School of Health Sciences
Student Handbook

March 2007
The Associate of Applied Science in Medical Assisting is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), on recommendation of the Curriculum Review Board of the American Association of Medical Assistants Endowment (AAMAE).

ADDRESS: 1361 Park Street
Clearwater, FL 33756
TEL: 727.210.2350
WEBSITE: http://www.aama-ntl.org

The Associate of Applied Science in Medical Transcription is seeking accreditation from the American Association of Medical Transcription (AAMT).

ADDRESS: 100 Sycamore Avenue
Modesto, CA 95354-0550
TEL: 800.982.2182 (Toll Free)
WEBSITE: http://www.aamt.org

Students with questions or problems concerning any of the information in this handbook should direct queries to the Academic Program Director, Kaplan University School of Health Sciences.

The School of Health Sciences reserves the right to change any or all of the requirements, procedures, and policies published herein. Changes occurring after publication take precedence over handbook statements and will apply to present and new students.
# School of Health Sciences Student Handbook

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Section I — School Philosophy

SCHOOL OF HEALTH SCIENCES PHILOSOPHY

The mission of the health science programs is to educate students who will become ethical decision makers capable of entering the allied medical and health care fields. We accomplish this through a core curriculum of courses that foster effective communication skills, analytical problem-solving abilities, and an appreciation of the diversity of human beings. We combine these skills with specific industry skills that enable our graduates to function effectively in a dynamic field of service.

We believe that health is a dynamic state that continuously alters as a person or group adapts to changes in the internal and external environments to maintain relative stability and comfort. Individuals strive for a state of physical, mental, spiritual, and social balance to maximize well-being.

We believe that persons are open beings who are continually evolving and responding to the environment, capable of self-determined adaptations, freely choosing meaning in situations, and bearing the responsibility for decisions. Persons are inherently worthy of respect. We believe that persons function as individuals and groups.

Community is an interdependent collectivity of people concentrated in a limited geographic area and/or having common values and interests. The global community is the world, with its collective knowledge and thinking, cultures and values, and methods of communication.

Persons, individually or in groups, act and respond to constantly changing internal and external environmental forces that impact health and well-being. Health science must respond to and reflect the dynamic and fluctuating effects of these forces upon the person.

We as School of Health Sciences faculty believe our role is to serve as educators, leaders, facilitators, mentors, evaluators, and resources for the learner. To foster active learning, we are responsible for providing and maintaining an environment that is characterized by mutual trust, respect and helpfulness, freedom of expression, acceptance of diversity, and creativity. The faculty also fosters understanding and appreciation for science and for technological developments and their relation to human issues, problems, and values. Education depends upon acts of communication that are reciprocal (two-way), consensual (voluntary), collaborative (shared), and explanatory (explains why).

We believe that Internet-based courses take advantage of the many ways in which people may prefer to learn, and view online distance education as an opportunity to capitalize on experience-based, learner-centered activities. We also accept collaborative-based learning as part of the foundation for effective and efficient knowledge discovery as well. Learning does not occur in a vacuum and feedback from instructors and peers is paramount. In addition, we need to connect learning to students’ personal lives, their work lives, and/or some of the many communities of which they are a part.
Section II — Code of Conduct

Professional organizations use a code of ethics to define the professional behaviors for a specific discipline. There are specific codes of ethics defined for both medical assisting and medical transcription students, as designated by the American Association of Medical Assistants and the American Association for Medical Transcription. Students in these programs should familiarize themselves with the codes and work to meet those guidelines for professional behaviors.

CODE OF ETHICS FOR MEDICAL ASSISTANTS

American Association of Medical Assistants Code of Ethics

The Code of Ethics of the American Association of Medical Assistants (AAMA) shall set forth principles of ethical and moral conduct as they relate to the medical profession and the particular practice of medical assisting.

Members of the AAMA dedicated to the conscientious pursuit of their profession, and thus desiring to merit the high regard of the entire medical profession and the respect of the general public which they serve, do pledge themselves to strive always to:

A. Render service with full respect for the dignity of humanity;
B. Respect confidential information obtained through employment unless legally authorized or required by responsible performance of duty to divulge such information;
C. Uphold the honor and high principles of the profession and accept its disciplines;
D. Seek to continually improve the knowledge and skills of medical assistants for the benefit of patients and professional colleagues;
E. Participate in additional service activities aimed toward improving the health and well-being of the community.

Reprinted with permission from the American Association of Medical Assistants (AAMA), MA Code of Ethics, www.aama-ntl.org

CODE OF ETHICS FOR MEDICAL TRANSCRIPTIONISTS

American Association for Medical Transcription Code of Ethics

This Code of Ethics of the American Association for Medical Transcription (AAMT) sets forth standards of conduct and ethical principles for the medical transcriptionist professional that all members of AAMT and individuals holding the CMT designation are expected to follow. Medical transcriptionists are vigilant advocates for quality patient documentation and adhere to the highest privacy and security provisions. We uphold moral and legal rights of patients, safeguard patient privacy, and collaborate with care providers to ensure patient safety, public health, and quality of care to the fullest extent possible, through the practice of medical transcription.

AAMT is responsible for expressing the values and ethics of the profession and for encouraging its members to function in accordance with these values and ethics, especially all individuals who hold the certified medical transcriptionist credential. AAMT members are aware that it is by our standards of conduct and professionalism that the entire profession of medical transcription is evaluated. We conduct ourselves in the practice of our profession to bring dignity and honor to ourselves and to the profession of medical transcription as medical language specialists.

Instances may arise when members’ and certificants’ ethical obligations may appear to conflict with relevant laws and regulations. When such conflicts occur, members and certificants must make a responsible effort to resolve the conflict in a manner that is consistent with the values, principles, and standards expressed in this code of ethics. Violation of the standards in this code of ethics does not necessarily imply legal liability or violation of the law. A determination that the law has been violated can be made only in the context of legal, judicial and/or administrative proceedings. Moreover, if this code of ethics establishes a higher standard of conduct than that required by law, members and certificants are expected to meet the higher ethical standard.

Members and certificants understand that membership and/or certification may be revoked by AAMT for failure to act in accordance with the provisions of the AAMT Code of Ethics.
Medical Transcriptionist professionals:

1. Maintain confidentiality of all patient information including, but not limited to, peer reviews, quality improvement, and risk management protocols with special effort to maintain data security in electronic communications.
2. Implement and maintain standards of professional transcription practice.
3. Respect the rights and dignity of all individuals.
4. Continue professional growth enhancing knowledge and skills, including continuing education, networking with colleagues, professional reading, and certification.
5. Strive to provide accurate and timely information.
6. Exercise integrity in professional practices including work or professional experience, credentials, affiliations, productivity reporting, billing charges, and payment practices.
7. Comply with all laws, regulations, and standards governing the practice of patient documentation.
8. Foster environments of employment that facilitate integrity, professionalism, and protection of patient information.
9. Strive to advance the goals and purposes of the Association and work for the advancement and good of the profession.

