

MA Skills Competency Checklist

Staff member must be able to demonstrate the knowledge and skill necessary to provide care based on physical, psychosocial, educational, safety and related criteria appropriate to the age of the patients served in their assigned area. Validation to be completed by a manager/supervisor. Person validating must initial, date in appropriate column and sign form.

1= Performs proficiently and independently

2= Minimal Experience (requires additional supervision and/or training)

3 = No training or experience

DRAFT

	Skills	Supervisor Rating	Supervisor's Initials And Date	Re-evaluation Rating and Date	Comments:
Measurements	Height				
	Weight				
	BMI				
	Head Circumference				
Vital Signs	Blood pressure				
	Temperature				
	Respiration				
	Pulse				
	Pulse Oximetry				
Testing	Pain				
	EKG: Lead placement and performance				
	Blood glucose (Capillary)				
	Urinalysis (Clean catch and routine)				
	HIV Counseling and Testing (Oral and Whole Blood)				
	Urine Dip				
	Urine Pregnancy Test				
	Fecal Occult Blood				
	Strep Antigen Test (Rapid, Throat Swab)				
	Hemoglobin (Capillary)				
	Vision				
	Hearing				
	Hepatitis C				
	Skills	Supervisor Rating	Supervisor's Initials And Date	Re-evaluation Rating and Date	Comments:
Laboratory/ Venipuncture	Check Orders				
	Order of Draw				
	Site Preparation				

	Sticks (5) ___ ___ ___ ___ ___				
	Heel Sticks				
	Process for stat labs (QFN, Zika, Western Blot)				
	Controls				
	Ordering of Lab Supplies and expiration dates				
	Lab SDS				
	Maintenance of logs (refrigerator, controls, room temperature)				
	Handling and labeling of specimens				
	Skills	Supervisor Rating	Supervisor's Initials And Date	Re-evaluation Rating and Date	Comments:
Procedures	Demonstrate assisting with Paps				
	Demonstrate assisting with Colposcopy if applicable				
	Demonstrate assisting with LEEP if applicable				
	Demonstrate assisting with Endometrial Biopsy if applicable				
	Demonstrate assisting with Caths				
	Demonstrate sterile technique				
	Skills	Supervisor Rating	Supervisor's Initials And Date	Re-evaluation Rating and Date	Comments:
Preventive Screening	FIT Test/ Colonoscopy				

(Where to locate in Medical Record)	Mammogram				
	PAP Test				
	Dexa Scan				
	Skills	Supervisor Rating	Supervisor's Initials And Date	Re-evaluation Rating and Date	Comments:
Patient Intake	Chief Complaint				
	Relevant history				
	Smoking history				
	Health Care Proxy				
	PHQ2 and PHQ9 Depression screening				
	Initial Learning Assessment				
	AUDIT				
	DAST				
	Domestic Violence Screening				
	Sexual History				
	Hepatitis C Screening				
	HIV Testing				
	Functional Daily Assessment				
	Fall Risk Assessment				
	Mini Cog				
	Drug and Alcohol Screening				
	Pain assessment				
	Allergies				
	Medication review				
	Urgent Condition List				
Escalates critical findings clearly and timely					
	Skills	Supervisor Rating	Supervisor's Initials And Date	Re-evaluation Rating and Date	Comments
General	Outstanding Labs				
	AED and log				

	O2 tank and log				
	In house tests and deleting procedure codes				
	Abnormal lab bucket				
	Emergency Box and log				
	DOH reporting and attaching to lab				
	Prior Authorization				
	Communicates with patient/family at a 5th grade level				
	Maintains patient confidentiality				
	Uses appropriate interpreter services (language line,TTY)				
	Knowledge of universal precautions				
	PPE Equipment and Donning				
	Handwashing				
	Room Prep and Cleaning				
	Handoff				
	Forms				
	Skills	Supervisor Rating	Supervisor's Initials And Date	Re-evaluation Rating and Date	Comments
Autoclave	Biological Indicators				
	Autoclave Maintenance-Daily, Weekly, Monthly				
	Autoclave log Mainatnce				
	Sterilization procedure				
	Skills	Supervisor Rating	Supervisor's Initials And Date	Re-evaluation Rating and Date	Comments
eCW Documentation	Patient Search				
	Appointment Creation				

	Telephone Encounter				
	Templates				
	Flowsheet				
	Patient Documents				
	Bi-Directional Interface				
	Progress Note Charting				
	Letters				
	Referrals				
	Jellybeans				
	Basic Navigation				

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

DRAFT