Health Assistant: 51.0899

Mrs. Kastronis • 2021 – 2022
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Programs – Health: Mrs. Kastronis class page

• Program description: The Health/Medical Assisting program provides the student with basic anatomy and physiology, knowledge of the body systems and related diseases, introduction to health professions, introduction to medical terminology, basic Health Care Provider skills, and emergency care including BLS CPR certification. In addition, upon completion of the program eligible students will taking the Patient Care Technician Certification exam.

• Instructional goals:

1. The students will develop a passion for the health professions and identify their desired career pathway.
2. The students will attain knowledge and skills conducive to success in their continued education as well as on assessments, including the NOCTI and the Patient Care Technician examination.
3. The teacher will guide students as a facilitator of learning, helping them realize their fullest potential.

• Primary resources:


Uniform: White or Navy Blue Medical Scrubs, White or Black supportive shoes and a White Lab Coat- purchased by the student
• Statement of assessment and evaluation protocols:

Weekly test or quizzes, other assessments can include research projects, homework, and presentations. The following grading scale will be used on all tests and quizzes as well as all homework assignments, presentations and projects.

Grading Scale:

100- 93 = A  
92-85 = B  
84-77 = C  
76-70 = D  
< 70 = E/F

Late Penalty: 10% of total grade will be deducted for each school day assignment or project is late.

Academic Integrity: I value academic integrity very highly and do not permit any forms of dishonesty or deception that unfairly, improperly or illegally enhance a grade on an individual assignment or a course grade. Any breach of academic integrity will result in a “zero”.

• Schedule of major assignments:

The following should serve as a guide of the school year’s activities, this is subject to change:

First 9 weeks Classroom Topics:
Safety  
Professionalism  
Legal and Ethical Issues  
Communication  
Infection Control  
Cardiovascular System  
Research Project related to future career plan

First 9 weeks Lab Topics:
Handwashing  
Gloves  
Common Procedures/Privacy  
Bed making/soiled linens  
Temperature  
Pulse  
PPE

Second 9 weeks Classroom Topics:
Nutrition  
Digestive System  
Body Planes and Cavities
Medical Terminology
Respiratory System
Integumentary System
Death and dying
Human Growth
Human Development

Second 9 weeks Lab Topics:
Respiration
Blood Pressure
Height & Weight
Pain/Comfort Measures
I&O/Meal Percentages
Post Mortem Care
Wound care

Third 9 weeks Classroom Topics:
Muscular System
Skeletal System
Reproductive System
Urinary System
Research Project- STDS and Birth Control PowerPoint Presentation

Third 9 weeks Lab Topics:
Moving, Lifting and Positioning
Bathing, Peri-care and personal grooming
Dressing and undressing
Hand and foot care
ROM
Oral and Denture Care
Therapeutic compression devices
Foley care
Oxygen and incentive spirometer

Fourth 9 weeks Classroom Topics:
Nervous System
Endocrine System
Immune System
Lymphatic System
Emergency Care and Disaster Preparedness
CPR and First Aid Certification
Patient Care Technician Responsibilities
Research Project- Topic of your choice

Fourth 9 weeks Lab Topics:
BLS CPR/AED training
Medical Emergencies: shock, bleeding, burns, poisons, broken bones...
Patient Care Technician Skills- medication administration, EKG and phlebotomy.

- Classroom/shop rules with possible consequences indicated.
FOR STUDENT:

With my signature, I acknowledge that I am fully aware of the rules, procedures, and expectations for my CTE program of study. I understand that my signature indicates awareness and not necessarily approval.

Student name: ____________________________

Student signature: __________________________

Date: _____________________________________

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FOR PARENT/GUARDIAN:

With my signature, I acknowledge that I am fully aware of the rules, procedures, and expectations for my son’s or daughter’s CTE program of study. I understand that my signature indicates awareness and not necessarily approval.

Parent/Guardian signature: ____________________________

Parent/Guardian signature: ____________________________

Date: _____________________________________

Note: This document shall be filed and maintained by program instructors. Unsigned or unreturned signature sheets are noted and filed accordingly.