

**Oklahoma Department of Corrections
Basic CMA Initial /Annual Competency Verification**

Name of Employee: _____ Facility _____

Name of Mentor: _____

Initial Medication Administration Learning Assessment Score: _____

Initial CPR Expiration Date: _____

Task	References/Learning Activities	Date Evaluated	Evaluator's Initials	Competency Method
A. Patient Rights and Organizational Ethics: The nurse will demonstrate respect for patient's rights and practice patient advocacy.				
1. Acknowledges confidentiality policies and HIPAA rules as related to the correctional setting.	Signs Confidentiality Acknowledgement Date: _____			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
B. Assessment of Patients: In collaboration with the patient, the nurse will systematically assess the patient.				
1. Collects patient data applying appropriate standards of care, practice guidelines, and policies and procedures:	Review: <ul style="list-style-type: none"> • ODOC OP-140137 • Oklahoma State Department of Health Nurse Aide Training and Certification – Title 310, Chapter 677, Subchapter 13 – Certified Medication Aide Practice Guidelines 			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
Vital Signs				
1. Able to complete patient temperature: oral, axillary and tympanic.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to complete patient pulse: radial and apical.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
3. Able to calculate patient respiration rate and observe for abnormalities and report to the nurse as applicable.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
4. Able to complete patient blood pressure utilizing manual blood pressure cuff and blood pressure machine.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
5. Able to complete patient measurements including height and weight.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A

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C. Care of Patients: In collaboration with the patient, the CMA will demonstrate the ability to implement nursing care in a developmentally and culturally appropriate manner. Performs the following patient care tasks according to policies, procedures and standards.				
1. Assists the RN and LPN to admit, discharge and transfer patients.	Review: • All applicable ODOC nursing policies and procedures, standards, and patient care guidelines for each skill listed.			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Collaborates and provides input to the interdisciplinary team on plan of care. Includes prioritizing and evaluating effectiveness of care.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
Respiratory System				
1. Able to collect sputum sample.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to apply pulse oximetry and document results and report results to the nurse and/or medical provider as applicable.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
Cardiovascular				
2. Able to assist the nurse in the application of cardiac monitors and performance of ECG.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
3. Able to identify method for CPR and initiation of emergency interventions.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
4. Able to palpate peripheral pulses.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
Neurological				
1. Able to evaluate patient's level of consciousness and movement of extremities and report to nurse or medical provider as applicable.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
Gastrointestinal				
1. Able to assist the nurse with the administration of gastrostomy feedings. (with advanced certification, is able to administer medication or nutrition via nasogastric and gastrostomy tubes)	Advanced Certification <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to assist the nurse in the administration of varied enemas – fleets.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A

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Gastrointestinal				
3. Able to observe the patient for swallowing difficulties and report to the nurse as applicable.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
4. Able to assist the nurse with the patient's ostomy care.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
5. Able to use proper technique for stool specimen collection and complete hemocult testing.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
6. Able to assist patient with bedpan and bedside commode.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
Integumentary				
1. Able to assist the nurse in the application and changing of dressings, including sterile, dry or wet.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to observe the patient's skin for signs of breakdown and report to the nurse as applicable.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
3. Able to assist the patient with hair care to include shampoo and brush/comb prn and can identify lice and breakdown of scalp and report to the nurse as applicable.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
Genitourinary				
1. Able to assist the nurse with the patient's urine specimen				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to assist the medical providers with pelvic examinations.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
Musculoskeletal				
1. Able to complete Active and passive ROM.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to position patients and assist in position changes every 1-2 hours.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A

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Oral				
1. Able to assist the patient with oral care.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
Fluid and Electrolyte/Hydration				
1. Able to measure patient intake and output and document on the appropriate medical record.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Understands and is able to monitor the patient placed on fluid restrictions.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
Psychosocial				
1. Able to assess and incorporate patient's cultural/spiritual beliefs into care delivery.	Review: • ODOC security and mental health policies.			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to access appropriate referrals for identified needs.	Review: • OP-140652 • OP-140653			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
Psychosocial				
3. Able to identify and know the steps of reporting signs of abuse and/or victimization.	Review: • OP-140118			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
4. Able to identify suicide/self-harm risks and initiate suicide precautions per DOC policy.	Review: • OP-140129			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
Medication Administration				
1. Acknowledges measures for safely administering medications according to policies/procedures/standards. Via: topically, orally, rectum, vaginally, subcutaneously, eye, sublingually and intramuscularly. Advanced certification required to administer insulin. Direct observation for 1 week by RN or LPN completed for insulin and controlled medications.	Review: • ODOC Policy and Procedures and nursing protocols related to medication administration. Advanced Certification <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Acknowledges ODOC medication ordering process. Includes filling, refilling, stop dates, stock/starter medications and emergency drugs.	Review: • OP-140130			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
3. Able to document medical incident reports and dispose of unused drugs per policy.	Review: • OP-140130			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A

