be clean, closed-toe/closed back, leather shoes with socks above the ankle. Student Photo ID Badge: Student photo ID badge must be worn at the collar level and visible at all times. Photo ID badges must be worn so that the student's name and photo are seen. Hair: Hair must be clean, neatly groomed, appropriately styled. Long hair must be neatly pinned or pulled back above the collar. Hair should not fall forward when providing patient care or positioning a patient. Mustaches and beards must be neatly trimmed. Cosmetics: Use cosmetics sparingly. Do NOT wear perfume, body sprays, aftershave, or heavy makeup. Any lotions must be scent free. Nails: Nails must be cut to just cover the fingertips and must be kept clean. No polish. No artificial nails for infection control reasons. Jewelry: A watch (with second hand), wedding band, engagement ring, and medical alert bracelet are permitted. Small post earrings may be worn in pierced ears. No visible body piercings (other than one earring in each ear) may be worn. No more than one set of earrings (you may not wear clear earrings.) No nose rings, tongue rings or other visible piercings (you may not wear clear or wicks). If tattoos are visible, they must be covered either by white lab coat or arm sleeves. Stethoscopes and Blood Pressure cuffs are also a requirement of the uniform policy.

*A. Appearance in the Clinical Area*

1. It is expected that each student be neatly groomed
2. Hair neat, clean and off the collar,
3. Clean black leather shoes and socks above the ankle
4. Moderation in use of cosmetics
5. Watch with second hand must be worn at all times
6. Only wedding and engagement rings may be worn and one pair of small earrings.
7. Nails short and clean, no polish, gel or acrylic overlays can be worn
8. Uniforms (pink and/or black) are to be worn at practicum sites (and to and from site)
9. No chewing of gum at the practicum site.
10. SCC MA Student nametag will be visible at all times just below left shoulder.

Anyone not complying with these recommendations may be sent home to amend the deficiencies. Any tardiness or missed clinical experience, which results, will be considered unexcused.

*B. Conduct in the Clinical Area:*

1. Knock before entering closed doors in offices. Wait for permission to enter before entering. Respect all patients' privacy and confidentiality.
2. Smoking will not be allowed in the offices except in designated areas and at specified times. Breaks will be taken according to office policy.
3. Information regarding patients, staff, faculty, and fellow students is strictly confidential and must not be discussed inside, outside the office, or in the presence of other patients/individuals. Any break of the rule of confidentiality may



result in dismissal from the program and possible prosecution. You will be asked to sign a confidentiality statement prior to attending clinical.

4. Obscene or profane language will not be tolerated.
5. Do not use offensive body language toward others.

### *C. Practicum Attendance*

The following guidelines will be followed:

1. Students are required to attend a total of 240 hours for MED 260 Clinical Practicum. 208 hours are in the clinical practicum site. 24 hours are seated for orientation, 8 hours are seated for Clinical Practicum exit interview.
2. Students must follow agency policies while in the role of a Medical Assisting Student. Failure to do so could result in the student being removed from the clinical area, thus, preventing the completion of objectives. (This includes personal and professional behavior).
3. Students are expected to attend all practicum experiences. This includes all alternate learning experiences scheduled for clinical days in addition to all client care situations. Policies relative to clinical experiences are enforced for all alternate learning activities. Attendance and promptness are essential to satisfactory achievement of clinical objectives.
4. Faculty understands that illnesses and emergencies arise which may necessitate the student's absence from the clinical area. The only acceptable reasons for students leaving the clinical area early are personal sickness or an emergency. Students must obtain approval from their instructor to leave the clinical area prior to the scheduled departure time. A written medical excuse will be required for all clinical absences. (This must be given to Program Director/ Practicum Coordinator prior to returning to clinical practicum.) **If a student is going to be absent from clinical practicum, she/he must notify Mrs. Herring @ 704 305-6414 prior to the scheduled practicum time. It is the student's responsibility to call and talk with Mrs. Herring in person as well as the office manager/preceptor. If the student is unable to reach an instructor immediately, a message should be left with a staff member at the practicum site as well as on the instructor's voicemail.** If a student leaves early from a clinical rotation, the student will only be counted for the hours they accumulated while in attendance during that clinical day. Any student, who works 11-7, 12-8 or any other night shift prior to a clinical day, will be asked to leave the clinical area and will be given an absence for the clinical day involved. Sleep impairment on the part of the medical assistant is a detriment to patient safety. If a student is at any time found to be unprepared as specified under performance criteria, he or she will be told by the clinical preceptor to leave the practicum site. This will constitute a clinical absence.
5. A student missing more than two days (16 hours) of the practicum may seriously jeopardize the student's clinical status. If this occurs, the faculty will review the student's clinical performance, a written conference form (see clinical Probation form in Practicum Handbook) will be submitted, and this will result in clinical probation, unsatisfactory and may be dismissed from the program. If students arrive late or leave early (if you will only be attending ½ day of clinical then you will not be counted for clinical that day). Students are required to make-up all missed clinical practicum times and dates.
5. The number of clinical absences will be documented on the student's mid-term and final evaluation form and may influence employment opportunities.
6. Tardiness will not be tolerated in the clinical area. (Tardy is more than 15 minutes late to class or clinical practicum.) Repeated tardiness (more than 2) within a semester may constitute an unexcused absence and an unsatisfactory clinical performance evaluation.

7. Students shall not leave a clinical facility during which direct patient care is assigned. Such behavior may constitute abandonment and will not be tolerated by Medical Assisting faculty.
8. Students shall arrange approved lunch schedules, when applicable, with program director/practicum coordinator or preceptor/supervisor. One's failure to return to the assigned clinical area without program director/ practicum coordinator approval is subject to dismissal from the course and program.
9. Students are expected to submit written clinical assignments on time (through Canvas) and to the designated practicum coordinator/instructor. Late written clinical assignments will result in an unsatisfactory clinical practicum performance. Refer to assignment policy in MA Handbook on each course syllabi.

D. *HIPPA Release Form*

The Health Insurance Portability and Accountability Act (HIPAA) is a law passed by Congress that is a detailed set of regulations created and enforced by the Federal Department of Health and Human Services. HIPAA gives patients a series of rights of their health information. The student will consent to the release of a copy of their immunizations record and TB skin test results, as well as a copy of their CPR card to the clinical affiliates when requested. These sites will include: Northeast Medical Center, Stanly Medical Services, Cabarrus Family Medicine Residency, Carolina Women's Wellness, and any medical offices associated with these facilities.

E. *Drug / Alcohol Policy*

In compliance with the Federal Drug Free Workplace and Drug Free Schools and Campuses Regulations, SCC prohibits the unlawful use, possession, distribution, manufacture, or dispensation of any controlled substance or alcohol while on campus, facilities leased by the College, or at college-supported functions. Anyone violating this policy will be subject to disciplinary action under the SCC Code of Conduct and the laws of the state of North Carolina.

Any student whose behavior or appearance provides reasonable suspicion that the student is under the influence of alcohol or controlled substances, may be required to submit to drug screening (at their expense) by SCC Medical Assisting faculty member in consultation with the Associate Vice-President, School of Health and Public Services/Crutchfield Education Center, Executive Vice President of Educational Services, or the President of the College.

Clinical affiliates that provide clinical experience reserve the right to require testing in compliance with drug and alcohol policies of the institution. A positive result determines that a student may not be able to participate in clinical activities of the program, and subsequently dismissal from the program. Failure to comply with request will result in dismissal from the program. Again, drug testing shall be at the student's expense.

F. *BACKGROUND CHECKS/DRUG SCREENING*

Applicants accepted for admission to health services programs at Stanly Community College are required to complete a criminal background check, drug screening, and possibly a fingerprint check after notification of acceptance and prior to participation in on-site clinical practicum training, which is unpaid. Based on the results of the checks, hospitals, or clinical affiliates, where the student will participate in on-site training, may deny access to their facility, resulting in the student's inability to complete the clinical portion of training. Students unable to complete the clinical portion of his or her training will be unable to progress in the program. Students are responsible for paying all costs associated with this requirement. Clinical affiliates require all students that participate in clinical activities and patient care at their facility have a criminal record check prior to clinical rotations. This mandate is a recommendation from the Joint Commission on Accreditation of Healthcare Organizations.

To fulfill contractual agreements with clinical affiliates, all Medical Assisting students are required to submit an official criminal record check prior to participating in clinical rotations. The Criminal Background Checks and drug screenings will be done through Castle Branch (Certified Background). This professional organization will collect and forward the reports to all clinical affiliates. Then in turn, each clinical affiliate will make their decision about granting student clinical privileges on an individual-by-individual basis.

Each clinical affiliate has the right to deny student's access for clinical rotations based upon criminal record. This denial would result in the student's inability to complete the clinical course for the Medical Assisting program and subsequently, the student would not be able to progress in the Medical Assisting program.

**Any allegations or charges of a misdemeanor(s) or felony(s) that occur after the criminal background check has been originally submitted must be reported to the Program Director immediately.**

Students may be asked to participate in random drug screenings throughout the program, which will be completed at the student's expense.

G. *Confidentiality Statement*

The student must maintain confidentiality regarding patients, medical records, and care provided during any clinical experience. The student is required to sign a confidentiality statement stating that he/she understands and will abide by the policy. Any break of this policy may result in dismissal from the program and possible prosecution. Confidentiality is a component of accountability and must be observed at all times. Discussions, written information, and medical record pictures concerning patients/clients must be limited to pre- and post- conferences and Medical Assisting theory classes. At no time shall a patient be discussed while at break, on the elevator, in the dining area, on campus, at home, or any other similar setting. Confidentiality cannot be over emphasized. Noncompliance is cause for dismissal from the program.

H. *Liability Insurance*

All students are required to purchase liability (malpractice) insurance at the beginning of spring semester of the first year. This fee will be collected with the spring semester tuition payment. This insurance is effective for twelve months from the date of payment. No student will be allowed to participate in clinical activities until fee is paid in full.

I. *CPR and AED Certification*

All students must be CPR Health Care provider and AED certified and maintain this certification throughout the program. Failure to maintain certification may jeopardize the student's ability to participate in clinical activities. CPR and AED certification will be at the student's expense.

J. *Required Practicum Tools*

|                       |                    |                                |
|-----------------------|--------------------|--------------------------------|
| Stethoscope           | Ink Pens- black    | Pink or and/or black scrubs    |
| Watch with secondhand | SCC Photo ID badge | or solid colors top and bottom |

*Students may wear additional colors of scrubs no prints if approved by Mrs. Herring and Clinical Site*

K. *Verbal Orders*

Medical Assisting students will not independently accept or carry out verbal orders from providers while in the externship setting. A clinical preceptor/supervisor MUST be present to take, confirm, and process verbal orders.

