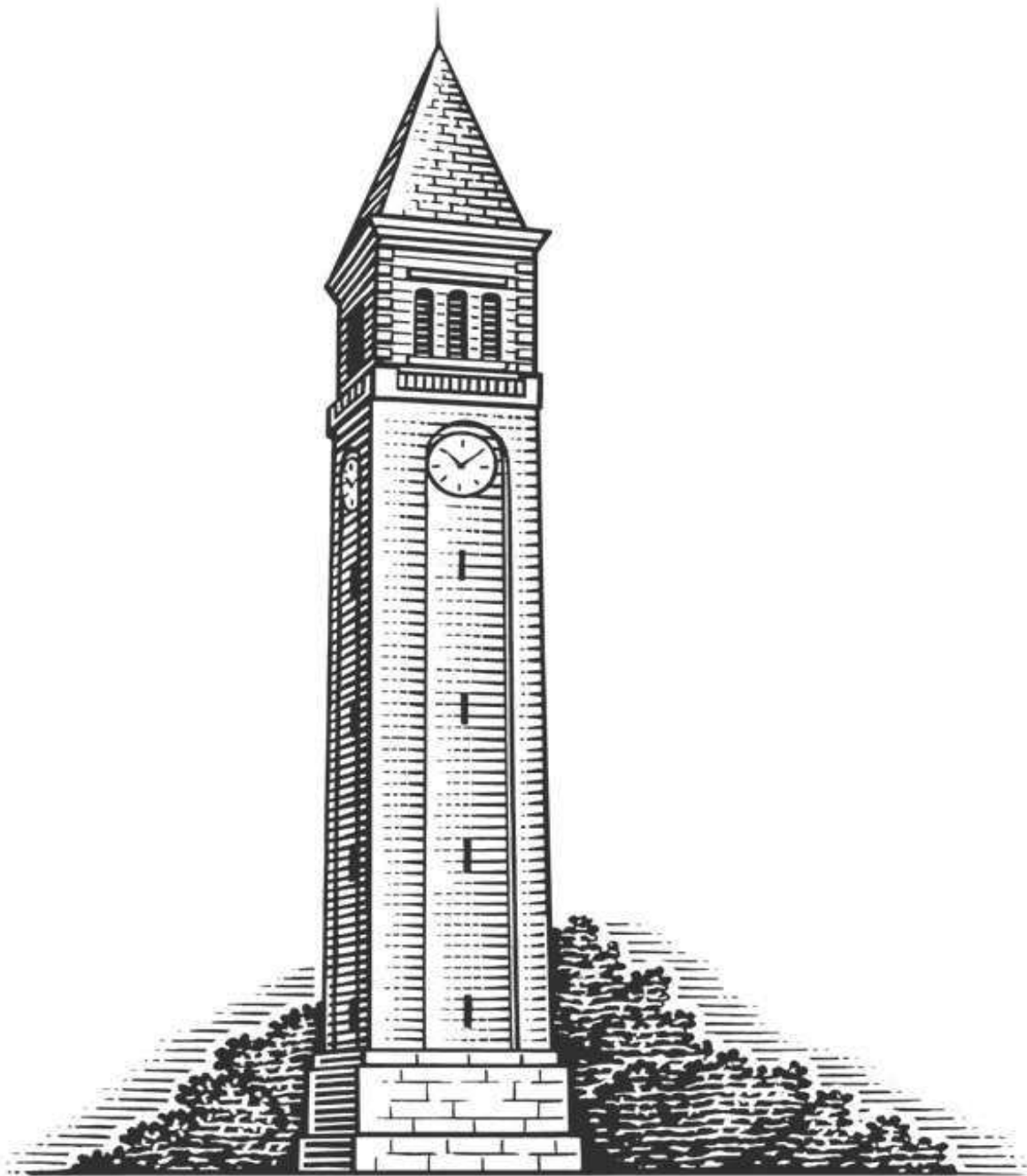


BOSTON REED COLLEGE
Clinical Medical Assistant
Externship Resource Booklet



BOSTON REED COLLEGE

BOSTON REED COLLEGE

**Clinical Medical Assistant
Externship Resource Booklet**

Fall or Spring

Circle one

Year _____

(Please print)

