

Competency Checklist – Medical Assistants

| | | | | |
|---|--------------------|-----------------|------------------|-----------------|
| Employee Name: | Eval Period | | Date: | |
| Supervisor: | | | | |
| MA certification or ABR-OE | Yes | No | | |
| Patient Relations | Reviewed | Observed | Performed | Initials |
| Prompt, courteous, and helpful (ex. good morning, evening, how may I help you?) | | | | |
| Verifies patient name and date of birth | | | | |
| Vital Signs | Reviewed | Observed | | |
| Infant/Toddler | | | | |
| Growth charts | | | | |
| Head circ. | | | | |
| Length | | | | |
| Pulse | | | | |
| Pulse ox | | | | |
| Respirations | | | | |
| Temperature - <input type="checkbox"/> Temporal <input type="checkbox"/> Rectal <input type="checkbox"/> Axillary <input type="checkbox"/> Oral | | | | |
| Weight | | | | |
| Children (ages 3 – 18) | | | | |
| B/P | | | | |
| Growth charts | | | | |
| Height | | | | |
| Pulse | | | | |
| Pulse ox | | | | |
| Respirations | | | | |
| Temperature - <input type="checkbox"/> Temporal <input type="checkbox"/> Rectal <input type="checkbox"/> Axillary <input type="checkbox"/> Oral | | | | |
| Weight | | | | |
| Adults | | | | |
| B/P | | | | |
| Height | | | | |
| Orthostatic blood pressures | | | | |
| Pulse | | | | |
| Pulse ox | | | | |
| Respirations | | | | |
| Temperature - <input type="checkbox"/> Temporal <input type="checkbox"/> Rectal <input type="checkbox"/> Axillary <input type="checkbox"/> Oral | | | | |
| Weight | | | | |
| Injections | Reviewed | Observed | Date | Initials |
| Appropriate follow-up for out of range refrigerators/freezers | | | | |
| Documenting in IMMPACT | | | | |
| IMMPACT log-in | | | | |
| Immunization dose for age | | | | |
| Immunization schedule | | | | |
| Immunization storage policy | | | | |
| Labeling syringes prior to admin | | | | |
| VIS (Vaccination Info Sheet) | | | | |

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| Infant / Toddler | | | | |
|---|----------|----------|------|----------|
| ID | | | | |
| IM | | | | |
| SC | | | | |
| Children (ages 3 – 18) | | | | |
| ID | | | | |
| IM | | | | |
| SC | | | | |
| Adult | | | | |
| ID | | | | |
| IM | | | | |
| SC | | | | |
| Procedures | Reviewed | Observed | Date | Initials |
| Allergy injection | | | | |
| Application of oxygen (NC, NRB, BVM) | | | | |
| Autoclave | | | | |
| Diabetic foot exam – visual, monofilament, pulses | | | | |
| Ear lavage | | | | |
| EKG | | | | |
| Eye exam chart (Snellen) | | | | |
| Hearing | | | | |
| Instrument cleaning & packaging | | | | |
| Irrigation of wounds | | | | |
| Knows how to check for allergy shot reaction | | | | |
| Log allergy serum use | | | | |
| Medication administration | | | | |
| Nasopharyngeal swab | | | | |
| Nebulizer | | | | |
| Nebulizer teaching | | | | |
| NP swab | | | | |
| Oximetry | | | | |
| Peak flows | | | | |
| PFT pre/post | | | | |
| PFT privileges | | | | |
| Pill box refills | | | | |
| Pill counts (random) | | | | |
| Spacer teaching | | | | |
| Splinting & ACE wrap | | | | |
| Sterile field | | | | |
| Sterile gloving | | | | |
| Stool collection instruction | | | | |
| Throat swab | | | | |
| Time-out procedure | | | | |
| Tympanograms | | | | |
| Urine bag | | | | |

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|---|-----------------|-----------------|-------------|-----------------|
| Urine catheterization | | | | |
| Vision | | | | |
| Wound care | | | | |
| Laboratory Specimen Collection and Order Process | Reviewed | Observed | Date | Initials |
| Blood cultures (technique/procedure) | | | | |
| Butterfly draw | | | | |
| Capillary stick | | | | |
| Heel stick | | | | |
| In-house vs. send out labs | | | | |
| Knows which tubes to use for the desired test | | | | |
| LABDAQ | | | | |
| Labeling tubes in presence of patient proper labeling | | | | |
| STAT results | | | | |
| Urine collection – clean catch | | | | |
| Urine drug screen collections | | | | |
| Use of centrifuge | | | | |
| Vacutainer draw | | | | |
| Venous draws | | | | |
| Verbalizes understanding of Clinical 118 – Bloodborne Exposure Control Plan | | | | |
| Procedure Set-Ups | Reviewed | Observed | Date | Initials |
| Assisting during procedures | | | | |
| Basic surgery set-up | | | | |
| Burn kit | | | | |
| Dressing kit | | | | |
| Eye kit | | | | |
| Knows instruments by name and function | | | | |
| Laceration repair | | | | |
| Lesion removal | | | | |
| Nail removal | | | | |
| Pap | | | | |
| Logician | Reviewed | Observed | Date | Initials |
| Can create flags | | | | |
| Can sign-off on a document | | | | |
| Documentation of labs drawn, medications, immunizations | | | | |
| Documenting a phone note | | | | |
| E-prescribing | | | | |
| Flow-sheeting | | | | |
| Logging off when leaving computer/privacy | | | | |
| Make and cancel appointments | | | | |
| Managing the desktop / using “Out of Office” | | | | |
| Pop-ups | | | | |
| Closing orders | | | | |
| Refilling medications | | | | |
| Specialty-Specific forms | | | | |
| | | | | |

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| Office Maintenance | Reviewed | Observed | Date | Initials |
|--|----------|----------|------|----------|
| Calibrate scales | | | | |
| Check emergency kit | | | | |
| Check eye wash stations | | | | |
| Check fire extinguishers monthly | | | | |
| Check O2 and CO2 tanks and order weekly | | | | |
| Maintain medication closet – organize and discard expired meds | | | | |
| Maintain MSDS sheets | | | | |
| Oxygen checks/logs | | | | |
| Panic buttons | | | | |
| Restock and check dates on VIS sheets | | | | |
| Stocking/re-stocking rooms | | | | |
| Miscellaneous Objectives | Reviewed | Observed | Date | Initials |
| Abbreviation do not use list | | | | |
| Access and communication policy | | | | |
| Add to email distribution list(s) | | | | |
| Barriers to learning | | | | |
| Calling for reports at facilities | | | | |
| Chaperone | | | | |
| Checking email daily | | | | |
| Checking/reconciling QC logs daily | | | | |
| Chief complaint | | | | |
| Critical results policy | | | | |
| Daily narcotic/controlled substance count | | | | |
| Depo calendar, procedure if out of range | | | | |
| Diabetes Standing Order Protocol | | | | |
| Difficulty with reading/completing forms | | | | |
| Door alarm instructions (activating and inactivating) | | | | |
| DOT physical forms | | | | |
| EMHIE paperwork | | | | |
| Emergency contact | | | | |
| HealthInfo Net (password) | | | | |
| HealthInfo Net (training on use) | | | | |
| How to pull a PMP | | | | |
| Infection control section | | | | |
| Informing patients of results | | | | |
| Language line | | | | |
| Location of general office supplies | | | | |
| Location of supplies to stock exam rooms | | | | |
| Mail order pharmacies | | | | |
| Maine Breast and Cervical Health Program | | | | |
| Maintains work area in a neat and orderly manner | | | | |
| Method of education | | | | |
| Notifying of Lyme Disease results | | | | |
| Ordering office/clinical supplies | | | | |
| Participates in meetings and committees as assigned | | | | |

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| | | | | |
|---|-----------------|-----------------|-------------|-----------------|
| Patient portal | | | | |
| Permissions for EKG | | | | |
| Permissions for PFT | | | | |
| PHQ-2 | | | | |
| PMP login | | | | |
| Pre-visit planning | | | | |
| Prior authorizations/calling insurance companies | | | | |
| Proper hand hygiene | | | | |
| Proper wipe down of exam tables/contact time | | | | |
| Reviews policy and procedure manuals | | | | |
| Rx assist program | | | | |
| Screens and responds to routine requests for information | | | | |
| Standing orders/protocols – flu shots | | | | |
| Standing orders/protocols – UA for abdominal pain | | | | |
| Thermometer calibration/how to reset vaccine refrigerator | | | | |
| Thermometers | | | | |
| Use of BAT phone | | | | |
| Use of stoplight reports | | | | |
| Wearing ID badge | | | | |
| Room Patient | Reviewed | Observed | Date | Initials |
| ASQ screens | | | | |
| MCHAT | | | | |
| Passive smoke exposure | | | | |
| Smoking cessation counseling – 90% | | | | |
| Smoking status – 95% | | | | |
| Update allergy list – 95% | | | | |
| Update medication list (add/delete/modify) – 95% | | | | |
| Update problem list | | | | |
| Use of masks for ILI | | | | |
| Verify patient identity | | | | |
| View all protocol button – 90% | | | | |
| Vital signs (BP, BMI, growth charts, height, weight) – 95% | | | | |
| Room Maintenance | Reviewed | Observed | Date | Initials |
| Biohazard waste (proper items) | | | | |
| Checking for expiration date of supplies | | | | |
| Sharps containers (< ¾ full) | | | | |
| Telephone System | Reviewed | Observed | Date | Initials |
| Can place a call on hold | | | | |
| Can retrieve voice mail messages | | | | |
| Transfer calls appropriately-informing patients of voice mail coverage | | | | |
| Triage patient phone calls | | | | |
| Use of fax machine | | | | |
| E-Mail System | Reviewed | Observed | Date | Initials |
| Can and consistently uses out of office message when away from the office | | | | |

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| | | | | |
|--|-----------------|-----------------|-------------|-----------------|
| Contacts Supervisor for issues with IT Help Desk | | | | |
| Delivers/forwards/completes message to appropriate person (who handles credentialing, who handles application process, etc. within HR) | | | | |
| E-mail signature is up-to-date and has appropriate contact information | | | | |
| Knows how to access and find information within the Outlook Public Folders | | | | |
| Safety (Area Specific) | Reviewed | Observed | Date | Initials |
| Alarm System – setting and disarming, knows how to use panic buttons | | | | |
| Defib – location and use | | | | |
| Disposal of bio-hazardous waste | | | | |
| Emergency exits | | | | |
| Emergency kit (documentation/log) | | | | |
| Emergency phone numbers: fire/rescue, police dept., poison control, etc. | | | | |
| Ergonomic evaluation done | | | | |
| Evacuation procedures | | | | |
| Fire extinguisher – location and use | | | | |
| Hand washing procedures based on infection control procedures | | | | |
| Knowledge of aseptic technique and infection control | | | | |
| Location and use of eye wash | | | | |
| MSDS Sheets – location and use | | | | |
| PPE – can identify correct use of PPE and where it is located | | | | |
| Workplace injury protocol | | | | |
| Pharmacy | Reviewed | Observed | Date | Initials |
| Administration of buccal midazolam | | | | |
| Administration of nasal naloxone | | | | |
| Review of emergency drug box | | | | |

LAB TESTS

| | | | | |
|---|-----------------|-----------------------|---------------------|------------------|
| Lab Tests Waived Test Competency is assessed using at least two methods for each test performed: | Observed | Blind Specimen | Written Test | Review QC |
| Glucose <input type="checkbox"/> Initial Training <input type="checkbox"/> Yearly Competency | | N/A | | |
| Hemoglobin <input type="checkbox"/> Initial Training <input type="checkbox"/> Yearly Competency | | | | |
| HIV <input type="checkbox"/> Initial Training <input type="checkbox"/> Yearly Competency | | | | N/A |
| Mono <input type="checkbox"/> Initial Training <input type="checkbox"/> Yearly Competency | | | | N/A |
| Occult Blood <input type="checkbox"/> Initial Training <input type="checkbox"/> Yearly Competency | | | | N/A |

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| Lab Tests Waived Test Competency is assessed using at least two methods for each test performed: | Observed | Blind Specimen | Written Test | Review QC |
|---|----------|----------------|--------------|-----------|
| PT/INR <input type="checkbox"/> Initial Training <input type="checkbox"/> Yearly Competency | | N/A | | N/A |
| Rapid Strep <input type="checkbox"/> Initial Training <input type="checkbox"/> Yearly Competency | | | | N/A |
| Urine Dipstick (Clinitek or Visual) <input type="checkbox"/> Initial Training <input type="checkbox"/> Yearly Competency | | | | N/A |
| Urine Drug Screen <input type="checkbox"/> Initial Training <input type="checkbox"/> Yearly Competency | | | | N/A |
| Urine Pregnancy <input type="checkbox"/> Initial Training <input type="checkbox"/> Yearly Competency | | | | N/A |
| A1C <input type="checkbox"/> Initial Training <input type="checkbox"/> Yearly Competency | | | | N/A |
| Urine Buprenorphine Screen <input type="checkbox"/> Initial Training <input type="checkbox"/> Yearly Competency | | | | N/A |
| IFOB <input type="checkbox"/> Initial Training <input type="checkbox"/> Yearly Competency | | | | N/A |
| ESR Westergren Method <input type="checkbox"/> Initial Training <input type="checkbox"/> Yearly Competency | | | | N/A |

Comments:

Employee Signature

_____/_____/_____
Date

Supervisor Signature

_____/_____/_____
Date