



Medical Assistant Program

Student Handbook

2017

The Medical Assistant Certificate program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Medical Assisting Education Review Board of the American Association of Medical Assistants Endowment (MAERBAAMAE), 25400 U.S. Highway 19 North, Suite 158, Clearwater, FL 33763, (727) 210-2350.

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INTRODUCTION

Welcome to Highline College and the Medical Assisting Program. Medical Assistants are multi-skilled healthcare professionals who function within healthcare clinics and facilities in administrative and clinical capacities. Your education here at Highline College will include instruction in both aspects of the Medical Assisting Program.

Your selection of Medical Assisting as an area of study carries with it several important responsibilities. The Medical Assisting Program requires commitment, and the profession itself requires physical, mental, and emotional stamina. The healthcare industry is growing and changing rapidly. Medical Assistants are recognized nationally for their knowledge, abilities, and versatility. This is an exciting time to be a Medical Assistant and you have chosen a career with a very bright future.

Students completing the MA program at Highline College meet the program accreditation standards and requirements set forth by the Department of Health in the state of Washington and qualify to take a national exam enabling them to apply for certification to work in Washington State.

The Healthcare Professions Department is fortunate to have excellent instructors in the Medical Assisting Program who come to us with extensive knowledge and experience in healthcare. We strive to encourage you in all aspects of your Medical Assistant journey and look forward to getting to know you. Please don't hesitate to speak with any of the program's instructors or advisors. Remember, your success is our priority!

~Your Medical Assisting Instructors and Advisor Team

Highline College **Mission Statement:**

The mission of the Healthcare Professions Department at Highline College is to provide a diverse population of students with the knowledge and skills to become credentialed in their disciplines and prepared to succeed both personally and professionally as paraprofessionals in the medical community working within our economic system.

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ESSENTIAL FUNCTIONS and Qualifications of A MEDICAL ASSISTING STUDENT

The practice of Medical Assisting involves cognitive, sensory, affective, and psychomotor performance requirements. Therefore, the essential eligible requirements for participants in a Medical Assisting Program shall be further defined according to the following standards:

1. **Critical Thinking:** Critical thinking ability sufficient for clinical judgment
 - a. For example: a student must be able to identify cause-effect relationships in clinical situations, collect and analyze data to aid in problem solving, and participate in the development of patient care.
2. **Interpersonal Skills:** Interpersonal abilities sufficient to interact with individuals, families, groups, etc. from a variety of social, emotional, cultural, and intellectual backgrounds
 - a. For example: the student shall establish rapport with patients and healthcare team members.
3. **Visual Acuity:** Such as that needed for preparation and administration of medications, observation, and measurement of laboratory values, physical assessment activities, and administrative tasks necessary for patient care
 - a. For example: observing patient responses and specimen colors.
4. **Hearing Ability:** As that required to receive verbal messages from patients and staff members on the telephone and in person and to utilize hearing and monitoring devices such as a stethoscope
 - a. The student must also be able to hear and transcribe medical dictation using conventional transcription equipment.
 - b. For example they must be able to hear monitor alarms, emergency signals, and auscultatory sounds.
5. **Motor Skills and Coordination:** As needed to use gross and fine motor abilities sufficient to provide safe and effective patient care and meet the health needs of patients as well as implement the skills required to operate computers and other technical equipment
 - a. For example: calibrating and using equipment, handwritten or typewritten documentation of care, positioning and moving patients, administering cardiopulmonary procedures, and performing skill procedures.
6. **Mobility:** Having physical abilities sufficient to move from room to room and maneuver into small spaces as well as stand and walk for extensive periods of time; and the ability to assist patients in various positions on or off the table or other equipment
 - a. It is frequently necessary to bend, stoop, kneel, and crouch.
 - b. For example: frequent trips from the workstation to patients' rooms as well as moving around in patients' rooms, work spaces, and treatment areas.
7. **Tactile:** Having the ability sufficient for physical assessment. Manual dexterity is required for drawing up medications in a syringe and drawing blood from a patients' vein
 - a. For example: performing palpations, functions of physical examination s and/or those related to therapeutic intervention, and taking pulses.

