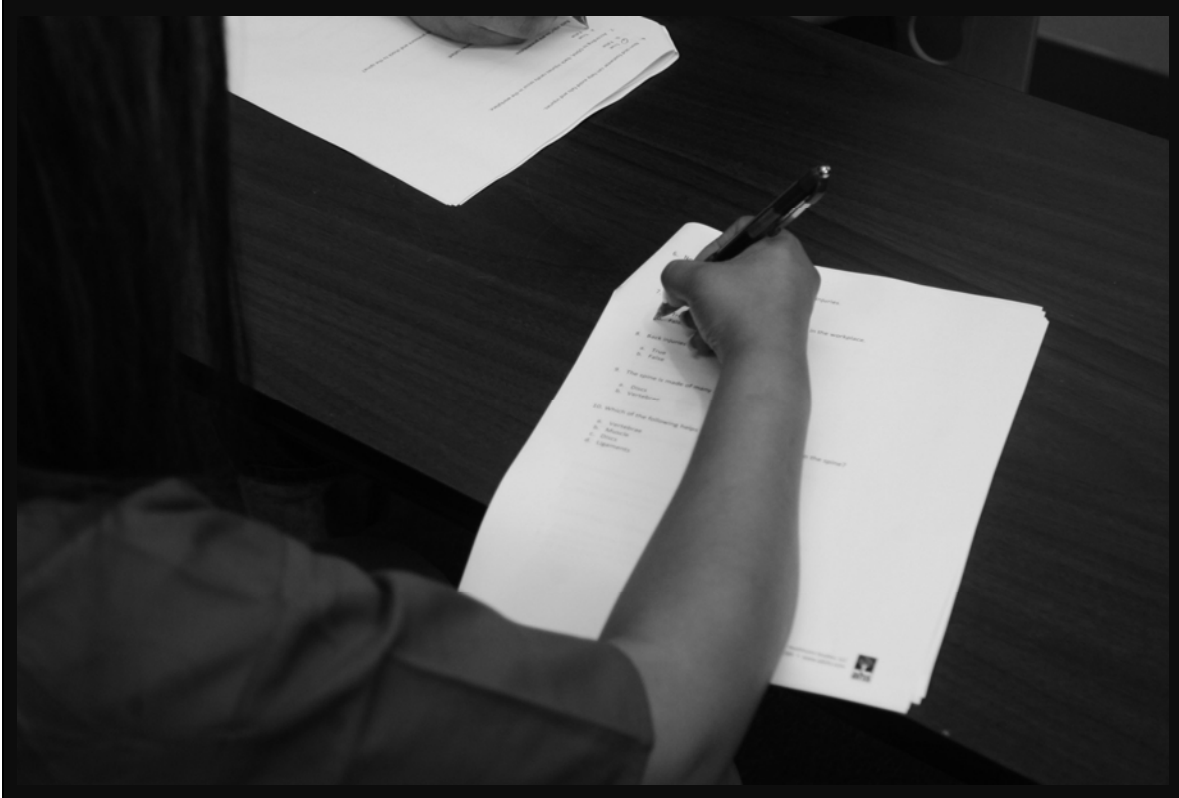


Module 8: Competency Demonstration Checklists

Assisted Living Medication Training




COMPETENCY DEMONSTRATION CHECKLISTS

These Competency Demonstration Checklists are to be used to track a Med Aide candidate's progress through the medication training program. As procedures are completed under direct supervision, the trainer will sign to acknowledge successful completion on the learner's checklists.

The checklists on the following pages include:

- Handwashing
- Removing Gloves
- Pouring Medications
- Assisting with Oral Medications
- Assisting with Sublingual Medications
- Assisting with Topical Medications
- Assisting with Eye Drops
- Assisting with Ear Drops
- Assisting with Nasal Drops/Sprays
- Assisting with Inhalers
- Crushing Medications





Competency Checklist:

Handwashing

Learner: _____

Trainer: _____

Location: _____

Steps	Satisfactory	Comments
Assemble equipment		
Turn on faucet		
Wet hands		
Apply soap		
Wash vigorously for 15 seconds		
Rinse		
Dry		
Turn off faucet using paper towel		
Dispose of paper towel		

This learner has successfully demonstrated competency for this skill.

Signature of Trainer

Date





Competency Checklist: *Removing Gloves*

Learner: _____

Trainer: _____

Location: _____

Steps	Satisfactory	Comments
Pinch the glove of the first palm		
Pull first glove off without touching outside of glove to the skin		
Place fingers under cuff of second glove		
Pull off second glove while turning inside out and without touching outside of glove to the skin		
Dispose of gloves		
Wash hands		

This learner has successfully demonstrated competency for this skill.

Signature of Trainer

Date





Competency Checklist: *Pouring Medications*

Learner: _____

Trainer: _____

Location: _____

Steps	Satisfactory	Comments
Wash hands		
Prepare medications for one resident at a time		
Use the "Three Check Method" and follow the Six Rights		
First safety-check when removing medication container from cabinet/drawer		
Second safety check when pouring medication		
Pour medication without touching with hands		
Third safety check when returning medication container to cabinet/drawer		
Return the medication to storage		
Secure the medications by locking storage		
Document appropriately		

This learner has successfully demonstrated competency for this skill.

Signature of Trainer

Date





Competency Checklist: *Assisting with Oral Medications*

Learner: _____

Trainer: _____

Location: _____

Steps	Satisfactory	Comments
Set up supplies		
Perform three checks of the Six Rights		
Check the resident's record for allergies		
Wash hands		
Pour correct dose of medication into appropriate container		
If pouring from a bottle pour into cap and then into container		
If a liquid, use proper technique when measuring dose		
Assist resident with self-administration		
Correctly identify the resident		
Offer full glass of water or juice		
Stay with resident until medication is swallowed		
Document appropriately		

This learner has successfully demonstrated competency for this skill.

Signature of Trainer

Date





Competency Checklist: *Assisting with Sublingual Medications*

Learner: _____

Trainer: _____

Location: _____

Steps	Satisfactory	Comments
Set up supplies		
Perform three checks of the Six Rights		
Check the resident's record for allergies		
Wash hands		
Pour correct dose of medication into appropriate container		
Assist resident with self-administration		
Sublingual medication placed under the tongue and allowed to dissolve		
Stay with resident until medication completely dissolves		
Document appropriately		

This learner has successfully demonstrated competency for this skill.

Signature of Trainer

Date





Competency Checklist: *Assisting with Topical Medications*

Learner: _____

Trainer: _____

Location: _____

Steps	Satisfactory	Comments
Set up supplies		
Perform three checks of the Six Rights		
Check the resident's record for allergies		
Wash hands		
Apply gloves		
Apply ointment with cotton swab or tongue depressor		
Apply lotion with gloved hand		
Apply transdermal patch		
Dispose of soiled supplies		
Wash hands		
Document appropriately		

This learner has successfully demonstrated competency for this skill.

Signature of Trainer

Date





Competency Checklist: *Assisting with Eye Drops*

Learner: _____

Trainer: _____

Location: _____

Steps	Satisfactory	Comments
Set up supplies		
Perform three checks of the Six Rights		
Check the resident's record for allergies		
Wash hands		
Prepare medication		
Assist resident with self-administration		
Apply gloves		
Drop correct number of drops into the conjunctival sac of the correct eye		
Dispose of soiled supplies		
Wash hands		
Document appropriately		

This learner has successfully demonstrated competency for this skill.

Signature of Trainer

Date





Competency Checklist: *Assisting with Ear Drops*

Learner: _____

Trainer: _____

Location: _____

Steps	Satisfactory	Comments
Set up supplies		
Perform three checks of the Six Rights		
Check the resident's record for allergies		
Wash hands		
Prepare medication		
Assist resident with self-administration		
Apply gloves		
Assist resident into side-lying position		
Gently pull auricle upward and outward to correctly align ear canal		
Instill correct number of drops into the correct ear		
Assist resident to remain in side-lying position for 2-3 minutes		
Dispose of soiled supplies		
Wash hands		
Document appropriately		

This learner has successfully demonstrated competency for this skill.

