# STUDENT HANDBOOK 2023-2024 MEDICAL ASSISTANT PROGRAM COLLEGE OF SOUTHERN IDAHO PROGRAM DIRECTOR KARA M AHANNAH LPN, RMA

Page | 0 kmahannah\_2023

# TABLE OF CONTENTS

- Welcome/Introduction
- Program Mission
- Program Description
- Practicum Experience
- Certificates/Degrees
- Program Faculty, Administration, & Staff
- Program Objectives and Outcomes
- Program Policies
- HSHS Drug and Alcohol Policy

# **Appendix:**

Appendices require action reading, signing, submitting to program manager, or uploading into Complio database.

- Medical Assisting Acceptance Form
- HSHS Drug Testing Policy and Procedures
- Acknowledgment of Health Science/Human Service Department alcohol/drug use policy
- Application Authorization and consent for Drug Screen
- Consent for Background Investigations
- HSHS Conflict Resolution Policy and Procedures
- HSHS Academic Integrity Policy and Procedures
- Acknowledgment of Health Science/Human Service Department Conflict Resolution and Academic Integrity Policies and Procedures
- Consent for laboratory participation and use of standard precautions for Medical Assisting Program
- Attendance and immunization policy
- Clinical confidentiality contract
- CSI photo and leadership consent
- Drug screen completion order: St. Luke's Occupational Health to perform drug screen or Physicians Immediate Care—Take this form with you to have drug screen performed.
- Physical Exam Guide for Medical Providers—Give pages 24-30 to the Medical Provider completing your Physical Exam, Immunization Record Review, and TB skin testing. Once complete upload to each area in Complio Data Bank.

Page | 1 kmahannah\_2023

# College of Southern Idaho-Medical Assistant Program Acceptance Form

Congratulations you are now admitted to the Medical Assistant Program!

Please complete the program acceptance packet with the following items to continue in the program. If you have any concerns or questions about completing the following items by the assigned due date, please discuss ASAP with the Program Manager, Kara Mahannah 208-732-6728. Sign this form and return to Program Manager, you have copy in the front of handbook.

| Program Manager                          | Complio                                       | Due Dat(s)      |
|--|---|-----------------|
| Program Acceptance Form pg. 14           |   | August 14 5pm   |
| Course Registration/Paper Form           |   | August 14 5pm   |
| Given at Orientation                     |   |                 |
| Acknowledgment of Health                 |   | August 14 5pm   |
| Science/Human Service Department         |   |                 |
| alcohol/drug use policy pg. 17           |   |                 |
|  | Applicant Authorization and Consent for Drug  | August 14 5pm   |
|  | Screening pg. 18                              |                 |
|  | Consent for Background Investigations pg. 19  | August 14 5pm   |
| Acknowledgment of Health                 |   | August 14 5pm   |
| Science/Human Service Department         |   |                 |
| Conflict Resolution and Academic         |   |                 |
| Integrity Policies and Procedures pg. 22 |   |                 |
| Consent for lab participation and use of |   | August 14 5pm   |
| Standard Precautions pg. 23              |   |                 |
| Attendance and Immunization Policy       |   | August 14 5pm   |
| pg. 24                                   |   |                 |
| Clinical Confidentiality Contract pg. 25 |   | August 14 5pm   |
| Program Photo &                          |   | August 14 5pm   |
| Leadership/Marketing Agreement           |   |                 |
| pg. 26                                   |   |                 |
| Drug screen completion, results sent     |   | August 18 noon  |
| directly to Program Manager from         |   |                 |
| facility (no form)                       |   |                 |
|  | Physical Exam/Bill of Health pg. 31           | August 25 noon  |
|  | Health Immunization Record                    | August 25 noon  |
|  | MMR, Varicella, Hep. B, Tdap, COVID-19 pg. 34 |                 |
|  | TB skin test pg. 35                           | August 25 noon  |
|  | Influenza Vaccine (record/receipt from        | Nov 10 noon     |
|  | administrator of vaccine-no form)             |                 |
|  | Current Healthcare provider CPR (no form)     | January 19 noon |
|  | Current Health insurance card (no form)       | January 19 noon |

# **KEEP THIS COPY IN YOUR HANDBOOK!**

Page | 2 kmahannah\_2023

# Introduction

Welcome to the Medical Assistant Program at the CSI (College of Southern Idaho). This handbook has been prepared to assist you in completing your academic goals successfully. This is the first of many reading assignments, please read this handbook thoroughly. If you have any questions, please contact the Program Manager, Kara Mahannah. This handbook is designed to supplement the CSI College Catalog and CSI General Student Handbook. Please keep it as a reference throughout your course of study in the Medical Assisting Program at CSI. The Program Manager and program instructors are available to guide, support, encourage, and teach you throughout the program. Please do not hesitate to contact them for assistance. The Medical Assistant Program Manager and the Health Science and Human Services Department Chair and Dean, in cooperation with all program faculty and administrative personnel, reserve the right to revise policy guidelines as needed if a change is felt necessary for improvement of the program. The students will be notified of any change which affects them.

The educational experiences in this program take place in the classroom, skills lab, off site field trips, as well as supervised practicum in an outpatient medical facility.

# College of Southern Idaho Mission Statement

"To provide quality educational, social, cultural, economic, and workforce development opportunities that meet the diverse needs of the communities we serve." (adopted 1/19/2016)

# **Medical Assistant Program Mission Statement**

The mission of the program is to provide a comprehensive medical assisting education to diverse student populations, promoting their ability to achieve quality of life for themselves and others as multi-skilled allied health workers. Students placed in the Medical Assistant program will work in a simulated medical office setting performing administrative and clinical medical assisting duties. The program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Medical assisting is an exciting occupation offering a variety of tasks to those wishing to work in an allied health occupation.

# **Program Description**

The Medical Assistant Program prepares graduates to assist health care providers in outpatient settings performing administrative and/or clinical tasks. Medical Assistants are multi-skilled, allied health care workers who perform a variety of skills assisting health care providers with patient care. They assist with clerical duties, referrals, insurance billing and coding, minor in-office procedures; perform phlebotomy with lab tests, EKG's, as well as many other administrative and clinical tasks.

Upon completion of the program students are eligible to sit for the national medical assistant certification exam, CMA (AAMA) by the Certification Board of the American Association of Medical Assistants. The CMA (AAMA) is considered the gold standard of medical assisting professionalism. The CMA (AAMA) means a professional edge, increased prestige among peers and employers, better job security, and greater career advancement opportunities.

To promote success on the certification/licensure examination(s), all Required Courses must be passed with a grade of C or better.

Page | 3 kmahannah\_2023

This program is accredited by the Commission on Accreditation of Allied Health Programs (9355 113<sup>th</sup> St. N. #7709 Seminole, FL 33775, <a href="www.caahep.org">www.caahep.org</a>) on the recommendation of the Medical Assisting Education Review Board (MAERB).

The Medical Assistant Program is overseen by the Advisory Board, made up of community members with a vested interest in the program and its success, and the program manager. The Advisory Board meets twice per year, and they assist with the admission process. They perform interviews on each applicant; the students are rated on their portfolio and interview; their cumulative points then admit the highest rated applicants into the program up to 16.

# **COURSE/LAB SCHEDULE**

### Fall semester

MEDA 131 Medical Office Procedures W 0900-1150 MEDA 233 Clinical 1 T or Th 0900-1150 (½ class on T and ½ class on Th) MEDA 220 Human Disease W 1300-1550 MEDA 233 Lab T 1300-1550 or Th 1300-1550 (½ class on T and ½ class on Th) Open Lab offered M or F or by appointment/request

# Spring Semester

MEDA 201 Integrated Medical W 0900-1150
MEDA 234 Clinical 2 T *or* Th 0900-1150
(½ class on T and ½ class on Th)
MEDA 109 Pharmacology W 1300-1550
MEDA 233 Lab T 1300-1550 or Th 1300-1550
(½ class on T and ½ class on Th)

Open Lab offered M or F or by appointment/request

# **MEDA 235 Practicum**

Students are placed in an ambulatory healthcare setting for a 180-hour non-paid educational experience. During the practicum, students are supervised and evaluated on performance of psychomotor and effective administrative and clinical competencies. Students will maintain a practicum journal, communicating with practicum coordinator each day they perform hours at their practicum site. They will maintain all records for practicum and complete and exit interview with coordinator when practicum hours are complete.

The student is under the supervision of a supervisor/mentor that is qualified, trained, and knowledgeable in medical assisting skills, and the practicum coordinator. Practicum is a supervised, hands on work experience including both administrative and clinical tasks. Tasks learned in the classroom will be performed and evaluated during the practicum experience. Students will not participate in practicum experience until the student has been signed off at a passing level in clinical lab with the instructor and considered to be safe to perform with supervision at the practicum location. MAERB advocates the following guideline: The program should ensure that all applicable cognitive objectives and psychomotor and affective competencies be achieved prior to the start of any practicum.