Section III — Policies

CLINICAL ORIENTATION POLICY

All School of Health Sciences students will be required to participate in a clinical orientation. The orientation will provide students with an overview of the clinical processes for each School of Health Sciences program. This orientation will be scheduled during the fifth term of a student’s academic program.

HEALTH AND SAFETY POLICIES

Students will be required to meet the health and safety requirements of the specific health facility or agency approved for their clinical instruction experience and externship. Documentation of examinations, immunizations, CPR, or other health and safety requirements will be submitted to the Health Sciences Clinical Coordinator prior to beginning the clinical experience. Students who fail to submit this material will not be able to proceed with the clinical experience and will be withdrawn from the course.

A student with a health condition (i.e., pregnancy, seizure disorder, diabetes, infectious disease or exposure to infectious diseases, emotional problems, etc.) that may have a safety consideration must immediately notify the Clinical Coordinator so that assignment modification can be made as necessary. Students have the responsibility to self-report any health-related condition that occurs in the program to the Health Sciences Clinical Coordinator.

UNIFORM POLICY

All Kaplan University students will be required to wear their university uniform at their clinical site unless the site requests that the student dress in business attire. The college uniform should be worn only while the student in completing Kaplan University required clinical skills.

During clinical orientation, medical assisting students will be provided with one set of scrubs with the Kaplan University logo, a name badge, a stethoscope, and a blood pressure cuff. Medical office management students will be provided with one set of scrubs with the Kaplan University logo and a name badge. Medical transcription students will be provided with transcription software and a foot pedal. All of these items will be provided at no additional cost to the student; however, students who wish to purchase additional uniform sets may do so.

The Kaplan University name badge is a required component of the uniform and should be worn at all times while in a clinical setting. The student should work with his or her supervisor/clinical instructor to determine how he or she will introduce themselves while in the clinical setting.

PERSONAL APPEARANCE POLICY

A medical professional’s personal appearance can often influence how a patient interacts with them. The medical office is not the appropriate place to express your personal beliefs or feelings through appearance. In addition, some types of clothing and accessories violate Occupational Safety and Health Administration (OSHA) standards. Kaplan University students are asked to comply with the following guidelines:

- A maximum of two conservative ear piercings are allowed. No tongue, eyebrow, nose, or other visible piercings are allowed at the clinical site.
- No acrylic nails are allowed. Neutral colored or clear nail polish is acceptable but should be free of chips.
- Hair that is longer than shoulder length should be pulled back.
- Jewelry should be simple and conservative. A watch (with a second hand), a wedding band, and simple earrings are permissible. Other jewelry should not be worn.
- Shoes must be impermeable to fluids. No canvas, open-toed, or high-heeled shoes or sandals are permitted.
- No strong smelling perfumes, lotions, or deodorants should be used.
• Students should use good hygiene and grooming habits. Scrubs and hair should be clean, neat, and free of any strong odors (such as cigarette smoke). The student should also be careful to engage in good oral hygiene and be free of bad breath.
• Chewing gum is not allowed at clinical sites.
• Cellular phones, pagers, or text messaging devices should not be carried during clinical hours.

Individual sites may have additional guidelines. Students are expected to follow all dress code requirements for both Kaplan University and their clinical site.

CONFIDENTIALITY POLICY
Confidentiality is of major importance when caring for clients and working with institutions. Students are personally responsible for maintaining confidentiality and complying with policies, including those related to the Health Information Portability and Accountability Act (HIPAA), in each agency to which they are assigned. Violation of confidentiality will result in disciplinary action, possibly a failing grade for the course, or termination from the program, pending consultation with School of Health Sciences staff.

• Any personal data that is collected for the purposes of completing an assignment for coursework is to be altered such that the identity of the patient is protected. The data is to be destroyed upon completion of the course.
• Students will only engage in personal data collection for patients in relationship to the requirements of the course.
• Students will maintain the utmost confidentiality in relation to any patient information that they obtain through their progress in the curriculum.
• Student information is also considered personal and confidential for all students in the program and will be treated as such by Kaplan University employees.
• All online discussions/assignments/seminars related to experiences with patients in the community will be carried out with all identifying information related to the patient altered to protect privacy or removed.
• Kaplan University students and faculty will refrain at all times from disclosing information, either verbal or written, related to any patient or student encounters.
SECTION IV – Clinical Requirements

CLINICAL REQUIREMENTS BY PROGRAM

Each School of Health Sciences academic program requires students to participate in a hands-on clinical experience. The Kaplan University Health Sciences Clinical Coordinator serves as the chief point of contact for both the student and the clinical sites. All School of Health Sciences students will communicate with the Clinical Coordinator throughout their academic program.

Upon admission, each student will provide the names of two potential clinical sites, within their geographical area, where they would like to perform their clinical experience. This information will be given to the Clinical Coordinator, who will work to develop a Kaplan University affiliation with the sites. Should the Clinical Coordinator be unable to develop a relationship with either site, the student will be consulted regarding additional placement options within their geographical area.

All sites that host clinical instruction or externship students are required to complete an Affiliation Agreement with Kaplan University. The Health Sciences Clinical Coordinator will work with the student and the site to insure that this step of the process is completed.

Medical Assisting

Medical assisting students will participate in clinical instruction experiences during MA 165: Clinical Competencies I and MA 265: Clinical Competencies II. Students will work with the Health Sciences Clinical Coordinator to locate a clinical instructor. The clinical instructor is an experienced health care provider who is willing to serve in the role of an expert in order to assess the competency of students as they perform clinical procedures appropriate to the medical assistant role. Clinical instructors must be approved by the Health Sciences Clinical Coordinator. Approval is based on the following criteria:

- The clinical instructor should have a minimum of an associate’s degree in a health care field or current certification in their professional field.
- The clinical instructor should be available to assist the student during practice sessions for the required clinical competencies and agree to provide a supportive learning environment that encourages problem solving and critical thinking.
- The clinical instructor should be employed in an agency that has or is willing to establish an Affiliation Agreement with Kaplan University.
- The clinical instructor must agree not to mentor more than one student at a time.
- The clinical instructor must complete the following:
  1. Kaplan University orientation
  2. Formal evaluation of the student’s skills
  3. Required Kaplan University documentation of skills

Prior to placement at a clinical instruction site, students will participate in a professional interview with the site. This is a time for the student and clinical instructor to get to know one another and to determine if the placement is a good match for each. Following completion of an interview, the clinical site will notify the Clinical Coordinator of acceptance of the student. The Clinical Coordinator will then notify the student of their acceptance.

Medical assisting students will also complete an externship during MA 205: Medical Externship and Evaluation. This course requires the student to work as a medical assistant within an ambulatory care setting for 160 hours. The student will complete a range of skills as required by AAMAE and as described in the medical assisting performance evaluation.

Medical assisting students are required to complete their externship hours in an ambulatory care setting. The primary placement for these students is a physician’s office; however, same day surgery centers or urgent care clinics may also be approved.

Medical assisting externships must be unpaid. Any student completing an externship within an agency that he or she is employed will need to separately document work time and externship time.