8. **Weight Bearing:** The ability to lift and manipulate/move 40-50 pounds daily
 - a. For example: positioning patients and moving equipment.
9. **Communication Skills:** Such as those of speech, reading, and writing as needed to interact with and interpret patient needs and communicate those in verbal and written form as necessary to provide safe and effective care
 - a. For example: the student explains treatment procedures, reinforces health teaching, and documents patient care and patient responses.
10. **Reading and Writing Skills:** Such as those required for written exams, research papers, and the composition of business letters and other business communications. In the workplace a Medical Assistants reading and writing skills are critical in documenting patient care and interacting with the Healthcare team.
11. **Mathematical Skills:** Such as are needed for calculating drug dosages and financial recordkeeping for the provider's healthcare facility or clinic
12. **Cognitive Abilities:** Ability to be oriented to time, place and person; organize responsibilities; and make decisions. Also, the intellectual and emotional ability to coordinate patient care and manage activities within an ambulatory care facility
 - a. For example: the student shall assess patient complaints, provide prioritized patient care, and implement appropriate plans.
13. **Behavioral and Emotional Health:** Is defined as reacting appropriately to stressful situations, withstanding everyday environmental stresses with little difficulty, using healthy coping mechanisms, and understanding one's own ability to cope with stressful situations. Medical Assistants are expected to:
 - a. **Exercise good judgement**
 - b. **Work and communicate with honesty and integrity**
 - c. **Demonstrate Ethical behavior**

Highline College

REQUIREMENTS FOR COMPLETION OF THE MEDICAL ASSISTING PROGRAM

ACADEMIC STANDARDS

PRIOR TO ENTERING THE PROGRAM REQUIREMENTS

- A. Meet with a Healthcare faculty advisor.
- B. Take the appropriate college placement testing and/or provide previous transcripts.

EXPERIENTIAL LEARNING/PRIOR LEARNING ASSESSMENT

Highline College considers credit for work experience on a case-by-case basis. Credit for 'Supporting Courses' and 'Related Instruction' classes are up to the discretion of their departments. Prior Learning Assessment (PLA) credit is limited to a maximum of 25 percent of the credits needed for a degree.

ACADEMIC AND GRADUATION REQUIREMENTS

The Medical Assisting curriculum is designed to follow a natural flow of learning, with skills building on subject matter.

- Students must meet regularly with their faculty advisor to ensure they are following their program plan. Any deviation from the program plan must be approved by the department coordinator and the students financing agency.
- Students must complete their MA externship following their final clinic class. Any gap in this sequence must be approved by the program coordinator and the student will be required to arrange to review clinic classes and skills prior to their externship the following quarter.
- The student must pass each HEAL course with a grade of 2.0 or higher.
- Students must complete clinic classes (HEAL 210, 212, 214) with a 2.0 in both written and clinic procedures-competency skills. Failure to maintain a 2.0 in either area will result in students having to retake the clinic class before continuing on to the next clinic class.
- The student must have a cumulative college GPA of 2.0 or higher to be eligible for an unpaid externship.
- A course may not be repeated more than twice.
- Only grades of a 0.7 or above will earn credit at Highline Community College. Below 0.7, the assigned grade is a 0.0.
- Any course used for credit in the AA and AAS Degrees must be a 1.0 or better.

Attendance and Program Continuance

Students are expected to attend all scheduled classes in order to achieve the highest degree of learning. It is the belief of the Medical Assisting faculty that students benefit from classroom experiences in many ways. Reading the text must be done and is required for success during teaching of clinical skills. Also, completing assignments enables the student to obtain information. Learning is enhanced by having instructors present to answer questions and expand explanations, by the student exercising critical thinking and by hands-on experiences in clinical courses.

Attendance for clinical classes is critical and seriously limit learning. Attendance policy is as follows: If you are unable to attend you must notify your instructor by email ASAP. Missing clinical classes and/or arriving late without notice to your instructor, may result in a lower grade for this class. Program policy is 2 tardies equal 1 absence and 3 absences may result in disciplinary action up to and including expulsion from the class.

Make up sessions and incompletes will be dealt with on an individual basis with the program coordinator.

MA Externship

Once students complete all MA program courses they will complete a 180 hour unpaid arranged by the practicum coordinator. The practicum coordinator will work with the available clinic sites and student to arrange a clinic site that best meet everyone's expectations. Further information regarding the externship is discussed in HEAL 240. Students must successfully complete the 180 required hours in order to pass the course.

Dismissal from an externship site may result in the student NOT being able to complete this course or the MA program. The practicum coordinator is not required to find an additional site.

Program Re-entry

Students withdrawing and/or requesting re-entry into the program is conditional and must be approved by the Healthcare Professions Department Coordinator.

Program Dismissal

Students may be dismissed from the MA program for the following:

- Violation of program policies
- Unsafe, unethical or dishonest behaviors, verbal or written communication that may or does result in danger to others in the health care setting.
- Release of confidential information.
- Failure to display stable mental, physical or emotional health which may or does affect others' well-being.
- Use of drugs and/or alcohol prior to or while participating in class or externship.

MA Program Plan

Highline College offers both an MA Certificate and MA AAS degree; each are offered as continuous enrollment. Students will meet with an advisor to determine which program is best suits them and create a program plan. The following is an example of the AAS with notes showing which courses are not required for the certificate.

