

Practicum and Simulation Report

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Practicum and Simulation Survey—Background and Executive Summary

The MAERB members determined to survey the Program Directors and/or whomever the Program Director designated as appropriate to get information about precisely how the practicum was implemented. The 2015 CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting* outline the specific standards and guidelines for the practicum for CAAHEP-accredited medical assisting programs.

Standard III.C.3 and its guidelines

Practicum

- a) An unpaid, supervised practicum of at least 160 contact hours in an ambulatory healthcare setting, demonstrating the knowledge, skills, and behaviors of the MAERB Core Curriculum in performing clinical and administrative duties, must be completed prior to graduation.
- b) On-site supervision of the student must be provided by an individual who has knowledge of the medical assisting profession.

The program should ensure that the practicum experience and instruction of students are meaningful and parallel in content and concept with the material presented in lecture and laboratory sessions. Sites should afford each student a variety of experiences.

The program should ensure that all applicable cognitive objectives and psychomotor and affective competencies be achieved prior to the start of any practicum.

Standard V.F

Agreements

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity.

Practicum agreements must include a statement that students must be supervised and must not receive compensation for services provided as a part of the practicum.

These two Standards focus very specifically on the number of hours required, the purpose and goals of the practicum, the requirement for graduation, the need for supervision, the level of knowledge and ability of the student prior to the practicum, and the nature and standards of the affiliation agreements.

MAERB Policy 145 focuses very specifically on the requirement of non-remuneration (see appendix A). MAERB has specifically designated the practicum as unpaid for several reasons. First, as part of Standard V.C, the students should not be substituted as staff, and a paid practicum blurs that distinction. Second, in certain regions of the country, the expectation of a paid practicum can potentially inhibit practicum sites from participating. Finally, if a program is not able to provide all its students with a paid practicum, there is the potential for inequity amongst the students.

Out of a total of 540 CAAHEP-accredited institutions, there were 419 respondents to the MAERB survey. The willingness of the community to participate in this survey is greatly appreciated. The large number demonstrates the CAAHEP medical assisting community's commitment to quality improvement, collaboration, and communication.

The responses to the survey are outlined below; in addition, the MAERB has provided commentary designed to provide a rationale for the CAAHEP *Standards and Guidelines*, as well as demonstrate the variety that is possible.

There were several questions that came up on a recurring basis, and you will find a quick summary response to those questions as well as more details in the report.

1. **Practicum Q2, How do you schedule the practicum hours for your students?:** The majority of Program Directors schedule the practicum as a capstone at the end of the course, as MAERB requires that students achieve all the psychomotor and affective competencies prior to going out on the practicum. There are some programs that conduct review courses while the practicum is ongoing, and other programs that do hold classes. In both those instances, the Program Director and Practicum Coordinator need to ensure that the students do not perform any competency at the practicum prior to it being taught and achieved during the program. There are more details in the report.
2. **Practicum Q4, What is the biggest issue in placing students at practicum sites?:** One of the most-cited concerns expressed by the Program Directors is that there is no clear delineation of the ratio of administrative work to clinical work. In other words, should it be 50-50, 30-70 or so on? MAERB has made a conscious decision, to allow for institutional autonomy that the program make that determination based upon the sites that are available. In other words, they do not prescribe the number of administrative and/or clinical activities or the percentage of time.
3. **Practicum Q5 & Q6, what sites are acceptable to MAERB and what is the criteria for acceptability?:** One of the central questions focused on offices that were headed by Nurse Practitioners or Physician Assistants in states in which those two professions are allowed

to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments (including prescribing medicine). The MAERB determined that it would be appropriate for students to experience their practicum at those sites, if the scope of practice allowed for it. Below you will find two links that delineate the state-by-state scope of practices:

- American Association of Nurse Practitioners: <https://www.aanp.org/legislation-regulation/state-legislation/state-practice-environment>
 - PA Scope of practice interactive map: <https://www.bartonassociates.com/locum-tenens-resources/pa-scope-of-practice-laws/>
4. **Practicum Q6, What new sites are emerging?:** Program Directors provided an expansive list of different sites that they have explored or been offered for the practicum. In providing guidance about appropriate sites, the MAERB classified the different sites to indicate the acceptability of each site.
 5. **Simulation General Question:** A recurring question focused on the use of simulation as a substitute for the practicum. At this time, MAERB does not allow for simulation to be substituted for practicum hours for the following reasons:
 - a. The students are required to achieve the competency in the program, so simulation tools are frequently used for that achievement.
 - b. The simulation environment is totally controlled, and it does not allow for the organized chaos of a working environment.
 - c. Simulation allows for only limited ability to deal with the unexpected and to problem solve.
 - d. It does not allow for the negotiation with personalities.

The MAERB is, however, willing to revisit this topic in the future, and they will continue this interesting topic of discussion with the Program Directors of CAAHEP-accredited programs.

Practicum Results

1. How many practicum hours does your program require for graduation?

Answer Options	Response Percent	Response Count
160-180 hours	43.5%	182
181-200 hours	9.8%	41
200-220 hours	16.0%	67
221-240 hours	16.7%	70
241-260 hours	1.7%	7
More than 261 hours?	12.2%	51
<i>answered question</i>		418
<i>skipped question</i>		1

MAERB Commentary

The *Standard and Guidelines* clearly delineate that 160 hours are required for the practicum for Diploma/Certificate and AAS programs, but programs can require, as is evident from the chart above, additional hours beyond the minimum. The 160 hours required are meant to be clock hours, not class hours of 50 minutes. The MAERB has determined that 160 hours is the minimum necessary to ensure that students are job-ready; however, programs do need to rely on their local communities of interest to determine the appropriate number of hours. A program's advisory committee might recommend more than 160 hours, given the requirements of the entry-level jobs in the area. In addition, more hours might be considered beneficial because of the nature of practicum sites in the specific region. Requiring more hours is the prerogative of the program and the institution.

2. How do you schedule the practicum hours for your students within the program?

How do you schedule the practicum hours for your students within the program?		
Answer Options	Response Percent	Response Count
Modular design: students take classes, complete some practicum hours, take more classes, complete more practicum hours, and so on.	1.0%	4
Concurrent design: students complete their practicum hours while still completing course work for the degree.	10.0%	42
Capstone design: students complete their coursework and then spend the last part of the program completing the practicum, with perhaps a practicum support course/exam review course.	82.5%	345
Other (please describe)	6.5%	27
	<i>answered question</i>	418
	<i>skipped question</i>	1

Other Responses (compiled to avoid repetition):

1. One cohort design is modular, and another cohort design is capstone.
2. There are elective (computer/review/job search) courses taken at the same time as the practicum.
3. Limited practicum experience during an earlier term and then a capstone practicum
4. Practicum is taken during the two summer semesters: the first is administrative, and the second is back office
5. Students do an administrative practicum in conjunction with their last clinical course and then move into the full practicum with clinical skills included.
6. Associate degree students finish all the medical assisting courses, do the practicum, and then return to complete the degree courses.
7. The last eight weeks of the final semester is the practicum while they are still finishing two courses.

MAERB Commentary

In Standard III.C.1, it is clearly stated that there “must be an appropriate sequence of classroom, laboratory, and clinical activities.” 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.* It is expected that students will be assessed on specific psychomotor and affective competencies prior to practicing them at the practicum site. Based upon the responses outlined above, the great majority of programs design

the practicum as a capstone, with the students completing all the medical assisting curriculum prior to going out on the practicum. When it is designed this way, the program can ensure that the students have achieved all psychomotor and affective competencies prior to the practicum.

Due to scheduling issues, however, some programs have review courses while the students are on the practicum, but those courses do not introduce any new material. There are also some instances when programs need to teach and assess specific competencies in the coursework while the students are on the practicum. In those instances, program directors need to ensure that students do not perform competencies at the practicum prior to being taught and assessed on those competencies in the classroom. The program can do that by providing the practicum supervisor with the appropriate information of what the students can and cannot do.

Even if a program were to hold the expectation that students need to be assessed on all the competencies prior to going on the practicum, programs are free to create modular practicums. For example, some programs teach the administrative competencies and then have a brief administrative practicum. During that practicum, students cannot perform any of the clinical competencies, as they have not yet been taught and assessed on them. After the administrative practicum, students return to the classroom for the clinical work and are taught and assessed on the clinical competencies. The students then continue with the final section of the practicum.

As the responses above indicate, there can be a variety of models, but the expectation remains that the students are to be taught and assessed on any of the skills that they perform at the practicum. No matter which practicum option is used, the program will need to answer this question: How do you ensure that students on the practicum are not asked to perform competencies that have not yet been taught and assessed in the program?

