

Name:	Date of Hire:
	Supervisor:

Topic Clinical Staff Orientation Competency	
Assessment Method O = Observation D = Demonstration S = Simulation TB = Teach Back	Assessment Rating: P = Pass R = Remediation

Performance Criteria	Method	Trainer Initials
Infection Control		
1. Hand hygiene	O/D/S/TB	
1. Clean rooms appropriately between patients <ul style="list-style-type: none"> 1 minute Cavi Wipe dry time 3 minute bleach dry time 	O/D/S/TB	
2. Adhere to OSHA standards (Stericycle book)	O/D/S/TB	
3. Infection Control Guidelines (I.C. book)	O/D/S/TB	
4. Biohazard material determination	O/D/S/TB	
5. Biohazard and sharps disposal	O/D/S/TB	
6. Proper application of personal protective equipment (PPE)	O/D/S/TB	
7. Separate entry for potential infectious patient <ul style="list-style-type: none"> Use cough station, place mask on patient and taken to Gold Pod waiting area 	O/D/S/TB	
8. No food, drinks or cosmetics at work stations	O/D/S/TB	
9. Spill clean ups (kit in lab and pods)	O/D/S/TB	
Operations		
1. Pharmacy Protocol Manual	O/D/S/TB	
2. Laboratory Protocol Manual	O/D/S/TB	
3. Infection Control Manual	O/D/S/TB	
4. Stericycle Manual	O/D/S/TB	
5. O2 Tank check and documentation	O/D/S/TB	
6. Stocking of rooms and pods	O/D/S/TB	
7. AED inspection	O/D/S/TB	
8. Crash box inspection	O/D/S/TB	
9. Emergency Response <ul style="list-style-type: none"> Dr. Green – security or violence emergency Code Red – fire emergency Code Blue – patient medical emergency Code Silver – active shooter(s) Code Amber – missing person Code Black – bomb threat 	O/D/S/TB	

Performance Criteria	Method	Rating
Patient Scheduling Guidelines		
1. Scheduling a New Patient (How to and where)	O/D/S/TB	
2. Scheduling an Established Patient, WCC, OB, WWC... Etc....	O/D/S/TB	
3. Rescheduling an appointment	O/D/S/TB	
4. Reviewing Provider Schedule and Provider Scheduling Guidelines (Handout of most recent list)	O/D/S/TB	
5. "Patient Partnership Plan" No Show and Late Appointment Policy	O/D/S/TB	
6. How to cancel an appointment in eCW	O/D/S/TB	
Patient Medical Records		
1. Chart Preparation (Refer to "Prep Sheet")	O/D/S/TB	
2. Accessing CSV and Presbyterian patient records (Request from Medical Records; request Epic access via email to Regina; gmartinez@lfmctr.org)	O/D/S/TB	
3. Transmitting Prenatal Records to CSV (Fax to L&D 913-5606 if asked by provider)	O/D/S/TB	
4. Medical Release Form (fill out properly and return to Medical Records Clerk)	O/D/S/TB	
5. PMP access and Print	O/D/S/TB	
6. NMSIIS access and Print	O/D/S/TB	
Documentation in EMR		
1. Navigating Patient's HUB	O/D/S/TB	
2. Telephone Encounters (Creating, sending and addressing)	O/D/S/TB	
3. Understanding Jellybeans and what they stand for (S, D, T, R, L, and M)	O/D/S/TB	
4. Referrals: <ul style="list-style-type: none"> • Creating outgoing referral • Faxing with attachments • Documenting in a referral • Changing referral status from "Open" to "Consult Pending" after attempting to reach the patient 3 separate times and documenting attempts in patient chart • Documenting a Room Air oxygen saturation for every patient on continuous oxygen per Medicare Guidelines 	O/D/S/TB	
5. Progress Note Navigation	O/D/S/TB	
6. Use of Quick Search Feature (Optional to MA)	O/D/S/TB	
7. Prescription Refill: <ul style="list-style-type: none"> • Documentation • E prescribing refills • Narcotic Refills: Print PMP, document last UDS, last refill, med contract up to date, face to face appointment within the past 3 months. • Review of controlled substance contracts • Review of message management response time (48-72 hours to respond) 	O/D/S/TB	
8. Ordering:	O/D/S/TB	

Performance Criteria	Method	Rating
<ul style="list-style-type: none"> • Labs • Procedures • Medication (Title X, other) • Vaccines 		
9. Templates: <ul style="list-style-type: none"> • When to use • How to add • How to delete 	O/D/S/TB	
10. Documentation of Patient Education and Understanding	O/D/S/TB	
11. Printing Patient Materials/Education	O/D/S/TB	
12. Printing Letters or Excuses	O/D/S/TB	
13. Knowledge of BC methods (IUD, OCP, Depo, Nexplanon)	O/D/S/TB	
14. Knowledge of Programs and when to use them: <ul style="list-style-type: none"> • Title X • BCC • Teen Clinic • Health Education for OB's • Health Education for Diabetic patients. • VFC • Behavioral Health • Harm Reduction (Hep C, Suboxone, and OB Suboxone patients) 	O/D/S/TB	
Patient Care		
1. Vital Signs (Ht, Wt, BMI, O2 sat, BP, Temp, RR and pain scale) <ul style="list-style-type: none"> • Demonstrates technique for VS • Verbalizes ranges for normal VS 	O/D/S/TB	
2. Medication Administration and preparation <ul style="list-style-type: none"> • Verbalizes the identifiers for safe medication administration (Right patient, right medication, right route, right time, right dose, right documentation) • Oral • Injectable (IM, SQ) • Topical • Ordering Medication in eCW • Documentation of administration 	O/D/S/TB	
3. EKG <ul style="list-style-type: none"> • Demonstrates 3 EKG's • Documentation 	O/D/S/TB	
4. Foot Exams (order and document) <ul style="list-style-type: none"> • Discuss with provider of whether they would like the patient to have their shoes and socks off before their exam 	O/D/S/TB	
5. Nebulizer treatment (order and document) <ul style="list-style-type: none"> • Demonstrates how to order neb treatment and verify with Provider what dosage of neb treatment. • Demonstrates neb set up and administration • Demonstrates documentation 	O/D/S/TB	
6. Peak Flow (order and document)	O/D/S/TB	