Qtr	Sample MA AAS Plan		Credit s	
1 Fall	BSTEC 120	Computer Skills	5	Supporting Course
	ACCT or BUSN	Acctg 121 OR BUSN 135 (business math) OR Math 100+	5	Related Instruction
	ENGL	Engl 101	5	Related Instruction
			15	
2 Winter	HEAL 102	Introduction to Healthcare Professions	3	
	HEAL 104	Terminology & Anatomy	5	
	PSYCH 120 or BUSN 160	Psychology of Human Relations (BUSN 160 can substitute)	5	Related Instruction
			13	
3 Spring	HEAL 210	Clinical Procedures I	5	
	HEAL 106	Human Diseases & Pharmacology	5	
	HEAL 160	Medical Office Procedures I	4	HEAL 160 Fall, Spring
			14	
4 Summer	HEAL 251	Care Navigation	5	No clinicals offered Summer
	HEAL 162	Medical Office Procedures II	5	
	HEAL 228	Nutrition	2	NUTR 101 can substitute, HEAL 228 Winter Summer
			12	

5 Fall

HEAL 212	Clinical Procedures II	5
HEAL 226	Therapeutic Communication	3
DGS	Diversity and Globalism Course	5
		13

HEAL 226 Fall
Spring

Only needed for
AAS

6 Winter

HEAL 214	Clinical Procedures III	5
HEAL 239	Job Readiness	2
Elective	Any course	5
		12

Only needed for
AAS

7 Spring

HEAL 218	Emergency Preparedness	2
HEAL 241	Externship Seminar & CMA Prep	4
HEAL 240	Externship	6
		12

**HIGHLINE COLLEGE
MEDICAL ASSISTANT PROGRAM REQUIREMENTS**

- ❖ Medical Assistant students must apply to this program and:
 - **Have two reference forms on file (Appendix K).**
 - The student must **provide a note** from their medical provider stating that they are physically able to perform the duties of a medical assistant.
 - **Immunization records must be on file with the Program Coordinator and a copy must be in the student's file. (Appendix J)**
 - Acceptable documentation of proof of immunizations may include:
 - A signed letter from your physician or physician's office
 - A signed immunization record
 - A copy of laboratory results demonstrating proof of immunity

IF IMMUNIZATION STATUS IS NOT KEPT CURRENT AND DOCUMENTED IN THE STUDENT'S FILE, STUDENT WILL NOT BE ALLOWED TO PARTICIPATE IN THE LABORATORY COURSES OR THE CLINICAL COURSES.

- ❖ If the student declines to complete the required immunizations, they must sign a disclaimer declining the immunizations, and noting clinics may decline to host their externship and/or offer employment.
 - See form requirements in the appendices.
- ❖ Students are covered for professional liability insurance through Highline College during the entire Medical Assistant Program including their externship.
- ❖ **Please note:** Students will be responsible for any healthcare costs incurred due to accidental needle sticks or other injury during the program and while completing their externship.
 - See Highline College Accidental Needle Stick and/or Injury form. This information can be found in the Appendix.

SAFE LABORATORY CLINICAL PRACTICE

The faculty will provide a safe laboratory and clinical practice environment for the student. Laboratory and clinical classes require human participation activities. Example of human participation activities may include, but are not limited to, finger sticks, venipuncture and injections. The instructor will be in the lab for safety verification during practice and testing sessions.

Invasive procedures, including practice, will take place ONLY in the lab area of the Healthcare Professions Department. Injections and venipuncture will be done on models under the direct supervision of the instructor. When the instructor is satisfied with the model demonstration, instructions will be given regarding the invasive procedure. Each medical assisting student is required to give and receive injections and venipuncture from other clinical students.

No injection equipment will be removed from the lab area. Universal/standard precautions will be strictly followed and all materials disposed of in biohazard containers. It is the intent of this program policy to recognize the responsibility to educate its students while providing safe student/patient care.

A Statement of Responsibility must be signed and on file before participating in any human participation activity. A sample of this statement may be found in the Appendix of this handbook. All immunizations and injections must also be current and documented in the student's file.

Unsafe practice is any behavior, which places or has the potential to place another person in eminent danger, or at risk of physical and/or psychological, sociological, cultural/ethnic and spiritual trauma. Examples of unsafe practices include, but are not limited to the following:

1. Ineffective or dishonest verbal or written communication that may or does result in danger to others in the health care setting.
2. Release of confidential information.
3. Failure to display stable mental, physical or emotional health which may or does affect others' well-being.
4. Use of drugs and/or alcohol prior to or while participating in class or externship.
5. Improper disposal of contaminated materials and needles.

