***Optional Competency Checklist Assessment Activity – "Frank Ford MAR with Errors"**

This packet provides an outline to assist in completing a Competency Assessment required for Med Aide-40 in Nebraska. This is an optional tool as the facility may choose to use a different method to document the competency assessment required to submit the Application for Medication Aide Registration to the Nebraska Department of Health and Human Services (DHHS).

Nebraska Med Aide 40 Requirements *(at least 18 years old & of good moral character)*

(can work in nursing homes, assisted living facilities and intermediate care facilities for the developmentally disabled)

❒ Must pass a Medication Aide course of 40 hours in length

❒ Must pass a state exam

❒ Must be knowledgeable of the 10 competencies and the basic routes

40-Hour Training: The online Avera Med Aide Training Nebraska Program provides 40 hours of Medication Aide Training and required textbook reading for students working in long-term care, assisted living facilities, and intermediate care facilities for the developmentally disabled. Facilities are responsible to document the completion of the online modules and textbook reading. Facilities may provide and document, additional Medication Aide Training beyond the required 40 hours. Once all training is complete and documented, Facility issues 40-hour training program completion certificate.

Assessment & State Exam Preparation: A study guide is available within the Avera Med Aide Training Nebraska Program online or at www.averasolutions.org. The guide may assist the student to study and successfully pass the online training program's Unit & Final Exams, the Competency Assessment, and State Exam.

The handout, 'Providing Medication — (General Medication Provision Process)' is available for the student to review the steps for the following routes of medication provision:

- Oral Medication—Solid Form (including buccal and sublingual)
- Oral Medication—Liquid Form
- Eye (Ophthalmic) Drop
- Ear (Otic) Drop
- Nasal Drop
- Nasal Spray
- Metered Dose Inhaler (MDI) (without and with spacer)
- MDI (automated or breath-activated)
- Nebulizer
- Topical (creams, ointments, and powder)
- Transdermal Patch (removal/application)
- Nitroglycerin Ointment

After completing the 40-hour program and Competency Assessment, the student must take and pass a Nebraska state-approved Medication Aide Exam, that tests minimum competency for medication provision. Passing score is 72 percent or greater. Once all requirements are met, the student may be eligible to be placed on the Nebraska Medication Aide Registry. Consult regulation and Nebraska DHHS when the applicant is able to work as a Med Aide 40.

Renewal: All Medication Aide registrations expire 2 years after date of registration. Nebraska Med Aides, including Med Aide-40, must initially and at a minimum, every two years demonstrate competency. Initial applications and renewal applications with competency documentation are submitted to Nebraska DHHS.

General Information Optional Competency Assessment Tool: Avera Med Aide 40 Training Nebraska program provides an **optional lab/classroom activity**, assisting facilities to complete and document **the required competency assessment focusing on the 10 competencies and administration of routine medications by the four basic routes**. *NOTE: It is recommended that the student complete all of the online/didactic training and textbook reading prior to attempting the Competency Assessment. The facility may choose another facility-approved method to document the Competency Assessment.*

If the student does not show competence, the Competency Assessment may be repeated once. If the retake is unsuccessful, the student must restart the program as a new student (beginning at Text Chapter 1 and Online Chapter 1), submitting a new program payment to Avera Education & Staffing Solutions (AESS). *NOTE: an RN Instructor completing the Competency Assessment subjectively makes the final determination of whether the student has successfully completed the Competency Assessment.*

The ***'Frank Ford MAR with Errors'*** is used to simulate medication provision to a 'mock' resident, 'Frank Ford.' Some, but not all, MAR entries and documentation are incorrect. The student should be able to recognize errors on the MAR, notify the Nurse of the discrepancy, and how to document that the student notified the Nurse. The person conducting the assessment may choose to have the student demonstrate the basic routes while reviewing the medications and errors on Frank Ford's MAR. **Document the assessment and demonstration of providing medications by the basic routes on the one-page Nebraska Medication Aide Competency Assessment Checklist Tool.**

*The Frank Ford MAR also includes **PRN and rectal medications***. Including PRN and rectal meds in this activity allows for the student to demonstrate knowledge of the limitations and conditions under which a medication aide may provide medications. **This activity does not include competency assessment for any Additional Activity (for example, routes beyond the basic routes, PRN medications, participation in direction and monitoring.)** For any additional activities that the facility expects the Med Aide to provide, the facility is responsible for documenting med aide competency along with meeting all regulatory requirements for the additional activity.