L. *Clinical Documentation*

All required clinical documentation and assignments must be completed each semester. Documentation of clinical assignments and clinical notebooks (including clinical hours) will be kept on file (electronically) for accreditation requirements for a two-year period.

M. *Infectious Disease Policy*

Because of the nature of the health care profession, students participating in lab practice and required clinical education experiences will find themselves at risk for exposure to infectious diseases. The risk cannot be completely eliminated; however, it can be minimized by education and the implementation of "Universal/Standard Precautions" on all occasions.

Standard Precautions

- Designed for the care of all patients, regardless of a known infection status.
- Use for contact with blood/body substances, non-intact skin, mucous membranes, contaminated items.
- Use for contact with blood/body substances, non-intact skin, mucous membranes, contaminated items.
- Use in all healthcare settings.

- Use for known and unknown infection sources.

#### Standard Precautions Include:

- Treat all blood and body fluids (not patients) as potentially infectious.
- Use proper hand hygiene procedure after contact with blood or body substances.
- Wearing appropriate personal protective equipment (PPE).
- Handle sharps carefully and dispose in sharps containers appropriately.
- Do not recap needles.
- Use approved safety sharp devices and always activate the safety mechanism.
- Eating, drinking, and applying cosmetics, smoking, or handling contact lenses are prohibited in work areas where blood exposure could occur.
- Perform procedures to minimize splashing or spraying.
- Do not store food or drink in areas where blood or body substances are present.
- Follow procedures for routine cleaning and disinfection of the environment.
- Handle soiled equipment to protect yourself, patients, and the environment from the spread of germs.
- Clean, disinfect, or sterilize reusable equipment between patients.
- Place specimens in appropriate containers during collecting, handling, processing, storing, transporting, or shipping. Use biohazard labeling.
- Remove broken glass by mechanical means such as tongs, forceps, or dustpan and brush.
- Do not reach into a container with bare hands.
- All soiled linens are considered contaminated.
- Gloves are an adjunct to, not a substitute for hand hygiene!

Gloves and safety glasses, gowns, hand washing, and masks will be used at all times when appropriate. Because of the nature of the student/client relationship, the client must also be protected from a student caregiver who may transmit infectious diseases.

### **Exposure/Post-Exposure Control Plan (ECP)**

#### **Purpose:**

The purpose of an Exposure Control Plan (ECP) is to significantly reduce, minimize and/or eliminate employee/student bloodborne pathogens exposures through emphasizing the control of exposures and the use of engineering controls to make a safer workplace. This Plan is prepared from the official Occupational Safety & Health Administration (OSHA) working model Exposure Control Plan published by OSHA, revised 2018, and is maintained by all faculty in the Health Science Division.

#### **Exposure Control Plan Policy:**

Stanly Community College Health Science Division is committed to providing a safe and healthful learning environment for our faculty and students. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to minimize occupational exposure to bloodborne pathogens (BBP) in accordance with OSHA standard 29 CFR 1910.1030 known as the Occupational Exposure to Bloodborne Pathogen (OSHA 3186-06R, 2003).

#### **Program Administration (Classroom and Lab/Simulated Areas):**

The faculty is responsible for the implementation of the ECP. The faculty maintains, reviews, and updates the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. The contact location is the address and phone number of this facility.

Those faculty and students who are determined to have occupational exposure to blood or other potentially infectious material(s) (OPIM) must comply with the procedures and practices outlined in this Plan.

The Program Director will provide all the necessary personal protective equipment (PPE) and engineering controls, labels, and red bags as required by the standard. The faculty will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

Each Program Director will be responsible for ensuring that all medical actions required are performed and that appropriate OSHA health records are maintained. The faculty is responsible for training, documenting of training, and making the written ECP available to employees, students, OSHA, and NIOSH representatives.

**Definitions:**

Bloodborne Pathogens: pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

Contaminated: the presence, or reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.

Contaminated Sharps: any contaminated object(s) that can penetrate the skin.

Engineering Controls: controls (e.g., sharps disposal containers) that isolate or remove the bloodborne pathogen hazard from the workplace.

Needleless Systems: a device that does not use needles for

- (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established.
- (2) The administration of medication or fluids; or
- (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure: any reasonably anticipated skin, eye, mucous membrane, or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Sharps with Engineered Sharps Injury Protections: a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Other Potentially Infectious Materials:

- (1) The following fluids: semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- (2) An unfixed organ or tissue (other than intact skin) from a human.
- (3) HIV-containing cells or tissue cultures, organ cultures, and HIV- or HIV-containing culture medium or other solutions, blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Personal Protective Equipment (PPE): specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, blouses) are not considered personal protective equipment.

Regulated Waste: contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Universal Precautions: an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, or other bloodborne pathogens.

Work Practice Controls: controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

## **Faculty/Student Exposure Determination:**

### *a. Programs with Occupational Exposure*

The programs where faculty/students may have occupational exposure to infectious materials include all Health Science Programs.

### *b. Location of Procedures*

Most Health Science Programs perform invasive procedures and injections in clinical facilities. Everyone is responsible for handling medical wastes and contaminated laundry in the medical area.

### *c. Exposure Identification*

The Health Sciences Division must provide training once a year on bloodborne pathogen standard topics, request HBV immunizations at student cost, and require PPE in the facility labs to protect faculty and students from potential exposures.

## **Categories of Workers at Risk:**

## **Examples are:**

### **High Exposure**

Health Science faculty, students, and all persons potentially exposed to pathogens regularly.

### **Low Exposure**

Dean, Instructional Assistant, and other clerical staff with no usual contact with exposed blood products.

## **Methods of Implementation and Control:**

This facility practices Standard Precautions in its regular daily activities. The concept presumes that the blood and body fluids of all patients are potentially infected with HIV, HBV, HCV, and other bloodborne pathogens and utilization begins in the classroom. All faculty/students potentially exposed to infectious materials utilize Standard Precautions.

Blood and body fluids, which are potential carriers of pathogens, include cerebrospinal, synovial, pleural, peritoneal, pericardial, amniotic, vaginal and semen fluids, as well as feces, nasal secretions, sputum, sweat, tears, urine, saliva, breast milk, or wound drainage even when visible blood is not present.

A reasonable likelihood of occupational exposure may exist where these procedures are performed:

- Injections and immunizations
- Handling contaminated sharps
- Performing lab tests on infectious body fluids
- Invasive procedures
- Vaginal exams and procedures
- Starting IV's, spinal taps, phlebotomy
- Major and minor surgical procedures
- Cleaning up body fluid spills
- Dressing changes and wound care
- Handling contaminated laundry
- Direct care of clients with open sores or wounds
- Handling boxes or bags of infectious wastes

## **Engineering Controls and Work Practices:**

In areas where there is a risk of potential bloodborne exposure, efforts are made to prevent or minimize exposure to bloodborne pathogens. For example, this facility uses available safety syringes to reduce potential needle stick accidents and no glass capillary tubes are used in the clinical laboratory to reduce cuts. Other engineering controls include storage of hazardous chemicals away from the learning areas if not immediately needed and/or substitution of these hazardous

chemicals with less-hazardous chemicals and materials. Sharps disposal containers are inspected and maintained by faculty weekly and sealed and discarded when they fill up to the mark indicating 75 percent full. Faculty addresses and corrects unsafe conditions. Faculty evaluate new procedures and new products for the safety of the faculty/students. If they are unsafe, we seek ways to maintain safety. To make the work environment safer, the faculty discuss how accidents, near-accidents and potential accidents could happen in their area and make changes toward higher safety levels. Faculty/students are invited to suggest new ways of making the learning environment safer and to participate in the correction.

### **Personal Protective Equipment (PPE)**

PPE is provided. Each department provides training in the use of the appropriate PPE for specific tasks or procedures. The types of PPE available to faculty/students include, but not limited to, handwashing, gloves, eye protection, gowns, needles, spills, contaminated laundry, and sharps container. PPE is located in learning areas and may be obtained through the faculty/preceptors and/or supervisors.

*All faculty/students using PPE must observe the following precautions:*

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Remove PPE after it becomes contaminated and before leaving the work area.
- Used PPE may be disposed of in dirty linen hampers or isolation trash cans.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

### **Housekeeping and Infectious Waste Disposal**

#### *a. Biohazard Waste:*

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling. All those who dispose of regulated waste in a facility shall follow facility policy for disposal of biohazard waste.

#### *b. Sharps:*

Contaminated sharps are discarded immediately or as soon as possible in containers that are closeable, puncture resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. Sharps containers are located in areas where invasive procedures are performed.

#### *c. Contaminated Instruments/Equipment:*

Bins and pails, such as wash or emesis basins, are cleaned and decontaminated as soon as feasible after visible contamination. Broken glassware, which may be contaminated, is only picked up using mechanical means, such as a brush and dustpan.

#### *d. Laundry:*

Laundering in the clinical facility is performed by facility policy.

The following laundry requirements must be met inside the facility:

- Handle contaminated laundry as little as possible with minimum agitation.
- Place wet contaminated laundry in a leak-proof, labeled, or color-coded container before transport.
- Wear the following PPE when handling and/or sorting contaminated laundry: protective gloves, protective apron,

gown or similar protective garment, and safety goggles if it is necessary.

### **Labels for Warning and Information**

Red bags or biohazard labels are to be affixed in the required places, including refrigerators containing blood or OPIM, equipment contaminated by blood or OPIM, and regulated waste containers. Students are to notify the faculty if they discover regulated waste containers, refrigerators containing blood or OPIM, or contaminated equipment without proper labels.

### **Post-Exposure Evaluation and Follow-Up (at the employee/student expense)**

Should an exposure incident occur, contact the Program Director/ Practicum Coordinator/ Instructor immediately. The Program Director/ Practicum Coordinator /Instructor will complete the Exposure Identification Form (EIF) and refer the student for confidential medical and follow-up evaluations immediately as appropriate.

Following the initial first aid (clean the wound, flush eyes, or other mucous membranes, etc.), the following activities will be performed.

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual unless the employer can establish that identification is infeasible or prohibited by state or local law.
- Obtain consent and plan to have the source individual tested as soon as possible to determine HIV, HCV, and HBV  
Infectivity: document that the source individual's test results were conveyed to the student's health care provider.
- If the source individual is already known to be HIV, HCV and or HBV positive, new testing need not be performed.
- Assure that the exposed student is provided with the source individual's test results, with results, and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual, such as laws protecting confidentiality.
- After obtaining consent, collect the exposed student's blood as soon as feasible after the exposure incident, and test blood for HBV, HCV, and HIV serological status.

The EIF identifies related injuries and illnesses and is used to classify work-related injuries and illnesses and to note the extent and severity of each case.

Record those work-related injuries and illnesses that result in:

- death,
- loss of consciousness,
- days away from work,
- restricted work activity or job transfer, or
- Medical treatment beyond first aid.

You must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone or a punctured eardrum.

You must record the following conditions when they are work-related:

- Any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material.
- Any case requiring a faculty/student to be medically removed under the requirements of an OSHA health standard.
- Tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other license health care professional after exposure to a known case of active tuberculosis.

You must also record work-related injuries and illnesses that are significant (as defined below) or meet any of the additional criteria listed below.



You must record the following conditions when they are work-related:

- Any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material.
- Any case requiring a faculty/student to be medically removed under the requirements of an OSHA health standard.
- Tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis.

The Program Chair/ Practicum Coordinator/ Instructor will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used including type and brand
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident (O.R., E.R., patient room, etc.)
- Procedure being performed when the incident occurred
- Employee's/Student's training

### **Employee/Student Training**

All students and employees in the Medical Assisting Program who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by designated Medical Assisting Program Director and Clinical Instructional Faculty. These individuals who are familiar and are trained in Laboratory Safety, OSHA Standards as it relates to Health Care Facilities and associated with the Bloodborne pathogens standards.

All students who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers at a minimum, material documented in the Bloodborne Pathogens Policy.

- A copy and explanation of the standard
- An explanation of our ECP and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information of its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine is available at student cost
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- An explanation of the procedure to follow, if an exposure incident occurs, including the method of reporting the incident and the medical follow up
- Information on the post-exposure evaluation and follow-up that the student is required to provide to the College following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard
- An opportunity for interactive questions and answers with the person conducting the training session

## **Record Keeping**

### **a. Training Records**

Training records are completed for each student upon completion of training. These documents will be kept for at least three years by the Program Director.

The training records must include:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

Student training records are provided upon request to the student or the student's authorized representative within 15 working days. Such requests should be addressed to the Medical Assisting Program Director. Medical Records. Medical records are maintained for each student with occupational exposure. These confidential records are kept in the student's medical file.

### *OSHA Record-Keeping*

Exposure record-keeping for OSHA is maintained by the Dean/Program Director who evaluates and records the exposure incident. To maintain employee confidentiality, these records are kept separate from the employees'/students' personal files in a locked area.

### *Standard Precautions Guidelines (Subject to Change)*

Standard Precautions apply to all clients receiving care in health care agencies, regardless of their diagnosis or presumed infection status.

*Standard Precautions apply to anticipated contact with:*

- Blood
- All body fluids, secretions, excretions (except sweat)
- Non-intact skin
- Mucous membranes
- Contaminated instruments

*Standard Precautions include all of the following:*

### **A. HANDWASHING**

- 1) Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items. Wash hands immediately after gloves are removed, between client contacts, and when otherwise indicated to avoid transfer of microorganisms to other clients or environments. It may be necessary to wash hands between tasks and procedures on the same client to prevent cross-contamination of different sites.
- 2) Use a plain (no antimicrobial) soap for routine handwashing.
- 3) Use an antimicrobial agent or a waterless antiseptic agent for specific circumstances (e.g. control of outbreaks), as defined by the agency's infection control program.

### **B. GLOVES**

Wear clean, nonsterile gloves when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves before touching mucous membranes and non-intact skin. Change gloves between tasks and procedures on the same client to prevent cross-contamination of different sites. Remove gloves promptly after use, before touching non-contaminated items and before going to another client, and wash hands immediately. Never wash gloves.

### **C. MASK EYE PROTECTION, FACE SHIELD**

Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and client care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

#### D. GOWN

Wear a clean, moisture-proof (impervious) nonsterile gown to protect skin and to prevent soiling of clothing during procedures and client-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as promptly as possible, and wash hands.

#### E. PATIENT-CARE EQUIPMENT

Handle client-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other clients and environments. Ensure that reusable equipment is not used for the care of another client until it has been cleansed and reprocessed appropriately. Ensure that single-use items are discarded properly.

#### F. ENVIRONMENTAL CONTROL

- 1) Follow agency's policy for cleaning, disinfection of environmental surfaces (e.g. bedside equipment)
- 2) Handle and transport specimens of blood and body fluids according to agency policy.
- 3) Clean spills of blood & body fluids appropriately.
  - Clean visible soil first.
  - Use an appropriate disinfectant.
  - Use appropriate personal protective equipment.

#### G. LINEN

Handle, transport, and process used linen soiled with blood, body fluids, secretions and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing, and that avoids transfer of microorganisms to other clients and environments.

- a. Hold linen away from uniform
- b. Do not shake or fan linen
- c. Transport linen contaminated with blood or body fluids in leakage resistant bags with one gloved hand.

#### H. OCCUPATIONAL HEALTH AND BLOODBORNE PATHOGENS

- 1) Prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Never recap used needles, or otherwise manipulate them using both hands, and use any other technique that involves directing the point of a needle toward any part of the body; rather, use either a one-handed "scoop" technique of a mechanical device that holds the needle sheath. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers, located close to the area in which the items were used, and place reusable syringes and needles in a puncture-resistant container for transport to the reprocessing area.
- 2) Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.
- 3) Do not care for clients if you have open or draining lesions.

#### I. *Standard Precautions*

- Designed for the care of all patients, regardless of a known infection status.
- Use for contact with blood/body substances, non-intact skin, mucous membranes, contaminated items.
- Use in all healthcare settings.
- Use for known and unknown infection sources.

#### *Standard Precautions Include:*

- Treat all blood and body fluids (not patients) as potentially infectious.
- Use proper hand hygiene procedure after contact with blood or body substances.
- Wearing appropriate personal protective equipment (PPE).

- Handle sharps carefully and dispose in sharps containers appropriately.
- Do not recap needles.
- Use approved safety sharp devices and always activate the safety mechanism.
- Eating, drinking, applying cosmetics, smoking, or handling contact lenses are prohibited in work areas where blood exposure could occur.
- Perform procedures to minimize splashing or spraying.
- Do not store food or drink in areas where blood or body substances are present.
- Follow procedures for routine cleaning and disinfection of the environment.
- Handle soiled equipment to protect yourself, patients, and the environment from the spread of germs.
- Clean, disinfect, or sterilize reusable equipment between patients.
- Place specimens in appropriate containers during collecting, handling, processing, storing, transporting, or shipping. Use biohazard labeling.
- Remove broken glass by mechanical means such as tongs, forceps, or dustpan and brush.
- Do not reach into a container with bare hands.
- All soiled linens are considered contaminated.
- Gloves are an adjunct to, not a substitute for hand hygiene!

## II. *Bloodborne Pathogens*

- Bloodborne pathogens are disease-causing germs carried by blood and other body fluids.
- Human immunodeficiency virus (HIV), hepatitis B virus, and hepatitis C virus are the most common bloodborne pathogens.

### *Bloodborne Pathogens Are Spread By:*

- Puncture wounds/needle sticks
- Splash to mucous membranes or open areas of skin
- Sexual contact
- Mother to baby

### *HIV*

- The virus that causes AIDS.
- The average risk for health care workers after exposure to HIV is about 1 in 300.
- Symptoms include flu-like symptoms, fatigue, fever, swollen lymph nodes, diarrhea, and night sweats.

### *Hepatitis B Virus*

- Referred to as the greatest risk to healthcare workers after exposure.
- May cause severe illness, liver damage, and death.
- Symptoms include fatigue, nausea, jaundice, abdominal pain, abnormal liver tests, and loss of appetite.
- Hepatitis B virus can live up to 7 days at room temperature on an environmental surface in dried blood.
- After exposure, it can take 2-6 months for Hepatitis B to develop.
- Vaccinations begun immediately after exposure to the virus can often prevent infection.

### *Hepatitis C Virus*

- Previously known as non-A, non-B hepatitis.
- Symptoms include anorexia, vomiting, vague abdominal discomfort, jaundice, and nausea.

## III. *The following information deals with the Medical Assisting program policy for handling infectious disease:*

A. **Immunosuppressed students or students who have active infections** will not be allowed in clinical areas. The student may be required to make up missed clinical time according to attendance policies and available time.

B. **Exposure to blood or other body fluids.**

1. Exposure includes percutaneous injury with a contaminated sharp object (needle, lancet, broken slide, etc.) and exposure of mucous membranes or open skin lesions to blood or body fluid of client. Immediately wash affected area with soap and water (or as directed)
2. It will be the **student's responsibility** to advise his/her instructor and office preceptor **immediately** when an incident has occurred. The instructor will notify the Associate Vice President of Health Sciences and Public Services who will notify the Vice-President of Students and follow the policies of the clinical agency and/or the school.
3. A Student Exposure Incident Report must be completed and filed. (Appendix iii)
4. Student will report to appropriate (specified by site) area to start recommended treatment when indicated.
5. It is advised that all students carry health insurance, which will cover health care expenses incurred in the confidential medical evaluation/treatment measures following exposure to infectious diseases.

C. **Initial PPD (TB) testing requires a 2-step test.** An updated PPD (TB) testing is required every subsequent year. Students must provide documentation of freedom from tuberculin infection on the physical form prior to entry into the program and clinical experience. Students will also be required to present verification of current up-to-date immunization status. Failure to maintain immunizations may jeopardize the student's ability to participate in clinical activities. (Refer to Admission Health Form for questions about which vaccines/titers are required).

*\*PPD (TB) testing must be updated prior to practicum.*

IV. *Hepatitis B Vaccine Policy:*

Faculty will provide allied health students education at orientation (beginning of Fall Semester) regarding risk of exposure to Hepatitis B during clinical experiences in allied health programs. Students are encouraged to begin and complete this series prior to practicum.

At the discretion of the student's physician, and at the student's own cost, students should be evaluated for: (one of three choices are required)

1. Hepatitis B antibody titer showing immunity
2. Receive the 3 recommended doses of Hepatitis B vaccine ( if you only receive 2 then you must have a titer and results uploaded on your medical form.
3. Sign a release/waiver form.

**Hepatitis B Vaccine**

- After completing the series of three immunizations, the Hepatitis B vaccine provides protection by building up a sufficient level of antibodies.
- The vaccine is specific to hepatitis B and is not effective against other types of hepatitis nor does it protect against the HIV or AIDS virus.
- You may want to consult your physician before taking the vaccine.

- You should not take the vaccine:
  - If you have an allergy to yeast.
  - If you are pregnant or nursing.
  - If you are planning to become pregnant within the next six months.
  - If you have had a fever, gastric symptoms, respiratory symptoms, or other signs of illness in the last 48 hours.

N. Clinical Placement and Transportation Policy:

The Medical Assisting Program Director will determine clinical assignments. Clinical placement is designed to expose the student to a variety of client age groups and disease processes. Students are given an opportunity to provide input before assignments are finalized and the student's prior experience, interests, and skill levels are also given consideration. Transportation to and from all classes and clinical practicum is the responsibility of each individual student. Faculty do realize the importance of carpooling with friends, but it is not always possible for clinical rotations.

O. Evaluation of Clinical Placement:

A preceptor and/or office manager will closely supervise the student at all times in the clinical setting. The practicum is a major component of the Medical Assisting program. In the third semester, approximately 35-40 hours per week will be spent in the clinical area to equal 240 hours. Students will be evaluated by their preceptor, office manager, and instructor. During this time, the student will maintain a log to meet objectives established for this experience. Evaluation of clinical will include assessing the student's log. Students will also be required to keep a daily journal of activities performed and observed while at clinical practicum, these will be posted in Canvas as a word document weekly. The preceptor and office manager will evaluate the student on an "SCC Practicum Evaluation of Student." Form. The instructor/Practicum Coordinator will make visits to the clinical area to meet with the preceptors, conference with students, and evaluate their progress. The student will also have an opportunity to evaluate the practicum site upon completing rotation.

P. Critical Incident:

A critical "incident" is the occurrence of a situation in the clinical setting in which the behavior of a student did endanger or potentially endanger the patient's or student's welfare.

Such an incident is one that could have been avoided by application of learning objectives previously covered. After the first Critical Incident, and at the discretion of the instructor, the student may be placed on Clinical Probation. A Remediation Plan will be developed jointly by the student and instructor. A second critical incident occurring during the student's plan of study may result in immediate dismissal from the program.

Q. Clinical Probation:

A student may be placed on clinical probation for reasons which include, but are not limited to, the following:

- a. less than satisfactory clinical performance
- b. breach of confidentiality
- c. medication errors
- d. performing any procedure or giving any medication without securing appropriate supervision
- e. breach of Attendance Policies.

The student will be removed from clinical probation when he/she exhibits satisfactory clinical performance as evaluated by the instructor.

R. Practicum Policy Regarding Acceptance of Pay:

Students may not receive any monetary reimbursement during their practicum for services rendered.

S. Honesty:

All students are expected to be honest with faculty and staff in all situations related to clinical and academic activities. Students witnessing any dishonest activity are required to bring it to the attention of the instructor. Failure to abide by this policy is considered a violation of the honor code and will result in disciplinary action as noted in the Stanly Community College catalog. **Academic Dishonesty:** Taking or acquiring possession of any academic material from a college employee or fellow student without permission; receiving or giving help during tests or other assessments of learning; submitting papers, reports or assignments as originals that are not the student's own; plagiarism.

Sanctions for incidences of academic dishonesty include loss of academic credit or grade imposed by an instructor. Note: In those instances where the loss of academic credit or grade results in the student being removed from a class or curriculum, the issue will be referred to the Associate Dean of Students for resolution and/or advisement.

*[Any student taking classes within the medical assisting program will be held to the above policy and penalty for this behavior will be made by the MA instructor on a case-by-case basis depending on the severity of the academic dishonesty.]*

#### T. Student Code of Conduct and Grievance Procedures:

##### Student Code of Conduct Policy

Stanly Community College reserves the right to maintain a safe and orderly educational environment for students and staff. Therefore, when a student's behavior disrupts or threatens to disrupt the college community, appropriate disciplinary action will be taken. The purpose of this code is not to restrict student rights but to protect the rights of individuals in their academic pursuits.

##### Student Code of Conduct Procedures

###### Student Rights and Responsibility Statement:

Students at Stanly Community College are considered mature adults who enter classes voluntarily. By entering classes, students take upon themselves certain responsibilities and obligations that include an honest attempt at academic performance and social behavior consistent with the lawful purpose of the College. Students maintain all legal rights of citizenship while enrolled and are expected to remember that they are living in a democratic situation. The reputation of the College rests upon the shoulders of students as well as on the administration, staff, and faculty; and it is hoped that each student will maintain high standards of citizenship. The campus and College will not be a place of refuge or sanctuary for illegal or irresponsible behavior. Students, as all citizens, are subject to civil authority on and off the campus. Common courtesy and cooperation make the above suffice for a long list of rules and regulations.

Prohibited student behaviors include, but are not limited to, the following:

1. **Academic dishonesty:** taking or acquiring possession of any academic material from a college employee or fellow student without permission; receiving or giving help during tests or other assessments of learning; submitting papers, reports or assignments as originals that are not the student's own; plagiarism.
2. **Animals:** animals on campus are forbidden, including animals left in vehicles. Service animals are permitted.
3. **Theft/Unauthorized Entry:** stealing the property of another individual or of the college. Students guilty of theft may be referred for criminal prosecution as well as college disciplinary action. Unauthorized entry or presence in a college facility is prohibited and may result in criminal charges on suspicion of breaking and entering or unlawful trespass.
4. **Drugs and alcoholic beverages:** SCC prohibits the unlawful use, possession, distribution, manufacture, or dispensation of any controlled substance or alcohol while on campus, facilities leased by the College, or at college-supported functions. The complete Drug and Alcohol Policy may be found on the College's website or obtained from the Assistant Dean of Students.
5. **Inappropriate Conduct:** lewd, indecent, or offensive conduct or clothing, including public physical or verbal action or distribution of obscene or libelous material. Mental, physical, or verbal abuse of any person (employee or student) on campus or at campus-sponsored functions is prohibited.

6. **Sexual Harassment:** any act, comment, or behavior that violates the College's Unlawful Harassment/Discrimination Policy. This policy may be found on the college's website or obtained from the Assistant Dean of Students.
7. **Weapons:** possession or use of a firearm, incendiary device, explosive, or any instrument designed to inflict serious bodily injury to any person is strictly prohibited, except as otherwise specified by law. These restrictions do not apply to on-duty law enforcement personnel or those abiding by the College's Weapons on Campus Policy.
8. **Forgery:** alteration or misuse of college documents, records, or instruments of identification and/or the College's personnel signatures with intent to deceive.
9. **False information:** presenting to the College intentionally erroneous information; knowingly withholding information which may have an effect upon enrollment or status with the College, and which is legally and properly requested by the College.
10. **Damage to property:** intentionally inflicting damage to college property or to property belonging to any person working at or attending the College.
11. **Disobedience:** failing to obey the reasonable requests or directions of any college employee.
12. **Disorderly conduct:** interrupting or interfering with the academic mission of the College or disturbing the peace of the College.
13. **Disruption:** disrupting the normal activities of the College by physically or verbally interfering with instruction, meetings, functions, or activities.
14. **Public laws:** violating any local, state, or federal law may lead to legal action as well as campus discipline.
15. **Internet use:** using the Internet for inappropriate or non-academic purposes, including, but not limited to, viewing sites that may be offensive to others; chat rooms; and games. Anyone using a college computer workstation and for non-educational purposes may be asked to relinquish the workstation to a user who needs it for research or to support an instructional assignment. Further information is available in the Computer and Network Use Policy.
16. **Unprofessional conduct:** some curricula have specific codes of professional conduct that require appropriate behavior, both on campus and at off campus facilities, functions, or activities. Students in those curricula will be held accountable for adhering to those codes.
17. **Use of tobacco products:** Stanly Community College is a tobacco free institution. This policy applies to all college owned or leased facilities and vehicles regardless of location. For details reference the College's Smoking/Tobacco-Free Campus Policy located on the College's website or from the office of the Assistant Dean of Students.
18. **Unauthorized presence in or on college facilities during non-operational hours:** The College facilities are open for students no earlier than 7:30 a.m. on days of operation and close 15 minutes after classes conclude for the day. Students should plan accordingly.
19. **Bullying/Cyberbullying-**Intimidation, harassment, isolation and or manipulation of college employees and/or students. Such behaviors include, but are not limited to, physical, verbal, and/or electronic assault, name calling, threats, teasing, retaliation, misrepresentation, etc.
20. **Social Networking/Media-**Misuse of Social Networking or Media includes unauthorized posting of personal information of other users; posting of material that contains vulgar, obscene, or indecent language or images;



posting of material which defames, abuses, or threatens others; posting statements or images that are bigoted, hateful, or racially offensive; discussion or posting of illegal activity or intent to commit illegal activity.

21. **False Representation/Impersonation**-Falsely representing or impersonating a Stanly Community College employee or student via written, verbal, or electronic means. This includes, but is not limited to, social networking, forms, e-mail, phone, etc.

#### Implementation Responsibilities

An instructor may discipline students involved in minor infractions of the rules and regulations of the classroom, as the instructor has the authority to define proper classroom behavior. Other violations of the Student Code of Conduct will be referred to the Assistant Dean of Students for resolution.

#### Disciplinary Procedures

Any instructor or staff member may use his/her discretion to warn a student against violating the Student Code of Conduct and may temporarily remove a student from a single class or activity for the duration of that specific class or activity. The instructor or staff member taking this action will notify the Assistant Dean of Students immediately and will provide a written report of the incident to the Assistant Dean of Students within 24 hours following the incident.

In an emergency, the President, Vice Presidents, Dean of Students, Assistant Dean of Students, or the Director of Security are authorized to suspend any student from the college immediately.

A student charged with a violation of the Student Code of Conduct will receive a written notice of the charges and an appointment for a hearing with the Assistant Dean of Students. The student will be assigned a counselor to serve as an advocate and to provide support during the hearing process.

The student will be supplied with the counselor's name and contact information. Based upon the results of the hearing, the Assistant Dean of Students may:

1. Dismiss the charges.
2. Impose a sanction consistent with the nature of the violation.
3. Refer the student to a community agency for services.

In instances in which the student cannot be reached to schedule an appointment with the Assistant Dean of Students or when the student refuses to cooperate, the Assistant Dean of Students shall send a certified letter to the student's last known address. The letter will provide the student with a list of charges, the Assistant Dean of Students' decision, and instructions governing the appeal process. In those instances when the student refuses to cooperate or does not attend the scheduled hearing with the Assistant Dean of Students, the Assistant Dean of Students' decision will be final.