Graduate Outcomes:

The Healthcare Program has the responsibility to the public to assure that its students and graduates are competent. In order to facilitate this, the program utilizes the following as criteria to measure competence. The outcomes listed below delineate competencies, which have been developed by graduates at the point of completion of the Medical Assisting Program. Objectives for theory, clinical, and laboratory courses are based on these outcomes. Students/graduates who achieve these outcomes are prepared for excellence in medical assisting practice.

Graduate Outcomes

1. Employ critical decision making to prioritize and appropriately attend to client specific needs, use data collection and analysis, problem identification, care planning, care delivery, and evaluation of care.
2. Provide accurate verbal and written communications using appropriate technology while adapting to consider the needs of culturally and educationally diverse clientele and interdisciplinary healthcare team members.
3. Demonstrate proficiency in psychomotor skills, computation, therapeutic communication, client education and use of technology in provision of care.
4. Function as an effective member of the healthcare team, practicing collaborative leadership, delegation and client advocacy to provide goal-oriented care.
5. Perform optimally in the dynamic healthcare system by incorporating the best evidence available into client care and continuing education.
6. Adhere to scope of professional practice and contribute to the profession through participation in professional organizations and sociopolitical awareness.

PROGRAM POLICIES AND PROCEDURES

Students must abide by all policies and procedures outlined in the Highline College handbook section *Student Rights and Responsibilities*.

Refer to: <http://studentservices.highline.edu/>
<http://studentservices.highline.edu/srr.php>

All students admitted to the Medical Assisting Program are required to read the Medical Assisting Handbook of the Highline College Healthcare Professions Department. After review, each student will be required to acknowledge in writing willingness to comply with these policies.

GENERAL INFORMATION/PROGRAM POLICIES

1. Fees

Tuition and fees are handled by the college in the attached manner. Please check out this link on the Highline College website. <https://registration.highline.edu/tuition.php>

2. Health Insurance

Students are covered for professional liability insurance through Highline College during the entire Medical Assistant Program including their externship.

Please note: Students will be responsible for any healthcare costs incurred due to accidental needle sticks or other injury during the program and while completing their externship. See: Highline College Accidental Needle Stick and/or injury form (this can be found in the Appendix)

Accidents occurring in the clinical area must be reported to the department coordinator. Emergency first aid treatment at the clinical site and more extensive care with the student's personal care provider is the financial responsibility of the student. A Highline College Accident/Incident Report must be filed in the office of the Medical Assisting Coordinator.

3. Required Standardized Testing

Background Check

Washington State Patrol Background Check Evidence is required prior to going out on Externship. There is a list of crimes that disqualify persons from a healthcare career in Washington State. To see this list, refer to the Washington State Legislature, Chapter 388-113 WAC. (<http://leg.wa.gov/>)

If a background check should need to be conducted prior to starting the program, for evaluation, a second background may be conducted prior to externship.

If you are in need of further information, please see your faculty advisor.

4. Health

Students are responsible for maintaining current status of their health and safety requirements throughout the program

It is the responsibility of the student to notify the instructor if, due to illness or injury, s/he is unable to perform the activities listed in the document: *Medical Assistant Program Requirements* (see Appendix). The student must provide a written request for restrictions or modifications. A written statement from a primary care provider may be required. The faculty will determine if restrictions allow the student to meet course objectives.

Student May Not Attend Externship Activities when They:

Have any health or safety requirements that are not current

- Are experiencing the acute phase of a communicable disease
- Are under the influence of alcohol or any drug (prescription or non-prescription) that affects motor and/or cognitive function
- Are physically or mentally unable, for any reason, to concentrate on clinical concerns and provide safe client care

5. Communicable Diseases Policy

Refer to: <http://www.immunize.org/catg.d/p2017.pdf> (CDC Guidelines for Healthcare Personnel)

6. Standards of Conduct

Refer to: *Highline College Student Rights and Responsibilities Handbook*.

<http://studentservices.highline.edu/srr.php>

- A. Cheating, plagiarism, and other forms of academic dishonesty are unacceptable.
- B. Verbal and written communications must be truthful.
- C. Disorderly, abusive, or bothersome conduct will not be tolerated.
- D. Social Networking
 - a. Students shall not use online social networking to harass, threaten, or discriminate against other students, faculty, staff, or any member of the public.
 - b. Confidentiality of students, faculty, staff, and clinical clients shall be maintained at all times.
 - c. Client information or clinical situations shall not be discussed on social networking sites.
 - d. Students shall not use social networking to share contents of tests or assignments resulting in academic dishonesty (plagiarism, cheating).
1. On-campus computing resources and network capacity may not be used for illegal purposes.
 - a. Examples of illegal purposes include:
 - i. Intentional destruction of or damage to equipment, software, or data belonging to Highline College or other users.
 - ii. Intentional disruption or unauthorized monitoring of electronic communications
 - iii. Unauthorized copy of copyrighted material

E. Smoking

Highline College campus policy allows smoking (cigarette *and* e-cigarettes) only in designated areas on campus. All clinical sites are non-smoking facilities. See MA dress code re: smoking.

