

Medication Practicum: Medication Competency Assessment

Employee Name: _____

Policy and Competency Requirement (New-hires and annually thereafter)	YES	NO	Comments
1. Person-Centered Approach: Employee demonstrates competency in treating each person with respect, and assuring privacy in medication support to the level desired by the person receiving services.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Seven (7) Rights of Medication: Employee demonstrates ability to describe the <i>Seven (7) Rights of Medication</i> , and explain how they relate to the person receiving services.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Healthcare Appointments: Employee demonstrates competency in agency policies and practices for accompanying individuals to healthcare appointments, and emergency room or urgent-care visits.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Effects of Medication: Employee demonstrates competency in potential expected and unexpected medication effects, sensitivities, allergic reactions, and/or interactions with other medications.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Pharmacy Packaging: Employee demonstrates competency regarding information on the pharmacy label that is critical to knowing how to use the medication, including warnings and precautions.	<input type="checkbox"/>	<input type="checkbox"/>	
6. Medication Storage: Employee demonstrates competency in medication storage according to special instructions/guidelines and agency policies for various medications, including oral, topical, temperature-sensitive, and controlled medications.	<input type="checkbox"/>	<input type="checkbox"/>	
7. Forms and Documentation: Employee demonstrates competency in systems used to track the administration of medications, which includes written Medication Administration Records (MARs), Physicians Orders, Confirmation of Verbal Orders, Critical Log, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
8. PRN Usage: Employee demonstrates competency in agency PRN policies and practices, including appropriate circumstances for administering prescription and over-the-counter (OTC) PRNs to individuals they will support, and proper documentation.	<input type="checkbox"/>	<input type="checkbox"/>	

Policy and Competency Requirement <i>(New-hires and annually thereafter)</i>	YES	NO	Comments
9. Refusals or Declines: Employee demonstrates competency in agency policies, practices, and regulations regarding medication refusals or declines.	<input type="checkbox"/>	<input type="checkbox"/>	
10. Errors: Employee demonstrates competency by accurately providing a description/definition of both a medication error and the proper documentation of a medication error, and by being able to identify ways to minimize errors.	<input type="checkbox"/>	<input type="checkbox"/>	
11. Discontinuing Medication: Employee demonstrates competency in agency policies and practices for proper documentation of the discontinuation of a medication.	<input type="checkbox"/>	<input type="checkbox"/>	
12. Disposal of Medication: Employee demonstrates competency in agency policies and practices for proper disposal of a medication.	<input type="checkbox"/>	<input type="checkbox"/>	
13. Reporting: Employee demonstrates competency in agency policies and practices for the reporting of errors and other situations related to medication support.	<input type="checkbox"/>	<input type="checkbox"/>	
14. Self-Medication: Employee demonstrates competency in agency policies and practices regarding self-medication.	<input type="checkbox"/>	<input type="checkbox"/>	
15. Off-Site Administration: Employee demonstrates competency in agency policies and practices for medication administration while on trips or away from home/day program, including correct storage and control of medication.	<input type="checkbox"/>	<input type="checkbox"/>	
Practice Requirement <i>(New-hires only)</i>	YES	NO	Comments
16. Employee demonstrates successful creation of a Medication Administration Record (MAR).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not applicable
17. Employee demonstrates successful completion of a Mock Medication Administration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not applicable
Skills Evaluation Requirement <i>(New-hires and annually thereafter)</i>	YES	NO	Comments
18. Employee demonstrates successful completion of Medication Administration Skills Evaluation (demonstrates three medication-administration passes without prompts).	<input type="checkbox"/>	<input type="checkbox"/>	

Medication Competency Assessment: Attestation and Signature

Check one:

- The employee ***did not*** demonstrate understanding of the topics presented; further training is recommended.
- The employee demonstrated an understanding of agency medication-administration policies and the topics presented, and demonstrated successful administration of medication following DDD procedures.

Check one and indicate the date completed:

- Initial** Assessment (new-hire) Date completed: _____
- Annual** Assessment Date completed: _____

Employee Attestation

By signing this, I attest that I was trained on the above-mentioned topics and I agree to abide by agency policies. I am aware that if I have any questions or concerns regarding agency medication-administration policies or practices I should contact my supervisor or authorized agency personnel.

Employee Name: _____

Employee Signature: _____

Date: _____

Evaluator Attestation:

By signing this, I attest that the employee identified above was trained on the above-mentioned topics and successfully completed the Practice Requirement (creation of MAR and completion of Mock Medication Administration), and Skills Evaluation Requirement (demonstration of three successful medication-administration passes).

Evaluator Name: _____

Evaluator Signature: _____

Date: _____