#### Sanctions

Penalties for violating the Student Code of Conduct include, but are not limited to, the following:

1. **Reprimand:** a written communication that gives official notice to the student that subsequent offense(s) against the Student Code of Conduct may carry heavier penalties because of this infraction.
2. **Loss of privileges:** loss of access to college facilities, services or activities for a specified period of time.
3. **Restitution:** paying for damaging, misusing, destroying, or losing property belonging to the college, college personnel, or students.
4. **Loss of academic credit or grade imposed:** by an instructor due to academic dishonesty.

Note: In those instances where the loss of academic credit or grade has the effect of removing the student from a class or curriculum, the issue will be referred to the Assistant Dean of Students for resolution and/or advisement.

5. **Temporary suspension:** exclusion from class and/or other privileges or activities as set forth in the notice until a final decision has been made concerning the alleged violation.

6. **Term Suspension:** dismissal of a student from campus and exclusion from class(es) and/or all other privileges or activities of the college for a specified period of time. Students who receive this sanction are banned from campus and must get specific written permission from the Director of Security and the Dean of Students before returning to campus.
7. **Indefinite Suspension:** dismissal of a student from campus and exclusion from class(es) and/or all other privileges or activities of the college for an indefinite period. Students who receive this sanction are banned from campus and must get written permission from the Director of Security and the Dean of Students before returning to campus.

#### Right to Due Process

A student accused of violating the Student Code of Conduct is guaranteed the right to due process as the matter is resolved:

1. The right to a specific written notice of the charges.
2. The right to know the names of accusers and to have a copy of all their written statements regarding the charges.
3. The right to a prompt hearing.
4. The right to have counsel present at the hearing.

(Note: If the student elects to have legal counsel present, the institution will also be represented by legal counsel)

5. The right to confront accusers and to hear all witnesses.
6. The right to present witnesses or evidence.
7. The right to remain silent to avoid self-incrimination.
8. The right to a full and complete record of the hearing.
9. The right to an appeal.

U. **\*COLLEGE CALENDAR:** You can access the current school calendar by clicking on the link [SCC Calendar](#).

**COURSE POLICIES:** See MA Program Handbook & Allied Health Handbook

**COLLEGE POLICIES:** College rules and policies are found on the SCC website at [SCC College-wide Policies](#). Students are responsible for reading and adhering to all College rules and policies.

#### V. Telephone Calls:

In an emergency, family and friends may call the student at school. Only emergency messages will be delivered to the student. No telephone calls are to be received in the clinical area except in the case of an emergency. Out-going personal calls of an emergency nature may be made from the clinical area only after securing permission from the clinical instructor. Students may not have their cell phones in the clinical setting.

#### W. Canvas:

A component of the online class content is presented via Canvas. Students have the responsibility to make sure the equipment they will use to complete this online class is configured to receive the course content. While the [SCC Helpdesk](#) will work with each student to troubleshoot connection problems, SCC is not responsible for the student's

home computer setup. Students who have difficulty viewing the online content of the course are strongly advised to attend the seated class.

**X. Safety Announcement:**

The college is very concerned about protecting our students, employees, and visitors. You can help the college protect everyone by reporting any threats that you receive (or hear about) to your instructor, to security, or to another college official. The college is proactive in taking steps to protect anyone who has reason to believe that he/she is in danger. Also keep your belongings in secure places and report any suspicious activities to college officials. Together, we can help our college be a safer place.

**Y. Social Media Policy:**

The Medical Assisting Program recognizes the use of social media in personal/non-school or non-work contexts. As a medical assisting student, you will encounter confidential information within the college or within the clinical environment.

It is your responsibility to refrain from the following:

- Using any patient identifier (name, initials, age, diagnoses, lab results, photos, and ANY personal health information) in any way that may possibly identify a patient.
- Disclosing confidential information about the college, its employees, or its students.
- Stating personal opinions as being endorsed by the college.
- Using information and conducting activities that may violate SCC academic policies, violate local, state, or federal laws and regulations.
- Posting of embarrassing, threatening, or harassing statements on either a personal page or site, Facebook, blogs, Yearbook, Twitter, Blackboard, etc.

Students are not to contact instructors or practicum personnel through any social media network. Students should direct all communication outside of class through the correct Canvas course or through the instructor's Stanly Community College email. Instructors will not email students or address any issues regarding any academic or professional issues through any social media outlet or through their personal email.

**Z. Medical Release:**

A student with changes at any time during the length of the program in his/her medical condition from what is documented on the student medical form is required to notify the course coordinator and clinical coordinator within 48 hours of the hospitalization or care. Changes in condition that must be communicated include, but are not limited to pregnancy, childbirth, fractures, all surgical procedures, etc. The student is to provide a release by the medical professional providing care in order to return to the classroom, lab, and clinical settings. All areas must be addressed on the medical release.

The program performance standards noted in the MED Student Handbook must be maintained in order to provide safe care to clients and to provide a safe environment for learning. During the active dates under the care of a medical professional through the release date, access will be denied re-entering the classroom, lab, and clinical settings, including Canvas access, unless the medical release specifies differently. Access will be restored based on the date of the release.

Immediate dismissal from the program will result if the student breaches this policy. As determined by the Course Coordinator and the Director of the Medical Assisting Program, when the student is unable to complete course requirements the student will be withdrawn from the course and subsequently unable to progress in the program or an incomplete grade will be issued to the student. If applicable, the student may reapply to the program using the readmission/advanced standing policy.

Stanly Community College  
102 Stanly Parkway  
Locust, North Carolina 28097

Medical Assisting Program-MED 260 Clinical Practicum  
Summer Semester  
Regulations Agreement Statement

This form is signed PRIOR to beginning of practicums each year after lengthy discussion and all questions have been answered.

I understand the regulations/guidelines for clinical. I have had my questions answered regarding appearance, conduct and attendance. I am aware of the situations that could result in my dismissal from the Stanly Community College Medical Assisting Program.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Starra Herring  
\_\_\_\_\_  
Instructor's Signature

5/21/2025  
\_\_\_\_\_  
Date

Stanly Community College  
102 Stanly Parkway  
Locust, North Carolina 28097

Medical Assisting Program MED 260- Clinical Practicum Summer Semester  
Medical Assisting Program Policy – **File Copy**  
Contaminated Blood and Body Fluid Exposure

In the following events:

1. A student is exposed to a patient's blood or body fluids during practicum.
2. A patient is exposed to a student's blood or body fluids during practicum.
  - A. The student will immediately report the incident to the instructor **AND** the on-site supervisor.
  - B. The instructor and/or on-site supervisor will complete an accident/incident report. Source blood will be collected when necessary.
  - C. **Immediately** go to the Occupational Health Department of the nearest hospital – county in which incident occurs.

You **MUST** take a sample of "source" blood with you to the hospital.

D. You will be tested:

- ❖ On the day of exposure
- ❖ 3 months after exposure
- ❖ 6 months after exposure
- ❖ 1 year after exposure \*(to-the-date) \*

**Please NOTE:** Liability insurance through Stanly Community College covers you for **ONE YEAR** of testing. It is **your** responsibility to make sure all testing is completed within **ONE YEAR**. Testing **after** the one-year period will **NOT** be covered by your Stanly Community College liability insurance. **Costs will become the student's responsibility if this occurs.**

Bills/Test Dates will be sent to the Medical Assisting Program Head at Stanly Community College. Copies will be put in the student's files. Original bills/test dates will be forwarded to the Stanly Community College Business Office.

Statement of Understanding:

I understand the procedure as stated above and have been given a separate copy of these steps to follow.

---

Student's Signature

---

Date

Stanly Community College  
102 Stanly Parkway  
Locust, North Carolina 28097

Medical Assisting Program MED 260-Clinical Practicum Summer Semester

Drug/Alcohol Policy

Any student, whose behavior or appearance provides reasonable suspicion that the student is under the influence of alcohol or controlled substances may be required to submit to a drug screening by a Medical Assisting faculty member in consultation with the Associate Vice President of Health Sciences and Public Services, Executive Vice President of Educational Services, and Assistant Dean of Students and Career Placement of the college.

Facilities that provide clinical experience reserve the right to require testing in compliance with drug and alcohol policies of the institution. Failure to comply may result in dismissal from the program.

Drug testing shall be at the student's expense. Positive test findings (for drugs) will result in the student's immediate dismissal from practicum. Therefore, this student would be unable to complete requirements for their MA Diploma.

I fully understand the above policy and have been given the opportunity to ask questions and have had them answered.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Starra Herring  
\_\_\_\_\_  
SCC Medical Assisting Faculty

5/21/2025  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Practicum Site Supervisor Signature

\_\_\_\_\_  
Date

Stanly Community College  
102 Stanly Parkway  
Locust, North Carolina 28097

Medical Assisting Program-MED 260-Clinical Practicum -Summer Semester

### CRITERIA FOR ONLINE JOURNALS

\* No Names/Identification and/or Patient Identifiers (or office specifics) in journal whatsoever – Violation of HIPAA.

\* **Never** work on weekly journal post at your office site

\* **Write entries while at home.**

1. Document observations regarding:

#### Clinical

- A. Infection Control
- B. Preparing client for examination
- C. Vital signs – normal/abnormal
- D. Treatment procedures
- E. Specimen collection
- F. Laboratory procedures
- G. Client education
- H. Nutrition counseling

#### Administrative

- A. Computer Usage
- B. Telephone duty
- C. Filing
- D. Insurance procedures
- E. Accounting procedures
- F. Scheduling procedures
- G. Ordering of supplies

- 2. Utilize log to express feelings/concerns regarding student experiences and progress related to clinical occurrences and plans to make improvements in areas where you feel uncomfortable/anxious, etc.
- 3. Proper spelling, syntax (construction of sentences and grammar).
- 4. Keep it brief, but factual.

