

**SAN MATEO MEDICAL CENTER
INPATIENT PSYCHIATRIC UNIT
KNOWLEDGE AND SKILLS CHECKLIST
MEDICAL SERVICES ASSISTANT (MSA II)**

Registry Name

Title

Date

INSTRUCTIONS:

Please check the appropriate column that best describes your experience level for each knowledge competency and skill.

Choose 1 for Limited Experience through 4 for Very Experienced.

Evaluate yourself based on experiences within the last two years.

Name: _____

Self-Assessed Experience Rating Scale

Limited Experience 1 2 3 4 Very Experienced

	1	2	3	4
PATIENT RIGHTS				
Communicates and obtains information while respecting the rights and privacy and confidentiality of information in accordance with the Health Insurance Portability and Accountability Act (HIPAA)				
Involves the patient and family and respects their role in determining the nature of care to be provided, including Advance Directives.				
Provides accurate information to patient and families in a timely manner.				
VITAL SIGNS AND WEIGHTS				
Obtaining and Recording:				
BP				
Pulse, Radial				
Temperature, Oral				
Temperature, Rectal				
Temperature, Axillary				
Respirations				
Weights, Pounds and Kilograms				
Recognizing Cardiac Arrest				
Activating Code Team				
Bringing Emergency Equipment to Room				
Providing Appropriate Code Support				
Use of Electronic VS equipment:				
Automatic BP machine (Dynamap)				
Electronic Thermometer				
Applying Oximeter				
Scale Use:				
Standing				
Chair				
GI/GU				
Report Abnormal Findings				
Bowel Function				
Bladder Function				
Administering Non-Medicated Enemas				

Name: _____

Self-Assessed Experience Rating Scale

Limited Experience 1 2 3 4 Very Experienced

	1	2	3	4
Placing and Removing Bed Pan				
Clamping Catheter				
Emptying Foley Bag				
Placing Condom Catheter				
Emptying and Replacing Ostomy Bag (Established Ostomy)				
NUTRITION				
Estimating Intake				
Setting up for Meals				
Feeding Patients				
Aspiration Precautions				
Nourishments				
Fluid Restriction				
NPO				
SPECIMENS				
Collecting Stool				
Collecting Urine:				
Clean Catch				
24 Hour				
Labeling Specimens and Preparing for Transport				
HYGIENE/SKIN				
Risk Factors for Skin Breakdown				
Observing Pressure Points for Redness or Breakdown				
Bathing/Daily Hygiene:				
Bathing (Shower/Tub/Arjo)				
Oral Care, Including Patients who are NPO, Patients with Dentures				
Peri Care				
Foot Care for Patients with Impaired Circulation or Sensation				
Incontinence Care				
Shaving and Precautions				
Reducing Pressure and Friction				
Use of Pressure and Friction Reduction Devices:				
Special Beds/Mattresses				
Heels and Elbow Protection				
Use of Shower Chair				
INFECTION CONTROL				
Proper Use of Specific Barrier Methods:				
Gloves				
Gown				
Mask/Goggles				
Reverse Isolation				
Body Substance Isolation				
TB Precautions				
Hand Washing				
Infectious/Hazardous Waste Disposal				
Supply Equipment Disposal				
Use of Disposable Thermometer				
Use of CPR Mask/Bag				
SAFETY AND ACTIVITY				
Determining Patient ID				
Identifying Safety Hazards				
Determining Need for Additional Help				
Safety and ADL Needs				
Recognizing Abuse: Substance, Physical, Emotional, etc.				
Maintaining Clean, Orderly Work Area				
Disposing of Sharps				

Name: _____

Self-Assessed Experience Rating Scale

Limited Experience 1 2 3 4 Very Experienced

	1	2	3	4
Proper Body Mechanics				
ROM Exercises				
Transferring to Bed, WC, Commode, etc.				
Turning and Positioning				
Reporting Broken Equipment				
Responding to Safety Hazards				
Bed Operation				
Use of Wheel Locks				
Use of Alarms: Bed, Unit				
Use of Call Light				
Documenting Use of Restraints				
Application of Restraints:				
Belt Including Seat Belt				
Leathers, Velcro Walking Restraints				
Use of Seizure Pads				
CARE ROUTINES				
New Admissions and Transfers:				
Inventory and Disposition of Belongings, Use of Checklist				
Room Orientation				
Basic Comfort Measures				
Removing/Replacing:				
Antiembolic Stockings				
COMMUNICATION				
Using Appropriate Abbreviations				
Identifying Unusual Patient Incidents that Require Reporting				
Identifying need for Alternate Communicating Mechanisms				
Communicating to RN:				
Changes in Patient Condition				
Patient Needs, Complaints and Concerns				
Unusual Incidents				
Recording and Reporting				
Vital Signs				
Bathing/Hygiene				
Turning and Repositioning				
Ambulation and Activity				
Diet Intake				
Bowel Movements				
I & O:				
Marking and/or Measuring Amount of Urine, Emesis, Diarrhea				
Reinforcing RN Teaching with Patient				
Selecting and Using Forms Appropriately				
UNIT ACTIVITY				
Identifying Unusual Incidents on the Unit that Require Reporting				

The information I have provided in this knowledge and skills checklist is true and accurate to the best of my knowledge.

Signature

Date