



CERTIFIED MEDICAL TECH/AIDE SKILLS CHECKLIST

First Name	MI	Last Name
E-mail	Last 4 digits SS#	Date

Instructions: Please check the appropriate column that best describes your experience level for each knowledge competency and skill. Please use the rating scale below to evaluate yourself based on experiences within the last two years.

Self-Assessed Experience Rating Scale

1 = No Experience 2 = Minimal Experience 3 = Performs well/competent 4 = Supervise & Teach

Skills	1	2	3	4
1. Patient Rights				
Communicates & obtains information while respecting the rights, privacy, and confidentiality of information in accordance with the HIPPA				
Involves the patient & family while respecting their role in determining the nature of care to be provided, including advance directives.				
Complies with nursing staff responsibility included in the hospital policy related to organ donation.				
Meets patient's and families' needs regarding communication, including interpreter services.				
Provides accurate information to patient and families in a timely manner.				
2. Vital Signs and Weights				
Obtaining and Recording				
BP< including Orthostatic				
Pulse, Radial				
Temperature, Oral				
Temperature, Rectal				
Temperature, Axillary				
Temperature, Tympanic				
Respirations				
Weight, Pounds and kilograms				
Scale Use:				
Standing				
Chair				
Bed				
Recognizing cardiac arrest				
Activating code team				
Bringing appropriate code support				

Skills Continued	1	2	3	4
Use of electronic VS Equipment:				
Automatic BP Machine (Dynamap)				
Electronic Thermometer				
Applying Oximeter				
3. GI/GU				
Abnormal finding to report				
Bowel function				
Bladder function				
Administering Enemas:				
Tap Water				
Fleets				
Return flow				
Placing and removing bed pan				
Clamping catheter				
Emptying foley bag				
Placing condom catheter				
Emptying and replacing ostomy bag (establishing ostomy)				
4. Nutrition				
Estimating and recording intake				
Setting up for meals				
Aspirating precautions:				
Nourishments				
Feeding patients				
Counting calories				
Fluid restriction				
NPO				
5. Specimens:				
Collecting stool				
Collecting sputum				
Collecting Urine:				
Clean Catch				
Specific gravity				
Labeling specimens and preparing for transport				

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Name: _____

Skills Continued	1	2	3	4
6. Hygiene/Skin				
Risk Factors for skin breakdown				
Observing pressure points for redness or breakdown				
Bathing/Daily Hygiene:				
Bathing (Shower/Tub?)				
Use of Shower Chair				
Use of Bath/Shower Boat				
Oral Care: Including patients who have dentures,/are NPO/Comatose				
Pericare				
Foot care for patients with impaired circulation or sensation				
Incontinence Care				
Shaving and precautions				
Use of pressure & friction reduction devices				
Special beds/mattresses				
Heel and elbow protection				
Foot cradles				
7. Infection Control				
Proper use of specific barrier methods				
Gloves				
Gown				
Mask/Goggles				
Protective /Reverse isolation				
Body substance isolation				
TB precautions				
MRSA precautions				
Care of the AIDS patient				
Hand Washing				
Infectious/Hazardous waste disposal				
Supply/Equipment disposal				

Skills Continued	1	2	3	4
Use of disposal thermometer				
Use of CPR mask/bag				
8. Safety and Activity				
Determining patient ID				
Identifying safety hazards				
Determining needs for add'l help				
Assessing safety & ADL needs and restraints				
Recognizing abuse: substance, physical, emotional, etc.				
Maintaining clean, orderly work area				
Disposing of sharps				
Handling hazardous materials				
Proper body mechanics				
ROM exercises				
Transferring to bed, wc, commode, etc.				
Use of transfer belt				
Turning and positioning				
Ambulating with or without device				
Use of gait belt for ambulation				
Documenting use of restraints				
Application of Restraints:				
Belt, including seat belt				
Wrist/ankle				
Vest				
Patient Safety Module				
Reporting broken equipment				
Responding to safety hazards				
Aspiration precautions				
Use of Hoyer lift (Dextra/Maxi)				
Bed Operation				

Certification:

Please check the boxes below and indicate the expiration date for each certificate that you hold. If you do not know the exact date, please use the last date of the specific month (i.e. 1/31/2007).

Check	Certification	Expiration Date/ or Date of:
<input type="checkbox"/>	BCLS	
<input type="checkbox"/>	MAB	
<input type="checkbox"/>	Other (type):	
<input type="checkbox"/>	Computerized Charting System:	
<input type="checkbox"/>	Medication administration System	

I here by certify all statements and claims as true and that any misrepresentation of the facts on this skills checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed.

Signature

Date