

Name: _____

Date: _____

NursePro
CNA/Med Asst Competency/Skills Assessment Evaluation

SELF-ASSESSMENT				
<p><i>Directions: for each procedure listed, the new employee will answer the two questions indicated. Competence Means "the ability to perform the procedures safely, correctly, effectively and legally."</i></p> <p><i>Key: 1 = theory, no practice 2=<1 year 3=1to2 years 4=2 or more years</i></p>				
Procedure	Have you ever done this before?		Are you competent performing?	Comments-Include ability to teach skill to others
I. Safety/Infection Control	Yes	No	1 2 3 4	
A. Hand Washing Procedures	Yes	No	1 2 3 4	
B. Standard Precautions	Yes	No	1 2 3 4	
C. Tb Precautions	Yes	No	1 2 3 4	
D. Electrical Safety	Yes	No	1 2 3 4	
E. Preventing Falls	Yes	No	1 2 3 4	
F. Fire Safety	Yes	No	1 2 3 4	
G. Patient Transfers	Yes	No	1 2 3 4	
H. Correct Lifting Procedures	Yes	No	1 2 3 4	
I. Transfer Boards	Yes	No	1 2 3 4	
J. Soiled Clothing/Bedding Disposal	Yes	No	1 2 3 4	
K. Proper Disposal of Urine/Feces/Sputum	Yes	No	1 2 3 4	
II. Assessment				
A. Vital Signs	Yes	No	1 2 3 4	
B. Height and Weight	Yes	No	1 2 3 4	
C. Measure/Record, Food/Liquid Intake/ output	Yes	No	1 2 3 4	
III. Tasks				
A. Turn/Reposition Bedridden Patients/ Alone/With Assistance to Prevent bedsores	Yes	No	1 2 3 4	
B. Answer Patients' call signals	Yes	No	1 2 3 4	
C. Feed Patients who are unable to feed themselves	Yes	No	1 2 3 4	
D. Provide patient care by supplying/emptying bedpans	Yes	No	1 2 3 4	
E. Provide patients with help walking, exercising, and Moving in/out of bed	Yes	No	1 2 3 4	
F. Bathe, groom, shave, dress, or drape for prep for surgery, treatment, or examination	Yes	No	1 2 3 4	
G. Prepare, serve, and collect food trays	Yes	No	1 2 3 4	

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IV. Wound Care				
A. Pressure Sores	Yes	No	1 2 3 4	
B. Routine Skin Care-over the counter	Yes	No	1 2 3 4	
C. Hydrotherapy Decubitus Ulcer Treatment	Yes	No	1 2 3 4	
D. Wet to dry sterile dressing change	Yes	No	1 2 3 4	
E. Applying dressings	Yes	No	1 2 3 4	
F. Ace wraps	Yes	No	1 2 3 4	
V. Tools and Technology				
A. Enema kits or accessories	Yes	No	1 2 3 4	
B. Specimen collection containers	Yes	No	1 2 3 4	
C. When to use surgical gloves	Yes	No	1 2 3 4	
D. Hyper/hypothermia blankets	Yes	No	1 2 3 4	
E. Therapeutic heating/cooling pads, compresses/packs	Yes	No	1 2 3 4	
F. Urinalysis test strips	Yes	No	1 2 3 4	
VI. Knowledge				
A. Medical terminology for written documentation	Yes	No	1 2 3 4	
B. Understanding written sentences/paragraphs in work related documents	Yes	No	1 2 3 4	
VII. General Knowledge				
A. CPR Card	Yes	No	1 2 3 4	
B. HIPAA	Yes	No	1 2 3 4	
C. Database software; medical records software	Yes	No	1 2 3 4	
D. Word processing software	Yes	No	1 2 3 4	
E. Patient Scheduling, electronic/paper	Yes	No	1 2 3 4	
F. Customer and Personal service	Yes	No	1 2 3 4	

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VIII. Other Procedures				
A. Nebulizer Treatments	Yes	No	1 2 3 4	
B. MDI Treatments	Yes	No	1 2 3 4	
C. Finger Stick/recording	Yes	No	1 2 3 4	
D. Air mattress/egg crate usage	Yes	No	1 2 3 4	
VIII. Work Activities				
A. Assisting/caring for others- providing personal assistance/medical attention/emotional support/personal care to others such as co-workers, customers, or patients	Yes	No	1 2 3 4	
B. Physical activities that require use of your: arms, and legs lifting, balancing, walking, stooping, and handling of materials	Yes	No	1 2 3 4	
C. Observing, receiving, and obtaining information from all relevant sources	Yes	No	1 2 3 4	
X. Abilities/Skills				
A. Foreign Language	Yes	No	1 2 3 4	
B. Problem sensitivity: recognize when something is wrong or may be wrong, does not involve solving the problem	Yes	No	1 2 3 4	
C. Read and understand information and ideas in writing	Yes	No	1 2 3 4	
D. Use maximum muscle force to lift/push/pull/ or carry objects.	Yes	No	1 2 3 4	
E. Lifting devices/transfer boards	Yes	No	1 2 3 4	
F. ROM	Yes	No	1 2 3 4	
G. Understanding proper usage of: Wheel chair transfer	Yes	No	1 2 3 4	
H. Understanding proper usage of: quad canes, straight canes, walkers, rolling walkers	Yes	No	1 2 3 4	

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XII. Certification/Background				
A. Have you ever held a "Conditional certification"? If so, please provide date[s]	Yes	No	1 2 3 4	
B. Was your certification held in the State of New Jersey? If not what State?	Yes	No	1 2 3 4	
C. Have you ever been convicted of a crime relating to nursing home/personal care/ assisted living?	Yes	No	1 2 3 4	
XIII. Additional Skills				
A. Entering/transcribing/recording/ storing or maintaining information in written and/or electronic form	Yes	No	1 2 3 4	
B.	Yes	No	1 2 3 4	
C.	Yes	No	1 2 3 4	

Are you a CNA or Certified Medical Assistant? (circle one)

Signature: _____