In many cases, the sites for the medical assisting clinical instruction and the externship will be the same. If, for some reason, the same site is not available for all three required components, the student will be required to work with the Health Sciences Clinical Coordinator to locate another approved site and/or clinical instructor/supervisor.

If a second site is required, the student will need to participate in a second site interview. The site will notify the Clinical Coordinator of their acceptance of the student prior to the placement being finalized.
Medical Office Management
Medical office management students are required to participate in an externship during MA 210: Medical Office Externship and Evaluation. This course allows students to gain hands-on experience and practice medical office administrative skills. A minimum of 90 hours of time is required. The Clinical Coordinator will assist the student in securing a site for placement.

Prior to finalizing the placement, students will participate in a professional interview with the site. This is a time for the student and the site supervisor to get to know one another and to determine if the placement is a good match for each. Following completion of an interview, the clinical site will notify the Clinical Coordinator of acceptance of the student. The Clinical Coordinator will then notify the student of their acceptance.

Medical office externships must be unpaid.

Medical Transcription
Medical transcription students are required to participate in an externship during MR 203: Medical Externship and Evaluation. This course allows students to gain hands-on experience and practice medical transcription skills. A minimum of 90 hours of time is required. The Clinical Coordinator will assist the student in securing a site for placement.

Prior to finalizing the placement, students will participate in a professional interview with the site. This is a time for the student and the site supervisor to get to know one another and to determine if the placement is a good match for each. Following completion of an interview, the clinical site will notify the Clinical Coordinator of acceptance of the student. The Clinical Coordinator will then notify the student of their acceptance.

SITE INTERVIEW GUIDELINES
The purpose of the pre-placement site interview is to allow the clinical site/supervisor and student to get to know one another. This allows the site, student, and Kaplan University to ensure that the clinic and the student are a good match for one another. Once a site has been arranged, the Clinical Coordinator will provide the student with contact information for the site. The student will then contact the site to set up an interview. Prior to the interview, the student should update his/her resume so they can provide it to the site.

On the day of the interview, the student should arrive at the site approximately 10 to 15 minutes early. If the site is in an unfamiliar area, it could be helpful to locate the site prior to the day of the interview.

The student should arrive at the interview dressed professionally. First impressions are lasting impressions! Appropriate attire would be business or business casual. Tattoos should be covered. Jewelry and makeup should be kept to a minimum. All clothing should be neat and clean. The student should be well groomed. It is best to avoid strong smelling perfumes and deodorants.

Just as the interview is a time for the clinic to get to know the student, it is also a time for the student to get to know the clinic. The student should use this opportunity to ask key questions that will allow them to feel more prepared for their first day at the site. It is helpful to find out where to park your car, as well as what kind of facilities are available for lunch or if there is a place to store food you bring from home.

Although students should avoid absences and late arrivals while at a clinical site, occasionally situations may arise that keep the student from attending or from being on time. When those situations arise, it is often difficult for a student to know who to contact at the clinic. During the interview, it is helpful to ask who you should contact if one of these situations occur during your clinical experience.

DOCUMENTATION OF CLINICAL EXPERIENCES
Medical Assisting Clinical Instruction Experiences
Medical assisting clinical instruction experiences require students to turn in competency checklists for individual skills, the appropriate Competency Checklists for the course, and the Clinical Student Hourly Timesheet on a weekly basis. Copies of the Competency Checklists for each course and Clinical Student Hourly Timesheets are included in this handbook. Directions for completion, as well as electronic copies of each form, will be included in the clinical orientation. Competency checklists for individual skills will be provided to clinical instructors by the Clinical Coordinator.
Medical Assisting, Medical Office Management, and Medical Transcription Externships

Medical assisting, medical office management, and medical transcription externships require students to complete an Externship Student Agreement, an Externship First Day on Site form, an Externship Student Hourly Time Sheet on a weekly basis, and an Externship Site Evaluation form. Each of these documents can be found in this handbook. Directions for completion, as well as electronic copies of each form, will be included in the clinical orientation.

In addition to the paperwork completed by the student, externship site supervisors will complete a performance evaluation and a student evaluation. Each of those documents must be submitted to the Clinical Coordinator prior to a grade being issued for the externship course.

PROBLEM RESOLUTION AT CLINICAL SITES

On occasion, issues may arise at a clinical site. These most often occur when a student and a staff member are in conflict with one another. In other words, they just are not getting along. If a student feels they are involved in a situation like this, there are several steps that should be taken.

First, the student should make sure he or she has a good understanding of the chain of command within the clinic setting. One way to make sure this is understood is to ask during the interview. A good way to phrase the question is. “I do not anticipate having conflicts with staff, but if something comes up, who should I talk to about it?” This will provide you with the information of who to contact ahead of time should a conflict indeed arise.

Second, remember that the Kaplan University Health Sciences Clinical Coordinator is available to help. The student is always welcome to contact the Clinical Coordinator to discuss potential issues or concerns. Although the Clinical Coordinator is not at the site, it is often helpful for the student to have someone to bounce ideas off of in order to decide how to handle a situation.

Issues may also arise in the clinical setting when a student is not performing at the expected level. A lack of performance can occur in the area of professionalism or with a specific hands-on skill. In either case, if the clinical supervisor feels that the issue is one that cannot be resolved within the clinic, he or she will contact the Kaplan University Health Sciences Clinical Coordinator. The Clinical Coordinator will request formal documentation of the issue from the supervisor and then, with the student and supervisor, create a remediation plan. The student will be required to adhere to the remediation plan in order to continue their placement at that specific clinical site.

CLINICAL SITE TERMINATIONS

On rare occasions, a clinical site may determine that they are no longer interested in working with an externship or clinical instruction student. If a student is terminated from a site, the Clinical Coordinator will work with the student and University administration to determine an appropriate course of action. A remediation plan may be put in place by University staff. Kaplan University policy limits students to two attempts for each externship or clinical instruction course, so the cooperation of the student in the remediation and subsequent second placement is vital to their ability to complete the program.
SECTION V – Professional Organizations

PROFESSIONAL ORGANIZATIONS
An important part of being a professional is becoming involved in professional organizations related to your specific discipline. Kaplan University does not endorse any specific professional organization. Students may want to investigate membership in the following organizations in order to assist in their own professional development.

Medical Assisting
Membership in the American Association of Medical Assistants (AAMA) is available online at www.aama-ntl.org. Student rates vary by state. Membership provides students with a subscription to CMA Today, a bimonthly magazine with valuable information about the profession of medical assisting, as well as information regarding national and local conventions; membership to a local AAMA chapter; and professional networking opportunities. Scholarships may also be available.

American Medical Technologists (AMT) members benefit from membership to state societies, information regarding national conventions and continuing education, scholarship opportunities, a free online job bank, and subscriptions to several AMT publications. Information regarding membership is available at www.aml.com. Reduced student membership rates are available.

Medical Office Management
American Medical Technologists (AMT) members benefit from membership to state societies, information regarding national conventions and continuing education, scholarship opportunities, a free online job bank, and subscriptions to several AMT publications. Information regarding membership is available at www.aml.com. Reduced student membership rates are available.