During this simulation, the student is expected to know and perform simulation on:

- 6 Rights to Medication Provision (Nebraska requires knowledge of 5 Rights (Individual, Medication, Dose, Time, Route) the added right is the right documentation
- Who do you ask questions of and report concerns to, i.e. who is your supervisor?
- Other than your nurse, what other resources could you check or use if you have questions about a medication?
- What is confidentiality and privacy and why and when is it important?
- Prior to providing medications, how important is it to explain the procedure to the resident, and why?
- When and how to wash hands versus use of hand hygiene, and use of disposable gloves
- Common abbreviations of MAR, QD, BID, TID, QID, QOD, AC, PC, PRN, STAT
- When and how many checks of a label against a MAR, prior to providing a medication
- Reading MAR and labels, checking for allergies, and expiration dates of medication supply provided
- Common terms such as (not all inclusive) Ophthalmic, Optic, Otic, Topical, Sublingual, Buccal
- How to accurately pour a teaspoon (Tsp) of liquid medication versus a tablespoon of (TBSP) of liquid medication versus an ounce of medication – including how many milliliters of each level
- Steps to provide medications and then document all routes of medications (approved by State of Nebraska regulations/Nebraska Board of Nursing by Medication Aides to provide) to include proper physical positioning (supine, prone, Fowlers, side-lying,) for each: oral, sublingual, buccal, eye drops, eye ointment, ear drops, nasal drops, nasal sprays, inhaled and nebulized medications, topical medications including patches.

General Steps: Conducting the Competency Assessment

1. Gather tools. This document & skills checklist, the Frank Ford 'Incorrect' MAR, and Frank Ford 'Standard' MAR. Explain the process. You will be intermittently interrupting them asking them questions about medication process provision, during the simulation of providing medications to 'Frank Ford.'

2. Prior to identifying errors on the MAR and demonstrating medication provision and documentation with the basic routes, ask the following questions:

Completed	General Competency Questions
☐	***a.*** **What are the (6) Rights to medication provision? Which are the (5) Rights referenced in Nebraska?** *To help recall: I Must Do This Right, + Doc. (each letter of the mnemonic* ***I M D T R + Doc****) =* ***I****ndividual,* ***M****ed,* ***D****ose,* ***T****ime,* ***R****oute,* ***D****ocumentation*
☐	**b. List at least (3) references you could use relating to need for clarification regarding medication provision.** *Examples: Nurse, Nursing Drug Handbook, Facility P&Ps, Pharmacist, PDR*
☐	***c.*** **What are some limitations of your role?** *ie. Can you re-delegate a task (no), Can you give meds that don't have a proper label (no), Can you take an MD/Medical Provider order (no), Can you assess a resident (no) or can you observe a resident (yes)? A Med Aide can observe (subjective and objective observations)*
☐	**d. Can a resident refuse a med? If they refuse, what should you do?**
☐	**e. When/where, how, and why must confidentiality & privacy be maintained with med provision?**
☐	**f. What types of supplies do you need to provide medications?**
☐	**g. How many identifiers do you need to ensure you have the right resident/individual?** (2)
☐	**h. Why is medication refrigeration important? What is the acceptable range for refrigerated meds?** *36-46 degrees Fahrenheit* **Why do med containers and supplies (such as water, juice, applesauce, pudding, etc., need to be covered?** *To prevent cross-contamination and prevention of airborne or other contaminates to enter the containers.*
☐	**i. Why and how do you sanitize your med cart or work surface or place barrier down in a resident room?**
☐	**j. When do you wash your hands with soap and water versus using alcohol-based sanitizer?**
☐	**k. When should you apply disposable gloves and why?**
☐	**l. How many checks do you do when checking the med container label against the MAR? Why?** *Completeness, accuracy, known allergies, (5) rights are noted*
☐	**m. When do you, how do you, and why do you check whether a person has med allergies?**
☐	**n. What things should you check on the med container and label?** *Name of resident, label soiled/not readable, accurate med order accuracy compared to label, expiration date of med container, date the med container has been opened.* **What do you do if anything is incorrect or inappropriate? Expiration date?**
☐	**o. Demonstrate how to prepare a pill from a bottle, to a soufflé cup.** *(Or punches out/removes from med package, or pours liquid med)*
☐	**p. What type of meds need to be shaken when preparing?**
☐	**q. Explain med security concerns: Can you give your keys to anyone? When does your med cart or med storage area need to be locked?**
☐	**r. Explain the security of Schedule II meds/narcotics. Explain how and when to complete a narcotic count. What do you do if the count is incorrect?**