F. Cellular Phones

When in the classroom, lab, or clinical setting, cellular phones must not be heard. Cellphone conversations must be conducted outside the classroom, lab, or the clinical unit.

Please note: Please inform your instructor at the beginning of class/lab if you are expecting or may need to make an urgent call during class

7. Student Accommodations

STATEMENT ON ACCESSIBILITY:

Highline College offers support services for students with disabilities to ensure access to programs and facilities. Access Services is located in Building 99, Room 180. If you are interested in learning more about Access Services please contact our office for more information at 206-878-3710 x3857 or access@highline.edu.

If you need course adaptations or accommodations because of a disability, have emergency medical information to share with the instructor, or if you need special arrangements in case the building must be evacuated, please provide the instructor with the Letter of Accommodation you have received from the Office of Access Services the first week of classes.

8. Outside Working by Student

Students should maintain an open discussion with their faculty advisors in order to coordinate work schedules with classes, externships, or other MA program requirements that will assist the students in completing the MA program with the best possible outcomes.

9. Financial Aid

Financial Aid is processed through the Financial Aid Office, located in Building 6. A number of grants, loans, scholarships, tuition waivers, and jobs are available to qualified students. Additional funding may be offered to Medical Assisting students. The student should contact the Highline College Foundation Office and Women's Programs.

<https://financialaid.highline.edu/>

GRIEVANCE POLICY

The Need for a Grievance Procedure:

There are a variety of issues or problem situations that may arise between students and instructors who interact closely in the learning process. Hopefully, satisfactory resolutions, of these issues/problems can be readily attained without major difficulty or increase in conflict. However, if a student feels that the issue/problem cannot be resolved by working it through with the instructor involved, there are further steps the student can take to try to resolve the problem. <https://access.highline.edu/current-students/access-services-handbook/#Grievance-Procedure>

DISCIPLINARY PROCEDURE:

Any test-taking behavior observed which may be interpreted by the instructor as a violation of test confidentiality will result in immediate action. The proctor will collect the test and any evidence and an appointment will be scheduled to discuss the issue. This may result in repeating the class, and/or termination from the program.

**HIGHLINE COLLEGE
MEDICAL ASSISTANT PROGRAM
UNIFORM REGULATIONS**

1. Uniform will consist of “scrubs” style attire. The uniform will be **light blue** in color. The uniform must be clean and freshly pressed and fit properly. **You may also wear a lab jacket or long sleeve white shirt under the top.**
2. Students must wear a watch with a second hand when in uniform.
3. A stethoscope is considered a part of the uniform. We suggest (not mandatory) that you purchase a LITMAN™ select or Classic II. These are available at most uniform shops and online at uniform sites. They range from \$50.00 to \$80.00 retail but are usually on sale from \$40.00 to \$60.00. This is a solid investment and it will last you many years in your career.
4. A name badge will always be worn with the uniform. Obtain your badge from the registration office. Advise them that you are a medical assisting student and request the medical assisting student badge. Cost is approximately \$3.00.
5. White uniform shoes, plain white (all leather) athletic shoes, or clogs are acceptable. Shoes must be clean and polished. Open toes, sketchers, and canvas are not acceptable. White socks will be worn with the uniform.
6. Wedding rings and single ear posts in each ear are acceptable jewelry. Body piercings and facial piercings (including tongue piercings) is not professional and must be removed when in uniform.
7. Uniforms are to be worn by students for all clinical classes, laboratory procedures, clinic observations, work experience assignments, externships, and at the request of any instructor.
8. Students in uniform need to remember the following rules:
 - A. Nails will be neatly trimmed and filed, with clear polish only. Artificial nails are NOT allowed.
 - B. Perfume, cologne, and scented hair or body lotion products must be avoided because of possible allergy sensitivities while in uniform.
 - C. Long hair must be pulled back and/or worn up in a professional manner.
 - D. Unnatural hair colors are not allowed.
 - E. NEVER chew gum when in uniform.
 - F. Smoking in uniform is not allowed (including E-Cigarettes).
9. Eye protection, mask, and gloves will be provided when appropriate in medical assistant classes.
10. Any medical assisting instructor has the obligation to approach the student if any part of the uniform dress code is incorrect.
11. Regarding tattoos: While popular, you will be required to cover visible tattoos while in uniform.

Please keep in mind that many medical facilities are very conservative and may require you to remove them. This could affect your externship and/or your possibility of being hired. If you are thinking about getting one or more tattoos, make sure they are non-visible or, better yet, wait until you are working and follow the dress code of the facility.

REMEMBER: When you wear your uniform, you represent the Medical Assisting Program at Highline College and yourself. Wear it proudly and include your best smile!

AAMA MISSION STATEMENT

The purpose of the American Association of Medical Assistants is to promote the professional identity and stature of its members and the medical assisting profession through education and credentialing.

AAMA CODE OF ETHICS

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

Members of 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:

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

AAMA CREED

- ❖ I believe in the principles and purposes of the profession of medical assisting.
- ❖ I endeavor to be more effective.
- ❖ I aspire to render greater service.
- ❖ I protect the confidence entrusted to me.
- ❖ I am dedicated to the care and well-being of all people.
- ❖ I am loyal to my employer.
- ❖ I am true to the ethics of my profession.
- ❖ I am strengthened by compassion, courage and faith.

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**** Handbook Checklist**

Name: _____
(Print please)

	Initials	Date
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APPENDIX - A

HIGHLINE COLLEGE

The following forms must be completed, signed, and returned to the program coordinator or appropriate instructor.

Student Handbook

I have received my Student Handbook, read its contents, agree to its terms, and am signing this form voluntarily.

Upon graduation, I also give Highline College permission to survey my employer about their satisfaction as to the quality of my performance as a Medical Assistant. I understand that this information will be used to strengthen the program. All employer information will remain confidential. Performance summaries for program graduates will be written so that individual student identity is not known.

Printed Student Name

Student Signature

Date

APPENDIX - B

**Highline College
Healthcare Professions Department
Incomplete Policy**

All courses a student is registered for are to be completed by the end of the quarter. Occasionally, due to unforeseen circumstances, a student might not complete all coursework. In order to be eligible for an incomplete in **any** medical assisting course, a student must have **80%** of their registered courses complete, **AND** have permission from an instructor for their personal situation.

All incompletes are granted at the discretion of the Healthcare Professions Department staff. It is the student's responsibility to complete all work necessary to satisfy the incomplete contract within the allowed time. Instructors will give a deadline on the contract and all work must be completed and turned in prior to that date. Failure to complete the coursework on time will result in a grade of 0.0, or whatever grade is earned to date, for the course.

I have read and understand the above incomplete policy.

Print Student Name and Program

Date

Student Signature

APPENDIX - C

**HIGHLINE COLLEGE
EMAIL DISTANCE LEARNING RELEASE**

I agree to allow members of the class and the instructors to have access to my email address so they can communicate with me. I willingly give consent to the instructors to provide my email address to students in the Healthcare Professions Department.

Signed: _____

Printed Name: _____

Date: _____

The reference librarians are willing to assist you in establishing a free email account.

APPENDIX – D

**HIGHLINE COLLEGE
STATEMENT OF RESPONSIBILITY MEDICAL ASSISTANT PROGRAM**

Even though the health and safety of the students, faculty and clients associated with program activities are adequately safeguarded, I am aware that during clinical laboratory and externship experience in which I am participating under the arrangements of Highline College, certain dangers may occur, including but not limited to the following:

Abrasions and cuts, back strain, infectious conditions, needle punctures, allergic reactions, and complications of pregnancy.

In consideration of the choice to participate in these clinical, laboratory, and externship experiences and the other services of Highline College, this form acknowledges I have been informed of and recognize all risks involved and will hold the State of Washington, Highline College, its employees, agents, and assignees harmless from any and all liability actions, causes of actions, debts, claims, and demands of every kind and nature whatsoever which may arise from or in connection to my participation in any activities arranged for me by Highline College. The terms thereof shall serve as a release and assumption of risks for the heirs, executors, administrators, and members of my family.

It has been recommended and I understand that I should have personal health insurance prior to enrolling in this program.

I certify that my personal health will permit me to meet the technical standards of the program and that to my knowledge I have no medical condition communicable to fellow students, faculty, or clients in an externship setting or in the classroom clinical/laboratory setting.

Printed Student Name

Student Signature

Person Informing Me of Risks

Witness

APPENDIX - E

**HIGHLINE COLLEGE
CRIMINAL DISCLOSURE INFORMATION**

DATE: _____

In order to practice as a healthcare assistant student in clinical agencies, it is necessary according to the "*Child/Adult Abuse Information Act*" (RCW 43.43.830 through RCW 43.43.845) to complete a criminal history background inquiry. This is a requirement of the Department of Social and Health Services to ensure that persons convicted of a crime against "children less than sixteen years of age or developmentally disabled persons or vulnerable adults" are not allowed to work in facilities where this population is being cared for.

Because of this statute, you will need to obtain a Criminal History Background record from the Washington State Patrol pursuant to RCW 43.43.834 and RCW 43.43.838. This may be obtained from the Security Office located in building 6. See the cashier across from the security office to pay the fee of approximately \$16.00. Request a copy of the results be released to your MA program advisor to be placed in your file.

The Washington State Patrol Background Inquiry will show any felony or misdemeanor which you have committed. However, only crimes which could potentially affect your direct care of the clients or which are deemed potentially hazardous to any client in the future will be considered. If any of these are present, you may not be allowed to perform the duties required of you in a clinical situation. If this is the case, you will not be able to successfully complete the externship required in this program.

**HIGHLINE COLLEGE
CRIMINAL DISCLOSURE INFORMATION FORM**

I, _____, have been made aware of and understand the ramifications of the following offenses, in regard to a desire to enroll or continue in a health care provider program as it relates to me:

- Felony and/or misdemeanor conviction(s)
- Guilty plea or nolo contendere to any crime which indicates that one is unfit or incompetent to practice as a health care provider or that one has deceived or defrauded the public, and/or
- Parole violation

Before I can enroll or continue in courses with a clinical component, my conviction and/or parole status shall be shared with the clinical agencies which support the MA Externship course.

Clinical agencies have the right to refuse an externship for students through their facility. Therefore, I will be unable to successfully complete the program because clinical objectives cannot be met and I will be dismissed from the program.

I agree to hold harmless the clinical agencies and staff and Highline College and staff for any acts and accept responsibility for any and all claims, loss, liability, demands, damages or any other financial demands that may be alleged or realized.

In compliance with Highline College, I agree to obtain my own criminal history background record from the Washington State Patrol prior to beginning my clinical experience/externships in clinical facilities. I hereby grant Highline College permission to keep a copy of my Washington State Patrol background inquiry and to release a copy of the background inquiry to appropriate clinical agencies.

Printed Student Name

Student Signature

Witness

Date

APPENDIX - F

Highline College Confidentiality Statement

I, _____ (student name), understand that in the course of the Medical Assisting Program and my MA externship; I will encounter information that is of a sensitive and personal nature. I acknowledge that information shared in the classroom environment and in the observation of clinical activities, and my MA externship must be kept confidential and private.

In the classroom, students are encouraged to participate openly, and as such may choose to share personal information. I understand the shared information is to be treated respectfully and with regard to its sensitive nature. I understand that I may not discuss any information about any student with anyone in or outside of the classroom, in any format or fashion.

During the clinical externship portion of my program, I will be involved in various aspects of patient care. I acknowledge that I may be privileged to information that must not be shared or discussed with anyone other than the patient's medical providers, and only if this information is necessary for quality healthcare services for that patient. I further agree to comply with any additional confidentiality procedures and/or stipulations that my clinical site may require of me.

In accordance with current federal and state mandates designed to "develop security standards to prevent...unauthorized use or disclosure of any health information that is electronically maintained or used in electronic transmission." I also acknowledge that any access I have to written or electronic medical charting is strictly confidential. I further acknowledge that should I have access to such record maintenance systems, I will not attempt to review confidential material in any regard other than by direct order from a supervisor, physician or health care provider. Additionally, I acknowledge that I must comply with any confidentiality and regulatory compliance standards that may be imposed upon me during any of my clinical activities.

I acknowledge that should I break this statement of confidentiality, I may face consequences that may prevent me from completing this program, or other consequences yet to be determined.

Date: _____

Signature of student: _____

Printed student name: _____

APPENDIX - G

HIGHLINE COLLEGE HEPATITIS B VACCINATION (HBV) Information

Comprehensive regulations designed to minimize the transmission of an exposure to HIV, Hepatitis B (HBV) and other potentially infectious materials in the work place were issued by the Occupational Safety and Health Administration (OSHA). This regulation is known as OSHA Occupational Exposure to Blood borne Pathogens Standards.

As of July 6, 1992, individuals must be immunized against HBV and documented proof of such vaccination must be on file. Any at-risk individual who wishes not to receive the vaccine must sign a copy of the Hepatitis B vaccine declination as published in OSHA.

During clinical, laboratory and externship, students could “reasonably anticipate” coming into contact with blood and other potentially infectious materials. Therefore, students are required to receive the HBV vaccination or sign the declination form.

HBV is given in a series of three injections. The second injection is given one month following the first one. The third injection is received 5 months after the second. Students must have received at least two of the injections before participating in any invasive procedure or laboratory procedures class. Failure to comply with this regulation and/or to submit documented proof of receiving the series of injections will prohibit a student from participating in the invasive procedures classes and graduation from the Medical Assisting Program.

If you have additional questions, feel free to discuss them in detail with an instructor.

APPENDIX - H

**HIGHLINE COLLEGE
HEPATITIS B VACCINE STATUS FORM**

Please complete the following form and return it to an instructor:

Printed Student Name

I have received your communication concerning the Hepatitis B vaccination. I understand that as a student in the Medical Assistant Program, I have an increased risk of contracting this serious illness and that it can be prevented by the Hepatitis vaccine.

Check One

- ❖ I plan to seek immunization through my private physician or by a health care facility and I will provide a copy of my verification when I have completed the three inoculations.
- ❖ I am already immunized. I will provide verification/documentation.
- ❖ I have decided not to pursue immunization for Hepatitis B even though I understand I am at some risk of contracting this disease. Therefore, I am signing this waiver releasing Highline College of any responsibility for the possibility of my contracting Hepatitis B.

Student Signature

Date

Highline College

Medical Assisting Department

Accidental Needle-Stick Protocol

Post-exposure Evaluation

If you are stuck by a needle or other sharp, or get blood or other potentially infectious materials in your eyes, nose, mouth, or on broken skin:

1. Immediately flood the exposed area with water and clean the wound with soap and water or a skin disinfectant if available.

(The Eyewash station is located in bldg. 23 room 210)

2. Report this immediately to your instructor, your instructor will complete the College's accident/injury report form (Security Office)
3. Seek immediate medical attention through your Primary HealthCare provider or you can go to the nearest Urgent Care clinic or Emergency Room:

UW Medicine-Valley Medical Center

400 South 43rd Street
Renton, WA 98055

Urgent Care-Renton Landing

1205 N. 10th Street Suite A
Renton, WA 98057
425-656-4211

Multicare Kent Urgent Care

222 State Avenue North
Kent, WA 98030
253-372-7788

Franciscan Medical Center Burien

16251 Sylvester Rd. SW
Burien, WA 98166

Multicare Urgent Care FW

30800 Pacific Hwy South
Federal Way, WA
253-941-5597

UW Neighborhood Urgent Care Federal Way

32018-23rd Avenue South
Federal Way, WA 98003
253-839-3030

APPENDIX – J

**HIGHLINE COLLEGE
Student Healthcare Statement**

1. Student Name: _____
Last First MI

2. Address: _____
Street City State Zip Code

Phone: _____ Cell _____

3. Person to be notified in case of emergency _____ Phone: _____

Relationship _____

IMMUNIZATIONS: Certificate of Immunization Status (filled out)

http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-013_CertificateImmunizationStatusForm.pdf

We must have a print out from the provider's office and the certificate of immunization status filled out with the following immunizations:

- Tdap and history of Dtap childhood vaccines
- Polio series
- Hepatitis B*
- MMR *
- Varicella *
- Flu vaccine (may wait until you get closer to externship)
- TB skin test (wait until a quarter prior to externship)

***Need proof of immunity if not vaccinated. Titers must be drawn even if there is a history of disease.**

After this examination, do you believe that the health history and physical examination findings justify this student undertaking the Medical Assisting program? _____

Comments: _____

PROVIDER INFORMATION

Signature _____ Date _____

Print Name _____ Phone _____

Address _____

Return to:
LeAnn Blanco, BS, CMA (AAMA), MA-C
Health Care Professions
Highline College
P.O. Box 98000 M/S 29-3
Des Moines, WA 98198-9800
Phone 206-592-3684

APPENDIX - K

**HIGHLINE COLLEGE
PERSONAL REFERENCE FORMS**

Please provide your Medical Assistant advisor with 2 completed personal reference forms.

I waive my right to review this recommendation:

Applicants signature

Date

HIGHLINE COLLEGE

REFERENCE FORM FOR Medical Assistant CANDIDATE

Applicant Name _____ is applying for admission to the Medical Assistant Program. The Medical Assistant Program attempts to offer the limited number of spaces to the candidates who offer greatest promise for completion of the rigorous program and who show potential for making a contribution to the health and wellbeing of their community upon graduation. Therefore, we are seeking references from employers or supervisors in volunteer activities. Your comments will be carefully studied before decisions are made and will be held in strict confidence if the applicant signs the waiver at the top of the page.

I know the candidate in the capacity of _____

1. General impression made on others (e.g., quiet, confident, aggressive, etc.)
2. Conduct and attitude (dependability/responsibility in approach to hours and assignments).
3. Organization and leadership qualities (e.g., ability to function without direction, ability to gain cooperation from others, ability to set priorities, etc.)
4. Communication skills (verbal, written, etc.)
5. Ability to adjust to varying situations and expectations.
6. What are the applicant's greatest needs for development?
7. Would you like/not like to have this person work with or for you again? Please explain

Signature _____

Date _____ Firm or organization _____

Please mail directly to: LeAnn Blanco, BS, CMA (AAMA), MA-C
Highline College 29-336
P.O.Box 98000
Des Moines, WA 98198-9800

11/74 UW Adaptation