Medical Transcription
Information on American Association for Medical Transcription (AAMT) membership is located at www.aamt.org. Membership benefits include subscriptions to several publications, access to professional practice networking and an e-mentor, an online job bank, and multiple discounts for both personal and professional goods and services. A reduced membership rate is available for students who are enrolled in a medical transcription program.
SECTION VI – Forms

Health History, Physical Examination, and Immunization Record

To the applicant/student: Please complete this section before appointment with medical practitioner.

Personal Information

NAME: ____________________________
STREET ADDRESS: ____________________________
CITY: ____________________________ STATE: __________ ZIP: __________
HOME TELEPHONE: ____________________________ DATE OF BIRTH: __________/
PROGRAM OF STUDY: □ AS in Nursing □ AAS in Medical Assisting □ AAS in Medical Office Management □ Nurse Assistant Preparation Certificate

To the examining medical practitioner:

This applicant is considering admission into a nursing or health science program at Kaplan University. To ensure the health and safety of patients and other health care providers while enrolled, this person will be: required to achieve in a rigorous academic program; involved in stressful situations on a one-to-one basis; called upon to work with groups of people in stressful situations; required to use effectively all sensory organs; engage in activities that require above-average manual dexterity; and required to be on his/her feet for four to eight consecutive hours at one time.

Physical Examination Record

PAST HISTORY

MEDICAL:

Cardiac: ____________________________ Diabetes: ____________________________
Respiratory: ____________________________ Cancer: ____________________________
Learning Disability: ____________________________ Hypertension: ____________________________
Other: ____________________________

SURGICAL: ____________________________

FAMILY HISTORY: ____________________________

ALLERGIES: Drug: ____________________________ Other: ____________________________

MEDICATIONS: ____________________________

HABITS: ____________________________

LIMITATIONS/SPECIAL ACCOMMODATIONS: No: _____ Yes: _____ Describe ____________________________
Name: 

REVIEW OF SYSTEMS/ PHYSICAL EXAM FINDINGS

EYES: 

ENT: 

NECK: 

LUNGS: 

HEART: 

BREAST: 

ABDOMEN: 

RECTAL: 

PELVIC: 

EXTREMITIES: 

NEURO: 

REQUIRED LABORATORY STUDIES

1. HCT/HGB: RESULTS: ____________________________

2. UA (dipstick): RESULTS: _______________________

CERTIFICATION OF HEALTH STATUS

I hereby certify that I have examined __________________________ and that he/she is physically and emotionally able to be enrolled as a nursing or health science student. To the best of my knowledge, on this date, I have determined that he/she is free from any health impairment that is of potential risk to patients or that might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol, or other drugs and substances that may alter the individual's behavior.

COMMENTS OF EXAMINER:

__________________________________________________________

__________________________________________________________

__________________________________________________________

SIGNATURE OF EXAMINING MD/DO/NP/PA: __________________________

TYPE OR PRINT NAME AND TITLE: __________________________ DATE: __________

STREET ADDRESS: __________________________________________

CITY: __________________________ STATE: __________________ ZIP: __________
REQUIRED IMMUNIZATIONS:

A. MMR (Measles, Mumps, Rubella) Vaccine Two doses required for all students born after 12/31/56.
Vaccination Dates: 1. ___/____/_______ 2. ____/____/____

OR individual vaccine/proof of immunity as noted below.

1. Measles (Rubeola) Vaccine Check all that apply:
   - Vaccination Dates: 1. ____/___/_______ 2. ___/___/_______
   - Documentation of positive immune titer. Date: ____/____/____

   Attach copy of titer report

2. Rubella (German Measles) Vaccine Clinical history is not acceptable in place of vaccine. Check all that apply:
   - Vaccination Dates: 1. ____/___/_______ 2. ___/___/_______
   - Documentation of positive immune titer. Date: ____/____/____

   Attach copy of titer report

3. Mumps Vaccine Check all that apply:
   - Vaccination Dates: 1. ____/____/_______ 2. ___/____/_______
   - Documentation of positive immune titer. Date: ____/____/____

   Attach copy of titer report

B. Diphtheria, Tetanus, and Pertussis Vaccine
   - Dates of primary series: 1. ___/____/_______ 2. ____/____/_______
     3. ____/____/_______ 4. ____/____/_______ 5. ____/____/_______
   - Last booster within the past 10 years: Td, TT, or Tdap (circle one)
     Date: ____/____/_______

C. Polio Vaccine
   - Dates of primary series: 1. ___/____/_______ 2. ____/____/_______
     3. ____/____/_______ 4. ____/____/_______
   - Type of vaccine: Oral (OPV)____ Inactivated (IPV)____
   - Booster (optional): Date: ____/____/_______
     Type of vaccine: Oral (OPV)____ Inactivated (IPV)____

D. Varicella (Chicken Pox) One of the following is required:
   - Documentation of positive varicella titer. Date: ____/____/_______

   Attach copy of titer report. If negative, varicella immunization required.
   - Vaccine: One dose of vaccine is required prior to age 13. Two doses are required after age 13.
     Vaccination Dates: 1. ____/____/_______ 2. ____/____/_______

Hepatitis Waiver - Decline To Receive Hepatitis B Vaccination
   • I understand that due to my clinical laboratory exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV).
   • I have had an opportunity to receive information and to ask questions and understand the benefits and risks of the hepatitis B vaccination. I do not wish to receive this vaccine at this time and request that it not be given to me.
   • I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

Signature of person declining vaccine __________________________ Date _______________________
Name:

E. **Hepatitis B Vaccine** (Three doses and positive titer required.)
   Name and address where immunization was obtained:
   - 1st dose Date: ____/____/____
   - 2nd dose Date: ____/____/____ (1 month after 1st dose)
   - 3rd dose Date: ____/____/____ (6 months after 1st dose)

AND

**Hepatitis B Titer** (HbsAb or Anti-HBs – antibody to hepatitis B surface antigen)
   Immunity demonstrated by hepatitis B titer
   Date: ____/____/____ Positive/Reactive ________ Negative/Nonreactive _________
   (If negative, attach copy of titer report. See immunization policy in University Catalog)

F. **Tuberculosis Skin Test (PPD/Mantoux)** Two-step TB skin test required initially; annual TB skin test required thereafter.
   - Two-Step TB Skin Test
     1. Step 1 (Date placed) ____/____/____ Step 1 (Date read) ____/____/____ Results: ____ mm
     2. Step 2 (Date placed) ____/____/____ Step 2 (Date read) ____/____/____ Results: ____ mm
     Note: Any two documented TB skin tests completed within a 12-month period will be considered a two-step skin test.
   - Annual TB Skin Test
     If the two-step skin test was completed more than 12 months prior to start of class, one TB skin test within the past 6 months is required.
     Date placed ____/____/____ Date read ____/____/____ Results: ____ mm
   - History of Positive TB Skin Test: Date ____/____/____
     Documentation of chest x-ray and treatment required.
   - History of BCG vaccination: Date ____/____/____
     TB skin test required regardless of prior BCG vaccination.