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Medication Administration				
4. Voices importance of providing medication room security.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
5. Able to keep medication room clean and organized				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
Safety/Security				
1. Able to monitor environment for safety issues and intervene appropriately. Personnel ID, contraband, sharps control, lockdown/counts and key control.	Review: <ul style="list-style-type: none"> OP-040101 			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
Safety/Security				
2. Acknowledges special housing care – medical cells, segregation, isolation, monitoring and communicable diseases.	Review: <ul style="list-style-type: none"> OP-140119 OP-140120 OP-140137 OP-140301 OP-140117 			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
3. Able to utilize fall risk precautions.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
Infirmiry Care				
1. Able to assist the nurse in admitting and discharging a patient to and from the infirmiry.	Review: <ul style="list-style-type: none"> OP-140119 			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to provide patient care including vital signs, intake and output, assisting with activities of daily living and hygiene needs, serving food trays and feeding patients, assisting with ambulation, turning, positioning and transferring patients.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
3. Able to observe and report changes in the patient's condition to the nurse.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
4. Acknowledges documentation requirements for Infirmiry.	Review: <ul style="list-style-type: none"> OP-140119 DOC 140119A DOC 140106B 			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
5. Able to collect and document data in the infirmiry record per policy.	Review: <ul style="list-style-type: none"> OP-140119 			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A

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Decedent Affairs				
1. Able to assist the nurse in providing post mortem care.				<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
D. Management of the Environment of Care: The nurse will provide a safe and clean environment.				
1. Able to utilize emergency plans, i.e. severe weather plan, security breach, hostage situations, AED and lifepak,	Review: <ul style="list-style-type: none"> • OP-050100 • OP-050102 • OP-050401 • OP-100204 • OP-140118 			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Understands the ODOC Fire Safety Plan: code/signal or alert, location and use of fire extinguishers, emergency exits/alarms and evacuation plan.	Review: <ul style="list-style-type: none"> • OP-050102 			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> Tested <input type="checkbox"/> N/A
3. Understands how to maintain equipment per manufacture's recommendation, i.e. autoclave, glucometer, etc.	Review: <ul style="list-style-type: none"> • OP-140132 • Manufactures guide for cleaning and upkeep. 			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
E. Management of Information: The nurse will communicate information through use of verbal, written, electronic and other methods.				
1. Able to use phone, computer and fax systems per ODOC standards.	Review: <ul style="list-style-type: none"> • OP-140106 			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> Tested <input type="checkbox"/> N/A
2. Able to utilize the ODOC Electronic Health Record (EHR) system for all required documentation of patient records and uses the EMAR training manual as needed for reference.	Review: <ul style="list-style-type: none"> • MSRM – 140106.01 HealthCare Record -Table of Content • EHR Training Manual 			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
F. Surveillance, Prevention and Control of Infection: The nurse will practice in a manner that prevents the spread of infection.				
1. Acknowledges hand washing policies.	Review: <ul style="list-style-type: none"> • OP-140125 			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
2. Able to identify need for and implements isolation techniques.	Review: <ul style="list-style-type: none"> • OP-140125 • OP-140301 			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
3. Able to use safety needle products if applicable. Is aware that needles should not be recapped.	Review: <ul style="list-style-type: none"> • OP-140125 			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A
4. Able to identify the correct disposal method of sharps and infectious materials.	Review: <ul style="list-style-type: none"> • OP-140112 • OP-140125 			<input type="checkbox"/> Observed <input type="checkbox"/> Demonstrated <input type="checkbox"/> Verbalized <input type="checkbox"/> N/A

