

# La Familia

## MEDICAL CENTER

SANTA FE, NEW MEXICO



MEDICAL • DENTAL • BEHAVIORAL HEALTH

Name:	Date of Hire:
	Supervisor:

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
<b>Infection Control</b>			
1. Hand hygiene		O/D/S/TB	
1. Clean rooms appropriately between patients	• 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	• 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	
<b>Operations</b>			
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	• 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
<b>Patient Scheduling Guidelines</b>		
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	
<b>Patient Medical Records</b>		
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	
<b>Documentation in EMR</b>		
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"> <li>• Creating outgoing referral</li> <li>• Faxing with attachments</li> <li>• Documenting in a referral</li> <li>• Changing referral status from "Open" to "Consult Pending" after attempting to reach the patient 3 separate times and documenting attempts in patient chart</li> <li>• Documenting a Room Air oxygen saturation for every patient on continuous oxygen per Medicare Guidelines</li> </ul>	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"> <li>• Documentation</li> <li>• E prescribing refills</li> <li>• Narcotic Refills: Print PMP, document last UDS, last refill, med contract up to date, face to face appointment within the past 3 months.</li> <li>• Review of controlled substance contracts</li> <li>• Review of message management response time (48-72 hours to respond)</li> </ul>	O/D/S/TB	
8. Ordering:	O/D/S/TB	

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

Performance Criteria	Method	Rating
<ul style="list-style-type: none"> <li>• Demonstrates procedure for peak flow</li> <li>• Demonstrates how to order peak flow in eCW</li> <li>• Demonstrates documentation in eCW</li> </ul>		
7. Ear irrigation <ul style="list-style-type: none"> <li>• Order, perform and document</li> </ul>	O/D/S/TB	
8. Circumcision <ul style="list-style-type: none"> <li>• Demonstrates set up</li> <li>• Performs “Time out”</li> <li>• Obtains informed consent</li> </ul>	O/D/S/TB	
9. Colposcopy <ul style="list-style-type: none"> <li>• Demonstrates set up</li> <li>• Performs “Time out”</li> <li>• Obtains informed consent</li> </ul>	O/D/S/TB	
10. Endometrial Biopsy <ul style="list-style-type: none"> <li>• Demonstrates set up</li> <li>• Performs “Time out”</li> <li>• Obtains informed consent</li> <li>• 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.)</li> </ul>	O/D/S/TB	
11. Intrauterine Device Placement/Removal <ul style="list-style-type: none"> <li>• Verification of Title X eligibility</li> <li>• Verbalizes that a pregnancy test and STD screening to be collected by both clean and dirty catch urine specimens</li> <li>• Demonstrates set up</li> <li>• Performs “Time out”</li> <li>• Obtains informed consent</li> </ul>	O/D/S/TB	
12. Set-up Pelvic exam & Pap: <ul style="list-style-type: none"> <li>• Wet mount preparation (KOH, Saline and slides)</li> <li>• Swabs preparation (proper swab for GC/CH, DNA Probe, HSV culture, GBS)</li> <li>• Demonstrates set up</li> <li>• Performs “Time out”</li> <li>• Obtains informed consent</li> </ul>	O/D/S/TB	
13. Lesion Removal <ul style="list-style-type: none"> <li>• Demonstrates set up</li> <li>• Performs “Time out”</li> <li>• Obtains informed consent</li> <li>• Preparing and dressing surgical site</li> <li>• Post procedure instructions</li> <li>• Labeling pathology container and filling out pathology form</li> </ul>	O/D/S/TB	
14. Cryotherapy <ul style="list-style-type: none"> <li>• Liquid Nitrogen/Cryo gun (proper filling, using, and disposing of contents)</li> </ul>	O/D/S/TB	
15. Nexplanon placement/removal <ul style="list-style-type: none"> <li>• Verification of Title X eligibility</li> </ul>	O/D/S/TB	

Performance Criteria	Method	Rating
<ul style="list-style-type: none"> <li>• Demonstrates set up</li> <li>• Performs “Time out”</li> <li>• Obtains informed consent</li> </ul>		
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"> <li>• General work up of follow up visit</li> <li>• Work up of physical exam</li> <li>• Work up of Well Women Exam</li> <li>• Work up of Well Child</li> <li>• Work up of Prenatal visit</li> <li>• Work up of Suboxone patients</li> </ul>	O/D/S/TB	
19. Meter teaching	O/D/S/TB	
20. Medication Reconciliation with Patient	O/D/S/TB	
<b>Vaccines</b>		
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"> <li>• Ask about fever in the past 3 days</li> <li>• Ask about history of adverse reaction to immunizations</li> <li>• Ask about family history of Guillian-Barre syndrome</li> </ul>	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"> <li>• If patient refuses immunization, have them sign a refusal form to be scanned and out in their chart</li> </ul>	O/D/S/TB	
11. PPD (placement and documentation)	O/D/S/TB	
<b>Sterilization</b>		
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**