**RECOMMENDED IMMUNIZATIONS:**
   - **Meningococcal Vaccine (Meningitis)**
     Recommended for students living in college dormitories who have not been immunized previously or for college students under 25 years of age who wish to reduce their risk.
     Vaccination Date: ____/____/____
   - **Influenza Vaccine**
     Recommended annually for health care providers.
     Vaccination Date: ____/____/____

*A copy of titer reports (i.e. hepatitis B, varicella, mumps, rubella, rubeola) must be provided with this form as indicated above.*

**SIGNATURE ___________________________**  **DATE ____/____/____**

*Must be signed by physician or nurse*

**PRINT NAME ___________________________**

**HOSPITAL/CLINIC ADDRESS OF PHYSICIAN OR NURSE VERIFYING THIS INFORMATION:**

________________________________________

________________________________________

**TELEPHONE NUMBER OF HOSPITAL /CLINIC:**
Notice of Site Interview

Dear ____________________________,

A clinical site has been selected and they have agreed to conduct an interview for your placement. The interview is a required step prior to finalizing your placement. The name of your site, the person you should contact to arrange the interview, and the contact information for the site are listed below.

Please contact the site to arrange your interview. Once the interview is complete, the site will contact me with their acceptance. I will then finalize the placement and contact you with the final approval so that you may begin your clinical experience.

Keep in mind that this interview is a professional job interview. It is a good idea to review the guidelines for interviewing in your student manual. Remember that you never get a second chance to make a first impression!

If you have any questions please do not hesitate to contact me.

Good luck,

Tricia Berry, MA
Health Sciences Clinical Coordinator
Kaplan University
Phone: 515.490.2621

Name of Site: ________________________________________

Name of Supervisor: ____________________________________

Phone Number: ________________________________________

Address: ______________________________________________
Notice of Final Site Assignment

Dear ________________________________,

Congratulations! You have successfully completed your site interview for your clinical site placement. The site has agreed to accept you as a student. This is the final step in site assignment the process.

The name of your site, your supervisor, and the contact information are listed below for your convenience. You may contact the site to arrange your start date and schedule of clinical hours. Once you have a set schedule and start date in place, please email me that information at tberry@kaplan.edu.

Please remember to review the School of Health Sciences Student Handbook prior to beginning you clinical hours to be sure that you are completing all of the required documentation.

Enjoy your clinical rotation! This is the time when the hard work and effort you have put into your coursework will pay off. If you have questions at any time, please feel free to contact me.

Sincerely,

Tricia Berry, MA
Health Sciences Clinical Coordinator
Kaplan University
Email: tberry@kaplan.edu
Phone: 515.490.2621

Name of Site: _______________________________________________________________

Name of Supervisor: __________________________________________________________

Phone Number: _____________________________________________________________

Address: ____________________________________________________________________
MA 165 Competency Checklist

The following competencies need to be completed during the MA 165 clinical instruction experience:

1. **Fundamental Principles**
   - Perform hand washing
   - Dispose of biohazardous materials
   - Practice standard precautions
   - Abide by OSHA compliance rules and regulations
   - Display proper use and care of microscopes

2. **Specimen Collection**
   - Perform venipuncture
   - Perform capillary puncture
   - Obtain specimens for microbiological testing
   - Instruct patients in the collection of a clean-catch, midstream urine specimen
   - Instruct patients in the collection of fecal specimens
   - Perform specimen processing
   - Perform requisition processing

3. **Diagnostic Testing**
   - **CLIA-Waived Testing**
     - Perform urinalysis
     - Perform hematological testing
     - Perform chemistry testing
     - Perform immunology testing
     - Perform microbiology testing

4. **General Competencies**
   - **Operational Functions**
     - Perform routine maintenance of clinical equipment
     - Use methods of quality control
MA 265 Competency Checklist

The following competencies need to be completed during the MA 265 clinical instruction experience:

1. Fundamental Principles
   - Wrap items for autoclaving
   - Perform sterilization techniques

2. Diagnostic Testing
   - Perform electrocardiograms
   - Perform respiratory testing

3. Patient Care
   - Perform telephone and in-person screening
   - Obtain vital signs
   - Obtain and record patient history
   - Prepare and maintain examination and treatment areas
   - Prepare patient for and assist with routine and specialty examinations
   - Prepare patients for and assist with procedures, treatments, and minor office surgeries
   - Apply pharmacology principles to prepare and administer oral and parenteral (excluding IV) medications
   - Maintain medications and immunization records
   - Screen and follow-up test results
   - Orient patients to laboratory procedures
   - Instruct patients with special needs

4. General Competencies
   - Legal Concepts
     - Document appropriately
   - Operational Functions
     - Perform an inventory of supplies and equipment
Clinical Instruction Experience Evaluation — Kaplan University Medical Assisting Program

Name of site where clinical instruction occurred: ____________________________________________

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 rating.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>4</td>
<td>Generally Agree</td>
</tr>
<tr>
<td>3</td>
<td>Neutral (acceptable)</td>
</tr>
<tr>
<td>2</td>
<td>Generally Disagree</td>
</tr>
<tr>
<td>1</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>N/A</td>
<td>This activity is not available at this site</td>
</tr>
</tbody>
</table>

This clinical experience provided me:

1. Orientation to the office/facility  5 4 3 2 1 N/A
2. A clinical instructor who actively participated in my learning experience 5 4 3 2 1 N/A
3. A clinical instructor who was able to demonstrate the skills I needed to learn 5 4 3 2 1 N/A
4. A clinical instructor who was able to explain skills in a way that helped me understand them 5 4 3 2 1 N/A
5. A clinical instructor who gave me the opportunity to perform all of the clinical skills I was required to learn 5 4 3 2 1 N/A
6. A clinical instructor who provided me with constructive feedback that allowed me to improve my skills 5 4 3 2 1 N/A
7. Confidence that I could perform the skills required 5 4 3 2 1 N/A
8. The ability to problem solve and learn from my own mistakes 5 4 3 2 1 N/A
9. Adequate personal protective equipment (e.g. gloves) to protect my health and safety 5 4 3 2 1 N/A
10. The opportunity to communicate with
    a. supervisory personnel  5 4 3 2 1 N/A
    b. staff and coworkers  5 4 3 2 1 N/A
    c. physicians/health care professionals  5 4 3 2 1 N/A
    d. patients/clients/family members  5 4 3 2 1 N/A
11. A better understanding of the role of a medical assistant within an office 5 4 3 2 1 N/A
12. Would you recommend this site to future students? ______Yes ______No
Why or why not? ..............................................................................................................
13. What part of the clinical instruction experience did you like best and/or least? ..........................................................

Student’s name and signature ___________________________________________________________ Date __________________
Clinical Student Hourly Timesheet

(Supervisor will complete weekly and email or fax to the Health Sciences Clinical Coordinator at 866.241.7526 (Toll Free) or tberry@kaplan.edu)

Directions: Please complete the information including dates. Only time spent performing or observing hands-on skills can be counted toward completion of clinical hours. Lunch time may not count toward completion of clinical hours.

<table>
<thead>
<tr>
<th>WEEK #</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
<th>TOTAL WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE</td>
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<td>TIME IN</td>
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<tr>
<td>LUNCH OUT</td>
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<tr>
<td>LUNCH IN</td>
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<tr>
<td>TIME OUT</td>
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<tr>
<td>DAILY TOTAL</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE</th>
<th>BRIEF DESCRIPTION OF ACTIVITIES COMPLETED AND/OR OBSERVED</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

COMMENTS:__________________________________________________________

Student’s Signature ___________________________ Supervisor’s Signature ___________________________
**Externship Student Agreement**

Student Name: ___________________________  Program: ___________________________

The objectives and goals of the externship are to provide an opportunity for you to apply practically the knowledge and skills taught during the theory and laboratory setting. It is an opportunity for you to discover your strengths and weaknesses and to actively apply your skills towards a total learning experience.

In order to make this a positive and beneficial experience, please acknowledge your understanding of the following rules and regulations by initialing next to each item.

<table>
<thead>
<tr>
<th>STUDENT INITIALS</th>
<th>REGULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. In order to graduate from your program of study, you must receive a final grade for the externship component and complete the requisite number of externship hours. The final grade and the total hours must be posted in the management database system.</td>
</tr>
<tr>
<td></td>
<td>2. The student must meet all academic prerequisites and make satisfactory financial arrangements with the school/college’s Business Office prior to externship. All applicable items on the Externship Clearance Form must be marked as “cleared” and submitted to the Health Sciences Clinical Coordinator in order to receive your externship site assignment.</td>
</tr>
<tr>
<td></td>
<td>3. The Health Sciences Clinical Coordinator will arrange for the site and then notify you. You will be required to complete a personal interview prior to your start date. You may work with the site to determine your work schedule for the externship. Once a schedule is determined, you are expected to adhere to those hours.</td>
</tr>
<tr>
<td></td>
<td>4. Immediately upon reporting to the site for the first day of the externship, complete the First Day On Site Form and return it by fax to the Health Sciences Clinical Coordinator that same day.</td>
</tr>
<tr>
<td></td>
<td>5. The student must adhere to the externship site’s policies, regulations, and procedures, and agree to abide by all professional ethics of confidentiality. You must maintain confidentiality of any client or patient information, as well as any proprietary information that is deemed confidential by the externship site. You may be removed from the site for breaches of confidentiality, which could result in failure of the course and the possibility of litigation for your actions.</td>
</tr>
<tr>
<td></td>
<td>6. Since you cannot be compensated for any of the required externship hours, it is imperative to document your required externship hours separately from any hours that you are compensated for if you are also employed by the site.</td>
</tr>
<tr>
<td></td>
<td>7. If you are going to be absent or late, you must notify the extern site immediately, as well as the Health Sciences Clinical Coordinator. All absences must be reported while on externship on the day they occur. School/College attendance policies apply to all areas of instruction.</td>
</tr>
<tr>
<td></td>
<td>8. You must perform a minimum of 75 percent of the competencies listed in both the “Practical/Procedural Skills” and in the “Office Management Skills” sections of the Externship Performance Evaluation Form. The Site Supervisor may mark the remaining 25 percent of the skills as observed if you observe the skill being performed at the site. If you need additional practice or instruction in a particular area, contact the Health Sciences Clinical Coordinator as soon as the need is recognized.</td>
</tr>
</tbody>
</table>
9. Student externs from various programs specialize in the application of the accumulation of knowledge and theory in the skillful performance of their profession. Therefore, all students eligible for externship should possess these technical standards:

- Sufficient gross and fine motor coordination to efficiently implement the skills required in performing such functions as: laboratory skills, patient ambulation, and multi-tasking capabilities.
- Sufficient communication skills (verbal, nonverbal, and written) to interact effectively with individuals;
- Sufficient intellectual and emotional functions to plan and implement their duties in a responsible manner;
- Sufficient visual acuity, such as is needed in: the preparation and administration of medications; in the performance of office or laboratory procedures; for the keen observation necessary for patient assessment; and for overall, responsible customer care.
- Sufficient auditory perception to receive verbal communication from patients and members of the health care team and to assess health needs of people through the use of monitoring devices such as stethoscopes, fire alarms, etc.

10. If the student is terminated from their externship site, the student must meet with the Health Sciences Clinical Coordinator and the Program Director to determine whether a second site will be granted. If a second site is approved, it is possible that any of the hours from the first site may not be accepted by the new site. The student would then be required to complete the entire complement of externship hours at the second site. (The cost of any repeated course or additional hours may be charged against the student’s account.)

11. A diploma or certificate of completion for your program of study cannot be issued until all course and hours required in the Catalog have been successfully completed. Your scheduled hours at the site are set by the Site Supervisor and may be quite different than your previous school hours have been; however, the Health Sciences Clinical Coordinator will coordinate with your site to arrive at the most favorable work schedule. Remember, in most cases, you will be required by law to sign out for lunch. Your timesheet must accurately reflect all hours that you work at the site excluding any time that you were signed out.

I HAVE READ THE EXTERNSHIP AGREEMENT AND I UNDERSTAND THAT FAILURE TO COMPLY MAY RESULT IN DISMISSAL FROM THE EXTERNSHIP FACILITY AND TERMINATION FROM THE SCHOOL/COLLEGE.

Student's Signature _____________________________ Date ______________________
Externship First Day On Site
(Student is to have this form completed upon arrival at the site and fax it to the Health Sciences Clinical Coordinator immediately. Medical assisting students must complete 160 externship hours and medical office management and medical transcription students must complete 90 externship hours.)

Student: ____________________________________________ Date: ____________________________

Program: ___________________________________________ Externship Start Date: ____________________________

Externship Start Date: ____________________________ Expected Completion Date: ____________________________

1. Name of Facility: ____________________________________________

Type of Business: ____________________________________________

Phone: ____________________________ Fax: ____________________________

Address: ____________________________________________

2. Site Contact Person and Title: ____________________________

3. Days and Times (example: 1:00 pm to 5:00 pm) You Will Be On Externship:

<table>
<thead>
<tr>
<th>DAY OF WEEK</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIME OF DAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments/Information: _______________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

The student’s work schedule is as set forth above during which time he/she will be provided with many opportunities throughout the externship component to utilize their knowledge and perform their skills. The student will be assessed on these skills using the Externship Performance Evaluation Form provided.

Student’s Signature ____________________________________________ Date ____________________________

Site Supervisor’s Signature ____________________________________________ Date ____________________________
Externship Performance Evaluation—Medical Assistant

Student’s Name: ___________________________ Date: ___________________________

CRITERIA FOR ASSESSING STUDENT PERFORMANCE

Note: The final grade is assigned by the instructor of record at the school based in part on the evaluation provided by the Site Supervisor. Student must satisfactorily perform on site a minimum of 75 percent (16 of 21) of the skills listed in the Practical/Procedural Skills section below and (11 of 15) in the Office Skills section. Whenever possible, the student should be provided the opportunity to perform 100 percent of all skills. Next to each competency, please mark “P” for PERFORMED, “O” for OBSERVED, or “F” for FAIL.

**PRACTICAL/PROCEDURAL SKILLS:**

<table>
<thead>
<tr>
<th>Venipuncture</th>
<th>Capillary Puncture</th>
<th>Microbiological Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asepsis Technique</td>
<td>Assist with Exams</td>
<td>Electrocardiography</td>
</tr>
<tr>
<td>Medical Record Charting</td>
<td>HIPAA Understanding</td>
<td>Respiratory Testing</td>
</tr>
<tr>
<td>Client Interview</td>
<td>Autoclaving</td>
<td>CLIA-Waived Test</td>
</tr>
<tr>
<td>Medical Terminology</td>
<td>Vital Signs</td>
<td>Apply Pharmacology</td>
</tr>
<tr>
<td>Patient Instruction</td>
<td>Patient Care</td>
<td>Principles</td>
</tr>
<tr>
<td>Specimen Collection</td>
<td>Diagnostic Testing</td>
<td>Assist with Minor Surgery</td>
</tr>
</tbody>
</table>

**OFFICE SKILLS:**

<table>
<thead>
<tr>
<th>Telephone Technique</th>
<th>Records Filing</th>
<th>Schedule Inpatient / Outpatient Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Receivable</td>
<td>Procedural Coding</td>
<td>Bookkeeping Procedures</td>
</tr>
<tr>
<td>Process Insurance Claims</td>
<td>Time Management</td>
<td>Diagnostic Coding</td>
</tr>
<tr>
<td>Scheduling/Appointments</td>
<td>Telephone Management</td>
<td>Inventory of Supplies</td>
</tr>
<tr>
<td>Billing Procedures</td>
<td>Office Machines</td>
<td>Identify Issues of Confidentiality</td>
</tr>
</tbody>
</table>

Would you consider this student for a position, now or in the future? □ Yes □ No

Supervisor’s Signature ___________________________ Date ___________________________

Student’s Signature ___________________________ Date ___________________________
Externship Site Evaluation—Kaplan University Medical Assisting Program

Name of externship site being evaluated: ____________________________

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 rating.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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<tbody>
<tr>
<td>5</td>
<td>Strongly Agree</td>
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<tr>
<td>2</td>
<td>Generally Disagree</td>
</tr>
<tr>
<td>1</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>N/A</td>
<td>This activity is not available at this site</td>
</tr>
</tbody>
</table>

At this externship site, I was:

1. Provided orientation to the office/facility 5 4 3 2 1 N/A
2. Assigned to a supervisor/preceptor who actively participated in my learning experience 5 4 3 2 1 N/A
3. Allowed to perform the entry-level skills I had learned in school 5 4 3 2 1 N/A
4. Given the opportunity to perform administrative skills 5 4 3 2 1 N/A
5. Given the opportunity to perform clinical skills 5 4 3 2 1 N/A
6. Adequately supervised and knew who to ask for help if I needed it 5 4 3 2 1 N/A
7. Treated respectfully by health care 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. Able to communicate effectively with a. supervisory personnel 5 4 3 2 1 N/A  
   b. staff and coworkers 5 4 3 2 1 N/A  
   c. physicians/health care professionals 5 4 3 2 1 N/A  
   d. patients/clients/family members 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 from my supervisor 5 4 3 2 1 N/A  
12. Provided a final written performance evaluation 5 4 3 2 1 N/A  
13. Were you asked to perform any skills for which you were not prepared by your medical assisting program? _____Yes _____No
   If yes, please identify: ____________________________________________________________

14. Would you recommend this site for future externship students? _____Yes _____No
   Why? ____________________________________________________________________________

15. What part of the externship experience did you like best and/or least? ____________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Student’s name and signature ____________________________ Date ______________
Externship Evaluation of Student—Kaplan University Medical Assisting Program

Name of externship student being evaluated: ____________________________________________________________

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 rating.

5 = Strongly Agree  4 = Generally Agree  3 = Neutral (acceptable)  N/A = This activity is not available at this site
2 = Generally Disagree  1 = Strongly Disagree

Student extern was able to perform the following tasks to a satisfactory level of competence:

1. Demonstrate telephone technique  5  4  3  2  1  N/A
2. Recognize and respond to verbal communication  5  4  3  2  1  N/A
3. Recognize and respond to non-verbal communication  5  4  3  2  1  N/A
4. Maintain confidentiality  5  4  3  2  1  N/A
5. Appropriate documentation  5  4  3  2  1  N/A
6. Schedule appointments  5  4  3  2  1  N/A
7. Schedule inpatient and/or outpatient procedures  5  4  3  2  1  N/A
8. Organize patients’ medical records  5  4  3  2  1  N/A
9. File medical records  5  4  3  2  1  N/A
10. Prepare bank deposits  5  4  3  2  1  N/A
11. Post entries on day sheet  5  4  3  2  1  N/A
12. Apply managed care policies and procedures  5  4  3  2  1  N/A
13. Perform ICD-9 and/or CPT coding  5  4  3  2  1  N/A
14. Perform hand washing  5  4  3  2  1  N/A
15. Dispose of biohazardous waste  5  4  3  2  1  N/A
16. Perform sterilization procedures  5  4  3  2  1  N/A
17. Practice standard precautions  5  4  3  2  1  N/A
18. Perform venipuncture or capillary puncture  5  4  3  2  1  N/A
19. Instruct patient in the collection of clean-catch, mid-stream urine specimen or fecal specimen  5  4  3  2  1  N/A

Please do not mail. If you have questions, please contact the Health Sciences Clinical Coordinator.
20. Perform electrocardiography 5 4 3 2 1 N/A
21. Perform respiratory testing 5 4 3 2 1 N/A
22. Perform CLIA waived test(s) 5 4 3 2 1 N/A
23. Obtain vital signs 5 4 3 2 1 N/A
24. Obtain and record patient history 5 4 3 2 1 N/A
25. Prepare and maintain examination and treatment area(s) 5 4 3 2 1 N/A
26. Prepare patient and assist with physical exam or minor office procedures 5 4 3 2 1 N/A

The student extern demonstrated professionalism in the following categories:

27. Appropriate judgment 5 4 3 2 1 N/A
28. Works well with health care providers and other staff 5 4 3 2 1 N/A
29. Appropriate interaction with patients/clients 5 4 3 2 1 N/A
30. Punctuality and dependability 5 4 3 2 1 N/A
31. Consistent grooming and hygiene 5 4 3 2 1 N/A
32. Clean and appropriate attire 5 4 3 2 1 N/A
33. Verbal/written communication 5 4 3 2 1 N/A
34. Self motivation 5 4 3 2 1 N/A
35. Follows directions and asks questions appropriately 5 4 3 2 1 N/A

Signature of individual completing this evaluation __________________________ Title __________________________

Date __________________________
Externship Performance Evaluation—Medical Office Management Program

Student's Name: ___________________________________________ Date: ______________________________________

CRITERIA FOR ASSESSING STUDENT PERFORMANCE

Note: The final grade is assigned by the instructor of record at the school based in part on the evaluation provided by the Site Supervisor. Student must satisfactorily perform on site a minimum of 75 percent (11 of 14) of the skills listed in the Practical/Procedural Skills section below and (11 of 14) in the Office Skills section. Whenever possible, the student should be provided the opportunity to perform 100 percent of all skills. Next to each competency, please mark “P” for PERFORMED, “O” for OBSERVED, or “F” for FAIL.