# POST PROGRAM COMPLETION NATIONAL CERTIFICATION

The recognized national credentialing exams for medical assistants are:

- CMA (certified medical assistant) Exam national from the American Association of Medical Assistants (AAMA) this is the credential recommended for graduates of an accredited medical assisting program.
- RMA (registered medical assistant) Exam national from the American Medical Technologist (AMT)
- CCMA (certified clinical medical assistant) Exam national from the National Healthcareer Association (NHA)
- NCMA (national certified medical assistant) Exam national from the National Center for Competency Testing (NCCT)
- CMAC (clinical medical assistant certification) Exam from the American Medical Certification Association (AMCA)

Page | 4 kmahannah\_2023

# **Certificates/Degrees**

Intermediate Technical Certificate (1 year)

# C.S.I. Human Services Contact Information

• Jayson Lloyd HSHS Instructional Dean 732-6547, <u>illoyd@csi.edu</u>

• Kara Mahannah, Program Director and Assistant Professor732-6728, kmahannah@csi.edu

• Brent Clayton HSHS Department Chair 732-6717, BDClayton@csi.edu

• HSHS Advisor 732-6730

• Rae Jean Larson, Office Manager 732-6701, <u>rlarsen@csi.edu</u>

• Lee Ann Erickson, Student Services Specialist 732-6700, <u>leeannerickson@csi.edu</u>

Matilda Wolfe, Student Services Specialist
 732-6702, mmwolfe@csi.edu

• College of Southern Idaho 733-9554, (800) 680-0274

Medical Assistant Program Webpage

https://www.csi.edu/programs/medical-assistant/default.aspx

# **Program Objectives and Outcomes**

For the continued accreditation of the program the following thresholds must be met and reported annually to the Medical Assisting Education Review Board (MAERB).

**Admission and Retention:** Of each class admitted to the Medical Assistant Program, at least 60% will be retained through graduation.

**Graduate Success:** Of each class admitted to the Medical Assistant Program, at least 30% survey participation from graduates and 80% positive satisfaction will be obtained.

**Job Placement:** Of each class admitted to the Medical Assistant Program, at least 60% of graduates will find employment as Medical Assistants or in related field.

We do not guarantee employment or facilitate job placement for students. However students are

provided with extensive "Job Skills Training" in MEDA 201 and throughout the program. Practicum provides experience and hands on practice in a real medical office setting, but does not promise employment upon completion. It is ultimately the student's responsibility to obtain certification to ensure employability, search out and apply for jobs for themselves.

**Employer Satisfaction:** Of all students employed in Medical Assisting positions or related field, at least 30% surveys participation from employers and 80% positive satisfaction will be obtained.

**National Exam Participation and Passage:** Of the graduates of a program 30% must take one of the 5 credentialing exams and of those 60% must pass.

### PROGRAM OUTCOMES

"To prepare medical assistants who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession." As outlined for accredited programs by the Medical Assisting Education Review Board.

Incorporate critical thinking skills when performing patient care, interacting with patients and/or visitors, medical providers, other medical office staff, or third-party payers in the medical office.

Page | 5 kmahannah\_2023

Use professional, effective, tactful, sensitive, culturally diverse, empathetic communication skills to interact with patients and/or visitors, medical providers, other medical office staff, or third-party payers in the medical office.

Demonstrate an understanding of the medical assistant's legal, ethical, and personal boundaries when providing patient care while understanding patients' rights, HIPAA, individual state laws, and accurate reporting and documentation.

Recognize potential unsafe working conditions and demonstrate knowledge of protective practices used in the medical office setting.

# Medical Assisting Program Technical Standards and Working Environment Safety & Risks

Technical standards are requirements for participation in the medical assisting program. Technical standards include physical, cognitive, and behavioral standards required for satisfactory completion of all aspects of the curriculum and the development of professional attributes required of the medical assisting profession. Students must demonstration the ability to perform required functions as a routine part of classroom, laboratory, and practicum participation.

Technical standards must be met with or without accommodations. Students interesting in the medical assisting program should carefully review the technical standards and decide if he or she has any limitations that may restrict or interfere with the satisfactory performance of any of these requirements. Any applicant can consult with the program director to discuss individual situations that may prohibit the applicant from meeting any of these technical standards. Any students can consult CSI Student Accessibility Services at 208-732-6260.

The Medical Assistant utilizes their ability to apply scientific knowledge and theory to perform within their profession. Therefor all applicants should possess the following Essential Technical Standards including but not limited to:

| Walking/Running                               | Walking within office to aid in patient care.                 |
|---|---|
|   | Emergency situations may require the ability run.             |
| Twisting, Stooping, Squatting, and Bending    | All may be needed to provide patient care in a varied         |
|   | situations.   |
| Climbing Stairs, Lifting, Prolonged Standing, | Using stairs may be necessary.                                |
| Pushing, and Pulling                          | Lifting up to 50 pounds (equipment and patients)              |
|   | Average time spent standing during a workday 75%.             |
|   | Pushing up to 200 pounds (wheelchair patient)                 |
| Fine motor dexterity                          | Grasp with both hands, manipulate equipment and supplies      |
|   | to provide safe patient care.                                 |
| Tactile sensation                             | Palpate pules, muscle contractions, bony landmarks, and       |
|   | edema.  |
|   | Differentiate between temperature variations.                 |
| Visual acuity                                 | Adequate visual acuity to provide various tasks and           |
|   | observations necessary for patient care.                      |
|   | Ability to read numbers and letters on instruments,           |
|   | equipment, or computers.                                      |
|   | Ability to discriminate shapes and color to identify changes  |
|   | in reagents or other materials needed for patient care.       |
|   | (with or without corrective lenses)                           |
| Auditory acuity                               | Adequate to receive verbal communication from patients,       |
|   | care givers, and team members in person or over the phone.    |
|   | Ability to auscultate body sounds to report for patient care. |
|   | Ability to hear alarms, timers, and paging systems within the |
|   | medical setting.  |
| Olfactory acuity                              | Ability to detect unusual odors to safeguard patients, self,  |
|   | and team members.   |

Page | 6 kmahannah\_2023

| Communication ability             | Ability to communicate effectively in spoken and written     |
|-----------------------------------|--|
| Communication ability             |  |
|                                   | English language.  |
|                                   | Adequate communication skills (verbal, nonverbal, and        |
|                                   | written) to interact effectively with individuals.           |
| Cognitive/Mental ability          | Ability to read, write, perform math, measure, and analyze   |
|                                   | data and information.  |
|                                   | Critical thinking and ability to adapt to various situations |
|                                   | and problem solve to provide safe patient care.              |
|                                   | Remain alert to surroundings.                                |
|                                   | Display attitudes and actions consistent with ethical        |
|                                   | standards of the profession.                                 |
|                                   | Ability to remain calm in various situations.                |
|                                   | Function without causing harm to others.                     |
|                                   | Maintain personal grooming consistent with close person      |
|                                   | contact with patients and team members.                      |
| Professional and Ethical behavior | Morally and ethically accountable for actions and behaviors. |
|                                   | Meet and promote the professional standards of health and    |
|                                   | safety.  |

# Work Environment Safety & Risks include but are not limited to:

Medical assistant's work indoors in an office/clinical setting. There are mechanical, electrical, chemical, and infectious material hazards in existence. Infectious material hazards involve exposure to diseased persons, specimens, body fluid, wastes and risks of blood borne diseases. Mechanical and electrical hazards exist with equipment that is used in the office and clinical settings. The work environment is subject to frequent interruptions, and at times irregular hours. Ability to prioritize pressures of multiple tasks needing to be complete exists.

Safety is provided in the form of personal protective equipment. Training is provided on handling possible risks in the medical office and how to minimize exposure and treat exposure if it does occur. Safeguards with lighting, ventilation, and work surfaces are provided to increase safety in the medical office.

# **Grading and Evaluation**

All MAERB Core Curriculum competencies must be met with a 70 % or better to progress in the CSI Medical Assistant Program. Skills are progressive and the inability to pass a skill may inhibit the student's progression in the program (See MAERB Core Curriculum Master Competency Checklist).

# **Attendance Class Discussion/Participation**

A teaching strategy requesting students to ask questions, raise one's hand, and make comments/contributions in class, out of class, and or online.

Daily attendance is mandatory and is part of your overall grade. Classroom attendance is an indicator of work attendance and professionalism. If you are ill or must be gone from class, please contact me PRIOR to the class you will miss (732-6728 or <a href="mailto:kmahanah@csi.edu">kmahannah@csi.edu</a>). It is impossible to learn the medical assisting skills prescribed by the Medical Assisting Education Review Board if you are not in class. Missing three or more classes of one and one-half hours in length is considered excessive. Therefore, anyone missing and excessive amount of school will be put on academic contract regardless of prior notification or not to the program director. Attendance is also recorded as part of your overall grade. Making up work missed does not eliminate the absence. Being tardy to class two times will be counted as an absence. (Tardy is recorded if a student presents to class after the instructor has taken attendance at the beginning of each class.) An absence will be recorded if more than 30 minutes of class is missed at any time period during the scheduled class time frame. (beginning, middle, or end of class)

The student's health is our priority. Students should stay home when sick. Follow the CDC and local health district recommendations and guidelines. A COVID-19 emergency leave policy has been developed to ensure you have the support you need.

• If you have determined you are not able to attend class, lab, or clinical you should stay home and communicate this to your instructors prior to the scheduled class, lab, or clinical via email or phone.

Page | 7 kmahannah\_2023

- Classes will then be made available for attendance through Zoom, if instructor is notified prior to class starting.
- \* If participating via zoom camera must be on.
- \* Students must be in a state of awareness and able to sit upright.
- \* Students should be able to participate in class discussions.
  - If the school is part of a mandated quarantine attendance will be made possible through the abovementioned means as well.
  - Each situation will be handled based on the individual's needs and requirements knowing every effort will be made to keep the student actively involved in the classroom while keeping all students safe.
  - Arrangements for assignments and the taking of exams will be made on an individual basis.

Communication will be of the utmost importance during this time.

# **Assignments and Quizzes**

In and out of class activities such as writing, reading, experiments, works of art, multi-media production, case study, etc. to assist in learning skills and concepts.

Work assignments are due at the beginning of class on the date which they are to be completed. If there are circumstances which prevent you from turning in the work when it is due, please contact me PRIOR to the time the assignment is due. Role play, simulation, and workbook assignments are frequently used to enhance classroom learning. Role-play and simulation are in-class activities and may be difficult to be made up.

Assignments accompany each chapter. These assignments increase your ability to understand the information presented in the text and class. Completion of the workbook assignment prior to the performance of additional evaluations will help you achieve a satisfactory rating. Workbook assignments may be turned in following an absence to receive partial credit, if prior arrangements have been made.

A low stakes technique to assist students in retrieving information and to evaluate learning. Quizzes are performed to evaluate cognitive skills.

# Lab, Presentations, and Projects

Lab work is performed to evaluate psychomotor and affective skills.

Students verbalizing their knowledge and organizing their thoughts about a topic to present a summary of their learning. Students working together to improve their understanding of skills and concepts.

# **Tests and Final Exam**

Tests are timed higher stakes to evaluate cognitive learning skills.

A final is an end of course test to evaluate knowledge and skills. Must pass final exam with 70% or better to pass course.

Two additional attempts on any assessment tool; up to 3 total for the semester will be granted to achieve 70% proficiency. If unable to meet MAERB standards in those 3 attempts students may not be able to progress in the course.

### **Attendance Verification for Financial Aid**

Attendance Verification is submitted by your instructor each semester. Your Federal Student Aid is dependent on your academic attendance and participation in an academically-related activity, see the Disbursement Section for more about Attendance and its impact on your financial aid.

# **GRADE SCALE**

Based on the 100% total listed above, letter grades will be assigned as follows:

A 90% or above B 80% to 89.9% C 70% to 79.9%

D 60% to 69.9%  $_{\rm F\ below\ 59.9\%}$  I: incomplete awarded only with special circumstances when course work is being completed after course ending date.

# RIGHT OF APPEAL

Students have the right to appeal outcomes imposed by implementation of College policies. All appeals must be in writing and must be submitted to the respective CSI official(s). Appropriate documentation of extenuating circumstances will be required and the timeliness of the appeal will also be considered.

Page | 8 kmahannah 2023

# **ENROLLMENT APPEAL**

Students requesting to add, drop, or withdraw after the deadline must submit an Enrollment Appeal to the Office of the Registrar. This includes students who were legitimately dropped for no show by faculty. The Enrollment Appeal form can be found at https://www.csi.edu/ files/pdf/registrar/enrollment-appeal.pdf

To be considered the appeal must demonstrate, with supporting evidence, an extenuating circumstance which prevented the student from meeting the deadline. If the Enrollment Appeal Committee determines the existence of a legitimate extenuating circumstance, the Registrar will contact the faculty member(s) to explain the situation and determine the student's likelihood for success.

Student appeals without an extenuating circumstance, lacking supporting evidence, or where the faculty member believes the student would not be successful will be denied.

### GRADE APPEAL

A student may appeal a final grade that he/she feels is incorrect or unfair through the grade appeal process. The policy, procedures, and forms are available from the Office of the Registrar web site: <a href="www.csi.edu/registrar">www.csi.edu/registrar</a>.

NOTE: The grade appeal process must be started, and the paperwork formally submitted to the Office of the Registrar, no later than 20 business days after grades have been posted.

# **CLINICAL PROCEDURES LAB:**

Labs are scheduled for students to practice and perform skills evaluations. Students are registered in course labs. If the student cannot attend their regular scheduled lab, they should arrange to come to the other lab offered, schedule time during open lab offerings, or make arrangements with lab instructor. Video submissions will be allowed for some lab skills, these could be done in lab or outside lab, with instructor approval. Outside times will NOT be scheduled without prior request and approval of instructor. There is open lab offered weekly or by request/appointment if students need additional lab time for practice or performance.

# ATTIRE/ DRESS CODE:

Follow dress code for class, lab, practicum, and when representing the program and CSI at events. In class: scrubs, uniform, or business casual dress. In lab: scrubs, uniform, lab jacket over business casual, closed toed shoes, watch with second hand, and badge. During practicum hours: Uniform, badge, watch with second hand, and stet hoscope. When representing the program and CSI: depending on event it will be determined what students should wear. (uniform, business casual, lab jacket, club shirt, watch with second hand, stethoscope) Clothes will be clean, free of stains, wrinkles, and odor. Fingernails will be clean and short; if polish is used it is to be free from chipping. No artificial nails are allowed, following CDC guidelines for healthcare workers. Cosmetics are to be applied in tasteful moderation. In class, lab, practicum, and when representing the program: Hair should be of a natural color (does not have to be students natural color) and pulled back if below the shoulders. No hats will be worn. Men are to be cleanshaven or, if wearing beards or mustaches they are to be kept neat and no longer that 2 inches in length. This follows <u>CDC guidelines</u> for healthcare workers. Frequent oral hygiene is needed due to proximity when practicing and providing patient care. In Lab, Practicum, and when representing the program and CSI: Jewelry should be minimized, discrete, non-offensive, and not interfere with patient care. Visible body piercings should have clear or nude plugs in place for practicum. Ear piercings should be minimized, discrete, non-offensive, and not interfere with patient care. Tattoos may be visible if the images or words do not convey violence, discrimination, profanity, or sexually explicit content. Tattoos containing such messages should be covered. (Mayo Clinic-New Employee Before Day 1) Healthcare is a service industry and we do not want to draw attention away from a patient or guests experience by drawing attention to ourselves with distractors mentioned above.

-Each Lab day a student is not in full uniform (scrubs or business casual with lab jacket, badge, and watch) 5% will be docked from skills performed.

# STUDENT ASSOCIATION FEE'S:

Students are required to join the American Association of Medical Assistants (AAMA) in September. A student affiliate membership fee is required (\$40 expired Dec. 31). Students are required to attend at least one local meeting Page | 9 kmahannah\_2023

each semester in the program and have the opportunity to attend a state meeting. Attendance of the meetings is included in the graded course work in MEDA 131 and MEDA 201. <a href="https://www.aama-ntl.org/membership/join-info">https://www.aama-ntl.org/membership/join-info</a>

Students will also join and create a linked account for education, training, and certification purposes to the National Healthcareer Association (NHA) <a href="https://www.nhanow.com/">https://www.nhanow.com/</a>

# READMISSION/ADVANCE PLACEMENT TO THE MEDICAL ASSISTANT PROGRAM:

A student may be considered for re-admission to the Medical Assistant Program on a case by case basis reviewed by the program director and advisory board members. It will require a student to reapply for the program. It may also require a skills assessment to enter into the second semester of the program. It may require repeating courses, and should be done in a reasonable time frame (determined by CSI policy and the program advisory board). Seat availability does not guarantee readmission.