Signature of Trainer

Date





Competency Checklist: *Assisting with Nasal Drops/Sprays*

Learner: _____

Trainer: _____

Location: _____

Steps	Satisfactory	Comments
Set up supplies		
Perform three checks of the Six Rights		
Check the resident's record for allergies		
Wash hands		
Prepare medication		
Assist resident with self-administration		
Apply gloves		
Assist resident into the correct position		
Instill the correct numbers of drops/sprays into the correct nostril		
Dispose of soiled supplies		
Wash hands		
Document appropriately		

This learner has successfully demonstrated competency for this skill.

Signature of Trainer

Date





Competency Checklist: *Assisting with Inhalers*

Learner: _____

Trainer: _____

Location: _____

Steps	Satisfactory	Comments
Set up supplies		
Perform three checks of the Six Rights		
Check the resident's record for allergies		
Wash hands		
Prepare medication		
Assist resident with self-administration		
Shake the canister		
Utilize a chamber/spacer if applicable		
Assist/instruct resident to use the correct procedure:		
-- Breathe out		
-- Breathe in slowly, then press canister to deliver a puff		
-- Hold breath for 10 seconds, if possible		
-- Allow 1 minute between puffs		
Wash hands		
Document appropriately		

This learner has successfully demonstrated competency for this skill.

Signature of Trainer

Date





Competency Checklist: *Crushing Medications*

Learner: _____

Trainer: _____

Location: _____

Steps	Satisfactory	Comments
Prepare supplies and equipment		
Perform three checks of the Six Rights		
Check the resident's record for allergies		
Wash hands		
Verify physician order and pharmacy approval are documented		
Crush the medication:		
-- Use crushing device per manufacturer's instructions		
-- Crush medication until a smooth powder remains		
-- Mix crushed medication with a small amount of soft food		
Assist resident with self-administration		
Wash hands		
Document appropriately		

This learner has successfully demonstrated competency for this skill.

Signature of Trainer

Date



MEDICATION TRAINING VERIFICATION

For communities with 15 beds or less - 10 hours

Med Aide in Training: _____

STAFF TRAINING VIDEOS		
	Date	Trainer's Initials
Viewed <i>Introduction to Medication Management</i>		
Viewed <i>Medication Orders and/ Working with Pharmacies</i>		
Viewed <i>Medications and Documentation</i>		
Viewed <i>Assistance with Medication Administration</i>		
Viewed <i>Side Effects, Adverse Reactions, and Medication Errors</i>		
Viewed <i>Understanding California Medication Regulations</i>		

WRITTEN/CLASSROOM INSTRUCTION		
	Date	Trainer's Initials
Successfully completed learner workbook		
Successfully completed competency demonstrations		
Successfully completed final exam		

HANDS-ON SHADOWING (Must total at least 6 hours)			
	Date	Hours	Trainer's Initials
Successfully completed hands-on shadowing session			
Successfully completed hands-on shadowing session			
Successfully completed hands-on shadowing session			
Successfully completed hands-on shadowing session			
Successfully completed hands-on shadowing session			
Successfully completed hands-on shadowing session			

Qualified Trainer Signature: _____ Date: _____

Learner Signature: _____ Date: _____



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MEDICATION TRAINING VERIFICATION

For communities 16 beds or larger - 24 Hours

Med Aide in Training: _____

STAFF TRAINING VIDEOS		
	Date	Trainer's Initials
<i>Viewed Introduction to Medication Management</i>		
<i>Viewed Medication Orders and/ Working with Pharmacies</i>		
<i>Viewed Medications and Documentation</i>		
<i>Viewed Assistance with Medication Administration</i>		
<i>Viewed Side Effects, Adverse Reactions, and Medication Errors</i>		
<i>Viewed Understanding California Medication Regulations</i>		

WRITTEN/CLASSROOM INSTRUCTION		
	Date	Trainer's Initials
Successfully completed learner workbook		
Successfully completed competency demonstrations		
Successfully completed final exam		

HANDS-ON SHADOWING (Must total at least 16 hours)			
	Date	Hours	Trainer's Initials
Successfully completed hands-on shadowing session			
Successfully completed hands-on shadowing session			
Successfully completed hands-on shadowing session			
Successfully completed hands-on shadowing session			
Successfully completed hands-on shadowing session			
Successfully completed hands-on shadowing session			
Successfully completed hands-on shadowing session			
Successfully completed hands-on shadowing session			

Qualified Trainer Signature: _____ Date: _____

Learner Signature: _____ Date: _____



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