Completed	General Competency Questions
☐	**s. When do you record your initials on the MAR – before or after giving the med?**
☐	**t. What do you do if any medication is not provided as ordered?**
☐	**u. Where are your facility medication policies/procedures (P&P's) located? Why are P&P's necessary?**
☐	**v. With whom, how, & what level of a med, can be destroyed/dispositioned by a Med Aide?**
☐	**w. How can you prevent errors?** *(ex: Less distractions – ask person to wait until you have time to complete what you are working on. Follow facility P&P's. Be alert. Look for errors – don't assume…ensure 6 rights are maintained; 3 checks are completed.)*
☐	**x. Who is a mandatory reporter of abuse/neglect/misappropriation of resident property? How do you report?** *All healthcare workers are mandatory reporters; follow chain of command internally; call the Nebraska Abuse & Neglect Hotline number*
☐	**y. Define physical, emotional/psychological abuse, neglect, misappropriation of property, sexual abuse, abandonment.**
Completed	**General Review of the MAR – Mock Resident Frank Ford**
☐	**What do you do first before beginning any medication pass?** *(Wash hands or sanitize.)*
☐	**a. What's missing on the MAR?** *Top of page & center has 1 of 3, but page 2 and 3 don't include this.* **How do you know whether you have all pages?** *Month/year omitted. Original order dates at left of pages are omitted. Other omissions: physician name, diagnosis not complete, allergies missing from every page, Frank Ford name is only F. Ford on page 2.*
☐	**b. Why is it important that all required items are not omitted?**
☐	**c. PRN sheet? Review PRN sheet concerns.**
☐	**d. What's missing on the Narcotic Count Sign-out sheet?**

Simulation 8 pm Med Pass for Frank Ford: Explain that student is giving Frank Ford his 8 pm meds. Today is **Saturday, June 29**. Make sure every time to read each order and check the time. What is the military time for 8 pm? (2000.) Remind student to check for allergies for each page. All required line items should be complete (*example: allergies, proper name – no abbreviations, diagnosis, etc.)* Have student read aloud each order and check the time. *(Is this the time you are supposed to be giving the med?)* Next, have student identify what the concerns are with each order.