Student Name: _____

Course Location: City _____

Site: _____

(City)

Weekday Class Saturday Class

*If found please return to:
Boston Reed College
2799 Napa Valley Corporate Drive
Napa, CA 94558*

Phone (800) 201-1141

Fax (707) 307-5017

Course Completion Checklist

- ✓ 160 hours noted and signed
- ✓ Evaluations complete and signed
- ✓ Skills checklist complete
- ✓ Injection Log (30 completed injections)
- ✓ Current address and phone number listed

Student Name: _____

Your current mailing address:

Your current phone #: _____

Day (____) _____ Cell: (____) _____

Even (____) _____

Externship Site: _____

Facility Name: _____

Address: _____

City: _____

Phone (____) _____

Preceptor Name: _____

Important Information

Sign-in Log: See back cover. Each day of the clinical externship should be documented and signed for a total of 160 hours within one (1) year from the date you began the program.

Clinical Skills Checklist: This is used in the classroom and clinical externship settings. Be sure to have the staff at the clinical externship site sign off on the checklist for any skills that you either perform or observe during your externship.

Student Evaluation Form: Are to be completed by your preceptor.

Attendance: If you are unable to attend your clinical externship due to illness or emergency, please notify your preceptor *AND* contact the Boston Reed Student line at (800) 201-1141, Option 3, to notify us. Any changes to your schedule must be approved by the clinical externship site and Boston Reed in advance. You must maintain good attendance. Missing your scheduled time or being late may cause you to lose your site externship and the decision is made by the site preceptor and/or Boston Reed College.

Confidentiality: You are required to maintain confidentiality of patient information in accordance with state and federal law. Please show your signed HIPAA statement to your preceptor to show that you have knowledge of the state requirements for confidentiality in the office. No student will have access to or have the right to review any medical record, except where necessary in the regular course of the clinical program. The discussion, transmission or narration in any form by students of any patient information obtained in the regular course of the clinical program is forbidden except as permitted by law.

Accident or Injury in Classroom or Externship Site: In the event of accident or injury in the classroom or externship site first aid should be rendered. In the event of bloodborne pathogens exposure immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant, if available. Report immediately to instructor or preceptor who will advise student to seek medical attention from their personal physician.

In order to graduate from this program and receive your certificate of completion, you must return this booklet to Boston Reed with:

- ✓ All skills signed off a minimum of one time. Both classroom and clinical externship count toward this (pages 10-13).
- ✓ 30 injections noted and signed.
- ✓ Sign-in log completed for a total of 160 clinical hours .
- ✓ At least one Student Evaluation Form completed and signed by your preceptor
- ✓ Student evaluation of clinical site

Once the booklet is received, Boston Reed will mail the certificate of completion directly to your home approximately two weeks after the receipt of this booklet.

NOTE: Please make copies of all documents *before* mailing your originals to Boston Reed. It is the responsibility of the student to maintain copies of this book in case a book is lost. It is sometimes difficult to have instructors sign off skills after a class has ended. If you are in an externship please keep a copy of your book at home for safe keeping.

Important Information

Dress Code

Appropriate dress standards have been established in order to present and maintain, at all times, a professional appearance to patients, employees and visitors. The standards allow for comfortable performance of duties, promotion of safety and prevention of the spread of infectious organisms.

All medical assistant students are expected to keep themselves neat, clean and well groomed at all times. The appearance of a Boston Reed student is an important part of public relations.

Anyone not conforming to this policy will be appropriately counseled and may face disciplinary action.

ID Badge: Identification badge is to be worn at all times above the waist, with name visible.

Hair: Should have a clean and neat appearance; hair that is shoulder length or longer will be pulled back. Facial hair must be clean, neat and well groomed.

Headwear: Religious head covers may be worn; baseball-type caps are inappropriate.

Jewelry: Should be appropriate to professional wear and not present a safety hazard when working with patients or equipment.

Tops/Blouses/Shirts: White, solid-colored or print tops with sleeves. Colors must be non-fluorescent. Pullover blouses and collared polo style shirts, or scrub tops may be worn.

