



# Competency Based Orientation Booklet *For Medical Assistant*



## **Competency Based Orientation (CBO) Booklet**

### **MaineGeneral Medical Practices**

#### **Instructions:**

- The booklet contains performance criteria for competencies that are listed on the Core B – this applies to ALL MaineGeneral Medical Practices. If there is a competency included that your practice does not require, simply mark it as “N/A” in the appropriate column.
- For new Medical Assistant hires – competencies must be signed off by Physician, Supervisor, the Employee and the Preceptor. This can be done directly on the Core B form.
- Each line must be signed off – do not use arrows to indicate completion of multiple competencies.
- Competency documentation is required by the Joint Commission.

**Please contact the Outpatient Education Department with any competency-related questions:**

- Contact information and other resources are available at MGHConnect > Departments > Outpatient Education



MaineGeneral Medical Practice

Medical Assistant Orientation Competency Checklist - Core B

Revised: 2018

Employee Name:

Date of Hire:

Position:

Department:

**Purpose:** To document competency-based orientation for Medical Assistants.

**Core B** is a competency tool for all clinical staff, regardless of unit/department, that must be completed by the end of orientation. You will receive a separate book containing additional competencies specific to the department you will be working in. Once completed, this document will be given to nursing leadership to be stored in your education file.

**Standard References :** LIPPINCOTT'S: NURSING PROCEDURES - 7th Ed. (2016) Wolters Kluwer Health | Lippincott Williams & Wilkins  
(MGHConnect > Departments > Library > STAT!Ref > Lippincott Nursing Procedures )

The clinical competency program is reflective of patient-centered care which guides our practice to include: dignity, respect, information sharing, safety, advocacy and team collaboration.

**Method of Evaluation:**

S - Simulation

DO - Direct Observation

P - Procedure / Protocol review

O - Other define

**Self -Assessment Scale:**

1 = No Experience: Needs review, practice and supervision,

2 = Needs Assistance: Knowledgeable, continued need for practice,

3 = Independent: Performance criteria met, knowledgeable and able to perform independently

**Instructions**

Preceptors will review the self-assessment with new employee. This will guide the orientation and timeline.

**New employee may not independently perform competencies until verified by the preceptor. The preceptor should always confirm new hire competence by direct observation. In rare circumstances, simulation or protocol review is acceptable and must be noted on the Core B.**

Preceptor must date and initial **each line** after competency is verified. The length of orientation varies and is determined by consistent demonstration of competency and job performance.

By signing the competency, the Preceptor, Supervisor, and responsible Medical Staff person are verifying that they have confirmed that the new employee is competent to practice safely.

ORIENTATION				
Required Trainings	Required Within	Date Completed	Post test or Certificate filed?	Notes
<i>Registration for classes hosted by the Outpatient Education Department can be access by going to MGHConnect&gt;Departments&gt;Outpatient Education&gt;Outpatient Education Class Calendar.</i>				
Day 1 Orientation	First day			Human Resources
Day 2 Orientation	2 weeks			Outpatient Education
Day 3 Orientation	6 weeks			Outpatient Education
Touchworks New User Clinical	2 weeks			Outpatient Education
Soarian (i.e. appointment scheduling)	2 weeks			Initiated by manager submitting eITARF
Immpact2	as needed			Department Specific
SCM	as needed			Resource Management and Professional Development
PMP	as needed			Department Specific
Health Info Net	as needed			Department Specific
Professionalism	6 months			Outpatient Education
Excellence in Office Practice	1 year			Outpatient Education
Clinical Skills Fair	Annually			Outpatient Education
Basic Life Support	Per job description			Outpatient Education
PPD	as needed			Outpatient Education
CLINICAL COMPETENCY				
VITAL SIGNS	Employee Self Assessment	Performance Evaluation Date/Initials	Method of Evaluation	Comments
Temperature				
Blood Pressure (Manual & Electronic)				
Pulse				
Respirations				
Height & Weight				



BMI				
Pulse Oximetry				
Vision Screening				
Pain Screening				
<b>VISIT DOCUMENTATION</b>	<b>Employee Self Assessment</b>	<b>Performance Evaluation Date/Initials</b>	<b>Method of Evaluation</b>	<b>Comments</b>
Medication Review				These are all covered within one Performance Criteria
Medication Refills				
Review of Allergies				
Chief Complaint				
Review of Social History				
Review of Systems Form				
Vital Signs				
Universal Protocol, "Time-Outs"				
<b>MEDICATION ADMINISTRATION</b>	<b>Employee Self Assessment</b>	<b>Performance Evaluation Date/Initials</b>	<b>Method of Evaluation</b>	<b>Comments</b>
Injections				These are all covered within one Performance Criteria
a. Intramuscular				
b. Subcutaneous				
c. Intradermal				
d. Admixture				
Oral				
a. PO medications				
b. Sublingual				
c. Buccal				
Transdermal				
Drops				
a. Eye				
b. Ear				
c. Nasal				
Rectal				
Oxygen				

LAB	Employee Self Assessment	Performance Evaluation Date/Initials	Method of Evaluation	Comments
Specimen Collection, Labeling & Processing				Review as applicable to your practice at MGHConnect>Tools and Resources>Lab Test Guide
Documentation and Reporting				
Point of Care Testing (as assigned by practice management)				
Critical Lab Values				
Clinical Communication	Employee Self Assessment	Performance Evaluation Date/Initials	Method of Evaluation	Comments
Proper Handoff Communication				
Policies (MGHConnect>Tools and Resources>Policies and Procedures>Compliance 360)	Employee Self Assessment	Performance Evaluation Date/Initials	Method of Evaluation	Comments
Abuse				No performance criteria to reference however policies PC-51,52,53 must be reviewed and discussed.
Communicable diseases				No performance criteria to reference however policies IC-02 must be reviewed and discussed.
Two Challenge Rule				
Teach-back				
Equipment	Employee Self Assessment	Performance Evaluation Date/Initials	Method of Evaluation	Comments
Eye Wash Station				
AED				
Infection Control	Employee Self Assessment	Performance Evaluation Date/Initials	Method of Evaluation	Comments
Room turnover				
Sterile Technique				



Hand hygiene				
Standard Precautions				
Waste Disposal (biohazard, sharps, surgical instrument management, etc.)				Covered in Annual Online Training. Department-specific items are included in the department orientation - reference department specific competencies.
<b>Completion signatures:</b> <i>As a medical assistant, I acknowledge the fact that orientation cannot provide exposure to all aspects of patient care delivery within any specialty. I accept accountability for my professional practice and continued learning. When asked to engage skills, tasks, or other responsibilities that are not familiar to me, I will access appropriate resources for assistance, information, or guidance. Resources may include written directions, procedure manuals, learning modules or the expertise of colleagues. I will ensure that each patient that comes under my supervision receives safe, effective care that adheres to all established protocols.</i>				
<b>Employee Signature/Date:</b>				
<b>Preceptor Signature/Date:</b>				
<b>Manager Signature/Date:</b>				
<b>MD/DO Signature/Date (required for MA/Tech):</b>				