Completed	General Review of the MAR/By Drug – Mock Resident Frank Ford
☐	a. **Senokot:** *missing dosage. What does 2 mean? (2 tablets, 2 what?) Is 'bedtime' allowed per policy as 8 pm? The 23rd and 28th doses are not signed off. Who do you notify and how do you document the discrepancies? Where is it documented? Refer to PRN sheet … is the nurse notification documented?*
☐	b. **Coumadin 2mg:** Sun-Mon-Wed-Fri *(Are these approved abbreviations? What does Sun – Mon – Wed – Fri mean? Is it Sunday through Monday, through Wednesday, etc., or does it mean and?)* Generally, Coumadin isn't given in the am, why? *Many interactions so best to be given later in the day, plus many need a protime lab draw – need to wait for results and medical provider orders to continue orders or not …* If June 2 and 3 are Sunday and Monday, was the medication given on the correct days? No initials on the 21st – why? Who do you notify and how do you document the discrepancies? Is the nurse notification documented in on the PRN sheet? *Note: all documentation should have a line through end of notations (to prevent someone adding information after original documentation.)*
☐	c. **Coumadin 4mg:** *What does Tue – Thurs – Sat mean? Is it through or between? If June 1 is a Saturday, was the med given correctly if it's to be given on Tuesdays, Thursdays, and Saturdays only? Was the Coumadin supposed to be given on the 28th, and what about the rest of the month?*

Completed	General Review of the MAR/By Drug – Mock Resident Frank Ford
☐	d. **Ducolox Suppository:** *Do Med Aide-40s give suppositories?* Dulcolax is spelled incorrectly. Missing dosage. *What does PRN mean? Can you give the suppository, a PRN? Why not? Note: 8 pm is in the hour slot, but it should be PRN?* (Check the original order.) *Is the PRN documentation correct? What does NA mean in the PRN documentation? Is NA in the key at top?* No and not acceptable. Dulcolax in the med column of PRN sheet is spelled correctly – all documentation/spelling of the med should match. No dosage on Medication column of PRN sheet. Supp. should not be abbreviated. In the Medication & Route/Alternatives column – there is extra space left open after RN signature – do not leave any open space as someone could add information. Remind that all PRNs must have reason/indication for use. *Will the med aide be trained and competency tested for PRNs and/or rectal meds?*
☐	e. **Tums Tablets:** Missing dosage. Have student add it/pour it into cup (should be placed in a separate cup since it's a chewable. *Should pour Tums tablet into med container cap, not directly into the cap, why? Does the resident have any missing or loose teeth?*
☐	f. **Miacalcin Nasal Spray:** Missing dosage. *What does R and L mean – is that an acceptable abbreviation?* Note the documentation on the 23rd and 24th, and then the 25th should be a left, and the 26th on the right, *and 27th on the left?* Missing documentation on the 28th. Have resident blow their nose before use – unless recent surgery (check with nurse.) Occlude opposite nare (nostril).
☐	g. **Robitussin:** Missing dosage. Have student pour one tablespoon. Missing documentation on the 28th. Remind to wipe top – sticky. Robitussin should be given last after all meds (have the person wait 20 minutes before drinking something or the cough medicine will be washed from the mucous membrane). *Why is resident taking Robitussin routinely once daily at bedtime?*
☐	**h. Nitrodur patch:** Nitro-dur patch dosage is incorrectly written (should be 0.1mg/hr). Note order states to apply in am however, the time noted in the hour slot is 4 *pm (which is it, check the order?)* Omission of documentation on 1st day of month. 4 pm (or am dose) is not signed off. No documentation at am/4 pm on the 29th.
☐	**i. Viroptic:** Missing dosage. Missing route – do not assume that because it says 'optic' that you would instill the med in the eye. *Is TID a facility-approved abbreviation? What does TID mean?* Med was only signed off once a day and should have been three times daily. Med was signed up as given for 8 days and should only have been given 7 days.
☐	**j. Nitrostat:** *Can the Med Aide-40 provide PRN medication? Ask what the indication of Nitrostat is (chest pain/angina.) Is 'min.' an approved abbreviation for minutes? What should the med aide do if a resident indicates chest pain?* Also: remind them that PRN is always PRN – just because it says 'may give one every 5 minutes for 3 doses' doesn't mean you can automatically give 3 doses – the nurse must be consulted to determine whether one or more of the med is appropriate to be given (based on nurse's subjective and objective assessment or continued observation by the Med Aide.) Refer to PRN sheet and review the documentation of the medication provided.
☐	**k. Desequam:** Correct spelling should be Desquam. *What are you using to clean the skin prior to providing the medication – do you need an order from Medical Provider?* Note: order reads to apply at bedtime, but the hour column has it ordered for 12 noon. Dose not signed off on the 21st.
☐	**l. Lanoxin:** Note the higher dose – 0.5mg is uncommon. As with all drugs, watch for side effects, however, especially observe for mood changes and blurred or yellow/green vision. Note the medication was circled as not given the 7-9th days of the month – which is correct to do so on the 7th and 8th, however, the heart rate was 64 *(why wasn't it given?) Why are there initials of FA recorded twice on the 11th, not signed off as given on 29th?*