### **Transfer to CSI:**

The College of Southern Idaho welcomes students with college credits from other institutions. Idaho State Board policies provide for the broad acceptance and application of credits earned from an approved, accredited institution. Transfer students must submit official transcripts for course by course evaluation. CSI accepts transfer credits from postsecondary institutions accredited by any of the following accrediting associations:

- Accrediting Commission for Community and Junior Colleges (ACCJC) Western Association of Schools and Colleges
- Higher Learning Commission (HLC)
- Middle States Association of Colleges and Schools (MSCHE)
- New England Association of Schools and Colleges (NECHE)
- Northwest Commission on Colleges and Universities (NWCCU)
- Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)
- WASC Senior College and University Commission (WSCUC)

Students may appeal the acceptance of transfer credits from institutions not accredited by one of the above associations by submitting a <u>Transfer Review Request</u> to the Office of the Registrar. Students should include the catalog course description and syllabi for the course in question. This request will be reviewed by the appropriate instructional department and dean, who will notify the student and the Office of the Registrar of the review decision. Students may also appeal specific course equivalency decisions by submitting a <u>Transfer Review Request</u> form with a course syllabi and course description to the Office of the Registrar for review.

Transfer students who have earned an Associate of Arts degree or an Associate of Science degree (or higher) from an institution accredited by one of the above associations, or who have completed the general education core at a public Idaho institution will be considered core certified and will not be required to take additional non-program specific, lower division, general education core courses. Transfer students must provide official transcripts that show the degree earned or the completion of general education core from the transferring institution.

Program-specific course requirements are evaluated on a course by course basis regardless of whether the student has earned a degree or completed general education core at any regionally accredited institution. Students with prior program specific knowledge should also review <u>Alternative Credit</u> options for earning credit at the College of Southern Idaho.

Transfer students must complete at least 20% of degree credits at CSI in order to graduate from the College of Southern Idaho.

# HSHS Academic Integrity Policy and Procedure is attached in Appendix of Handbook Students are expected to be honest.

Any student caught cheating will be subject to disciplinary action at the instructor's discretion.

If behavioral problems or classroom disruptions occur, the following three-step plan will be implemented:

On the first occurrence, the student will receive a verbal warning (that is written).

On the second occurrence, the students will receive a written disciplinary action.

On the third occurrence, the student may be dismissed from the class/program.

**Cell phone** and computer notifications, sleeping, coming late and/or leaving after class started, children, talking during class are all distracting behaviors and are **subject to disciplinary action.** 

Page | 10 kmahannah\_2023

**Cells phones** will be on a silent mode during class, no distracting vibration or flashing lights. They will be placed on top of desk face up. This is so if an emergency call or text comes in you can quickly and discretely step out and take the call or answer the message.

It is CSI policy that your official avenue of communication/correspondence is your CSI e-mail account. It is your responsibility to check your e-mail, <u>DAILY</u>.

### **CSI Policies**

http://www.csi.edu/studentHandbook/

The Medical Assistant policies are in accordance with the "Students' Rights and Responsibilities" set forth in the *CSI Student Handbook* and "Behavioral Policies" set forth in the *CSI catalog*. It is the right and responsibility of each student to review these policies in full *and* the CSI discipline procedures *and* the discipline appeal process.

Policies stated in the CSI Student Handbook include:

- Student Right to Know
- Student Code of Conduct
- Academic Integrity
- Discrimination and Harassment Policy
- Title IX Sexual Discrimination Policy
- Grievance Policy
- Smoke Free Campus Policy
- Substance Abuse
- Firearms, Explosives, and Weapons
- Other policies and procedures regarding students (i.e. FERRPA, Computer Usage, Copyright, Disabilities, Library, Inclement Weather, Missing Student, Campus Safety, Gambling)

# Dropping a Course or Withdrawing from a Course

What's the difference? The drop period ends on the first Sunday following the beginning of the semester. A dropped course is not reflected on the student's transcript. The withdrawal period then begins and lasts through 75% of the course. Withdrawal means the student attempted the course but did not complete any credit; the grade of W will appear on the student's transcript. Withdrawal Policy Details <a href="https://csi.smartcatalogiq.com/2022-2023/Catalog/Being-a-Student/Student-Records-and-Registration/Dropping-a-Course-and-Withdrawal">https://csi.smartcatalogiq.com/2022-2023/Catalog/Being-a-Student/Student-Records-and-Registration/Dropping-a-Course-and-Withdrawal</a>

Term Calendar with last Day to Withdraw

https://csi.smartcatalogiq.com/2022-2023/Catalog/2022-2023-Academic-Calendar

It is the <u>student's</u> responsibility to drop the course.

# **Student Resources**

Your College of Southern Idaho experience extends far beyond the classroom. Students have opportunities and support both on and off the campus. In addition to the course-specific content provided in this syllabus, there are a variety of college-wide policies, procedures, and support areas that are designed to help you be successful at CSI. You can find these at Additional Syllabus Information and Student Services along with additional resources for each area.

### **ONLINE COURSE EVAUATIONS:**

Students are strongly encouraged to complete course evaluations at the end of each course. Evaluations are anonymous and the anonymous results are not available to faculty until after grades have been submitted. <a href="https://csioffice.sharepoint.com/sites/mycsi/academics/mycourses">https://csioffice.sharepoint.com/sites/mycsi/academics/mycourses</a>

Thank you for this valuable input!

Page | 11 kmahannah\_2023

# Congratulations you are now in a Health Science and Human Services Program!

There is a scholarship available to you, if you qualify. Go online to the following link to apply <u>TODAY!!!!!</u>: <a href="http://hshs.csi.edu/scholarship/">http://hshs.csi.edu/scholarship/</a>

You can apply for this scholarship each semester so watch deadlines closely.

Read and follow instructions and complete entire application steps required!

There are other CSI scholarships you may be eligible for take a look:

http://scholarships.csi.edu/

Page | 12 kmahannah\_2023

# **Appendix:**

Appendices require action reading, signing, submitting to program manager, or uploading into Complio database.

- Medical Assisting Acceptance Form
- HSHS Drug Testing Policy and Procedures
- Acknowledgment of Health Science/Human Service Department alcohol/drug use policy
- Application Authorization and consent for Drug Screen
- Consent for Background Investigations
- HSHS Conflict Resolution Policy and Procedures
- HSHS Academic Integrity Policy and Procedures
- Acknowledgment of Health Science/Human Service Department Conflict Resolution and Academic Integrity Policies and Procedures
- Consent for laboratory participation and use of standard precautions for Medical Assisting Program
- Attendance and immunization policy
- Clinical confidentiality contract
- CSI photo and leadership consent
- Drug screen completion order: St. Luke's Occupational Health to perform drug screen or Physicians Immediate Care—Take this form with you to have drug screen performed.
- Physical Exam Guide for Medical Providers—Give pages 24-30 to the Medical Provider completing your Physical Exam, Immunization Record Review, and TB skin testing. Once complete upload to each area in Complio Data Bank.

Page | 13 kmahannah\_2023

# College of Southern Idaho-Medical Assistant Program Acceptance Form

Congratulations you are now admitted to the Medical Assistant Program!

Please complete the program acceptance packet with the following items to continue in the program. If you have any concerns or questions about completing the following items by the assigned due date, please discuss ASAP with the Program Manager, Kara Mahannah 208-732-6728. Sign this form and return to Program Manager, you have copy in the front of handbook.

| Program Manager                          | Complio                                       | Due Dat(s)      |
|--|---|-----------------|
| Program Acceptance Form pg. 14           |   | August 14 5pm   |
| Course Registration/Paper Form           |   | August 14 5pm   |
| Given at Orientation                     |   |                 |
| Acknowledgment of Health                 |   | August 14 5pm   |
| Science/Human Service Department         |   |                 |
| alcohol/drug use policy pg. 17           |   |                 |
|  | Applicant Authorization and Consent for Drug  | August 14 5pm   |
|  | Screening pg. 18                              |                 |
|  | Consent for Background Investigations pg. 19  | August 14 5pm   |
| Acknowledgment of Health                 |   | August 14 5pm   |
| Science/Human Service Department         |   |                 |
| Conflict Resolution and Academic         |   |                 |
| Integrity Policies and Procedures pg. 22 |   |                 |
| Consent for lab participation and use of |   | August 14 5pm   |
| Standard Precautions pg. 23              |   |                 |
| Attendance and Immunization Policy       |   | August 14 5pm   |
| pg. 24                                   |   |                 |
| Clinical Confidentiality Contract pg. 25 |   | August 14 5pm   |
| Program Photo &                          |   | August 14 5pm   |
| Leadership/Marketing Agreement           |   |                 |
| pg. 26                                   |   |                 |
| Drug screen completion, results sent     |   | August 18 noon  |
| directly to Program Manager from         |   |                 |
| facility (no form)                       |   |                 |
|  | Physical Exam/Bill of Health pg. 31           | August 25 noon  |
|  | Health Immunization Record                    | August 25 noon  |
|  | MMR, Varicella, Hep. B, Tdap, COVID-19 pg. 34 |                 |
|  | TB skin test pg. 35                           | August 25 noon  |
|  | Influenza Vaccine (record/receipt from        | Nov 10 noon     |
|  | administrator of vaccine-no form)             |                 |
|  | Current Healthcare provider CPR (no form)     | January 19 noon |
|  | Current Health insurance card (no form)       | January 19 noon |

| · · · · · · · · · · · · · · · · · · · | (please print name) acknowledge that I will comply with The College d to me in the student handbook. I am committed to completion of the programe. I will reference page 2 in this handbook to complete the above requirements. | ı in |
|---------------------------------------|---|------|
| Student signature                     | <br>Date  |      |
| Program Director Signature            | <br>Date  |      |

