



VALLEY HEALTH TEAM

LIVE BETTER. VIVE MEJOR.

MEDICAL ASSISTANT SKILLS COMPETENCY TRAINING/EXAM

NAME: _____
 POSITION: _____
 DOH/ NEW APP¹: _____
 ASSESSMENT DATE: _____
 NEXT ASSESSMENT : _____

	Pass (P)/ Fail (F)	Method²
INTRODUCTION TO CLINIC		
♦ Bulletin Boards	_____	_____
♦ Dept. of Labor Posters	_____	_____
♦ Employee Break Room	_____	_____
♦ Nurses station/Hub	_____	_____
♦ MA Task List & Assigned Responsibilities	_____	_____
♦ Policy & Procedure Manuals Location	_____	_____
♦ Orientation to Supervisor & Lead Medical Assistants	_____	_____
♦ Orientation to Providers	_____	_____
♦ Employee Schedules	_____	_____
♦ Requests for Leave	_____	_____
CLINIC SECURITY/SAFETY		
♦ Emergency exit procedure	_____	_____
♦ Utility shut off procedures	_____	_____
♦ Eye wash stations	_____	_____
♦ Reporting incidents /opportunities for improvement	_____	_____
♦ Reporting safety issues/ repairs needed	_____	_____
CUSTOMER SERVICE*³(All)		
♦ Basics of customer service	_____	_____
♦ Patient flow concept	_____	_____
♦ Telephone etiquette	_____	_____
♦ Patient rights	_____	_____
♦ Taking/reporting messages	_____	_____
CHART FORMS & MEDICAL RECORDS OVERVIEW		
♦ Charts: access, storage, filing, requests, HIPAA*	_____	_____
♦ Consent forms*	_____	_____
♦ Advance Directive*	_____	_____

¹ Any offer of employment to an applicant is contingent upon successful completion of this exam.
² Methods defined: Observation, Demonstration, Review of Documents
³ Skills designated with a (*) are the only skills assessed for applicants, all skills are assessed for current employees.

	Pass (P)/ Fail (F)	Method
♦ Patient learning assessment	_____	_____
♦ CHDP*	_____	_____
♦ Physical Exams – Male/Female*	_____	_____
♦ Lab requisitions*	_____	_____
♦ X-ray forms	_____	_____
♦ Referral forms	_____	_____
♦ Animal bite reporting forms & process*	_____	_____
♦ Child/adult abuse, sexual assault reporting forms & process*	_____	_____
♦ Communicable disease reporting forms& process*	_____	_____
MA DOCUMENTATION REQUIREMENTS*(All)		
♦ Patient history	_____	_____
♦ Vital signs (includes pain)	_____	_____
♦ Chief complaint (sign & symptom)	_____	_____
♦ Medication summary	_____	_____
♦ Psycho-social assessment	_____	_____
♦ Pediatric growth chart	_____	_____
♦ Daily & specialty logs (refrigerator, autoclave, pap, etc.)	_____	_____
♦ Medication administration	_____	_____
♦ “Do Not Use” List of Abbreviations	_____	_____
♦ MA signature requirements/accountability	_____	_____
PAIN ASSESSMENT		
♦ Pain Assessment and Management Policy	_____	_____
♦ Wong-Baker pain scale*	_____	_____
♦ FLACC pain scale	_____	_____
MEDICATION ADMINISTRATION & STORAGE		
♦ Use of two patient identifiers*	_____	_____
♦ Written orders*	_____	_____
♦ Oral medications*	_____	_____
♦ Topical medications*	_____	_____
♦ Injections:*	_____	_____
- Intramuscular: Deltoid	_____	_____
- Intramuscular: Gluteal	_____	_____
- Intramuscular: Thigh	_____	_____
- Intradermal	_____	_____
- Subcutaneous	_____	_____
♦ Insulin injections*	_____	_____
1. Needle & syringe choice*	_____	_____
2. Draw-up & dose (units vs. cc)*	_____	_____
3. Witness & documentation	_____	_____
♦ Controlled medications policy & procedure*	_____	_____
♦ High alert medications policy & procedure	_____	_____

		Pass (P)/ Fail (F)	Method
♦	Sample medications	_____	_____
♦	Free/low cost medication programs	_____	_____
MEDICAL EXAMS/ PROCEDURES PREPARATION & ASSISTANCE			
♦	Physical exam*	_____	_____
♦	Pap exam*	_____	_____
♦	Pre-employment exams	_____	_____
♦	Minor procedures (sutures, toe nail removals, IUD, etc.)*	_____	_____
♦	Cultures*	_____	_____
♦	Laceration/Suture removal*	_____	_____
♦	Dressing changes*	_____	_____
♦	Casting, splints assistance*	_____	_____
WAIVED TESTING			
Urine Pregnancy			
♦	Quality control test performed	_____	_____
♦	Blind specimen test performed	_____	_____
UA Dipstick			
♦	Quality control test performed	_____	_____
♦	Blind specimen test performed	_____	_____
Hemoglobin			
♦	Quality control test performed	_____	_____
♦	Blind specimen test performed	_____	_____
Blood Glucose			
♦	Quality control test performed	_____	_____
♦	Blind specimen test performed	_____	_____
Fecal Occult Blood			
♦	Quality control test performed	_____	_____
♦	Blind specimen test performed	_____	_____
MEDICAL EQUIPMENT USE*(All)			
♦	Blood Pressure Cuff	_____	_____
♦	Stethoscope	_____	_____
♦	Thermometer	_____	_____
♦	Pulse oximeter	_____	_____
♦	Adult scales	_____	_____
♦	Pediatric/infant scales	_____	_____
♦	Snellen chart	_____	_____
♦	Peak flow meter	_____	_____
♦	Nebulizer	_____	_____
♦	Otoscope	_____	_____
♦	Exam tables	_____	_____
♦	Vaginal speculum	_____	_____
EMERGENCY SKILLS			
♦	Code protocol	_____	_____

	Pass (P)/ Fail (F)	Method
♦ Crash cart access & protocols	_____	_____
♦ Poison control contact & protocols	_____	_____
♦ Adult & pediatric dosing*	_____	_____
♦ ECG*	_____	_____
♦ Oxygen set-up*	_____	_____
♦ Defibrillator*	_____	_____
♦ CPR equipment*	_____	_____
♦ 911 and discharging by ambulance*	_____	_____
INFECTION CONTROL/OSHA		
♦ Infection control policy	_____	_____
♦ Biohazardous waste process*	_____	_____
♦ Employee illness	_____	_____
♦ Hand washing guidelines*	_____	_____
♦ Hepatitis B vaccine	_____	_____
♦ Communicable disease, reporting*	_____	_____
♦ General housekeeping*	_____	_____
♦ Turnover of exam rooms*	_____	_____
♦ Autoclave & instrument cleaning*	_____	_____
♦ Instrument packaging*	_____	_____
TECHNOLOGY TOOLS		
♦ Telephone system*	_____	_____
♦ Triage system*	_____	_____
♦ Fax/copy machine*	_____	_____
♦ CVIIS	_____	_____
♦ Quest Care 360	_____	_____

I have received assessment and training where necessary in the above items and feel comfortable that I can competently perform these functions. I understand that my competency will be assessed on a regular basis and that I can express areas in which I would like to learn or need additional training. I can reference policies and procedures or ask my Lead Medical Assistant for additional support as needed.

LEARNING NEEDS: (Please list anything you would like to learn.)

Employee Signature _____ Date: _____

Reviewer: _____ Date: _____

Medical Director: _____ Date: _____