Stanly Community College  
102 Stanly Parkway  
Locust, North Carolina 28097  
Medical Assisting Program- MED 260-Clinical Practicum -Summer Semester

## UNIFORM CODE FOR MEDICAL ASSISTING STUDENTS

### Dress Code and Appearance Policy:

Any student not complying with the Medical Assisting Program's dress code will be dismissed from class, lab or clinical for the day and will be given an absence. Uniforms: Uniforms must be clean, wrinkle-free, and appropriately covering skin to comply with OSHA safety guidelines. Long sleeve shirts (with no visible writing) may be worn under scrub tops. If a jacket is needed it must be white warm-up no longer than the waist. Shoes: Shoes must be clean, closed toe/closed back, black leather shoes with socks above the ankle. Student Photo ID Badge: Student photo ID badge must be worn at the collar level and visible at all times. Photo ID badges must be worn so that the student's name and photo are seen. Hair: Hair must be clean, neatly groomed, appropriately styled. Long hair must be neatly pinned or pulled back above the collar. Hair should not fall forward when providing patient care or positioning a patient. Mustaches and beards must be neatly trimmed. Cosmetics: Use cosmetics sparingly. Do NOT wear perfume, body sprays, aftershave, or heavy makeup. Any lotions must be scent free. Nails: Nails must be cut to just cover the fingertips and must be kept clean. No polish. No artificial nails or gel overlays for infection control reasons. Jewelry: A watch (with second hand), wedding band, engagement ring, and medical alert bracelet are permitted. Small post earrings may be worn in pierced ears. No visible body piercings (other than one earring in each ear) may be worn. Stethoscopes and Blood Pressure cuffs are also a requirement of the uniform policy.

The following is the uniform code for medical assisting students to adhere to during their practicum:

1. Uniforms (each facility may grant permission to wear colored jackets with matching uniforms).  
The site manager must inform the instructor also. You must have two sets of pink and/or black scrubs. Students must have a white lab jacket or black lab jacket.
2. SCC Student Picture ID must be worn at all times while in clinical sites, above the waist.
3. No dirty or wrinkled uniforms will be allowed. Undergarments should NOT be visible at any time.
4. During lab classes uniforms are to be worn. This includes MED 140, MED 240, MED 150, MED 272 and Practicum
5. Nails must be short in length – and clean. No artificial nails, gel overlays or polish can be worn.
6. Shoes must be clean – black leather and socks are to be worn above the ankle.
7. Hair must be up off collar and not hanging down over your eyes – you will be leaning forward a great deal – to give injections, draw blood, fill out medical records, taking vital signs, etc. Very little makeup should be worn.
8. Very light perfume/fragrances should be worn.
9. Concerning jewelry – wedding band and/or diamond (or one small ring) can be worn. No necklaces or bracelets or extra decorative pins should be worn. **One** pair of **small** earrings can be worn. You **MUST** wear a watch with a second hand and your student picture ID always.



10. Chewing gum is **NOT** allowed.

**11. NO cell phones in clinical area whatsoever. They may NOT be answered, checked, or used while inside the offices. You may leave the office phone number with family members to use for EMERGENCIES ONLY.**

12. NO SUNGLASSES (of any color) inside clinical area.

13. Visible tattoos must be covered at all times. Any visible body piercings must be removed during practicum.

**Anyone not complying with these guidelines may be sent home to amend deficiencies. Missed clinical time (as a result) will be considered unexcused.**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

Starra Herring  
Witness/SCC MA faculty

5/21/2025  
Date

Stanly Community College  
102 Stanly Parkway, Locust, North Carolina 28097  
Medical Assisting Program MED 260-Clinical Practicum  
Summer Semester

**PRACTICUM AGREEMENT FORM**

**COLLEGE RESPONSIBILITIES:**

1. Shall provide the practicum office with access to the Medical Assisting Program Director or to work with practicum office on all phases of the practicum.
2. Practicum Coordinator will provide clinical practicum supervisor, office managers, and/or clinical staff with an on-site orientation prior to placement of medical assisting students.
3. Place only students who have satisfactorily met the Medical Assisting Program requirements. Students will be fully informed of the practicum requirements. The Director will work with all parties concerned to solve any problems which may arise.
4. The Director may withdraw a student from the practicum site whenever deemed necessary, and in the best interest of the program and practicum site.
5. Will abide by contract items previously given to practicum sites, answer any question that may arise and will schedule students according to the college class schedule for the semester of practicum.

**PRACTICUM SITE RESPONSIBILITIES:**

1. Rotate the students through the supervised areas of administrative, clinical and lab as indicated at each office.
2. Staff shall supervise and assist the student(s) in relating the work experience to the student's academic studies.
3. Preceptor/Office Manager or appointed representative shall assist the Medical Assisting Program Head/Faculty in evaluating the student's performance, habits, and attitudes.
4. **Students may not receive monetary reimbursement during their practicum for services rendered.**

**STUDENT RESPONSIBILITIES:**

1. Report punctually and regularly for work and shall conduct themselves at all times in accordance with the Practicum Site's work rules. Students are to contact the Program Head/Faculty and Site Supervisor immediately prior to the beginning of clinical if unable to attend due to illness or emergency.
2. Adhere to all policies of the medical facility.
3. Follow/abide by HIPAA regulations continuously – Keep confidentiality a priority at all times.
4. Direct his/her energies to the satisfactory completion of practicum assignments.

I fully understand the responsibilities of all parties involved in the Medical Assisting Practicum and will make reasonable effort to do my part to make this a successful learning experience.

Student: \_\_\_\_\_

Date: \_\_\_\_\_

SCC MA Faculty: Starra Herring

Date: 5/21/2025

Practicum Site Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Stanly Community College  
102 Stanly Parkway  
Locust, North Carolina 28097

Medical Assisting Program- MED 260-Clinical Practicum-Summer Semester  
HIPAA Release Form

I have received, personally reviewed and understood the Orientation Information regarding Service Standards, Facility Policies, and HIPAA Policies. My questions have been answered.

---

Student's Signature

---

Date

Stanly Community College  
102 Stanly Parkway  
Locust, North Carolina 28097

Medical Assisting Program MED 260-Clinical Practicum Summer Semester

**Student Release Form**

*Official Hepatitis B Immunization Form*

**Part A**

I, \_\_\_\_\_,

in compliance with OSHA guidelines agree to receive the Hepatitis B vaccine series. I have read the **Important Information about Hepatitis B and Hepatitis B Vaccine** sheet and understand I am at risk of contracting Hepatitis B due to my work-related activities. I have participated in a formal education program provided by the College. I have been given the opportunity to ask questions and understand the risk factors involved. I hereby release Stanly Community College from responsibility for consequences of receiving the vaccine.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

*Hepatitis B Vaccination Record*

|        |                     |                            |
|--------|---------------------|----------------------------|
| Dose 1 | _____<br>Date Given | _____<br>Signature - Title |
| Dose 2 | _____<br>Date Given | _____<br>Signature - Title |
| Dose 3 | _____<br>Date Given | _____<br>Signature - Title |

Stanly Community College  
102 Stanly Parkway  
Locust, North Carolina 28097

Medical Assisting Program-MED 260-Clinical Practicum-Summer Semester

**Travel**

This is to inform you that you will be required to travel for your practicum. This is necessary to place each student in an appropriate doctor's office. We will try to schedule your experience within a 50-mile range one way. Practicum assignments will be four days per week during the summer semester. Each student will be responsible for his/her own transportation.

I have read the above instructions and am willing to comply with the information.

---

Signature

---

Date

Stanly Community College  
102 Stanly Parkway  
Locust, North Carolina 28097

Medical Assisting Program-MED 260-Clinical Practicum -Summer Semester

**Confidentiality Statement**

I understand that I must maintain confidentiality of client visits and their medical records that I observe during my clinical practicum. As a student in the ambulatory care setting, I will have access to confidential information, both written and oral. It is imperative that this information is not disclosed to any unauthorized individuals to maintain the integrity of the patient information. Confidentiality is a component of accountability and must be observed at all times. Discussions, written information, and medical record pictures concerning patients/clients must be limited to pre- and post- conferences and Medical Assisting theory classes. At no time shall a patient be discussed while at break, on the elevator, in the dining area, on campus, at home, or any other similar setting. Confidentiality cannot be over emphasized. Noncompliance is cause for dismissal from the program. I agree to maintain confidentiality of all information obtained in the course of my practicum including, but not limited to, financial, technical, or propriety information of the organization and personal and sensitive information regarding patients, employees, and vendors. I understand that inappropriate disclosure or release of patient information is grounds for termination from the Medical Assisting program.

---

Student Signature

---

Student Printed Name

---

Date

Stanly Community College  
102 Stanly Parkway  
Locust, North Carolina 28097

Medical Assisting Program-MED 260-Clinical Practicum-Summer Semester

**Release from Responsibility Form**

*Release from Responsibility*

I, \_\_\_\_\_ do hereby release my practicum sites from responsibility  
(Print Name)  
for any ill effect (including accident or illness) which \_\_\_\_\_  
(Student's Name)  
may incur while he/she is participating in the \_\_\_\_\_ Medical Assisting \_\_\_\_\_ Program for  
\_\_\_\_\_ Stanly Community College \_\_\_\_\_.

Student's Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (if student is a minor)

NOTE: Parent or Guardians of Minors  
NC Law recognizes one's adulthood and age of responsibility as 18 years of age.

**Assurance of Confidentiality**

I, \_\_\_\_\_ understand my practicum site's policy on confidentiality of  
Patient/client/business information. In connection with my activities as a student in the Stanly Community College  
Health Services/Medical Assisting Diploma Program, I agree to hold all information I may have access to about patients,  
clients, or business issues confidential. I agree to protect the confidentiality of patient records and staff records.  
I agree to keep access codes and passwords confidential. I will not divulge any information to unauthorized  
persons as this will make me subject to either civil action for the collection of monetary damages and/or  
suspension or dismissal.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

Starra Herring  
\_\_\_\_\_  
Instructor

5/21/2025  
\_\_\_\_\_  
Date

Medical Assisting Program-MED 260-Clinical Practicum -Summer Semester  
**Consent to Release Information**

Clinical affiliates that provide clinical experiences for students reserve the right to mandate various requirements per clinical education affiliation agreement in order for students to participate in clinical activities at a particular clinical affiliate. Failure to abide by this affiliation agreement may determine that a student may not be able to participate in clinical activities of their respective program, therefore resulting in dismissal from the program.

I, \_\_\_\_\_, consent to have any results that arise from the requirements below shared with clinical affiliates before my student privileges are granted. This requirement is following the policies of clinical affiliates. It is the responsibility of each participating clinical affiliate to grant student clinical privileges.

Please read, acknowledge, and initial each requirement below.

1. \_\_\_\_\_ Maintain general and professional liability insurance as stated in clinical education affiliation agreement.
2. \_\_\_\_\_ Allow for verification of my social security number for identification purposes by clinical affiliates. I understand that if I have an invalid social security number, clinical affiliates may not allow me to participate in clinical activities and therefore I may be unable to progress in the program.
3. \_\_\_\_\_ Complete a criminal background check for a minimum of seven years and release results to clinical affiliates. I understand that clinical affiliates may not allow me to participate in clinical activities and therefore I may be unable to progress in the program, based upon the screening.
4. \_\_\_\_\_ Complete a Federal Criminal History screening by fingerprint check and release results to clinical affiliates. I understand that clinical affiliates may not allow me to participate in clinical activities and therefore I may be unable to progress in the program, based upon the screening.
5. \_\_\_\_\_ Complete drug testing by urine specimen and release results to clinical affiliates. I understand that if I have a positive result, clinical affiliates may not allow me to participate in clinical activities and therefore I may be unable to progress in the program.
6. \_\_\_\_\_ Release current vaccination records, including varicella, pertussis, tuberculosis, and rubella. Hepatitis B vaccination is encouraged, or acknowledgement of waiver signed.
7. \_\_\_\_\_ Release verification of current CPR certification.
8. \_\_\_\_\_ Maintain confidentiality regarding patients, medical records, and care provided during any clinical experience.

*Please continue on other page*



9. \_\_\_\_\_ Successfully complete general hospital orientation packet as applicable.

10. \_\_\_\_\_ I do not hold Stanly Community College responsible for any consequences that may result from the sharing of this information.

---

Name of Student

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Signature of Student

Date

Starra Herring

5/21/2025

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Course / Clinical Coordinator

Date

**Stanly Community College**

102 Stanly Parkway

Locust, NC 28097

**MED 260 Clinical Practicum – Summer**

**INSTRUCTOR'S REPORT FOR MEDICAL ASSISTING CLINICAL PRACTICUM**

**(Weekly Site Visits)**

**Student's Name:** \_\_\_\_\_

**Preceptor's Name:** \_\_\_\_\_

**Office Name:** \_\_\_\_\_

**Office Manager:** \_\_\_\_\_

**S = Satisfactory**

**U = Unsatisfactory**

**NI = Needs Improvement**

**NA = Not Applicable**

| ITEMS TO BE EVALUATED   | DATES OF VISIT |  |  |  |  |  |  |  |
|---|----------------|--|--|--|--|--|--|--|
|   |                |  |  |  |  |  |  |  |
| 1. Is on time daily in the office.  |                |  |  |  |  |  |  |  |
| 2. Remains in office for designated time or longer.                                 |                |  |  |  |  |  |  |  |
| 3. Has had no absences.   |                |  |  |  |  |  |  |  |
| 4. Adheres to the uniform code.   |                |  |  |  |  |  |  |  |
| 5. Name pin is worn.  |                |  |  |  |  |  |  |  |
| 6. Takes and follows directions well.   |                |  |  |  |  |  |  |  |
| 7. Is positive in his/her approach to his/he work.                                  |                |  |  |  |  |  |  |  |
| 8. Is willing to accept suggestions and criticism well.                             |                |  |  |  |  |  |  |  |
| 9. Adapts to change easily.   |                |  |  |  |  |  |  |  |
| 10. Demonstrates a desire to learn.   |                |  |  |  |  |  |  |  |
| 11. Asks for help when needed.  |                |  |  |  |  |  |  |  |
| 12. Does not make frequent errors.  |                |  |  |  |  |  |  |  |
| 13. Is able to recognize and improve areas of deficiencies without assistance.      |                |  |  |  |  |  |  |  |
| 14. Manages his/her time wisely.  |                |  |  |  |  |  |  |  |
| 15. Demonstrates a knowledge of basic procedures.                                   |                |  |  |  |  |  |  |  |
| 16. Is adjusting or has adjusted to office routine.                                 |                |  |  |  |  |  |  |  |
| 17. Is able to complete the expected workload.                                      |                |  |  |  |  |  |  |  |
| 18. Establishes rapport easily with patients and other office members.              |                |  |  |  |  |  |  |  |
| 19. Displays evidence of improvement in his/her performance in a consistent manner. |                |  |  |  |  |  |  |  |

Stanly Community College  
102 Stanly Parkway Locust, North Carolina 28097

Medical Assisting Program-MED 260-Clinical Practicum Summer Semester

FOLLOW-UP COMMENTS (*Conference with Student*)

**VISIT #1: Date:** \_\_\_\_\_

Student's perception of how he/she is progressing: \_\_\_\_\_

Instructor's notation: \_\_\_\_\_

Recommendations: \_\_\_\_\_

**VISIT #2: Date:** \_\_\_\_\_

Student's perception of how he/she is progressing: \_\_\_\_\_

Instructor's notation: \_\_\_\_\_

Recommendations: \_\_\_\_\_

**VISIT #3: Date:** \_\_\_\_\_

Student's perception of how he/she is progressing: \_\_\_\_\_

Instructor's notation: \_\_\_\_\_

Recommendations: \_\_\_\_\_

**VISIT #4: Date:** \_\_\_\_\_

Student's perception of how he/she is progressing: \_\_\_\_\_

Instructor's notation: \_\_\_\_\_

Recommendations: \_\_\_\_\_

**VISIT #5: Date:** \_\_\_\_\_

Student's perception of how he/she is progressing: \_\_\_\_\_

Instructor's notation: \_\_\_\_\_

Recommendations: \_\_\_\_\_

**VISIT #6: Date:** \_\_\_\_\_

Student's perception of how he/she is progressing: \_\_\_\_\_

Instructor's notation: \_\_\_\_\_

Recommendations: \_\_\_\_\_

**VISIT #7: Date:** \_\_\_\_\_

Student's perception of how he/she is progressing: \_\_\_\_\_

Instructor's notation: \_\_\_\_\_

Recommendations: \_\_\_\_\_

**VISIT #8: Date:** \_\_\_\_\_

Student's perception of how he/she is progressing: \_\_\_\_\_

Instructor's notation: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Stanly Community College  
102 Stanly Parkway Locust, North Carolina 28097

Medical Assisting Program-MED 260-Clinical Practicum -Summer Semester

***Preceptor's Report for Medical Assisting Clinical/Practicum  
Evaluation Tool***

Student Name: \_\_\_\_\_

**MIDTERM EVALUATION**

GRADE SCALE:

93-100 = A

85-92 = B

78-84 = C

70-77 = D (NOT PASSING)

**STUDENT MUST PASS MED 260 WITH A 78 GRADE AVERAGE OR ABOVE  
IN ORDER TO COMPLETE THE DIPLOMA PROGRAM.**

Grade for This Rotation: (Preceptor: \_\_\_\_\_) (Instructor: \_\_\_\_\_) (Overall Grade: \_\_\_\_\_)

Comments by Preceptor: \_\_\_\_\_

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Comments by Instructor: \_\_\_\_\_

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\_\_\_\_\_  
Preceptor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

***\*This form should be completed by Jun 24, 2025  
and placed in sealed envelope to be picked up by instructors. \****

Stanly Community College  
102 Stanly Parkway Locust, North Carolina 28097

Medical Assisting Program-MED 260-Clinical Practicum -Summer Semester

Preceptor's Report for Medical Assisting Clinical/Practicum  
Evaluation Tool

**FINAL EVALUATION**

Student Name: \_\_\_\_\_

**GRADE SCALE:**

93-100 = A

85-92 = B

78-84 = C

70-77 = D (NOT PASSING)

**STUDENT MUST PASS MED 260 WITH A 78 GRADE AVERAGE OR ABOVE  
IN ORDER TO COMPLETE THE DIPLOMA PROGRAM.**

Grade for This Rotation: (Preceptor: \_\_\_\_\_) (Instructor: \_\_\_\_\_) (Overall Grade: \_\_\_\_\_)

Comments by Preceptor: \_\_\_\_\_

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Comments by Instructor: \_\_\_\_\_

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\_\_\_\_\_  
Preceptor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

*\*This form should be completed by July 1<sup>st</sup>, 2025, and placed in sealed envelope to be picked up by instructors. \**

## END OF ROTATION EVALUATION CONFERENCE

Comments by Instructor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

Comments by Student: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**MIDTERM GRADE:** Instructor: \_\_\_\_\_ Office: \_\_\_\_\_ Midterm Average: \_\_\_\_\_

**FINAL GRADE:** Instructor: \_\_\_\_\_ Office: \_\_\_\_\_ Final Average: \_\_\_\_\_

**Overall Course Grade:** \_\_\_\_\_

Stanly Community College

102 Stanly Parkway Locust, North Carolina 28097

Medical Assisting Program-MED 260-Clinical Practicum -Summer Semester

**Clinical Probation Plan**

**Clinical Probation Remediation Plan**

I. Clinical objectives not being met on satisfactory level:

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II. Plan: Identify skills, knowledge or affective behavior, which must be demonstrated in order to obtain satisfactory evaluation. Suggest resources and activities to meet goals.

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III. Follow-up conference to be held:\_\_\_\_\_

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



Stanly Community College

102 Stanly Parkway Locust, North Carolina 28097

Medical Assisting Program-MED 260-Clinical Practicum -Summer Semester

## CONFIDENTIAL- Student Exposure Incident Report

Student's Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Reported to: \_\_\_\_\_ Position: \_\_\_\_\_

**Type of Exposure Incident:**

- ☐ Needle stick/sharps accident  
☐ Contact with mucous membrane (eyes, mouth, nose)  
☐ Contact with skin (circle all that apply): Broken Chapped Abraded Dermatitis Prolonged contact Extensive contact

**Exposure To:**

- ☐ Blood ☐ Body Fluid ☐ Vaginal Secretions ☐ Seminal Fluid

**How did exposure incident occur?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List protective devices used at time of exposure:**

\_\_\_\_\_  
\_\_\_\_\_

**Description of student's activities as related to exposure:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe immediate interventions:**

Was the area: ☐ Washed? ☐ Flushed? Did the injury bleed freely? ☐ Yes ☐ No  
Was antiseptic applied: ☐ Yes ☐ No  
Other: \_\_\_\_\_

**Dates of student Hepatitis B vaccinations:** \_\_\_\_\_

**Source of exposure (exact location exposure took place):**

\_\_\_\_\_  
\_\_\_\_\_

**Source of exposure:**

Known, HbsAG status? ☐ Yes ☐ No If yes, HbsAG+: \_\_\_\_\_ HbsAG - : \_\_\_\_\_  
Unknown, high, or low risk potential for HBV? ☐ Yes ☐ No

\_\_\_\_\_  
Signature of Person Preparing Report

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Stanly Community College

102 Stanly Parkway Locust, North Carolina 28097

Medical Assisting Program-MED 260-Clinical Practicum -Summer Semester

## Report: A Critical Incident in the Clinical Setting

### Critical Incident Defined:

An incident in the clinical setting involving a student in which:

- A. The conduct and/or performance of the student did or potentially endangered patient/client welfare.
- B. The incident could have been prevented by application of learning objectives previously covered.

### Description of incident (by staff and/or instruction):

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Signed

Date

Title

### Perception of incident (by the student):

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Signed

Date

Stanly Community College

102 Stanly Parkway Locust, North Carolina 28097

Medical Assisting Program-MED 260-Clinical Practicum -Summer Semester

**Office Copy**

This is to certify that I have read and understand the information found in the Stanly Community College Medical Assisting Student Handbook. I agree to abide by all Rules and Regulations contained therein.

I also understand that failure to abide by these Rules and Regulations may serve as grounds for my dismissal from the Medical Assisting Program.

---

Signature

---

Date

Stanly Community College

102 Stanly Parkway Locust, North Carolina 28097

Medical Assisting Program-MED 260-Clinical Practicum -Summer Semester

**Student Copy**

This is to certify that I have read and understand the information found in the Stanly Community College Medical Assisting Student Handbook. I agree to abide by all Rules and Regulations contained therein.

I also understand that failure to abide by these Rules and Regulations may serve as grounds for my dismissal from the Medical Assisting Program.

---

Signature

---

Date

## STUDENT EVALUATION OF PRACTICUM SITE

**Stanly Community College**

### Medical Assisting Program

This survey is designed to help program faculty determine the appropriateness of individual practicum sites. In addition, there is a section that focuses on the support that the practicum students received from the Practicum Coordinator and the program. All data will be kept confidential and will be used for program evaluation purposes only.

|                         |  |
|-------------------------|--|
| Name of Practicum Site: |  |
|-------------------------|--|

#### Quantitative Evaluation

**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 Applicable**

#### At this 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.   | 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 skills.  | 5 | 4 | 3 | 2 | 1 | N/A |
| 6. Adequately supervised and informed of whom to ask for help if I needed it.                           | 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. Received support and help from the institutional Practicum Coordinator                              | 5 | 4 | 3 | 2 | 1 | N/A |

## Qualitative Evaluation

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 practicum students? Yes ☐ No ☐

What is your reason for either recommending or not recommending the practicum site?

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

How did you communicate with the Practicum Coordinator about the practicum site? Check all that apply.

- ☐ Scheduled meetings/class session on campus
- ☐ Practicum Coordinator visited the site
- ☐ Scheduled phone calls with the Practicum Coordinator
- ☐ Meeting with Practicum Supervisor and Practicum Coordinator

What other support from the medical assisting program did you receive during your practicum experience?

What other support would have been useful?

|                       |  |
|-----------------------|--|
| Print Student's Name: |  |
| Signature:            |  |
| Date:                 |  |

## STUDENT SURVEY OF PROGRAM RESOURCES

### Stanly Community College Medical Assisting Program

The purpose of this survey instrument is to evaluate our program resources. The data compiled will aid the program in an ongoing process of program improvement.

Date Completed:

**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 = you did not use the resource, or it is not available

|  |   |   |   |   |   |     |
|--|---|---|---|---|---|-----|
| The Program Director was accessible and responded to concerns and questions                              | 1 | 2 | 3 | 4 | 5 | N/A |
| The faculty were accessible and responded to concerns and questions                                      | 1 | 2 | 3 | 4 | 5 | N/A |
| The number of faculty is adequate to ensure student learning and support                                 | 1 | 2 | 3 | 4 | 5 | N/A |
| The Program Director and faculty were knowledgeable about the field of medical assisting.                | 1 | 2 | 3 | 4 | 5 | N/A |
| There was private space available to meet with the Program Director and faculty about any concerns       | 1 | 2 | 3 | 4 | 5 | N/A |
| The Practicum Coordinator prepared me effectively for the practicum experience                           | 1 | 2 | 3 | 4 | 5 | N/A |
| The Practicum Coordinator provided support and help during the practicum experience.                     | 1 | 2 | 3 | 4 | 5 | N/A |
| The clerical support staff are helpful and efficient.  | 1 | 2 | 3 | 4 | 5 | N/A |
| Classrooms and Laboratories are adequate in size.  | 1 | 2 | 3 | 4 | 5 | N/A |
| The laboratory equipment is sufficient to perform required laboratory exercises.                         | 1 | 2 | 3 | 4 | 5 | N/A |
| The type and amount of supplies are sufficient for student performance of required laboratory exercises. | 1 | 2 | 3 | 4 | 5 | N/A |
| Computer resources/Information Technology are adequate to support the curriculum.                        | 1 | 2 | 3 | 4 | 5 | N/A |
| The instructional materials used were effective in helping me understand the material.                   | 1 | 2 | 3 | 4 | 5 | N/A |
| The library provides sufficient materials to support classroom assignments.                              | 1 | 2 | 3 | 4 | 5 | N/A |
| Tutoring is available when needed.   | 1 | 2 | 3 | 4 | 5 | N/A |



For the question below, rate the overall resources, with 5 being excellent and 1 being poor, and there are options in between those two categories.

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| Overall quality of the resources supporting the medical assisting program | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|

How long have you been a student in the program? \_\_\_\_\_

Based on your experience, which program resources did you find to be the strongest and provide you with the most support? Why?

Based on your experience, which program resources could be improved? How? Please respond to this question if you rated any of the categories above as a 1 or 2.

## GRADUATE SURVEY

**Stanly Community College**

### Medical Assisting Program

The primary goal of a Medical Assisting Education program is to prepare each graduate to function as a competent Medical Assistant. This survey is designed to help program faculty determine their program's strengths and those areas that need improvement. All data will be kept confidential and will be used for program evaluation purposes only.

#### BACKGROUND INFORMATION:

Job Title: \_\_\_\_\_ If not working, what are you doing? \_\_\_\_\_

Current Salary (optional): \_\_\_\_\_

Place of employment: \_\_\_\_\_

Length of employment at time of survey: \_\_\_\_\_ years and/or \_\_\_\_\_ months

Name of graduate (Optional): \_\_\_\_\_

Certification/Registration Status (*check all that apply*): \_\_\_\_\_ CMA (AAMA) \_\_\_\_\_ RMA (AMT)  
\_\_\_\_\_ NCMA (NCCT) \_\_\_\_\_ CCMA (NHA)

**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

#### Cognitive Domain:

##### The program:

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. Helped me to acquire the medical assisting knowledge appropriate to my level of training. | 5 | 4 | 3 | 2 | 1 |
| 2. Prepared and encouraged me to apply for and pass my professional credentialing exam.      | 5 | 4 | 3 | 2 | 1 |

#### Psychomotor Domain:

##### The program:

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 3. Prepared me to collect patient data effectively.   | 5 | 4 | 3 | 2 | 1 |
| 4. Prepared me to perform appropriate diagnostic and medical procedures.                          | 5 | 4 | 3 | 2 | 1 |
| 5. Prepared me to use sound judgment for functioning in the healthcare setting.                   | 5 | 4 | 3 | 2 | 1 |
| 6. Prepared me to perform all clinical skills appropriate to entry level medical assisting.       | 5 | 4 | 3 | 2 | 1 |
| 7. Prepared me to perform all administrative skills appropriate to entry level medical assisting. | 5 | 4 | 3 | 2 | 1 |

**Affective Domain:**

**The program:**

|  |   |   |   |   |   |
|--|---|---|---|---|---|
| 8. Prepared me to communicate effectively in the healthcare setting.                       | 5 | 4 | 3 | 2 | 1 |
| 9. Prepared me to conduct myself in an ethical and professional manner.                    | 5 | 4 | 3 | 2 | 1 |
| 10. Prepared me to manage my time efficiently while functioning in the healthcare setting. | 5 | 4 | 3 | 2 | 1 |
| 11. OVERALL, the program prepared me very well to do entry-level medical assisting work.   | 5 | 4 | 3 | 2 | 1 |

**Please provide comments and suggestions that would help to better prepare future graduates.**

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**Thank You!**

**Date:** \_\_\_\_\_



HEALTHCARE PROVIDERS SERVICE  
ORGANIZATION PURCHASING GROUP



**Certificate of Insurance**  
**OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM**

Print Date: 12/10/2024

The application for the Policy and any and all supplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the Policy as if physically attached.

|  |               |               |                      |   |
|--|---------------|---------------|----------------------|---|
| <b>PRODUCER</b>  | <b>BRANCH</b> | <b>PREFIX</b> | <b>POLICY NUMBER</b> | <b>POLICY PERIOD</b>  |
| 018098   | 970           | HPG           | 0127270661           | From: 03/24/25 to 03/24/26 at 12:01 AM Standard Time  |
| <b>Named Insured and Address:</b>                                      |               |               |                      | <b>Program Administered by:</b>   |
| Stanly Community College<br>141 College Dr<br>Albemarle, NC 28001-7458 |               |               |                      | Nurses Service Organization<br>1100 Virginia Drive, Suite 250<br>Fort Washington, PA 19034<br>1-800-986-4627<br>www.nso.com |
| <b>Medical Specialty:</b>  |               | <b>Code:</b>  |                      | <b>Insurance Provided by:</b>   |
| School Blanket - Healthcare Provider Students 80998                    |               |               |                      | American Casualty Company of Reading, Pennsylvania<br>151 N. Franklin Street<br>Chicago, IL 60606                           |

|                               |                     |                   |                     |                  |
|-------------------------------|---------------------|-------------------|---------------------|------------------|
| <b>Professional Liability</b> | <b>\$ 2,000,000</b> | <b>each claim</b> | <b>\$ 5,000,000</b> | <b>aggregate</b> |
|-------------------------------|---------------------|-------------------|---------------------|------------------|

Your professional liability limits shown above include the following:

- \* Personal Injury Liability

**Coverage Extensions**

|                              |          |                |            |           |
|------------------------------|----------|----------------|------------|-----------|
| Grievance Proceedings        | \$ 1,000 | per proceeding | \$ 10,000  | aggregate |
| Defendant Expense Benefit    |          |                | \$ 10,000  | aggregate |
| Deposition Representation    | \$ 1,000 | per deposition | \$ 5,000   | aggregate |
| Assault                      | \$ 1,000 | per incident   | \$ 25,000  | aggregate |
| Medical Payments             | \$ 2,000 | per person     | \$ 100,000 | aggregate |
| First Aid                    | \$ 500   | per incident   | \$ 25,000  | aggregate |
| Damage to Property of Others | \$ 250   | per incident   | \$ 10,000  | aggregate |

Base Premium \$5,800.00

**Policy Forms and Endorsements** (Please see attached list of policy forms and endorsements)

  
**Chairman of the Board**

  
**Secretary**

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in