Page | 14 kmahannah\_2023



HSHS Drug Testing Policies and Procedures Effective 8-1-17 Reviewed 7-20-17

### I. STATEMENT OF PURPOSE

- A. The HSHS faculty supports the College of Southern Idaho (CSI)'s Student Substance Abuse Policy.
- B. Further, agencies providing learning experiences for students require that students be alcohol and illicit drug free, and
- C. Patients/clients have a right to be ensured that any CSI HSHS student interacting with them is alcohol and illicit drug free, and
- D. HSHS faculty are responsible for assuring that students maintain an environment for clients/patients that allows decisions and procedures to be performed in such a way as to be in the clients/patients' best interest, while retaining records and protecting both patients/clients and students' privacy in accordance with state and federal laws.

### **II. POLICY**

# A. Policy Criteria:

- 1. CSI HSHS Department strictly prohibits possession, sale, transfer, attempt to sell or use of illicit/prohibited drugs or alcohol while at a clinical/practicum site as a CSI student. If an illegal substance is found in the possession of a student at a clinical site, it should be immediately brought to the attention of the designated security authority at the site. Appropriate law enforcement agencies will then be contacted to take possession of the substance and take further legal action as is indicated by the circumstance. If the clinical site does not have security, local law enforcement should be contacted directly.
- 2. Students with a detectable level of prohibited drugs/alcohol in their system will not be permitted to interact with patients/clients. The basis for determining "under the influence" and/or "detectable level" is, for the purposes of this policy, a positive test result for drugs and/or alcohol. Prohibited drugs include both illegal and legal substances, including alcohol or prescription drugs that have not been specifically prescribed, and used as prescribed, by a licensed physician or other health care provider, for specific treatment purposes of the student at that time.

# B. Violations of this Policy:

- 1. Any of the following shall be considered student misconduct and will be reported to the Dean of Students for review:
  - a. A confirmed positive drug test and/or positive alcohol test;
  - b. A student's refusal to provide a sample or submit for testing;
  - c. A student adulterates or attempts to alter a sample by adding a foreign substance for the purpose of making the sample more difficult to analyze; or
  - d. The student's submission of a sample that is not his or her own.

# C. Substance Testing:

- 1. To support the objectives of the HSHS Department and this policy, testing for substances may be performed under the following circumstances:
  - a. Baseline: A baseline drug and/or alcohol test will be done by all

Page | 15 kmahannah\_2023

students prior to entering designated HSHS programs.

- b. Per clinical/practicum agency protocol: All students will follow clinical/practicum agency protocol when at the clinical/practicum site.
- c. Random: Random drug and/or alcohol test may be done during the school year by designated HSHS programs.
- d. Reasonable Suspicion: A student will be required to submit to a drug and/or alcohol test when at least one designated/trained supervisor has reasonable suspicion to believe that a student is under the influence of drugs and/or alcohol. These beliefs will be based upon specific emotional, physical, behavioral or performance indicators. A second witness, who is a trained supervisor, will either observe the student or concur by telephone with the decision to test.

# D. Reasonable Suspicion Procedure:

- 1. The student's clinical/practicum supervisor will temporarily suspend the student's ability to interact with patients by removing the student to an area where they must wait safely while the supervisor follows up on the reasonable suspicion documentation and/or testing. If the student chooses to leave and he/she could be a threat to self or others, the appropriate law enforcement agency will be informed.
- 2. The student's clinical/practicum supervisor will contact his/her supervisor or another trained peer and request their physical presence at the site and assistance in making the decision of whether or not there is reasonable suspicion. If this is not possible, then the concurrence to test will occur by phone.
- 3. The student's clinical/practicum supervisor will complete the "Observed Behavior Record—Reasonable Suspicion" form found
- at <a href="http://hshs.csi.edu/faculty.asp">http://hshs.csi.edu/faculty.asp</a> or cm.maxient.com/reportingform.php?CollegeofSouthernID&layo ut id=20
- 4. The CSI supervisor or their designee will contact CSI security to arrange for transportation of the student to a drug testing lab facility.
- 4. The clinical/practicum supervisor will suspend the student from the clinical/practicum site until the results of the drug test are available.
- 5. If the test is positive, the student will be responsible for the cost. If the test is negative, CSI will be responsible for the testing charge.

Page | 16 kmahannah\_2023



# Acknowledgement CSI's HSHS Department Alcohol/Drug testing Policies and Procedures

| I, (print name) hereby Department Alcohol/Drug testing Policies and Proc                     | acknowledge that I have received a copy of CSI's HSHS edures and acknowledge the following:     |
|--|---|
| I have read the policy and have had the opp<br>Policy and the consequences for violating a   | •   |
| I understand that my compliance with all th<br>Remaining in the HSHS Department Prograr      | ne terms of the Policy is a condition of my m, and I agree to abide by all terms of the Policy. |
| I authorize the lab and/or Medical Review C<br>release test result(s) information to the HSH | Officer (MRO) or designee retained by CSI to ISH Dean or his/er designee.                       |
| Student's Signature  | Date  |
| Parent's Signature (if student is under 18)  | Date  |
| Program Manager's Signature  | <br>Date  |

Page | 17 kmahannah\_2023



# Health Sciences and Human Services Department

208.732.6700 \* 208.732.6701 \* 208.732.6702 \* Fax 208.736.4743

# Applicant Authorization and Consent for Drug Screening

I hereby authorize and consent to the collection and testing of my urine by a collection site and laboratory for drug testing. I authorize the collection site, laboratory, medical personnel, and/or the College to disclose the results of my drug test to organizations and personnel involved in my educational programs. I acknowledge that the results of my drug test will be utilized to determine my eligibility to participate in CSI's programs as well as in educational activities in clinical affiliates.

| Printed Name |          |
|--------------|----------|
|              |          |
|              |          |
| Signature    | <br>Date |

Page | 18 kmahannah\_2023

208.732.6700 • 208.732.6701 • 208.732.6702 • Fax 208.736.4743

# **Applicant Consent For Background Investigations**

# COLLEGE OF SOUTHERN IDAHO Health Sciences and Human Services

I hereby authorize the College of Southern Idaho (CSI) to investigate me, my former employment and my personal reputation. I hereby authorize all persons, firms, companies, government agencies, courts, credit agencies, associations or institutions having control of any documents, records, or other information to furnish said documents to the above requester. I understand that the above information is specifically related to the background investigation process and that in no way will it be used for admission or denial of admission to any of the Health Sciences and Human Services educational programs. Any of the participating clinical agencies will, in its sole discretion, have the ability to deny clinical placement to any student based on the information received from the background investigation. I hereby release the College of Southern Idaho (CSI), its affiliates and its agents from any liability resulting from such investigations.

| SIGNATURE  |      |  |  |
|------------|------|--|--|
|            |      |  |  |
| PRINT NAME |      |  |  |
|            |      |  |  |
|            | DATE |  |  |



HSHS Conflict Resolution Policy and Procedures Effective 8-1-17 Reviewed 7-20-17

# I. STATEMENT OF PURPOSE

The College of Southern Idaho is committed to supporting students in and outside the classroom. Conflict Resolution Policies exist to ensure students have avenues to voice concerns and address both academic and non-academic matters in safe, unbiased environments.

# **II. POLICY**

Faculty strive to maintain a safe learning environment conducive to student growth and support towards academic success. A positive, productive learning environment is founded on mutual respect between students and faculty. These relationships can be achieved and maintained when both parties allow for open discussion and active listening.

Faculty are committed to providing an effective conflict resolution and grievance process. The following principles guide this policy:

- Students will not suffer any form of disadvantage because of filing a grievance or an appeal.
- The conflict resolution will be handled informally, where possible and appropriate.
- Conflicts and grievances will be resolved confidentially and expeditiously.
- Students' rights to due process will be guaranteed.

Students are provided the opportunity to voice concerns without fear of consequence by following the steps outlined in the Conflict Resolution procedure. At times, conflicts between a student and faculty may develop. If a student feels there has been any instance of unfair treatment, lack of communication or a breach of policy they may begin the process of conflict resolution. It is beneficial to resolve conflict as soon as possible. Be advised, if the student has an issue/concern it is usually most effective to approach the person/people directly involved first and attempt to work out solutions. If a satisfactory solution is not obtained or the student feels uncomfortable approaching the individual(s) involved, the student may report their concern to CSI Administration using the 'Report a Concern' link: www.csi.edu.

It is unprofessional, counterproductive and inappropriate to take concerns to individuals who are not involved in the resolution process.

# **Resolving a Conflict:**

- **Step 1**: Prepare to share thoughts, feelings, and issues using clear and specific words. Complete a written, detailed description of the situation and include the outcome desired. A written statement allows the individual to respond to a student's concerns in an organized, efficient manner to allow development and agreement toward an action plan.
- **Step 2**: Contact the individual(s) involved and schedule an appointment to discuss the concern. Provide written description from Step 1.
- **Step 3:** If resolution does not occur to student's satisfaction or the student feels uncomfortable working with the person involved, student submits concern using the 'Report a Concern' to CSI Administration, using link: www.csi.edu.

**Step 4:** CSI Administration will work with the student to find appropriate resolutions. CSI Administration will contact the student within five business days of student's submission.

Page | 20 kmahannah\_2023



Effective 8-1-17 Reviewed 7-20-17

### I. STATEMENT OF PURPOSE

The College of Southern Idaho is committed to supporting academic integrity throughout all programs. HSHS Academic Integrity Policies exist to ensure that faculty have the means to maintain academic integrity while students have appropriate protections from inaccurate allegations. Maintaining academic integrity helps ensure the quality of CSI's programs and protects the interests of students, faculty, and community stakeholders.

# **II. POLICY**

Faculty strive to maintain academic integrity to allow for student growth and academic success. A positive, productive learning environment is founded on the principles of academic integrity as defined by CSI's Office of Instruction.

The goal of the disciplinary system at CSI is to educate students and to hold students accountable for their actions. Appropriate sanctions help the College to teach, and the student to learn, that there are negative consequences to inappropriate or dishonest actions. The College strives for consistency in sanctions imposed for acts of academic dishonesty, while still allowing the faculty member a certain level of professional discretion.

Faculty members are expected to impose an appropriate penalty, up to and including failure of a course. In cases where the proposed penalty leads to discontinuance from a program, an Academic Integrity Panel established by the Dean of Students must review and ratify the penalty leading to expulsion.

"Preponderance of Evidence" is the standard of evidence the College of Southern Idaho uses in college disciplinary proceedings. This standard of evidence asks decision makers to consider whether it is more likely than not that a violation of policy occurred. This standard is lower than "beyond a reasonable doubt" which is typically seen in criminal systems.

# **Academic Integrity Violation Procedures:**

**Step 1**: The faculty member provides the student a written explanation of allegations with proposed/possible penalty.

**Step 2**: The faculty member meets with the student to review evidence supporting the alleged breach in academic integrity and allows the student to present evidence and explanations. This meeting will occur within five business days of the student receiving the faculty's written allegations.

Step 3: The faculty member decides on a penalty and documents evidence and rational for the penalty using "Report a Concern Link" <a href="http://www.csi.edu/">http://www.csi.edu/</a>. The Faculty member provides student with a written explanation of the penalty within five business days after initial meeting with student. If the proposed penalty results in expulsion from a program, an Academic Integrity Panel established by the Dean of Students must review and ratify the penalty leading to expulsion before the penalty is communicated to the student.

**Step 4**: The student has five business days from receiving written notification of penalty to appeal the penalty. The student submits a written appeal using the "Report a Concern" link. The appealing authority will respond to the student's petition within five business days.

Page | 21 kmahannah\_2023



# Acknowledgement CSI's HSHS Department Conflict Resolution and Academic Integrity Policies and Procedures

| l,    | (print name) hereby acknowledge that I have received a copy of CSI's HSHS                  |   |  |  |
|-------|--|---|--|--|
| Conf  | lict Resolution and Academic Integrity Policies  | and Procedures and acknowledge the following:   |  |  |
|       | I have read the policy and have had the opp<br>Policy and the consequences for violating a | •   |  |  |
|       | I understand that my compliance with all the remaining in the HSHS Department Program      | ne terms of the Policy is a condition of my n, and I agree to abide by all terms of the Policy. |  |  |
| Stude | ent's Signature  | <br>Date  |  |  |
| Pare  | nt's Signature (if student is under 18)  | Date  |  |  |
| Prog  | ram Manager's Signature  | Date  |  |  |

Page | 22 kmahannah\_2023



# COLLEGE OF SOUTHERN IDAHO STUDENT CONSENT FOR LABORATORY PARTICIPATION AND USE OF STANDARD PRECAUTIONS FOR MEDICAL ASSISTANT PROGRAM

As a student enrolled in the Medical Assistant Program at the College of Southern Idaho, I understand that I will be handling blood, body fluids and secretions of fellow students as part of my educational experience. I will also allow my fellow students to perform clinical procedures to obtain blood, body fluids, and secretions on me. I understand that this practice is necessary to gain practical, first-hand experience in performing procedures.

I am aware I will participate in bloodborne pathogen training and will follow the guidelines for infection control when working with fellow students, or volunteers in the program. This will include standard precautions and transmission based precautions.

I am aware of the risks for Hepatitis B, HIV, and other infections that accompany the handling of body fluid specimens. I also understand that there are some risks involved with clinical procedures to obtain blood, body fluid, and secretions to me. I understand these risks and freely and voluntarily agree to participate in these procedures. I hereby release the College of Southern Idaho from any liability as a result of my participation in these procedures.

| Print name                 | Sign name |      | Date |  |
|----------------------------|-----------|------|------|--|
| Program Director Signature |           | Date |      |  |

Page | 23 kmahannah\_2023



I have read and understand the attendance expectations.

# MEDICAL ASSISTIANT PROGRAM

### ATTENDANCE EXPECTATIONS

# **AND**

# **IMMUNIZATION EXPECTATIONS**

# **ATTENDANCE**

**Program Director Signature** 

Attendance is mandatory. It is impossible to learn the medical assisting skills prescribed by the Medical Assisting Education Review Board if you are not in class. Missing three or more classes of one and one-half hours in length is considered excessive. Therefore, anyone missing and excessive amount of school will be put on academic contract regardless of prior notification or not to the program director. Attendance is also recorded as part of your overall grade. Making up work missed does not eliminate the absence. Arriving late 2 times will be counted as an absence. (Tardy is recorded if a student presents to class after the instructor has taken attendance at the beginning of each class.) An absence will be recorded if more than 30 minutes of class is missed (at any point during class).

Print name
Sign name
Date

Program Director Signature
Date signed

IMMUNIZATIONS

After placement in the program, students must have required immunizations as stated "Health Immunization Form". Students are required to have two of the three hepatitis B vaccines PRIOR TO working with body fluids, or performing any practicum hours. Please refer to immunization record in handbook or see CDC we bsite for recommended vaccines for healthcare providers (including students).

I have read and understand the immunization expectations.

Print name
Sign name
Date

Date signed

Page | 24 kmahannah\_2023



# **Clinical Confidentiality Contract**

| Program Director Signatur                                | re Da   | ate   |             |
|--|---|---|-------------|
| Print name   | Sign name   | Date  |             |
| will result in disciplinary                              | •   | considered unsatisfactory professional behavior<br>ed to, suspension, being reported to appropriate<br>ISHS Program.                                    |             |
| immediately.<br>5. I will not leave a                    | secured computer access appli                                       | cation unattended while signed on.  |             |
| 4. If I have reason                                      | pt to learn or use another's sig<br>to believe my sign-on code ha   | gn-on code.<br>as been compromised, I will notify my instruct   | or          |
| anyone or allow a<br>2. I am responsibl                  | nyone access to the system wit                                      | tries made and retrievals accessed under my si  | gn-         |
| identified at a later date.                              | riply with the following terms a                                    | and conditions, as wen as any facility specific ter   | 1115        |
| to enhance delivery of car<br>work. In addition, as a co | re and education. I will omit pa<br>andition to receiving a compute | atient and agency identification data in all writer sign-on code and allowed to access to a system and conditions; as well as any facility specific ten | ten<br>n in |
| include, but is not limited                              | d to information presented in cl                                    | lassroom discussions, journals, clinical practice a<br>healthcare professionals as is necessary and use   | and         |
|  |   | e information about patients and/or families the any facility I perform hours or tour. This wo  |             |
| -  | ications, or information:   | ierwise, and to prevent unauthorized access to  |             |
| -  | •   | responsibility to the confidential nature of the carrier and to prevent unauthorized access to  | lata        |

Page | 25 kmahannah\_2023



# CSI Medical Assisting Program Photo consent release

# and Leadership (marketing) Activities release form.

| I,program to use my image. Thi Idaho to use, re-use, publish  | will allow the College of Southern Idaho and the CSI Medical Assistant consent also extends to any persons or agencies employed by the College of Southern or re-publish my image.  |  |  |  |
|---|---|--|--|--|
| · ·   | ay be used in whole, in part, or in composite with or without my name for illustration arketing, trade or any other purpose deemed necessary by the College of Southern   |  |  |  |
| student handbooks, CSI stude  | by be used in, but not limited to, CSI schedules, CSI media guides, CSI catalogs, CSI tviewbooks, CSI brochures, CSI Program brochures, CSI leaflets or posters, the CSI public service announcements.  |  |  |  |
| the College of Southern Idaho,  | pprove the finished product that may be used in conjunction with my image. I release<br>its Board of Trustees, its employees, and the State of Idaho from any liability in the<br>y claims of libel or invasion of privacy.   |  |  |  |
| I understand and agree that no financial compensation is offered or expected now or in the future for the us image. |   |  |  |  |
| Assistant program. I may be r<br>activities/events, or to particip<br>part of the professional and le               | my placement in the program will include promotion or marketing of the Medical equired to "work" in the lab, assist tour groups on or off campus, assist in hands-on the in a career fair to promote the career of medical assistants. These activities will be adership learning activities and may or may not involve release from clinical or labeled of a GRADE for these activities. |  |  |  |
| This agreement will be kept in  | my student file, with the Medical Assistant Program director.   |  |  |  |
| Program   |   |  |  |  |
| Director signature  | date  |  |  |  |
| Subject's printed name  |   |  |  |  |
| Subject's address   |   |  |  |  |
|   |   |  |  |  |
| Subject's signature   | date  |  |  |  |

Page | 26 kmahannah\_2023



# 243 Cheney Dr. W. Suite 200 Twin Falls, Idaho 83301

208-736-7422 Fax 208-736-8905

# **CSI** drug screen request

Drug screen results to: CSI HSHS Building P.O. Box 1238 Twin Falls, Idaho 83303-1238

| Student name |              | Date of birth | _ |
|--------------|--------------|---------------|---|
|              | <del>-</del> |               | - |

Page | 27 kmahannah\_2023



# Occupational Health Services

703 Americana Boulevard, Suite 130 Boise, Idaho 83702 P (208) 706-7500 F (208) 706-7501

520 South Eagle Road, Suite 2213 Meridian, Idaho 83642 P (208) 706-5447 F (208) 706-5448

9850 West St. Luke's Drive, Suite 207 Nampa, Idaho 83687 P (208) 505-2711 F (208) 505-2708 1210 NW 16th Street Fruitland, Idaho 83619 P (208) 452-8600 F (208) 452-8601

815 North 6th East Mountain Home, Idaho 83647 P (208) 580-5488 F (208) 508-9017

3950 17th Street Baker City, Oregon 97814 P (514) 523-8015 F (541) 523-1152 775 Pole Line Road W., Suite 101 Twin Falls, ID 83301 P (208) 814-8104 F (208) 814-8900

115 5th Avenue W. Jerome, ID 83338 P (208) 814-9830 F (208) 342-8778

# **SERVICE REQUEST FORM**

| Employee's Name:   |
|--|
| Company Name: CS1'S Health Sciences  |
| Authorized by: (company representative & date)   |
| PLEASE CHECK REQUIRED SERVICES BELOW:  |
| Injury Treatment   |
| Do you require a Post-Accident Drug Screen? Yes No   |
| DRUG & BREATH ALCOHOL SCREENING  Urine Drug Screen (DOT drivers) Breath Alcohol  Urine Drug Screen (non DOT)  Hair (Collection only) Hair Test (house account)   |
| Please check the appropriate box:  Baseline Pre-employment(post-offer) Random Post-accident  Reasonable Suspicion Other  |
| IMMUNIZATIONS & PHYSICALS (Appointment Required)  DOT Physical Pre-employment Physical Combined Pre-placement Physical with DOT Physical Respirator Physical Hepatitis B Tetanus TB Skin Test (2-step) or TB Skin Test (single dose) Titer Other |



# **Physical Exam Guide for Providers**

### Health Sciences and Human Services

This is to provide instructions for providers completing physical exam, bill of health, and health immunization record for students entering a Health Science and Human Service programs at the College of Southern Idaho.

The following are didactics students need to have a physical exam to ensure their ability to participate: (not all didactics apply for all programs)

# Perform motor skills (physical ability, coordination, dexterity) safely.

- Lifting, bathing, positioning, and transporting patients;
- Moving efficiently enough to meet the needs of several clients in a timely fashion;
- Lifting, positioning, or moving an unconscious client in order to perform lifesaving procedures.
- Have normal tactile feeling. Sensitivity to heat, cold, pain, pressure, etc.
- Have extremely fine motor control with correspondingly hand—eye coordination hand functions should include rotation, squeezing, and repetitive movements
- Manual dexterity which includes the function of both arms, both wrists, both hands and fingers
- Have motor function to elicit information such as palpation, extension, twisting, bending, stooping, pushing, pulling and lifting
- Physically move to a position to enable them to provide dental care and cardio pulmonary procedures
- · Possess the strength to assist a patient in transferring themselves to and from a dental chair
- Giving injections, operating equipment and devices such as thermometers, blood pressure cuffs, and IV pumps;
- Efficiently operating equipment and devices in emergency situations;
- Inserting and/or maintaining any client catheters or other tubes.

# Perform activities requiring accurate and efficient interpretation and communication of information in English, both written and spoken.

- Responding to a physician's order'
- Reading and recording information;
- Directing assistive staff.
- Establish rapport with patients, families and classmates
- Have proficient use of the English language in speech, reading and writing
- Communicate abilities for effective interaction in verbal, non-verbal and written form
- Obtain and disseminate information relevant to patient care and work duties
- Respect cultural diversity

# Visual and Perceptual Skills

- Use binocular vision with discrimination/perception to read anesthesia vials and medication labels
- Have visual acuity corrected to 20/40 or better with the ability to accommodate at a distance of 10 20 feet
- Document color vision deficiencies limited to a single color
- Have visual skills necessary to detect signs and symptoms, body language and infections
- Reading computer screens, documents with small printing and hand written notations

Page | 29 kmahannah\_2023

(continued page 2)

# **Hearing and Auditory Abilities**

- Have auditory abilities necessary to monitor and assess patient health needs
- Monitors vital signs and auscultation with the use of a stethoscope
- Recognize sounds of alarms or emergency signals; Respond to signals, alarms, and other displays indicating urgent client need, and take immediate action.
- Correctly interpret providers orders, patient needs or complaints, faculty instructions
- Have high levels of mental and emotional stability to provide a safe dental environment
- Provide all compliant and non-compliant patients with emotional support and maintain a consistent professional attitude and appearance
- Deal with stress of the program didactic and clinical demands, while performing multiple tasks concurrently
- Focus in an environment with multiple interruptions, noises, distractions and unexpected patient needs

# Perform effectively under stress. Intellectual and Critical Thinking Skills

- Use critical thinking skills necessary for sufficient clinical judgment
- Have the abilities to measure, assess, calculate, reason, analyze, and integrate information
- Identify cause/effect relationships
- Problem solve, prioritize, evaluating outcomes and synthesis data for documentation
- · Comprehend focus and process information
- · Utilize long and short term memory skills

We hope that this helps you to better evaluate our student's physical and psychological abilities to perform program expectations. Any student with a documented disability may be eligible for related accommodations. To determine eligibility and secure services, students should contact the coordinator of Disability Services at their first opportunity after registration for a class. Student Disability Services is located on the second floor of the Taylor Building on the Twin Falls Campus. 208-732-6268.

If you have any questions or concerns please feel free to contact the Health Science and Human Service office 732-6700 and they will direct you to the appropriate program manager.

