



## Competency/Skills Self-Appraisal: Medical Assistant

Name \_\_\_\_\_ Date \_\_\_\_\_

Please check the column that applies to your skill level:  
 3= Very Competent > 1yr Exp.      2=Some Help needed <1 yr. Exp.      1=Need Direction <6 months Exp.      0=Never Done

SKILLS	3	2	1	0	SKILLS	3	2	1	0
▪ BCLS Expires:					▪ Use of transfer/lift devices				
▪ RMA Expires:					▪ Pain management				
▪ EKG Technician Date certified:					▪ Patient/Caregiver Education				
▪ EEG Technician Date certified:					▪ Positioning/Transferring Patients				
▪ EKG Technician Date certified:					▪ Receive Patient phone calls				
▪ Other Certification (specify): _____					▪ Screen and direct patient calls				
▪ Computerized Charting System (specify) _____					▪ Receive provider calls				
<b>1. AGE SPECIFIC PRACTICE CRITERIA:</b>					▪ Screen/direct provider calls				
▪ Newborn/Neonate (birth to 30 days)					▪ Receive/screen correspondence				
▪ Infant ( 30 days to 1 year)					▪ Prepare reports as needed				
▪ Toddler (1 -3 years)					▪ Maintain clinic flow				
▪ Preschooler (3-5 years)					▪ Order supplies/equipment				
▪ School Age Children ( 5-12 years)					▪ Restock supplies				
▪ Adolescent (12-18 years)					▪ Computer skills				
▪ Young Adults (18-39 years)					▪ Assemble medical record				
▪ Middle Adults (39-64 years)					▪ Maintain medical record				
▪ Geriatric (64 +)					▪ Manage provider orders				
<b>2. EXPERIENCE WITH AGE GROUPS:</b>					▪ Schedule/Coordinate appointments				
▪ Able to adapt care to incorporate normal growth and development					▪ Maintains clinic logs/records				
▪ Able to adapt method and terminology of patient instructions to their age, comprehension and maturity level					▪ Scheduling outside diagnostics appointments				
▪ Ensures safe environment reflecting specific needs of various age groups					▪ Referral process				
<b>3. EXPERIENCE IN SETTINGS:</b>					▪ Scheduling hospitalization				
▪ Physician's Office					▪ Medical terminology				
▪ Urgent Care					▪ Bookkeeping/credit/collections				
▪ Primary Care					▪ Office management				
▪ Health Department					▪ Insurance and coding				
▪ Specialty (Please specify): _____					▪ Computer system (specify): _____				
<b>4. GENERAL SKILLS:</b>					▪ Office machines – fax/copier/etc				
▪ Admission/Transfer/Discharge					▪ Assist with routine health services				
▪ Charting/Documentation/Consents/Care Plans					▪ Assist with first aid				
▪ Confidentiality of Information/HIPAA					▪ Initiate emergency procedures				
▪ Universal Precautions/Infection Control Procedures					▪ Restraint Application/Procedures/Safety				
▪ CDC guidelines					▪ Lab work – ordering				
▪ Isolation techniques					▪ Specimen Collection				
▪ Advance Directives					▪ Cultural diversity				
▪ OSHA guidelines					▪ Ethnic awareness				
▪ JCAHO – National Patient Safety Guidelines					▪ Multi-disciplinary planning				
▪ Supervisor Relationships – Chain of command					▪ Assist with patient health history				

## Competency/Skills Self-Appraisal: Medical Assistant

Please check the column that applies to your skill level:  
 3= Very Competent > 1yr Exp. 2=Some Help needed <1 yr. Exp. 1=Need Direction <6 months Exp. 0=Never Done

SKILLS	3	2	1	0	SKILLS	3	2	1	0
<b>4. GENERAL SKILLS CONTINUED:</b>					<b>9. NEUROLOGICAL:</b>				
▪ Assist with patient exams					▪ Neurological evaluation				
▪ Assist with therapeutic measures					▪ Glasgow coma scale				
▪ Assist with therapeutic procedures					▪ Assist with lumbar puncture				
▪ Request x-ray studies as ordered					▪ Seizure precautions				
▪ Request lab studies as requested					<b>10. GASTROINTESTINAL:</b>				
▪ Assist with health education					▪ Assist with nutritional evaluation				
▪ Assist with discharge instructions					▪ Assist with feedings				
▪ Perform procedure					▪ Straight/Foley cath female				
▪ Perform treatments					▪ Straight/Foley cath male				
▪ Assist with diagnostic testing					▪ Obtain clean catch urine specimen				
▪ Assist with diagnostic procedures					▪ Instruct on clean catch urine specimen				
▪ Observe for medication adverse reactions					<b>11. VITALS:</b>				
▪ Alert licensed staff to adverse reactions					▪ Digital thermometer				
<b>5. CARDIAC:</b>					▪ Manual thermometer				
▪ Use of telemetry monitors					▪ Stethoscope				
▪ Telemetry					▪ Scales				
▪ Perform 12 lead EKG					▪ Tape measure				
▪ EKG Machine					▪ Radial pulse				
▪ Belts and sensors					▪ Axillary pulse				
▪ Bulbs					▪ Rectal temperature				
▪ Leads					▪ Cartoid pulse				
▪ Disposable patches					▪ Infant scales				
▪ Mounting card					▪ BP – manual cuff				
▪ Assist with code situation					▪ Dynamap				
<b>6. ORTHOPEDIC:</b>					▪ Pulse oximetry				
▪ Crutch walking					<b>12. RADIOGRAPHIC EXAMS:</b>				
▪ Cast care					▪ Extremities				
▪ Traction					▪ Chest- sternum				
<b>7. RESPIRATORY:</b>					▪ Laterals				
▪ Open/monitor airway					▪ Skull				
▪ O2 saturation spot checks					▪ Cervical spine				
▪ O2 saturation monitors					▪ Thoracic spine				
▪ Incentive spirometry					▪ Lumbar spine				
▪ Nasal cannula					<b>13. PHLEBOTOMYLAB :</b>				
▪ Face masks					▪ Venipuncture adult				
▪ Portable O2 tank					▪ Venipuncture pediatrics				
<b>8. VASCULAR:</b>					▪ Venipuncture infants and neonates				
▪ Apply noninvasive BP monitor					▪ Finger stick				
▪ Monitor noninvasive BP					▪ Heel stick				
▪ Draw blood for lab studies					▪ PKU collection				
▪ Discontinue peripheral IV's					▪ Papoose board				
▪ IV site care					▪ Accucheck				
▪ Intake and output					▪ Rapid strep test				

