## Odessa College - Clinical Medical Assistant Performance Record

Student Name		
Clinical Site & Locatior Training Start Date	n End Date	COLLEGE
Initials	Corresponding Signature of Instructor	Title
S= Satisfactory Perforr	mance U= Unsatisfactory Performance *= NNAAP Skill Ir	nts = Initials

When this form is complete, submit it to the area supervisor and student instructor as indicated.

Competency	Method of Verification		Classroom		!	Skills L	ab	<b>b</b> Clinical		
GENERAL SKILLS		S/U	DATE	INTS	S/U	DATE	INTS	S/U	DATE	INTS
Hand Washing	How Often and When should you wash your hands?									
Vital Signs	Approved Peer Should Check the VS with or behind you.									
Temp	O-2 years 5-18 years and 2 adults									
Pulse	Describe The different size cuffs & when to use them									
Respiration										
□ BP										
Height / Weight	Observe Student obtaining Ht, Wt									
Orthostatic VS	Observe Student taking the Orthostatic VS.									
Peak Flow	Demonstrate a Peak Flow.									
	Include how to clean this instrument									
Pulse Oximetry	Demonstrate a Pulse Ox.									
Vision Screening	Perform a Vision Screen on a patient or peer.									
	Describe how to determine what the reading is.									
	Perform Ishihara's Screening Test on an approved peer or									
	patient									
	Describe how to interpret Ishihara's Screening Test									
	Demonstrate cleaning an exam room for an approved									
Room Cleaning	peer.									
NURSING PROCEDURES		S/U	DATE	INTS	S/U	DATE	INTS	S/U	DATE	INTS
	Observe Student perform an EKG; leads must be placed by	/								
EKG	you.									
	Describe how to read a PPD & what you do if you									
PPD Test Reading	determine it is positive or questionable									
LAB PROCEDURES		S/U	DATE	INTS	S/U	DATE	INTS	S/U	DATE	INTS
UA Dip	Perform a UA									
Urine Drug Screen	Perform a UA									
UA Controls	Perform Quality Control Test									
	Perform a Throat Swab, Rapid Strep or describe how.									
	Describe what you would do if a provider orders a throat									
Throat Swab	culture.									
Flu Screening	Perform a flu or describe how									
Urine HCG	Perform a UA HCG Test									

Competency Assessment for Clinical Medical Assistants

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	If a student is allowed to perform blood draws:									
Blood Draws	Identify approved draw sites for blood collection.									
	Demonstrate or Perform a blood draw using a blood collection set.									
	Demonstrate blood draw using a butterfly.									
	Transfer to blood collection tubes.									
ASSISTING WITH PROCE	DURES	S/U	DATE	INTS	S/U	DATE	INTS	S/U	DATE	INTS
Sterile Technique	Set up a sterile tray & apply a pair of sterile gloves									
MEDICATIONS		S/U	DATE	INTS	S/U	DATE	INTS	S/U	DATE	INTS
Injections	Demonstrate or perform how to give an ID, SQ, & IM injection									
	Always have a dose verified by peer before giving injections.									
	Give an ID injection									
	Give an SD injection									
	Give an IM injection to an adult and/ or									
	Give an IM injection to an infant 0-15mos.									
Mixing medications from 2 vials	Describe or perform how you would prepare an injection of medication from two separate vials.									
Post Injections	How long is a patient required to wait after receiving an injection? What symptoms would you watch for? What would you do if a patient was having a reaction to the medication?									
Post Injections	medications	c /i i	DATE	INITC	c /1.1	DATE	INITC	C /I I	DATE	INITC
PATIENT CARE	Describe what you would do to ensure patient	3/0	DATE	INTS	3/0	DATE	11112	3/0	DATE	INTS
Patient Flow	flow is maintained.									
COMPUTER SKILLS		S/U	DATE	INTS	S/U	DATE	INTS	S/U	DATE	INTS
Observe MA	Observe MA perform daily duties, patient flow and care.									
	Assist when allowed.									
Provider Schedules	Look up specific provider's schedule. Have an approved peer verify. Document the process of how to schedule an									
	appointment.									
Referrals	Describe the steps to send a referral.	<u> </u>								
Patient Schedule	Look up the next appointment a patient has in the computer. Have an approved peer verify your process.									
FORMS	compater that an approved peer termy your process.	S /L1	DATE	INTS	S/I I	DATE	INITS	\$/11	DATE	INTS
I OMIVIS	Observe how to Fax for a prescription refill from a	3/0	DATE	11413	3/0	DATE	11413	3/0	DATE	11113
PRESCIPTION REFILL	Computer / Electronic / calling in refills, with an approved peer observing.									
INTERPERSONAL DOMAIN		S/U	DATE	INTS	S/U	DATE	INTS	S/U	DATE	INTS
Able to communicate	Observe and describe how to write an example of instructions you gave a patient or patient education you									
instructions to a patient	provided. Where are patient education materials kept?									

Competency Assessment for Clinical Medical Assistants		
This section to be completed by the supervisor.  With consideration of the employees performance and Competency Assesto perform a / an on / in		npetent
YESNO (not yet deemed competent)		
Action Plan To be Completed by Supervisor		
Most Important Skills To Be Reviewed:   ■		
•		
Employee Signature	Date	
Supervisor Signature	Date	
Student is to observe, perform or demostrate as clinical site sees fit. Stude and help with scheduling. Immunizations, vitals, and patient care. Procedu Physician. Student must understand scheduling, referrals, refills, and come Must demonstrate willingness to learn, be on time, and come prepared. If student is unable to demonstrate skills due to clinic rules, student must	ure setup and assist munication.	
Site may add comments as needed :		
Odessa College Health Careers Director Signature:		Date: