



## MEDICAL ASSISTANT SKILLS EVALUATION - SELF ASSESSMENT

Date \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

**Level of Proficiency**

- A = Never Performed. You have never performed the stated task and have no experience with this type of skill.
- B = Familiar with. You are familiar with the stated task; but you would need more experience and practice to feel comfortable and proficient in this type of skill.
- C = Experienced in. You have performed this task several times; you feel moderately comfortable functioning independently, but you would require a resource person to be nearby.
- D = Expert. You have performed this task frequently; you feel comfortable and proficient in this skill; you would not require supervision or practice.

Please select the column that most accurately describes your proficiency level:

Medical Assistant	A	B	C	D		A	B	C	D
<b>Lab Tests</b>					<b>Body systems</b>				
Vision testing					Nervous system				
Pregnancy testing					Urinary system				
Urinalysis					Respiratory system				
Hearing screening					Digestive system				
Throat swabs					Reproductive system				
Vaginal swabs					Endocrine system				
Stool swabs					Other (list):				
Venipuncture									
Capillary blood collection					<b>Office Duties</b>				
Stool collection					Scheduling patient appointments				
Wound swabs					Ordering supplies				
Sputum collection					Invoices				
Labeling					Answering phones				
Specimen preservation					Filing				
Other (list:					Organizing medical records				
					Internet/ computer skills/ e-mail				
<b>Emergencies</b>					Coding				
Fracture					Third party billing				
Bleeding					Spread sheets				
Burns					Transcribing				
Cardiac/ Respiratory arrest					Other (list):				
Choking									
Poisoning									
Other (list):									
<b>Body Systems</b>									
Cardiovascular system									



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	A	B	C	D		A	B	C	D
<b>General</b>						<b>Age Specific</b>			
Vital signs						Neo-natal			
Stethoscope						Pediatrics			
Cast supplies						Adolescents			
ECG machine						Adults			
Scale						Geriatrics			
Nebulizers									
Wheelchairs									
Stretchers									
Exam table									
Oxygen									
Aseptic technique									
Other (list):									

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_