



# MEDICAL ASSISTING

## Student Handbook Program Addendum

518 W. Prospect St.  
Smithville, OH 44677



Phone: 330.669.7070  
Fax: 330.669.7071  
<http://www.wcsc.org/adulted/>

Updated May 2022

# Contents

## Table of Contents

<b>1</b>	<b>Program Overview.....</b>	<b>3</b>
<b>2</b>	<b>Staff .....</b>	<b>4</b>
<b>3</b>	<b>Entrance Requirements .....</b>	<b>5</b>
3.1	Immunizations .....	5
3.2	Documentation.....	5
<b>4</b>	<b>Grading Scale .....</b>	<b>6</b>
<b>5</b>	<b>Code of Conduct .....</b>	<b>7</b>
<b>6</b>	<b>Dress Code .....</b>	<b>8</b>
<b>7</b>	<b>Safety.....</b>	<b>9</b>
<b>8</b>	<b>Competencies .....</b>	<b>10</b>
<b>9</b>	<b>Externship Requirements .....</b>	<b>15</b>
7.1	Student Responsibilities.....	16
<b>8</b>	<b>Signature Pages.....</b>	<b>19</b>

## 1 Program Overview

This handbook serves several purposes. Initially, it is used to document student progress as they prepare for the program. The following section, *Entrance Requirements* focuses on these items. A second objective is to delineate, in a supplementary fashion, general guidelines for students while they complete the program. More precisely, these components, namely the *Code of Conduct* and the *Dress Code* sections, instruct students what's expected in terms of their behavior and appearance while attending class and participating in their externship experience.

The third aim of the Medical Assisting Student Handbook is to provide a vehicle for documenting academic progress. This is a critical component, as specific criteria must be met prior to setting up the externship experience. As students master each skill, the instructor initials the corresponding *competency* in the *Competencies* section of this booklet. Once all competencies are completed, a student may pursue their externship experience, assuming they continue to meet the general requirements listed in the *Code of Conduct* and *Dress Code* sections. The goal of the WCSCC Medical Assisting Program is specifically to prepare competent entry-level medical assistants in the cognitive knowledge, psychomotor skills, and affective behavior learning domains.

Finally, the last section of this document, *Signature Pages*, provides an area for your instructor and the Adult Education Career Services Advisor to document milestones and their endorsement of a student's work as they prepare to graduate. The entire Adult Education team congratulates you on your commitment to furthering your education and stand ready to provide whatever supports you require as you pursue your goals. This document provides the guidelines for making this a successful partnership!

## 2 Staff

Students should become familiar with the following individuals, as they are primarily responsible for the administration of the Medical Assisting Program. Contact information is provided for the student's convenience.

	<b>Staff Member's Name</b>	<b>Title/Department</b>	<b>Email Address</b>	<b>Extension</b>
	Suzette Best	Program Director/Instructor	<a href="mailto:sbest@wcsc.org">sbest@wcsc.org</a>	
	Josi Weaver-Kranz	Career Services/Practicum Coord	jweaver-kranz@wcsc.org	6013
4	Taryn Wolf	AE Financial Aid	twolf@wcsc.org	1323
	Sandy Elliott	Dean	selliott@wcsc.org	1322

### 3 Additional Program Requirements

In order to be placed at a clinical site for the Adult Medical Assisting Program, specific requirements must be met. **Requirements should be completed between October 1 and December 31.**

#### Immunizations

The following immunizations are required.

- |   |           |
|---|-----------|
| <input type="checkbox"/> Tetanus  | Date_____ |
| <input type="checkbox"/> Hepatitis  | Date_____ |
| <input type="checkbox"/> MMR #1   | Date_____ |
| <input type="checkbox"/> MMR #2   | Date_____ |
| <input type="checkbox"/> Rubeola Titer (if you do not have record of MMR)   | Date_____ |
| <input type="checkbox"/> Mumps Titer (if you do not have record of MMR)   | Date_____ |
| <input type="checkbox"/> Chickenpox   | Date_____ |
| <input type="checkbox"/> Varicella Titer (if you did not have the chickenpox immunization/or Doctor documentation of chicken pox) | Date_____ |

- Sites may have additional requirements such as flu/Covid vaccine

#### 3.1 Documentation

The following documents must be completed and submitted by between January 1 and April 15.

- |  |           |
|--|-----------|
| <input type="checkbox"/> Signed waiver of release of occupational risk | Date_____ |
| <input type="checkbox"/> BCI / FBI Background Check                    | Date_____ |
| <input type="checkbox"/> Mantoux #1                                    | Date_____ |
| <input type="checkbox"/> Mantoux #2                                    | Date_____ |

**If all documents are not submitted prior to April 15, you will be ineligible for your clinical assignment and you may be withheld from class.**

### 3.2 Advanced Placement through Articulation

This agreement provides for collaboration between the Institutional Partners of WSCC secondary and post-secondary Medical Assisting programs in order to enhance and further the educational opportunities available to eligible students. The goal of the collaboration is to create a seamless learning progression of technical skills from the secondary level to the adult level thus qualifying the students to sit for the Certified Medical Assisting (CMA) Exam.

#### Eligible students:

1. Maintain an A- average in their secondary medical assisting program
2. Maintain a B- average in all academic coursework
3. Maintain an overall attendance percentage of 90%
4. Registered member of Drug Free Clubs (DFC)
5. Successful completion of the A-Game program
6. Maintains excellent behavior as demonstrated by the absence of any infractions categorized as Level II or Level III in the student handbook

This criteria will be reviewed by the admissions committee early in the fourth quarter of the school year. Those students who are granted entrance to the Bridge Program will be required to meet the entrance requirements of the AE medical assisting program, including passage of the WorkKeys examination and the submission of all requisite medical records (no later than May 15, 2023).

## 4 Grading Scale

Letter Grade Percent Range Point Value

A	94 – 100%	4.0
A-	90 – 93%	3.7
B+	87 – 89%	3.3
B	83 – 86%	3.0
B-	80 – 82%	2.7
C+	77 – 79%	2.3
C	73 – 76%	2.0
C-	70 – 72%	1.7
D+	67 – 69%	1.3
D	63 – 66%	1.0
D-	60 – 62%	0.7
F_	59%	0.0

In order to pass this program you must successfully complete all of the psychomotor and affective competencies in the course.

Your grade point average (GPA) will be calculated by this point value system. Each letter grade is

assigned a point value. Your points will be totaled then divided by the number of graded subjects in which you were enrolled. To graduate, your final GPA must be 2.0 or above. Programs are non-term and by Department of Education definition are not made up of modules.

Evaluation Assessment: Based on the following activities

Attendance	Must maintain 90% overall attendance
Procedures/Projects	30%
Tests and Quizzes	50%
Homework/lab/assignments	20%

## 5 Code of Conduct

Student behavior is expected to reflect the high standards and expectations of the Career Center. Inappropriate behavior outside of school that involves law enforcement may impact your enrollment status. Other reasons for disciplinary actions are listed below.

- I. Any action that may jeopardize the safety or well-being of a patient, a peer or oneself
- II. Any violation of the Patients' Rights or breach of patient confidentiality
- III. Plagiarism, cheating, or any other academic behavior deemed unacceptable by the Career Center staff
- IV. Any unprofessional behavior, including cursing, vulgar language, fighting, inappropriate gesturing, insubordination, sleeping in class, or other behaviors deemed disruptive to the learning environment
- V. General violations of school or Board of Education policies
- VI. Absenteeism or habitual tardiness
- VII. Lack of aptitude or unsafe performance in the clinical area, resulting in possible harm to patient, co-worker or self
- VIII. Unprofessional behavior in the classroom, lab, or externship setting with regard to patients, faculty, staff, visitors, high school students, or a classmate
- IX. Disrespectful treatment of others, including threatening comments

## **6 Dress Code**

The Wayne County Schools Career Center's Medical Assisting Program strives to promote professionalism in our students. Personal appearance is a reflection on you, your profession, and your school. Each student is expected to maintain appropriate appearance at all times. This includes personal grooming and attire.

### **General Appearance**

- I. An identification badge (ID) must be worn at all times
- II. All garments must be clean and in good repair
- III. Hats, hoods, caps, etc. may not be worn inside the building
- IV. Hair must be kept off the collar and be neat in appearance
- V. Strong perfumes, colognes, and heavy cosmetics are prohibited
- VI. Neck chains, if worn, must be out of sight
- VII. Facial hair must be well-trimmed and groomed
- VIII. Gum chewing is not permitted

### **Tops**

- I. Scrub tops must be clean and fit appropriately
- II. Warmer tops (sweaters) may be worn in class if such garments are free of inflammatory or inappropriate language or symbols.

### **Pants and Shoes**

- I. Scrub pants must be clean and reach the top of the shoes
- II. White crew socks may be worn with pants
- III. Shoes are to be closed-toe/heal and leather. Sandals are not permitted.

Failure to comply with the preceding dress code may result in dismissal from the class and be considered a class absence.

## 7 MA Lab Safety Protocol/Safety Procedures

Follow all OSHA rules and regulations for Blood Borne Pathogens and bodily fluids. You MUST have your hepatitis vaccine series.

Always wear appropriate PPE.

Follow directions precisely for all lab procedures and when using any equipment so accidents are prevented. If you are unsure, ASK!

Use extreme care when using the autoclave. It can cause burns from steam or water.

Unplug electrical equipment after use. Turn power off first and stand by the machine until it stops when working with all electrical equipment. Make sure your hands are dry. Remove plug from outlet by pulling on the plug, not the cord.

Immediately report any electrical cords or plugs that appear frayed.

Handle all lab instruments with care. Many are pointed and very sharp.

Handle glassware carefully and as directed to prevent cuts and breakage.

Use extreme care when handling needles and medical instruments. Skin punctures from contaminated instruments can transmit diseases. Notify instructor if you are punctured.

Handle liquids carefully and as directed as some are flammable or contain harmful chemicals. Always read labels before using. Be familiar with SDS sheets

Wipe up spills immediately.

Use proper body mechanics when lifting heavy objects or giving physical assistance to others.

Fire, tornado and other emergency procedures must be learned and followed.

All equipment and instruments are provided to enhance your learning as a Medical Assistant and will be used only for that purpose.

THINK BEFORE YOU ACT! Practice safety at all times. DO NOT attempt to use any equipment until instructed in its use.

Complete proper incident as needed.

I have read the above procedures and understand protocol completely.

Name (signature) \_\_\_\_\_

Date \_\_\_\_\_

**Master Competency Checklist**  
**2022 MAERB Core Curriculum**

**Psychomotor Competencies**

I. Anatomy, Physiology, and Pharmacology		Grade	Pass	Date	Int.
I.P.1	Accurately measure and record: a. blood pressure b. temperature c. pulse d. respirations e. height f. weight (adult and infant) g. length (infant) h. head circumference (infant) i. oxygen saturation				
I.P.2	Perform the following procedures: a. electrocardiography b. venipuncture c. capillary puncture d. pulmonary function testing				
I.P.3	Perform patient screening following established protocols				
I.P.4	Verify the rules of medication administration: a. right patient b. right medication c. right dose d. right route e. right time f. right documentation				
I.P.5	Select proper sites for administering parenteral medication				
I.P.6	Administer oral medications				
I.P.7	Administer parenteral (excluding IV) medications				
I.P.8	Instruct and prepare a patient for a procedure or a treatment				
I.P.9	Assist provider with a patient exam				
I.P.10	Perform a quality control measure				

I.P.11	Collect specimens and perform: a. CLIA waived hematology test b. CLIA waived chemistry test c. CLIA waived urinalysis d. CLIA waived immunology test e. CLIA waived microbiology test				
I.P.12	Provide up-to-date documentation of provider/professional level CPR				
I.P.13	Perform first aid procedures a. bleeding b. diabetic coma or insulin shock c. stroke d. seizures e. environmental emergency f. syncope				
<b>II. Applied Mathematics</b>					
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				
<b>III. Infection Control</b>					
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 a. sharps 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: a. office policies 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: a. charges b. payments c. adjustments				
VII.P.2	Input accurate 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: a. privacy 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: a. eyewash equipment b. fire extinguishers				
XII.P.3	Use proper body mechanics				
XII.P.4	Evaluate an environment to identify unsafe conditions				

### **Affective Competencies**

		<b>Grade</b>	<b>Pass</b>	<b>Date</b>	<b>Int.</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				

## 8 Externship Requirements

Medical Assisting students will complete 170 hours of unpaid clinical externship experiences at one site during the Medical Assisting program. All 170 hours must be supervised and the student must be clearly identified as a student. All placements must be clear that the student is not a substitution for hired staff. In addition to all the entrance requirements, including additional immunizations (see below) and documentation requirements (3.1, 3.2), students must meet the following requirements before being considered for externship placement:

- I. Students must be current in their coursework, and making satisfactory progress (C or better) in each of the three competency areas.
- II. All competences must be documented as successfully achieved prior to placement in an externship.
- III. Students must maintain a 90% overall attendance record.
- IV. Students must meet with the Medical Assisting Practicum Coordinator to process necessary paperwork. The coordinator ensure the correct paperwork is distributed to both the student and the externship site supervisor.
- V. Please note: We wish to place students where they have an interest, but it is not always possible to grant a first choice based on the availability of the site listed.
- VI. Students must meet all requirements of an individual site, in addition to the requirements listed in this handbook.

### Notes

*Externships are handled on a student-by-student basis. The WCSCC staff takes great care in matching students and site, based on student-preference and site-availability. As such, there may be cases in which a student meets all of the above-listed requirements yet is not immediately placed at an extern/clinical site.*

*Students must inform the WCSCC staff of their site preference(s). Student are not to contact sites directly.*

## 8.1 Student Responsibilities

Students must meet additional requirements while on clinical. These requirements are listed below and must be met to successfully complete the externship experience.

- I. Students are responsible to document externship hours on the time-sheets provided by the Externship Coordinator on a weekly basis, and turn them in to the Adult Education Office.
- II. Students are responsible to complete the Student's Evaluation of the Practicum Site and return it to the Externship Coordinator at the conclusion of their externship.
- III. Students are required to call off to both their externship site and the Externship Coordinator, should an absence be necessary.
- IV. Should student concerns arise at an externship site, the Program Supervisor and the Externship Coordinator should be notified as soon as possible, and attendance at the site should continue until handled by the Program Supervisor and the Externship Coordinator.

## 9 Certification Exams

### 9.1 CCMA

The Certified Clinical Medical Assisting exam from National Healthcareer Association will be used as your final exam for the course. The cost of the exam has been included in the cost of your program. Any retakes will be at the students expense.

Please find the NHA handbook for Certification at:

[https://www.nhanow.com/docs/default-source/test-plans/candidate\\_handbook.pdf?sfvrsn=2dc93c04\\_24](https://www.nhanow.com/docs/default-source/test-plans/candidate_handbook.pdf?sfvrsn=2dc93c04_24)

Accommodations may be requested directly from National Healthcareer Association

[https://share.hsforms.com/1430252/ffbcdaa0-5db2-4cd2-90f0-3e31566f2e9e?\\_hstc=3634607.cfb9dff5b8b5e534e8866b2d923fff9.1650985029212.1654693017346.1654705820458.11&\\_hssc=3634607.6.1654705820458&\\_hsfp=1353873515](https://share.hsforms.com/1430252/ffbcdaa0-5db2-4cd2-90f0-3e31566f2e9e?_hstc=3634607.cfb9dff5b8b5e534e8866b2d923fff9.1650985029212.1654693017346.1654705820458.11&_hssc=3634607.6.1654705820458&_hsfp=1353873515)

**NHA Requests for accommodations must include either:**

1. A letter, written no more than two years earlier than the date of the request, from an objective physician or healthcare professional qualified to diagnose the disability or medical condition and render an opinion as to the need for an accommodation.

2. An “objective” professional cannot be the candidate requesting the accommodation or a relative of the candidate.
3. If the candidate is a high school student, or is within two years of his/her high school graduation, an Individual Educational Plan (IEP) may be used in lieu of the letter provided that the IEP is actively in place, or was actively in place at the time of graduation.

Older IEPs will be considered, if provided, in any accommodation determination, but cannot be used in lieu of a letter from a qualified healthcare professional.

The letter or IEP MUST include the following:

- a. The specific disability/diagnosis. Mental/emotional disabilities must be accompanied by a numerical DSM-IV classification code.
- b. A brief explanation of how this condition limits the candidate’s ability to take the exam under standard conditions.
- c. If this is not a permanent disability or diagnosis, include date first diagnosed, approximate duration, and method used to make the diagnosis.
- d. State specifically the accommodation(s) required. Requested accommodations should be adequate to address the candidate’s specific disability or diagnosis without creating an unfair advantage. Please note that candidates who require extra time to complete the exam will be given 150% (or 1 1/2 times) the standard allotted time. If more time is needed, the letter or IEP must specifically state how much time is needed and why that amount of time is required.

Accommodations are provided to qualified candidates with disabilities to the extent that such accommodation does not fundamentally alter the examination or cause an undue burden to the NHA or the testing center. The cost of excessive accommodation requirements is to be borne by the candidate (i.e., electronic communication equipment, etc.).

*Please note: The exam is written and administered in the English language. A lack of facility with the English language is not considered a disability. Exams will not be translated into foreign languages, and interpreters are not permitted inside the exam room for the purpose of translating the examination from English into another language for a candidate..*

## **9.2 CMA**

You will apply to take the Certified Medical Assisting (CMA) exam from American Association of Medical Assistants (AAMA) during your externship. The AAMA will require you to select a 90 day window to test within— after we submit the application on

your behalf all communication will come directly from AAMA to you via email. The cost of the exam has been included in the cost of your program. Any retakes will be at the students expense.

Please review these helpful links from AAMA:

CMA Fact Sheet [https://www.aama-ntl.org/docs/default-source/about-the-profession-and-credential/cma-\(aama\)-fact-sheet.pdf?sfvrsn=8](https://www.aama-ntl.org/docs/default-source/about-the-profession-and-credential/cma-(aama)-fact-sheet.pdf?sfvrsn=8)

Occupational Analysis of Medical Assistants <https://www.aama-ntl.org/docs/default-source/about-the-profession-and-credential/oa.pdf?sfvrsn=13>

Candidate Handbook: <https://www.aama-ntl.org/docs/default-source/cma-exam/cma-exam-app.pdf?sfvrsn=42>

### **AAMA process for Applying for Accommodations:**

Disabled persons who require special provisions on exam day must submit a Special Testing Accommodations Request Form (available on the AAMA website) with the application, candidate fee, and written documentation of the following:

- A formal diagnosis by a skilled evaluator (e.g., a psychologist)
- The credentials and documentation of the expertise of the evaluator providing documentation referenced immediately above
- Specific findings in support of the diagnosis
- Current functional limitations 1 Explanation of the specific requests for special accommodations

While the Certifying Board will make every effort to fulfill special accommodation requests, it reserves the right to deny or postpone requests which are not submitted as specified above or which, in the judgment of the Certifying Board, would jeopardize the security of the exam material or the integrity of scores derived from the exam. Written notification will be provided to the candidate detailing the accommodations and any procedures that must be followed to ensure the test center can accommodate the stated needs on the test date.

## 10 Signature Pages

Each of the following signature pages corresponds to a specific period of the program. The *Entrance Page* is completed prior to beginning the program, once all of the entrance requirements are documented as complete. The *Externship Release* is filled out by the signatories once a student has met the prescribed objectives. Finally, the *Graduation Page* will be signed once a student has fulfilled all program requirements and is ready to graduate.

### Clinical Requirements

*By signing below, staff indicates that they entrance requirements, as delineated in the Entrance Requirements section, have been completed by the student.*

- IMMUNIZATIONS COMPLETE
- DOCUMENTATION COMPLETE
- IN GOOD FINANCIAL STANDING

\_\_\_\_\_(Student name) HAS COMPLETED ALL REQUIREMENTS DELINEATED ABOVE.

\_\_\_\_\_  
Program Supervisor

\_\_\_\_\_  
Career Services Advisor

\_\_\_\_\_  
Financial Aid Officer

\_\_\_\_\_  
Dean

## Externship Release

*By signing below, staff indicates that the externship requirements, as delineated in this document, have been completed by the student.*

OPTION 1

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

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

OPTION 2

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

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

OPTION 3

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

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_(Student name) HAS COMPLETED ALL EXTERNSHIP REQUIREMENTS DELINEATED IN SECTION 7 OF THIS HANDBOOK.

\_\_\_\_\_  
Program Instructor(s)

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
AE Career Services Advisor

\_\_\_\_\_  
Dean

## Graduation Requirements

*By signing below, staff indicates that the graduation requirements, as delineated below, have been completed by the student.*

- CURRICULUM COMPLETE
- EXTERNSHIP COMPLETE
- PAYMENT IN FULL

\_\_\_\_\_ (Student name) HAS COMPLETED ALL  
GRADUATION REQUIREMENTS DELINEATED ABOVE.

\_\_\_\_\_  
Program Instructor(s)

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Career Services Advisor

\_\_\_\_\_  
Financial Aid Officer

\_\_\_\_\_  
Dean