NO denim attire, tank tops, halter tops, sweatshirts, low cut necklines, transparent garments, tops exposing bare midriff, back or chest. There will be absolutely **NO** sweatshirts or T-shirts with cartoons, graffiti, advertising or offensive pictures.

Skirts/Dresses: White uniform skirts, dresses or jumpers worn are to be clean, neat and allow for the performance of the job without restrictions. Mini dresses/skirts or long skirts that might interfere with safety are not acceptable.

Slacks/Pants: White uniform pants or white scrub pants may be worn. **NO** sweat pants, jogging pants, overalls, torn or patched pants, tight clothing (bike shorts, leotards, shorts or leggings).

Hose: White or neutral shades must be worn.

Footwear: Clean, white, closed-toed shoes will be worn. Clean, neat, athletic shoes are acceptable.

Grooming: Fragrances: Do not wear any perfume or cologne as it may cause allergic reactions

Fingernails: Nails must be clean and trimmed not to extend beyond the tips of the fingers. No artificial fingernails are allowed.

Tattoos and piercing: Cover all obvious tattoos and remove all facial piercing(s).

HIPAA STATEMENT

Attached is a notification of privacy practices in accordance with the Health Insurance Probability and Accountability Act (HIPAA). It is your responsibility as a Boston Reed student to be able to define the HIPAA regulations. You should be able to describe how the regulation affects you in your position as Medical Assistant.

Please read the HIPAA notification thoroughly and keep it with your other medical assisting references that you carry with you at your job or externship site.

HIPAA Statement

I _____ have read and understand
the HIPAA regulations.

(Please Print your name)

Signature

Date

INJECTION LOG

Injection Log

Boston Reed College
 2799 Napa Valley
 Corporate Dr
 Napa, CA 94558
 Phone: 1-800-201-1141

Student Name: _____

Class Location: _____

	<i>Date</i>	<i>Site</i>	<i>Type</i>		<i>Instructor's Signature</i>
1			IM		
2			IM		
3			IM		
4			IM		
5			IM		
6			IM		
7			IM		
8			IM		
9			IM		
10			IM		
11			ID		
12			ID		
13			ID		
14			ID		
15			ID		
16			ID		
17			ID		
18			ID		
19			ID		
20			ID		
21			SQ		
22			SQ		
23			SQ		
24			SQ		
25			SQ		
26			SQ		
27			SQ		
28			SQ		
29			SQ		
30			SQ		

Date: _____

Program Director: _____

My externship schedule is:

A Note for Preceptors:

Thank you for hosting a Boston Reed College Clinical Medical Assistant student. We appreciate your contribution to the success of our students. Please contact the externship coordinator at 800-201-1141 immediately if you have any questions or concerns. This booklet contains all of the paperwork required for the student to complete the program. Here is a list of what we ask of you:

- **Skills Checklist:** Initial next to any skill the student either performs or observes in your clinic. We hope students will experience as many of these skills as possible, however the student is not required to have all of the skills signed off during the externship.
- **Sign-In Log:** Sign the back of the booklet with the date and hours the student has completed.
- **Student Evaluation Form:** Complete this at the end of the externship.

It is the student's responsibility to provide Boston Reed College with a copy of this booklet.

Skills Checklist

Student Name: _____

Note: The skills checklist is for use in the classroom and clinical settings. The student should strive to have as many skills as possible signed off during the externship. Having all skills signed off during the externship is not a requirement.