Completed	General Review of the MAR/By Drug – Mock Resident Frank Ford
☐	**m. Neomycin:** Missing dose. *What is otic?* This med is an antibiotic and has no end date – most antibiotics are only given for a limited time period. *Why is it being give at 8 am – would it be better to be done when in bed at bedtime?* Not documented on the 29th.
☐	**n. Afrin Nose Drops:** Missing dose. *What does gtts mean (drops)? – Is this an approved abbreviation?* This med should be given for temporary relief of congestion, etc. – approximately 3 days – to prevent rebound congestion, yet is ordered daily.
☐	**o. Tobradex:** *What is Opth (ophthalmic or optic)? Missing dose. gtts (Is this an approved abbreviation?)* This is an antibiotic – there should be an end date. Not documented on the 29th.
☐	**p. Tylenol:** *Can the Med Aide-40 provide PRN medication? What about Over the Counter meds? What is 'ii' (abbreviation for two) – is it an approved abbreviation? Does Temp. mean temperature? What does symbol > mean (greater than)? Could this be given instead of or in addition to Demerol?*
☐	**q. Atrovent Inhaler:** Missing dose. *Is HS an approved abbreviation?* Ask them how they clean the spacer (per manufacturer guidelines.) *How many minutes to wait between puffs (1 minute?)* Not documented on 28th.
☐	**r. Bacitracin eye ointment:** Missing dose. This is an antibiotic and no end date (check to see why is continued for so long.) *Causes blurred vision (maybe an alternate time would be more appropriate?) Why is day 12 highlighted (circled) as not given (check PRN sheet – was Nurse notified that med was not given?)* Not documented on 29th.
☐	**s. Metamucil packet:** Missing dose. Note: med has only been given once daily – it's ordered to be provided twice daily. *Is it acceptable to only provide 4 ounces of water instead of the ordered 8 ounces? (No.)* Remind to keep stirring and have resident drink right away. Not documented on the 29th.
☐	**t. Elavil:** Used to treat depression. Amitriptyline belongs to a class of drugs known as tricyclic antidepressants. Can cause orthostatic hypotension, dizziness, and sedation. Amitriptyline can also cause heart problems. Can cause blurred vision, dry mouth, urinary retention, confusion, delirium (not usually provided for elderly.) Elavil 30 mg – 2 tabs – not documented on 28th. **NOTE:** *Elavil 30mg – one tab – discontinued – is D/C an approved abbreviation?* Are initials acceptable for person who discontinued the med (should be signature and title of Nurse.) Elavil 60 mg (2) – discontinued – are initials acceptable by person who discontinued the med (should be Discontinue, Nurse name and title, and date.)
☐	**u. Review Narcotic Sheet:** Missing route. Review facility policy/procedure on proper Narcotic (Scheduled Drug) Count.
☐	**v. Remind Student**: All paper forms must be completed fully, with all resident-identifying information per facility P&Ps. Electronic medical records are common. This paper format of training can be used without extensive training and does not require internet.

Remember to file the completed and signed Nebraska Medication Aide Competency Assessment Checklist (Optional Facility Tool) in the student's training record at the facility. If the student is competent and all training requirements are met, mail the Nebraska Initial Application for Medication Aide Registration to NE DHHS. Check the application for completeness, ensuring competency assessment on the application form is signed by a licensed health care professional and fee is included.