Page | 30 kmahannah\_2023



# Health Science and Human Services Department 208.732.6700 phone 208.736.4743 fax

# PHYSICAL EXAM/BILL OF HEALTH

College of Southern Idaho Health Sciences and Human Services Please complete and return to: Kara Mahannah Medical Assistant Program Director PO Box 1238 Twin Falls ID 83303 **Note to Physicians Office:** Please retain the Physical Exam Bill of Health, Physical Form and Health Immunization Record in your office. Please forward HSHS a copy and provide a copy to the student of the Physical Exam Bill of Health, Physical Form, Immunization, and PPD Forms. I have examined for admission to a Health Sciences and Human Services program. **Medical Assistant Program** This individual (*mark either a, b, or c*): Has no physical or psychological conditions that would disqualify him/her from participating in a Health Sciences and Human Services program or Is currently undergoing adequate medical or psychological treatment for any such conditions. Treatment should not interfere with the educational experience. Has physical or psychological condition(s) or limitations that disqualifies him/her from participating in a Health Sciences and Human Services program at this time. \_\_\_\_\_MD/NP/PAC \_\_\_\_ MD/NP/PAC Print Name Signature Address Telephone 315 Falls Avenue P.O. Box 1238 Twin Falls, Idaho 83303-1238 Phone (208)732 6700 or 732 6701 Fax (208)736 4743

Page | 31 kmahannah\_2023



# Health Science and Human Services Department 208.732.6700 phone 208.736.4743 fax

# PHYSICAL FORM

| Student                             |  |                             | Date                                 | Notes  |
|-------------------------------------|--|-----------------------------|--------------------------------------|--|
| No.                                 | System                                       |                             |                                      | Notes  |
| 1.                                  | Skin, Lymph                                  |                             |                                      |  |
| 2.                                  | Eyes   |                             |                                      |  |
| 3.                                  | Ears   |                             |                                      |  |
| 4.                                  | Nose, Throat                                 |                             |                                      |  |
| 5.                                  | Neck, Thyroid                                |                             |                                      |  |
| 6.                                  | Breasts                                      |                             |                                      |  |
| 7.                                  | Lungs  |                             |                                      |  |
| 8.                                  | Cardiac                                      |                             |                                      |  |
|                                     | Heart rate/rhythm/mu                         | rmur                        |                                      |  |
| 9.                                  | Abdomen                                      |                             |                                      |  |
| 10.                                 | Musculoskeletal                              |                             |                                      |  |
|                                     | Extremities, Back, Spine                     | 2                           |                                      |  |
| 11.                                 | Neurological                                 |                             |                                      |  |
| 12.                                 | Psychological                                |                             |                                      |  |
| Weight<br>Pulse                     |  | Height<br>Respirations      |                                      | TemperatureBlood Pressure                                  |
| The app<br>Medical                  | licant: <b>should</b> Evaluation or Therapy  | should not and/or           | have additional: Psychological Evalu | uation or Therapy  |
| This ind<br>rom pa<br><b>Notes:</b> | ividual <b>does</b> rticipating in Health Sc | does notences and Human Ser | have a history, cond vices Programs. | ition, or limitations that would <u>disqualify him/her</u> |
|                                     |  | MD/NP/PAC                   |                                      | MD/NP/PAC  |
|                                     | Type or print name                           |                             | Signature                            |  |

Page | 32 kmahannah\_2023



# Health Science and Human Services Department 208.732.6700 phone 208.736.4743 fax

### HEALTH IMMUNIZATION RECORD

Health Sciences and Human Services

The below recommendations follow the CDC recommendations for vaccinations for healthcare workers. **Healthcare workers** include physicians, nurses, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, pharmacists, hospital volunteers, and administrative staff. (www.cdc.gov)

Hepatitis B REQUIRED If you don't have documented evidence of a complete Hep B vaccine series, or if you

don't have an up-to-date blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you should: Get the 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). Get anti-HBs serologic tested 1–2 months

after dose #3.

Tetanus and Diphtheria & Pertussis or Td REQUIRED Get a one-time dose of Tdap as soon as possible if you have not received

Tdap previously (regardless of when previous dose of Td was received). Get Td boosters every 10 years thereafter. Pregnant HCWs need to get a dose of Tdap during each

pregnancy.

Measles, Mumps, Rubella REQUIRED If you were born in 1957 or later and have not had the MMR vaccine, or if you don't

have an up-to-date blood test that shows you are immune to measles or mumps (i.e., no serologic evidence of immunity or prior vaccination), get 2 doses of MMR (1 dose now and

the 2nd dose at least 28 days later).

If you were born in 1957 or later and have not had the MMR vaccine, or if you don't have an

up-to-date blood test that shows you are immune to rubella, only 1 dose of MMR is

recommended. However, you may end up receiving 2 doses, because the rubella component is

in the combination vaccine with measles and mumps.

Varicella REQUIRED If you have not had chickenpox (varicella), if you haven't had varicella vaccine, or if you

don't have an up-to-date blood test that shows you are immune to varicella (i.e., no serologic evidence of immunity or prior vaccination) get 2 doses of varicella vaccine, 4 weeks apart.

crueine of minimum, of prior vaccination, get 2 access of variously, i weeks apart.

Influenza (Flu) REQUIRED Get 1 dose of influenza vaccine annually during flu season.

**COVID-19 REQUIRED** One dose of a COVID-19 vaccine by second Friday of class or a form in which the school is

attesting to a valid medical exemption or religious accommodation being on file with the school. (Print

from Complio)

Please complete immunization record on following pages.

Page | 33 kmahannah\_2023



# **HEALTH IMMUNIZATION RECORD**

| I   | MD/NP/PAC                                    | MD/NP/PAC  |  |
|---|--|--|--|
| Type or print provid                                | der name                                     | Provider signature                                 |  |
| Provider address                                    |  | Provider telephone                                 |  |
| have examined                                       | Name of student                              | on<br>Date of Exam                                 |  |
| ı   | Name of student                              | Date of Exam                                       |  |
| For admission to Medical Assistant Program  Program |  | and report the following immunization information: |  |
| IMMUNIZATION RE                                     | ECORD:                                       |  |  |
| 5   | Immunization Dates                           |  |  |
| Hepatitis B   | 1 <sup>st</sup>                              |  |  |
|   | 3rd  |  |  |
|   | Immunization Date                            |  |  |
| Tdap or TD (circle o                                | one)   | _  |  |
| Measles Mumps Ru                                    | ubella                                       |  |  |
|   | Immunization Dates                           | I  |  |
|   | 1 <sup>st</sup><br>2 <sup>nd</sup>           |  |  |
| Varicella-Chickenpo                                 | ΟX   |  |  |
| •   | <i>Immunization Dates</i><br>1 <sup>st</sup> | Titer date and results:                            |  |
|   | 1 <sup>st</sup><br>2 <sup>nd</sup>           |  |  |
| Covid-19  | Immunization Dates                           | Booster date:                                      |  |
|   | 1 <sup>st</sup>                              | _  |  |
|   | <b>7</b> nd                                  |  |  |

**REQUIRED** PPD Tuberculin Skin Test (current test must last until program completion) see next page

Page | 34 kmahannah\_2023



### **HEALTH IMMUNIZATION RECORD**

Health Sciences and Human Services

# 2-Step (PPD/Mantoux) TB Skin Test and Chest X-ray Instructions

# How do I get the 2-step TB skin test?

- 1. Get the TB skin test administered with date and signature documentation.
- 2. 48-72 hours after TB skin test is administered you go back to the results (should be recorded in mm indicating negative or positive).
- 3. If this was the first TB skin test you have ever had performed in your lifetime you will need to have an additional TB skin test administered no sooner than 1 week from the 1<sup>st</sup> test and no later than 3 weeks after the first test.
- 4. 48-72 hours after TB skin test is administered you go back to the results (should be recorded in mm indicating negative or positive).

# What if I get a positive TB test result?

- If you receive a positive TB skin test, you will be evaluated by medical provider.
- If you have previously tested positive for TB and have a Chest X-ray that is completed within the last 4 years, you may turn in that documentation to be reviewed by medical provider.

# 2-Step TB Skin Test and Chest X-ray Documentation

Complete the following section, type or print clearly.

| First Name (in box below)   | MI   | Last Name   | DOB   |
|---|--|---|---|
| Prior positive TB skin test (circle one) Yes No If prior positive provider will follow CDC protocol for further testing | Treated for latent TB infection (circle one) Yes No If yes provider will follow CDC protocol for further | Prior TB disease (circle one)  Yes, date NO  If yes provider will follow CDC protocol for further | Received BCG vaccine (circle one) Yes No If yes provider will follow CDC protocol for further   |
| further testing   | testing  | testing   | testing, TB blood tests are the preferred method of TB testing for people who have received the BCG vaccine.  TB blood test date and results: |
| Date PPD #1 administered  | Date PPD #1 read   | Results: Positive Negativemm 0mm  | PPD read by print and sign  |
| Date PPD #2 administered (only if no prior PPD history)   | Date PPD #2 read   | Results: Positive Negativemm 0mm  | PPD read by print and sign  |
| Chest X-ray (only if performed  | for positive PPD) Pri  | nt evaluator name:  |   |

Page | 35 kmahannah\_2023

Notes Page

Page | 36 kmahannah\_2023