Skill	Ch/Txt Pg	Initials	Initials
Interview Techniques	4/65		
Chief Complaint	11/238		
Telephone Techniques	4/55		
Hand washing	10/219		
Sanitization of Instruments	10/226		
Removal of Contaminated Gloves	10/221		
Chemical Disinfection of Instruments	10/217		
Wrapping Instruments for Sterilization in Autoclave	19/560		
Gown, Mask and Gloves	10/222		
Sterile Gloves	19/557		
Control of Bleeding	9/160		
Oral Temperature-Strip Thermometer	12/282		
Oral Temperature-Digital Thermometer	12/278		
Aural Temperature-Tympanic	12/279		
Rectal Temp.-Digital Thermometer	12/280		
Axillary Digital Thermometer	12/281		
Radial Pulse	12/284		
Apical Pulse	12/285		
Respiratory Rate	12/286		
Blood Pressure	12/286		
Adult Height	12/288		
Adult Weight	12/289		
Supine Position	13/297		
Dorsal Recumbent Position	13/297		
Lithotomy Position	13/297		
Fowler's Position	13/298		
Knee-Chest Position	13/298		

Skills Checklist (Continued)

Student Name: _____

Skill	Ch/Txt Pg	Initials	Initials
Prone Position	13/299		
Sims Position	13/299		
Trendelenberg Position	13/299		
Assisting with the Complete Physical Examination	13/309		
Obtaining a Sputum Specimen	Handout		
Administer Oxygen by Nasal Cannula or Mask	18/510		
Instructing Patient in use of Metered Dose Inhaler	18/511		
Administer Nebulizer Treatment	Handout		
Pulse Oximetry	18/514		
Spirometry Testing (Peak Flow)	18/513		
Throat Culture	31/962		
Performing a Urine Drug Screening	30/925		
Collecting a Stool Specimen	Handout		
Fecal Occult Blood Test	18/496		
Performing a Urine Multistix Test	30/929		
Surgical Scrub	19/574		
Assisting with Minor Surgery	19/720		
Assisting with Suturing	19-2 wb		
Cleaning Wound Area	19/566		
Dressing Change	19/571		
Suture Removal	19/582		
Staple Removal	19/582		
Application of Sterile Adhesive Strips	19/584		
Preparing Skin for Minor Surgery	19/574		
Setting Up and Covering a Sterile Field	19/564		
Opening Sterile Packages of Instruments and Supplies and Applying them to a Sterile Field	19/566		
Pouring a Sterile Solution into a Cup on a Sterile Field	19/569		

Skills Checklist (Continued)

Student Name: _____

Skill	Ch/Txt Pg	Initials	Initials
Body Mechanics	21/608		
Transferring a Patient from Examination Table to Wheelchair	21/628		
Assisting the Patient to Stand and Walk	21/629		
Care of the Falling Patient	21/631		
Teaching the Patient to Ambulate with Axillary Crutches	21/633		
Teaching the Patient to Ambulate with a Cane	21/633		
Assist Patient to Ambulate with a Walker	21/613		
Applying Elastic Bandaging	Handout		
Applying Arm Sling	Handout		
Assisting with Cast Application	18/515		
Assisting with Cast Removal	18/516		
Administration of Oral Medications	24-1 wb		
Capillary Puncture by Finger stick	28/873		
Measuring Blood Glucose	32-5 wb		
Withdrawing Medication from a Vial	24/744		
Withdrawing Medication from an Ampule	24/746		
Administering a Subcutaneous Injection	24/747		
Administering an Intramuscular Injection	24/747		
Administering an Intradermal Injection	24/747		
Reconstituting a Powder Medication	24/753		
Electrocardiography	25/784		
Holter Monitor	25/786		
Assisting with Routine Prenatal Visits	14/355		
Instructing Patient in Breast Self-Exam	14/338		
Assisting with a Gynecological Exam	23/340		
Performing a Urine Pregnancy Test	14/324		

Skills Checklist (Continued)

Student Name: _____

Skill	Ch/Txt Pg	Initials	Initials
Instructing Patient in Testicular Self-Examination	16/420		
Measuring Infant's Weight, Height, Head and Chest Circumference	15/402		
Measuring Infant's Rectal Temp with a Digital Thermometer	15/404		
Taking an Apical Pulse on an Infant	15/405		
Measuring an Infant's Respiration	15/406		
Collecting a Urine Specimen on an Infant or Young Child	15/406		
Visual Acuity Test Using a Snellen Chart	18/498		
Performing Eye Instillation	18/501		
Performing Eye Irrigation	18/502		
Performing Ear Instillation	18/506		
Performing Ear Irrigation	18/505		
Performing Nasal Irrigation	18-5 wb		
Performing Nasal Instillation	18/509		
Assisting the Physician During a Lumbar Puncture	18/516		
Assisting the Physician with a Neurological Screening Exam	18/518		

Student Externship Evaluation

(To be completed by Preceptor)

Student: _____

Site _____

Date Started: _____ Date Ended: _____

Please evaluate the above named student in the following areas.