3. What is the central reason that sites turn down your request to place a student? (Check one)

What is the central reason that sites turn down your request to place a student? (Check one)		
Answer Options	Response Percent	Response Count
Concern about liability	2.9%	12
No employee available for supervision	31.4%	130
Bad experiences with previous students	6.5%	27
Patient's complaints	0.0%	0
Students are of limited use	1.2%	5
No problems with sites turning down requests	40.8%	169
Concern about lack of credential	1.2%	5
Other (please describe)	15.9%	66
<i>answered question</i>		414
<i>skipped question</i>		5

Other Responses (compiled to avoid repetition):

1. Staff workload, no time for training
2. Office changes (new computer systems, relocating office, permanent staffing turnover, ongoing personnel problems, too many new staff joining the office)
3. Bad experiences with previous students from other schools
4. Office policy not to take practicum students
5. Practicum placements require too much paperwork for the office to complete
6. Site has other students
7. The site wants the students for more hours than the program requires

MAERB Commentary

The biggest issue with practicum sites accepting students is, as reported above, internal office issues at the practicum site: nobody to supervise the students, personnel issues within the office, new systems, and so on.

4. What is the biggest issue in placing students at practicum sites? (Check one)

What is the biggest issue in placing students at practicum sites? (Check one)		
Answer Options	Response Percent	Response Count
Finding practicum sites	21.3%	88
Overseeing the quality of practicum sites	4.6%	19
Monitoring what students do at the practicum site	3.1%	13
Maintaining the relationship with the practicum	3.6%	15
Ensuring that the students are able to acquire enough practice	17.4%	72
No problems with placing students	39.2%	162
Other (please describe)	10.7%	44
<i>answered question</i>		413
<i>skipped question</i>		6

Other Responses (compiled to avoid repetition):

1. Sites can't/won't bill clients for student work
2. Finding sites that allow for practice manager software/EHR systems/administrative work
3. Finding sites that allow for the practice of a broad range of competencies
4. Ensuring that the supervisors understand the MAERB Curriculum and the program requirements
5. Background checks
6. Paperwork and other administrative delays
7. The time required for the orientation and onboarding
8. Students' experiences can vary widely from place to place
9. Larger healthcare companies can have a lot of requirements prior to the student's start
10. Students lacking transportation and the distance students need to travel
11. Contract and liability concerns

MAERB Commentary

In administrating the practicum within the program, it is heartening that 39% of the respondents indicated that they had no problem with finding sites, and there was one respondent who even had a waiting list! It does, however, vary upon region, and there are 21% who struggle

with finding sites. A few respondents commented that it is more difficult to find appropriate sites in rural areas. In terms of overseeing sites, several program directors emphasized the importance of the practicum coordinator visiting the site at least once during the term. They found it helpful to keep the relationship vital and engaged. MAERB was asked why the practicum coordinator was no longer required to visit the site in Standards III.b3.a; the MAERB office’s main response was that it allows for easy access to different practicum sites and for using different modalities to communicate effectively. At the same time, for those programs that find that their communities of interest demand on-site visits, MAERB allows and encourages the program to continue with this practice. MAERB will continue to evaluate what should be required of programs to provide effective oversight of the practicum.

The student experience on the site is vitally important, and MAERB does, with its guideline, expect that the students use the skills that they learned within the program and that the site allow for a variety of practicum experiences. One of the concerns listed by 17% of the Program Directors is that the students do not get enough variety at the practicum site. While there is no prohibition against placing a student at two sites during the practicum, the reality is that students need time to get accustomed to a given site; in addition, it can be difficult for the program to locate and contract with the number of sites that would be needed if each student were to have multiple practicum experiences. Program Directors also expressed the concern that the students are not able to acquire enough experience in the administrative competencies, due to sites not allowing students to enter information into the system. MAERB wishes to stress to program directors that it is acceptable for students to observe practitioners (i.e., employees) in administrative situations, as the observation and reflection will provide a foundation for the work at their eventual job site.

Several respondents asked if MAERB could provide the programs with a list of minimal expectations of a site. For example, should the student complete at least 20 venipunctures, 10 injections, five EKGs and so on? Or is there a specific percentage of time that is required in the mix of administrative and clinical skills? MAERB does not mandate any specific number of cases or percentage because the practicum sites can vary so considerably. The goal of the practicum is to allow the student to learn more about the medical assisting profession. And the medical assisting profession is a varied one.