PRACTICAL/PROCEDURAL SKILLS:

<table>
<thead>
<tr>
<th>Medical Terminology</th>
<th>Patient Referrals</th>
<th>Insurance Follow-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transcription</td>
<td>Word Processing</td>
<td>Insurance Claims</td>
</tr>
<tr>
<td>Medical Records Charting</td>
<td>HIPAA Understanding</td>
<td>Processing</td>
</tr>
<tr>
<td>Filing and Maintenance</td>
<td>Insurance Form Prep</td>
<td>Billing and Coding</td>
</tr>
<tr>
<td>Medical Law and Ethics</td>
<td>Pre-Authorizations</td>
<td>Scheduling / Appointments</td>
</tr>
</tbody>
</table>

OFFICE SKILLS:

<table>
<thead>
<tr>
<th>Telephone Technique</th>
<th>Financing / Invoicing</th>
<th>Data Entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts Receivable</td>
<td>Written Communication</td>
<td>Handling Mail</td>
</tr>
<tr>
<td>Insurance Forms</td>
<td>Time Management</td>
<td>Inventory</td>
</tr>
<tr>
<td>Patient Intake Skills</td>
<td>Telephone Management</td>
<td>Organizational Skills</td>
</tr>
<tr>
<td>Patient Billing</td>
<td>Use of Office Machines</td>
<td></td>
</tr>
</tbody>
</table>

Note: This section requires subjective evaluation, but may be included in the instructor of record’s final grade determination. Please rate the student from 0 to 4, with 0 being lowest.

PROFESSIONALISM:

<table>
<thead>
<tr>
<th>Attendance/Punctuality</th>
<th>Cooperation</th>
<th>Creativity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>Assumes Responsibility</td>
<td>Leadership Ability</td>
</tr>
<tr>
<td>Communication Skills</td>
<td>Follows Instructions</td>
<td>Accuracy</td>
</tr>
<tr>
<td>Teamwork</td>
<td>Attention to Detail</td>
<td>Professional Demeanor</td>
</tr>
<tr>
<td>Work Habits</td>
<td>Initiative</td>
<td>Judgment</td>
</tr>
</tbody>
</table>

Would you consider this student for a position, now or in the future?  ☐ Yes  ☐ No

Supervisor’s Signature ___________________________________________ Date ________________

Student’s Signature ___________________________________________ Date ________________
# Externship Performance Evaluation—Medical Transcription Program

**Student’s Name:** ____________________________________________________________ **Date:** __________________________

## CRITERIA FOR ASSESSING STUDENT PERFORMANCE

Note: The final grade is assigned by the instructor of record at the school based in part on the evaluation provided by the Site Supervisor. Student must satisfactorily perform on site a minimum of 75 percent (11 of 15) of the skills listed in the Practical/Procedural Skills section below. Whenever possible, the student should be provided the opportunity to perform 100 percent of all skills. Next to each competency, please mark “P” for PERFORMED, “O” for OBSERVED, or “F” for FAIL.

### PRACTICAL/PROCEDURAL SKILLS:

<table>
<thead>
<tr>
<th>Medical Law and Ethics</th>
<th>Ability to Utilize References</th>
<th>Knowledge of Medical Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIPAA Understanding</td>
<td>Spelling</td>
<td>Accuracy</td>
</tr>
<tr>
<td>Medical Terminology</td>
<td>Use of Word Processing</td>
<td>Speed</td>
</tr>
<tr>
<td>Use of Grammar</td>
<td>Use of Transcription Equipment</td>
<td>Editing/Proofreading</td>
</tr>
<tr>
<td>Use of Punctuation</td>
<td>Use of Appropriate Ergonomics</td>
<td>Ability to Learn From Mistakes to Improve Performance</td>
</tr>
</tbody>
</table>

Note: This section requires subjective evaluation, but may be included in the instructor of record’s final grade determination. Please rate the student from 0 to 4, with 0 being lowest.

### PROFESSIONALISM:

<table>
<thead>
<tr>
<th>Attendance/Punctuality</th>
<th>Organizational Skills</th>
<th>Creativity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>Assumes Responsibility</td>
<td>Leadership Ability</td>
</tr>
<tr>
<td>Communication Skills</td>
<td>Follows Instructions</td>
<td>Accuracy</td>
</tr>
<tr>
<td>Teamwork</td>
<td>Attention to Detail</td>
<td>Greeting Patients</td>
</tr>
<tr>
<td>Work Habits</td>
<td>Initiative</td>
<td></td>
</tr>
</tbody>
</table>

Would you consider this student for a position, now or in the future?  □ Yes  □ No

**Supervisor’s Signature** ____________________________________________________________ **Date** __________________________

**Student Signature** ____________________________________________________________ **Date** __________________________
Externship Site Evaluation—Kaplan University Medical Office Management and Medical Transcription Programs

Name of externship site being evaluated: ____________________________________________

Type of externship being completed (circle one):  Medical office management  Medical transcription

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 rating.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>4</td>
<td>Generally Agree</td>
</tr>
<tr>
<td>3</td>
<td>Neutral (acceptable)</td>
</tr>
<tr>
<td>2</td>
<td>Generally Disagree</td>
</tr>
<tr>
<td>1</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>N/A</td>
<td>This activity is not available at this site</td>
</tr>
</tbody>
</table>

At this externship site, I was:

1. Provided orientation to the office/facility  5  4  3  2  1  N/A
2. Assigned to a supervisor/preceptor who actively participated in my learning experience  5  4  3  2  1  N/A
3. Allowed to perform the entry-level skills I had learned in school  5  4  3  2  1  N/A
4. Given the opportunity to perform a variety of skills  5  4  3  2  1  N/A
5. Adequately supervised and knew who to ask for help if I needed it  5  4  3  2  1  N/A
6. Treated respectfully by health care providers and other staff  5  4  3  2  1  N/A
7. Able to communicate effectively with:
   a. supervisory personnel  5  4  3  2  1  N/A
   b. staff and coworkers  5  4  3  2  1  N/A
   c. physicians/health care professionals  5  4  3  2  1  N/A
   d. patients/clients/family members  5  4  3  2  1  N/A
8. Not used to replace paid employees  5  4  3  2  1  N/A
9. Provided regular constructive verbal feedback from my supervisor  5  4  3  2  1  N/A
10. Provided a final written performance evaluation  5  4  3  2  1  N/A
11. Were you asked to perform any skills for which you were not prepared by your academic program? _____Yes _____No
   If yes, please identify: __________________________________________

12. Would you recommend this site for future externship students _____Yes _____No
   Why? ________________________________________________

13. What part of the externship experience did you like best and/or least? ________________________________________________

Student’s name and signature ___________________________ Date __________________