Guidelines are as follows:

5 = excellent 4 = above average 3 - Average 2 = needs improvement 1 = Not Passing

PERFORMANCE

The student demonstrates:

Ability to Learn and Retain Information	5	4	3	2	1	N/A
Correct Techniques in Paperwork Procedures	5	4	3	2	1	N/A
Knowledge of Collection/Preparation of Specimens	5	4	3	2	1	N/A
Competence in Taking Appropriate Vital Signs	5	4	3	2	1	N/A
Competence in Charting of Clinical Procedures	5	4	3	2	1	N/A
Set-up and Clean-up of Patient Care Areas	5	4	3	2	1	N/A
Sufficient Speed in Completing Tasks	5	4	3	2	1	N/A
Care of Instruments and Equipment	5	4	3	2	1	N/A

ATTITUDE

The student demonstrates:

Interest in Improving Self	5	4	3	2	1	N/A
Ability to Adapt to New Procedures	5	4	3	2	1	N/A
Punctuality / Attendance	5	4	3	2	1	N/A

INITIATIVE

The student demonstrates:

Completion of Tasks	5	4	3	2	1	N/A
Undertaking of Appropriate Additional Duties	5	4	3	2	1	N/A
Anticipation of Doctor's / Co-workers Needs	5	4	3	2	1	N/A

NEATNESS

The student demonstrates:

Neatness in Accomplishing Work	5	4	3	2	1	N/A
Professionalism in Personal Appearance	5	4	3	2	1	N/A

Student Externship Evaluation (Continued)

PATIENT/STAFF RELATIONS

The student demonstrates:

Ability to Put Others at Ease	5	4	3	2	1	N/A
Cooperation with Staff	5	4	3	2	1	N/A
Diplomacy and Tact with Staff	5	4	3	2	1	N/A
Emotional Maturity to Function Under Stress	5	4	3	2	1	N/A
Appropriate Conversation with Staff/Patients	5	4	3	2	1	N/A
Use of Correct Terminology	5	4	3	2	1	N/A
Sensitivity to Patient Comfort	5	4	3	2	1	N/A

Student appears to show strength in these areas:

Student could profit from suggestions for improvement in these areas:

The overall appraisal of the student (Note Preceptors: Marking “Unsatisfactory” means that the student, in your opinion, is not prepared for the role of medical assistant. However, this does not necessarily mean the student cannot pass the course under certain conditions to be determined by Boston Reed College):

The overall appraisal of the student:

Outstanding _____ Above Average _____ Average _____ Unsatisfactory _____

Signature: _____

Print Name: _____ Title: _____

Site: _____

Name: _____

Address: _____

Phone Number: _____ Date: _____

Student Evaluation of Clinical Setting

Course: _____

Semester: Fall _____ Spring _____ Summer _____ Year _____

Name of Facility: _____

Assigned area or unit: _____

Instructions: Read each statement and mark your response on this form. Do not sign your name.

A = Strongly Agree
 B = Agree
 C = Disagree
 D = Strongly Disagree
 E = Not Applicable

1. The number of patients/clients in the clinical setting was sufficient to meet course objectives.
2. The range of major health problems represented in the patient/client population was sufficient to meet course objectives.
3. The variety of learning opportunities was sufficient to meet course objectives.
4. The staff provided positive role models.
5. There were sufficient resources (personnel and supplies) available to meet course objectives.
6. The attitude of the staff on the unit contributes to a supportive learning environment.

A	B	C	D	E

Sign-In Log

Student Name: _____

Date	Preceptor Signature	Location	Hours Spent
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
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10.			
11.			
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26.			
27.			
28.			
29.			
30.			
Total Hours			

A total of 160 hours is needed to complete the course.

Please staple entire Externship Resource book together and bring to every class and externship session.