

**TUFTS MEDICINE CARE AT HOME  
CLINICAL TEAM COMPETENCY  
Mid-Arm Circumference**

EMPLOYEE \_\_\_\_\_

STAFF POSITION \_\_\_\_\_

Date \_\_\_\_\_

**COMPETENCY STATEMENT:** RN and LPN will verbalize and demonstrate ability to perform a mid-arm circumference.

**Disciplines Involved:** RN & LPN Clinical Staff

Performance Criteria	Date	<b>*Method of Assessment</b> (√ all that apply)										Skill met (M) or unmet (U)
		1	2	3	4	5	6	7	8	9	10	
Explains purpose of obtaining MAC to patient					X							
Verbalizes measurement is performed on right arm unless there is a medical contraindication such as lymphedema, note side used.					X							
Demonstrates how to gather supplies and verbalizes washing hands.				X	X							
Demonstrates location of the olecranon process (tip of the elbow) and the acromial process (tip of the shoulder). Demonstrates measurement on the posterior aspect of the patient's arm between these two points, keeping the tape straight.				X								
Verbalizes to divide measurement by 2 and demonstrates where to mark the midpoint of the arm for the MAC.				X	X							
Verbalizes to instruct the patient to place their arm gently at their side with their palm facing inward, and visualize that the patient is not flexing their arm muscles.					X							
Demonstrates placing the tape around the arm at the midpoint, holding the tape perpendicular to the arm. The tape should be touching the patients' skin, but should NOT compress the skin or tissue.				X								
Verbalizes measurement in centimeters using a decimal point and records measurement.					X							
Verbalizes that they would repeat the process 3 times and calculate the average of the 3 to obtain the most accurate MAC measurement and record data in patient chart.					X							

**Summary Assessment Findings:**

- ☐ Knowledge/skill level satisfactory  
☐ Knowledge/skill level needs improvement

Specify plan to promote level of competency

\_\_\_\_\_

Competency reevaluation in: \_\_\_\_ 6mos. \_\_\_\_ 1year \_\_\_\_ other

Employee's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*Method of Assessment Legend**

- |                                  |                         |
|----------------------------------|-------------------------|
| 1) Review credentials/experience | 6) Post Test            |
| 2) Review Cont. Ed./In-services  | 7) Team Mts./Case       |
| 3) Observation of Performance    | 8) Yearly Performance   |
| 4) Verbal Review                 | 9) Review of Self Study |
| 5) Record Review                 | 10) Other (specify)     |