Performance Criteria	Method	Rating
<ul style="list-style-type: none"> • Demonstrates procedure for peak flow • Demonstrates how to order peak flow in eCW • Demonstrates documentation in eCW 		
7. Ear irrigation <ul style="list-style-type: none"> • Order, perform and document 	O/D/S/TB	
8. Circumcision <ul style="list-style-type: none"> • Demonstrates set up • Performs "Time out" • Obtains informed consent 	O/D/S/TB	
9. Colposcopy <ul style="list-style-type: none"> • Demonstrates set up • Performs "Time out" • Obtains informed consent 	O/D/S/TB	
10. Endometrial Biopsy <ul style="list-style-type: none"> • Demonstrates set up • Performs "Time out" • Obtains informed consent • Specimen labeling and proper lab order forms (Label specimen on side of Formalin cup, not on the lid. For multiple biopsies labels a,b, c, etc.) 	O/D/S/TB	
11. Intrauterine Device Placement/Removal <ul style="list-style-type: none"> • Verification of Title X eligibility • Verbalizes that a pregnancy test and STD screening to be collected by both clean and dirty catch urine specimens • Demonstrates set up • Performs "Time out" • Obtains informed consent 	O/D/S/TB	
12. Set-up Pelvic exam & Pap: <ul style="list-style-type: none"> • Wet mount preparation (KOH, Saline and slides) • Swabs preparation (proper swab for GC/CH, DNA Probe, HSV culture, GBS) • Demonstrates set up • Performs "Time out" • Obtains informed consent 	O/D/S/TB	
13. Lesion Removal <ul style="list-style-type: none"> • Demonstrates set up • Performs "Time out" • Obtains informed consent • Preparing and dressing surgical site • Post procedure instructions • Labeling pathology container and filling out pathology form 	O/D/S/TB	
14. Cryotherapy <ul style="list-style-type: none"> • Liquid Nitrogen/Cryo gun (proper filling, using, and disposing of contents) 	O/D/S/TB	
15. Nexplanon placement/removal <ul style="list-style-type: none"> • Verification of Title X eligibility 	O/D/S/TB	

Performance Criteria	Method	Rating
<ul style="list-style-type: none"> • Demonstrates set up • Performs "Time out" • Obtains informed consent 		
16. Visual Acuity (eye chart)	O/D/S/TB	
17. Sterile field set up (including Labeling of Medication)	O/D/S/TB	
18. Work up: <ul style="list-style-type: none"> • General work up of follow up visit • Work up of physical exam • Work up of Well Women Exam • Work up of Well Child • Work up of Prenatal visit • Work up of Suboxone patients 	O/D/S/TB	
19. Meter teaching	O/D/S/TB	
20. Medication Reconciliation with Patient	O/D/S/TB	
Vaccines		
1. Vaccine thermometer use & knowledge	O/D/S/TB	
2. Common Vaccine Knowledge	O/D/S/TB	
3. Knowledge of Vaccine Schedule	O/D/S/TB	
4. Knowledge of vaccine administration route	O/D/S/TB	
5. Explanation of vaccine to parent/guardian	O/D/S/TB	
6. Obtain consent from parent/guardian	O/D/S/TB	
7. VIS / VIS date (s)	O/D/S/TB	
8. Assess contraindications of Vaccines <ul style="list-style-type: none"> • Ask about fever in the past 3 days • Ask about history of adverse reaction to immunizations • Ask about family history of Guillian-Barre syndrome 	O/D/S/TB	
9. VAERS (vaccine reaction) form location	O/D/S/TB	
10. Refusal sheet knowledge and documentation on ECW <ul style="list-style-type: none"> • If patient refuses immunization, have them sign a refusal form to be scanned and out in their chart 	O/D/S/TB	
11. PPD (placement and documentation)	O/D/S/TB	
Sterilization		
1. Sanitize an instrument	O/D/S/TB	
2. Identify all instruments and kits	O/D/S/TB	
3. Sterilization procedures	O/D/S/TB	
4. Spore Testing and documentation	O/D/S/TB	
5. Wrap and label instruments for autoclaving	O/D/S/TB	
6. Clean and test Autoclave	O/D/S/TB	
7. Chemically disinfect a contaminated article	O/D/S/TB	

Clinical Practice Validation

Topic
Medical Assistant Orientation Competency

I am confident I can apply these competencies to my job. I understand that it is my responsibility to seek guidance or clarify any questions or issues when performing these skills.

Employee Printed Name:	
Employee Signature:	
Date:	

This employee has been evaluated and validated to perform the tasks outlined in this competency.

Trainer Printed Name:	
Trainer Signature:	
Date:	

Use this validation for individual competency or utilize roster for multiple validations.

Remarks