5. Where do you traditionally place students in practicums?

Medical Offices (hospital associated or other)	Orthopedic specialty	Dermatology
Family Practice	Urgent Care	Pediatric
HMOs	Internal Medicine	Outpatient clinics
OB-GYN clinics	Cardiac	Multi-specialty groups (hospital)
Community Healthcare	University health center	

MAERB Commentary

The sites listed above are the most common placements for medical assistants. As such, they are clearly the staples for good practicum placements.

6. What new sites are emerging?

MAERB Commentary

Program Directors were asked the following questions about new sites:

What sites are you seeing emerge in your areas where you would like to place students, even if they are not the traditional placements. For example, clinics in prisons or other restricted access areas? Offices that are headed by Nurse Practitioners (in states where Nurse Practitioners can evaluate, diagnose, order and interpret diagnostic tests, prescribe medicine)? And others?

MAERB organized the material that was submitted to indicate the sites that would be acceptable under the CAAHEP Standards III.C.3 and what sites would not be appropriate. There are some specialty sites that might be appropriate for short-term practicum use, even though students would also need experience at other sites to get a full well-rounded experience that will best prepare the student for entry-level medical assisting jobs.

Please note that in certain states where PAs or NPs are allowed to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments (including prescribing medicine) it is appropriate for students to experience their practicum at those sites.

Examples of non-traditional and emerging Practicum Sites that may be acceptable if they are able to provide the full ambulatory health care experience.	Examples of non-traditional and emerging Practicum Sites that can be used, but they might need to be used in conjunction with other sites if they are not able to provide either the full ambulatory healthcare environment OR a mixture of administrative and clinical skills.	Examples of Sites that would not be acceptable for practicum placement
<ul style="list-style-type: none">Physician Assistant or Nurse Practitioner offices (in states where they can head their own offices)	<ul style="list-style-type: none">Addiction/Mental Health ClinicsDialysis CentersChiropractic OfficesLaboratories	<ul style="list-style-type: none">Geriatric Day CareHospitalsHospiceHospitalists Service (Hospital Based)

<ul style="list-style-type: none"> • Ambulatory Care Clinics based within hospitals • Ambulatory Care military and/or VA facilities • Good Samaritan Clinics (serving low-income population) • Specialty Practitioners (ENT, Cardiologist, OB-Gyn, Plastic Surgery and so on) • Occupational Clinics 	<ul style="list-style-type: none"> • Dentist Office/Oral Surgery • Rehab facilities • Concierge Services • Child Nutrition Offices • Blood Banks • Pain (management) clinics • Ambulatory Care services in prisons/county jail • Retail Walk-in Clinics • Ambulatory Care School-based Clinics 	<ul style="list-style-type: none"> • Emergency Room • Long-term care • Assisted living facilities
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Demographic information

The questions and responses listed below are for your information. The MAERB does not have any policy about a program paying for the use of a practicum site, as that is not a part of the CAAHEP *Standards and Guidelines*. MAERB asked the question to determine if the practice is common. Judging from the responses, it is not very common. In terms of students completing the practicum, it is reassuring to learn that most programs have no or little issues with students finishing the practicum, demonstrating that CAAHEP-accredited programs are preparing their students well for the practicum experience.

7. Has a site ever asked for financial reimbursement for having a student placed at the site?

Answer Options	Response Percent	Response Count
Yes	5.9%	24
No	93.4%	381
Not applicable	0.7%	3
<i>answered question</i>		408
<i>skipped question</i>		11

8. Has your institution/program ever paid a practicum site for placing a student?

Answer Options	Response Percent	Response Count
Yes	1.2%	5
No	98.1%	410
Not applicable	0.7%	3
<i>answered question</i>		418
<i>skipped question</i>		1

What is the most common reason for students not completing practicum?

Answer Options	Response Percent	Response Count
Health reasons	2.2%	9
Family issues	9.1%	38
Unable/unwilling to conform to the practicum standards	10.3%	43
Finances	5.5%	23
Little or no problem with students completing practicum	67.9%	283
Other (please describe)	5.0%	21
<i>answered question</i>		417
<i>skipped question</i>		2

Other Responses (compiled to avoid repetition):

1. Student dishonesty
2. Transportation problems
3. Absences
4. Student deciding that medical assisting is not the right fit
5. Poor work ethic and attitude

Simulation

1. Are you using simulation technology tools in your program for your students?

Answer Options	Response Percent	Response Count
Yes	75.3%	301
No	12.5%	50
No, but interested	11.0%	44
No and not interested	1.3%	5
<i>answered question</i>		400
<i>skipped question</i>		19

2. If you use simulation technology tools, what clinical activities do you teach through simulation?

The MAERB took the responses from the Program Directors and removed all the brand names, as MAERB does not endorse any products, as that is a decision made by the institution and/or program. Below you will find a list of the generic tools that were provided.

Venipuncture trainers	Ear Exam trainers
Interactive mannequins (infant, peds, & adults)	Breast Exam trainers
Injection trainers	Pelvic Exam trainers
B/P trainers	Mock clinic
Auscultation trainers	Virtual EMR
Wound trainers	
Suture trainers	

MAERB Commentary

Respondents mentioned much of the standard instrumentation—EKG machines, microscopes, autoclave—and so on, but the technology simulation tools listed above were mentioned.

Program Directors discussed the following clinical activities that they used simulation technology to practice.

Vital signs	Infant heart rates	Suppository
Injections	Pulmonary tests	Enemas
Pediatric measurements	EKG	Dressing changes
Administering oral medications	Suture removal	Wound irrigation
Parenteral medications	CPR	Eye and ear irrigation
Assisting with minor surgery	Physical exam	Respiratory assessment
Venipuncture	Catheterization	EKGs

3. If you use simulation technology tools, what patient interaction activities do students practice? (for example, chest pain, skin condition, and so on)

There was a great deal of overlap between this question and the previous one, MAERB appreciates your patience as we learn how to ask you the right questions. As one respondent put it, “the students can do almost everything through simulation.” We highlighted the types of patient interactions that came up repeatedly in the responses.

Patient charting	Chest pain	Physical exam
Dizziness	Skin conditions	Trauma wounds
Vital signs	Chemistry analyzers	Pregnancy
Diabetes	Respiratory sounds	Blood pressure
Blood flow	Patient screenings (new patient)	Medical History
Asthma attack	Triage	Urinary Tract Infection
Wellness visit	Removing sutures and staples	Culture testing
Angry patient	Administering medications	

4. If you use simulation technology tools, what administrative activities do students practice? (for example, telephone screening, working with medical records, bookkeeping, and so on)

As with the question above, one respondent explained that they used simulation technology tools for almost every administrative task. The responses that were repeated the most frequently were compiled in the chart below.

Electronic Medical Records	Claims
Charts	Patient telephone screenings
Appointments	Prescription refills
Telephone tasks	Coding

5. What do you see as the strengths and weakness of simulation technology tools?

Strengths	Weakness
<ul style="list-style-type: none"> • Practice, practice, practice • The hands-on experience is invaluable • Can illustrate/actualize the “issue” better than just straight role playing • Provides opportunity to practice in a do-no-harm environment • Allows for reflection after simulation and repetition to avoid mistakes in the future • Gives the students confidence, decreases student anxiety • Allows for a greater variety of patient interactions • There is good instructor-student interaction for critical thinking. • Allows for on-the-spot critical thinking • The controlled situation allows for an objective evaluation • Allows students to practice skills that they won’t get at the practicum • Students can practice safely outside the classroom • Can help to track student progress • Allows the student to focus on the objectives, provides a good foundation for skill development • Students can work at their own pace. • Can limit certain liabilities 	<ul style="list-style-type: none"> • Costs, costs, costs • Maintenance and warranties • Technology breaks down • Nothing replaces human interaction, real-life people • Not always close to the real-world issues, not always realistic • The EMR software is not close enough to the types of software used in the working world. • Difficulty finding good programs • Technology takes a lot of time and sometimes overwhelms the skill that is being taught • Due to costs, the simulations are often shared across several academic programs and scheduling can be difficult. • Some EHR/EMR programs can have flaws • Sometimes students don’t take it very seriously • Can be difficult to work the “soft skills” and varied communication • No possible way to address all the variations • Sometimes they can be too scripted

6. Do you have any suggestions about resources that MAERB could develop to aid in the use of simulation technology tools?

- Creation of scenarios to help guide proper use of simulation
- Suggestions on what types of scenarios can be used for simulated mannequins for the medical assisting programs
- A resource library where instructors can share ideas of ways they obtain competency on the required curriculum that works well. If these ideas/tools were to be approved by MAERB and available to other instructors, it would open the doors for expanding student knowledge. We have so many creative instructors and, if we had a way to share ideas, it would be great.

MAERB Commentary

There were many good response to this question, but MAERB has certain conflict of interest guidelines, so any suggestions that would create a conflict of interest were avoided.

Appendix A

NOTE: This policy is located in the MAERB Policy and Procedures Manual

Policy 145: Non-Remuneration for Practicum

- I. The program must provide documentation to students, practicum supervisors, and administrators of the practicum site that clearly states that students shall not receive compensation/payment, monetary or otherwise, for the practicum experience.

EXAMPLES AND PROCEDURES

The policy on non-remuneration should be clearly indicated in all the following: catalog; student handbook; agreements with clinics; orientations for supervisors at the practicum site; information provided to students; and practicum course syllabus.

It is important to note that non-remuneration includes both direct and indirect remuneration. The practicum sites cannot pay the students for their time nor can students be provided with a travel allowance or a meal allowance or any other perk, such as gifts or gift cards, that involves the exchange of funds.

If, however, students are asked to participate in staff meetings that include a lunch, that would not be considered remuneration. That is considered collegiality.

Appendix B

NOTE: This form is available on the MAERB website (www.maerb.org)

Program Evaluation of a Practicum Site

NOTE: This is an optional-use form that a Practicum Coordinator could use or adapt to evaluate a Practicum site prior to any contract.

Practicum Site Evaluation Form Information for Clinical Site Contract

SITE DEMOGRAPHICS

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Clinical Site Full Name: (No abbreviations)

Address:

City:

State:

Zip Code:

Phone #

Fax #

Website:

Agency Administrator

Site Supervisor

Agency Contact person

Phone #

SITE CHARACTERISTICS (Check all that apply):

Type of Facility:

Hospital Practice

Public Health

FQHC – Federally Qualified Health Care Center

Private Practice

Clinic

Other

Type of Client Care:

Medical

Surgical

Psychiatric

OB/GYN

Pediatric

Urgent Care

Urology

Neurology

Other

PATIENT CHARACTERISTICS (Check all that apply):

Gender: Female

Male

Ethnicity/Race:

Age Group (s):

Newborn/Infants (birth to 1 year)

Pediatrics (> 1 year to < 18 years)

Adults (18 to 65 years)

Older Adults (> 65 years)

EVALUATION OF SITE AND EXPERIENCE:

1. How many patients are seen on a daily basis?
2. How many physicians/practitioners are at the practice?
3. Will the student be able to access patient health records/EHR (labs/diagnostics/history): Yes No

Perform the following administrative skills	YES	NO
a. register patient, enter demographic information	<input type="checkbox"/>	<input type="checkbox"/>
b. schedule appointments, call to confirm appointments, reschedule appointments, make follow-up appointments	<input type="checkbox"/>	<input type="checkbox"/>
c. schedule procedures/testing	<input type="checkbox"/>	<input type="checkbox"/>
d. organize medical records/file medical records scan medical records into patient charts	<input type="checkbox"/>	<input type="checkbox"/>
e. EMR/EHR	<input type="checkbox"/>	<input type="checkbox"/>
f. document patient information	<input type="checkbox"/>	<input type="checkbox"/>
g. explain general office policies	<input type="checkbox"/>	<input type="checkbox"/>
h. compose professional/business correspondence	<input type="checkbox"/>	<input type="checkbox"/>
i. office inventory (assist/perform)	<input type="checkbox"/>	<input type="checkbox"/>
j. bookkeeping functions (ex, bank deposit, posting, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
k. referrals (following managed care/3 rd party guidelines)	<input type="checkbox"/>	<input type="checkbox"/>
l. obtain precerts/preauthorizations	<input type="checkbox"/>	<input type="checkbox"/>
m. verify insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>
n. diagnostic and procedural coding	<input type="checkbox"/>	<input type="checkbox"/>
o. complete insurance forms	<input type="checkbox"/>	<input type="checkbox"/>

Comments on any NO responses: