

DAY TWO AGENDA

⇒ ASSISTING WITH MEDICATION

- recognize the time
- wash hands thoroughly
- gather needed items
- find a quiet area
- compare medication labels with the medication administration record (MAR)
- remove correct dose
- prepare to take medication
- take medication
- complete documentation
- store everything properly
- observe for medication effects

⇒ STRATEGIES FOR TEACHING SELF-ADMINISTRATION

⇒ MEDICATION ERRORS

⇒ MEDICATION REFUSALS

⇒ MEDICATIONS AND THERAPY

⇒ PRN PSYCHOTROPICS












⇒ DOCUMENTATION PROCEDURES

⇒ BENEFITS OF SELF-ADMINISTRATION OF MEDICATION

⇒ SKILLS DEMONSTRATION

OVERVIEW OF MEDICATION DELIVERY

The individual(s) you support should be completing these steps as independently and safely as possible. We, as support personnel, should be assisting and them only as necessary. Our goal is for them to learn and “own” the process.

1		Recognize the time
2		Wash hands thoroughly
3		Gather needed items
4		Find a quiet area
5		Compare medication labels with the medication administration record (MAR)
6		Remove correct dose
7		Prepare to take medication
8		Take medication
9		Complete documentation
10		Store everything properly
11		Observe for medication effects

RECOGNIZE THE TIME



CHECK THE MEDICATION ADMINISTRATION RECORD (MAR):

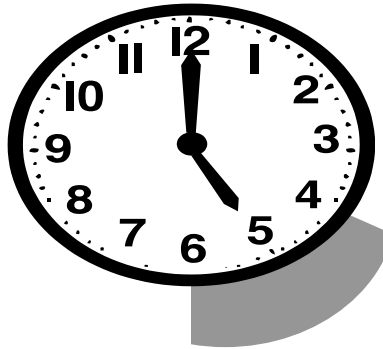
- ✓ Do NOT assume that you know the right time!
- ✓ Does the person take the medication in the AM, PM, or both?
- ✓ Check the date (e.g.: Is the person tapering off of a medication?)

TIME WINDOWS:

Remember that maintaining a steady state is the goal of most ongoing medication therapy and that steady states are critical when treating certain conditions (e.g., asthma, epilepsy, hypertension, heart disease, diabetes). In order to maintain a steady state, it is important that individuals receive their medications on a consistent, regularly scheduled basis.

A “time window” is the time during which a person can take a prescribed medication. The most common time window is the two-hour time window, which is one hour before and one hour after the prescribed time.

EXAMPLE: If the person is supposed to take medication at 5PM, the two-hour window would be from _____ to _____.



OTHER ISSUES CONCERNING TIME:

- ✓ Work with healthcare professionals to establish a medication schedule that takes into account the person’s preferences and daily lifestyle.
- ✓ If the person has a history of refusal, start earlier during the time window.
- ✓ Consider medication times when planning trips.
- ✓ Call _____ if questions or concerns arise.

- ✓ _____
- ✓ _____
- ✓ _____

WASH HANDS THOROUGHLY

Studies have shown that washing hands is the number one, best method to prevent the spread of infectious diseases, including respiratory and gastrointestinal diseases. According to the US Centers for Disease Control and Prevention, "hand hygiene saves lives."

SAMPLE TASK ANALYSIS:

1. Remove hand jewelry (optional).
2. Wet your hands with warm running water.
3. Apply soap (preferably antibacterial) to your hands.
4. Work soap into a lather and rub hands vigorously for at least 20 seconds.
5. Interlace your fingers to clean in between them.
6. Rub the tips of your fingers along the soapy palm of your opposite hand, or scrub your fingernails with a nailbrush.
7. Rinse hands well under running water.
8. Keep your hands at a lower angle than your elbows to prevent the water from running back up your arms.
9. Dry your hands with single-use paper towels or electric hand dryer.
10. Turn off the faucet using a paper towel (as taps may be contaminated).
11. If the wash room has a door with a handle, also use the paper towel to open the door.



REMEMBER: IT IS IMPORTANT TO MODEL SAFE HAND WASHING PRACTICES, AS WELL AS TO TEACH INDIVIDUALS HOW TO WASH THEIR HANDS CORRECTLY.

Sources: <http://www.impact-products.com/handwashing.htm> , http://sccounty01.co.santa-cruz.ca.us/eh/consumer/food/hand_washing.pdf , <http://www.canadianchildcare.com/procedurehand.htm> , <http://www.cdc.gov/handhygiene/> , and <http://www.ext.vt.edu/pubs/nutrition/348-965/348-965.html>.

GATHER NEEDED ITEMS

When assisting with medication or teaching self-administration of medication, you need to know what items to help the individual gather. Possible items needed may include, but are not limited to, the following:



- ⇒ medication administration record (MAR) and other medication documentation
- ⇒ medication lock box
- ⇒ cups
- ⇒ water or other recommended fluid
- ⇒ (only if recommended) pudding or other food—but remember it is a violation of rights to “hide” medication in food without the person’s consent
- ⇒ gloves
- ⇒ eye/ear droppers
- ⇒ liquid med syringes
- ⇒ graduated liquid medication cups
- ⇒ assistive devices
- ⇒ communication and teaching aids
- ⇒ pill splitter/crushing device (only if authorized by the pharmacist and physician)
- ⇒ other needed items

Can you think of anything else that you might need?

REMEMBER →

To ensure safety, nurses/healthcare coordinators and teams need to determine if/how an individual should access his/her stored medications, as well as other needed items that could cause harm if used improperly (e.g., hypodermic needles).

When you are providing assistance with medication, **DO NOT** leave the medications unattended—not even for a minute!

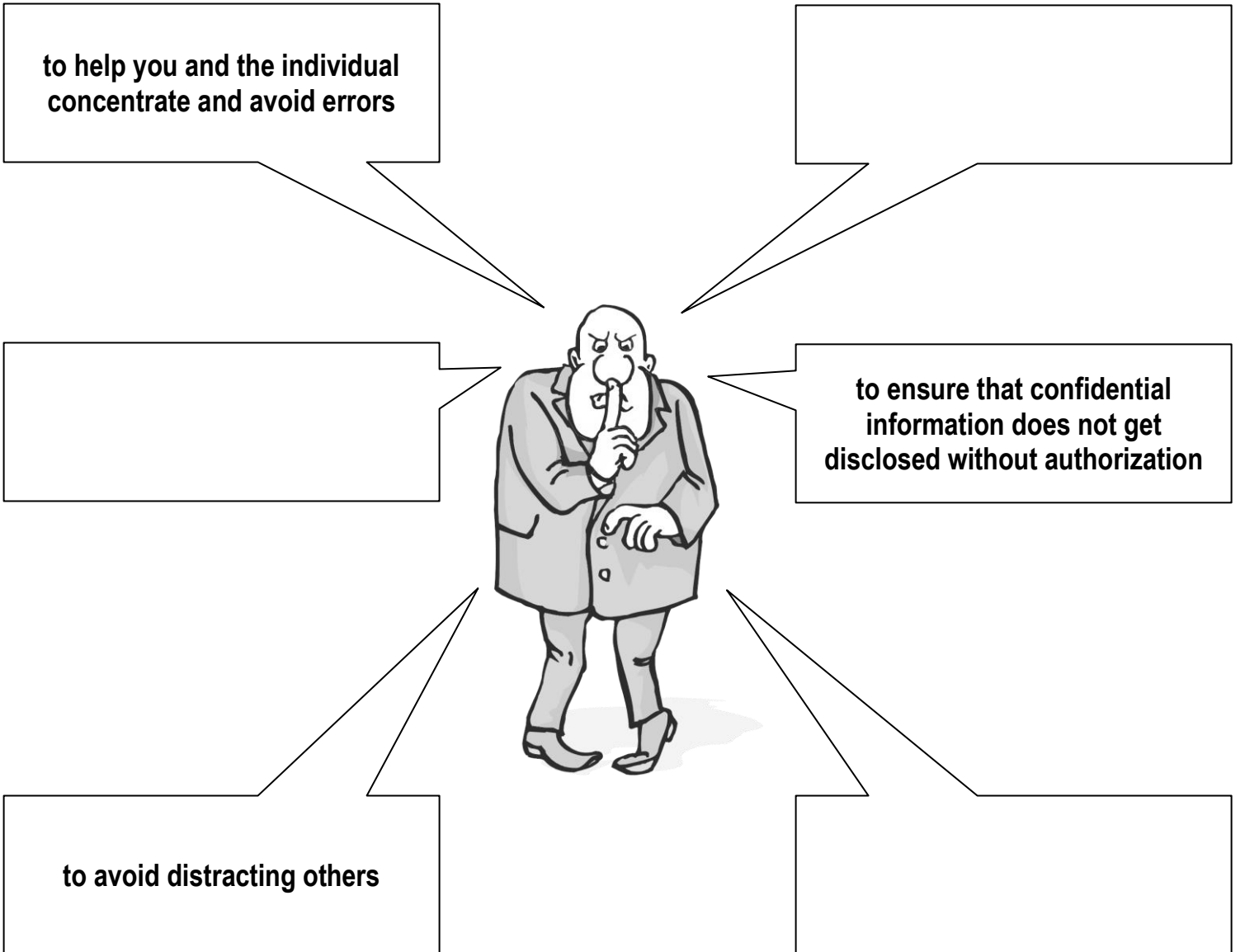
Why?

ASSISTING WITH MEDICATION DELIVERY

DAY TWO
NEW MEXICO DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
JANUARY 2014

HANDOUT # 5

FIND A QUIET AREA . . .



MEDICATION LABELS



BE PREPARED TO ANSWER QUESTIONS SUCH AS THESE:

- When should we call the pharmacy? _____
- Why might we contact the doctor? _____
- What is the purpose of the prescription number? _____
- What is the name and strength of this medication? _____
- Who is going to be taking this medication? _____
- What are the instructions for this medication? _____
- How many refills are left for this prescription? _____
- What is the expiration date of this drug? _____

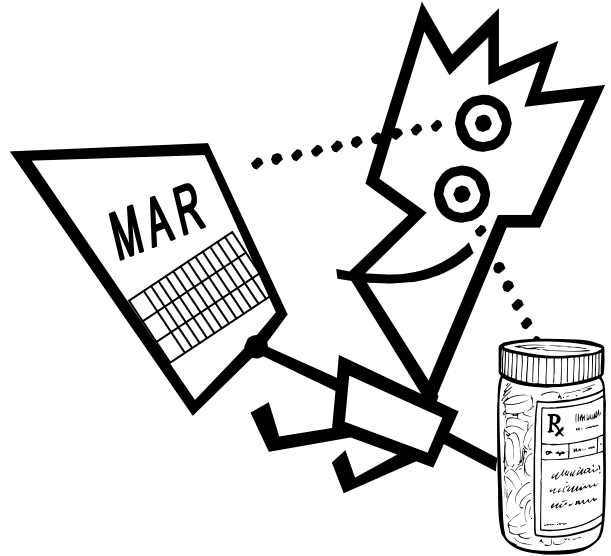
MAKE SURE TO CALL THE NURSE ANYTIME SOMETHING ON THE LABEL DOESN'T MATCH THE MAR

*Sample label from Womenshealth.gov.

COMPARE MEDICATION LABELS WITH THE MEDICATION ADMINISTRATION RECORD (MAR)

THINGS TO REMEMBER

- Review both the medication label and the MAR every time.
- Triple check the following:
 - Person's name
 - Medication name
 - Dose & instructions
 - Route
 - Time
 - Expiration date



WHO TO CALL WITH QUESTIONS

No matter how well you know someone or their medication regimen, ANYONE can make a mistake. A medication, dose or the instructions can change in a matter of hours. TRIPLE CHECKING IS CRITICAL EVERY TIME!

REMOVE CORRECT DOSE

HERE ARE SOME IMPORTANT THINGS TO REMEMBER:



Examine the medication (pill, capsule, tablet, etc.) closely. For example, the medication may be damaged, or the pharmacist may have made a packaging error.



If you need to handle medication (creams, ointments, transdermal patches, etc.), wear non-powdered disposable or surgical gloves.



When measuring liquid medications:

- Ensure that you examine the fluid amount at eye level.
- Remember that measuring teaspoons hold 5 milliliters of liquid, while household teaspoons may hold 2 to 10 milliliters of liquid. Please don't ever use a household spoon, whether it's a teaspoon or a tablespoon.
- Do not confuse a teaspoon (tsp) with a tablespoon (tbsp).
- Remember that "cc" and "ml" are equivalent.

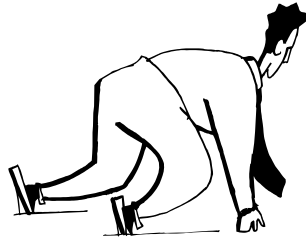


If you are authorized to split pills or crush medications, ensure that you have the proper equipment and that you have been adequately trained.

NOTES:

Slow is safe, and safe is fast.

HELP THE INDIVIDUAL PREPARE TO TAKE MEDICATION



- ⇒ You need to know what the individual requires in order to prepare to take their medications.
- ⇒ If the person has a CARMP or mealtime plan, it also applies to their medications:
 - proper seating and positioning of both the individual and staff
 - necessary adaptive equipment
 - applicable communication strategies/supports
 - correct food and/or drink (e.g., thickened liquid, as recommended)
- ⇒ Ask the person to review pertinent medication information with you (medication name, purpose of the medication, etc. – essentially the same information you’re supposed to be reviewing during your triple check). If they can’t, make sure you go over the information with them every time. It’s both their right to know, and our responsibility to always be teaching.
- ⇒ If the person is taking different medications through different routes, make sure they are prepared.

A large rectangular area with a thick black border. At the top left, the word "NOTES" is written in a bold, sans-serif font. A paperclip icon is positioned on the left side of the rectangle, suggesting a page from a binder. The rest of the area is blank, intended for handwritten notes.

HELP THE INDIVIDUAL TAKE MEDICATION

Your goal is to help the person take the medication as independently and safely as possible.

It may be necessary to verify that the person actually swallowed the medication(s).

Examine the entire surrounding area to ensure that no medication was dropped or spilled.

Also, ensure that you and the person verify the 6 Rights! What are they?

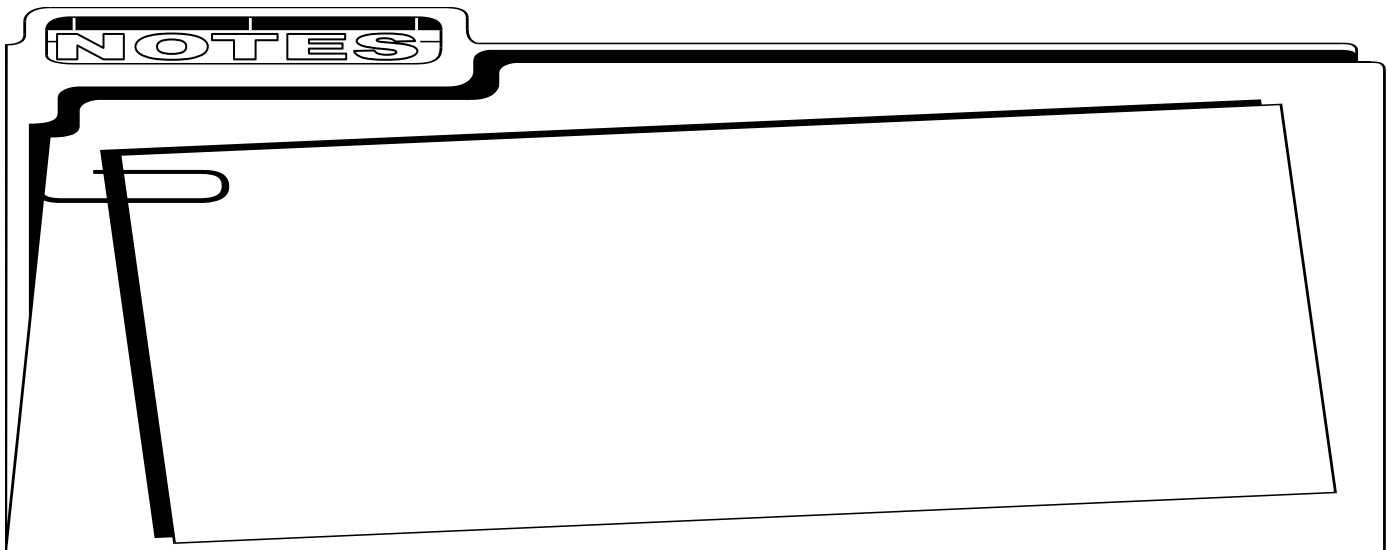




COMPLETE DOCUMENTATION



- ⇒ You and the individual will document on the Medication Administration Record (MAR) AFTER he or she has been observed taking the medication – NEVER BEFORE.
- ⇒ Don't forget that a nurse must give permission before we can assist an individual with a PRN medication.
- ⇒ If a person does not take their medication, you will document this on the MAR by making a circle in the proper block and describing why the dose was missed in another section of the MAR
- ⇒ Some agencies use electronic MARs to document whether or not a person takes their medication.
- ⇒ Some documentation guidelines:
 - Only use black ink
 - Stick to the facts, and avoid opinions
 - Use the legal method for correcting mistakes
 - Remember to include your printed name and signature on the MAR



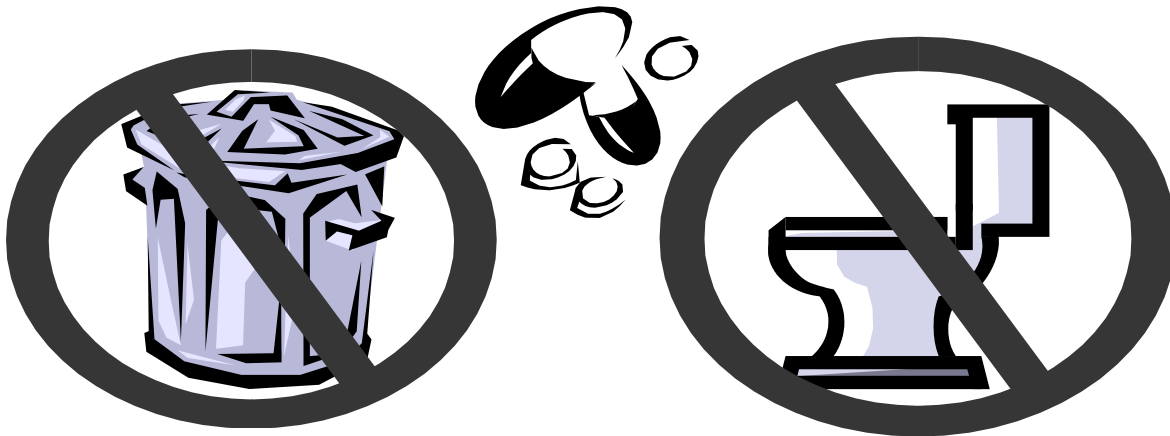
STORE EVERYTHING PROPERLY



- 🔒 ALL medications must be locked up.
- 🔒 Medications must be separated by person.
- 🔒 Internal medications must be separated from external medications.
- 🔒 Medications that need to be refrigerated must be in the refrigerator in a locked box.
- 🔒 Refrigerated medications must be kept in a separate compartment from food items.
- 🔒 Controlled substances must be double locked.
- 🔒 Documentation with confidential information must be in a locked area.
- 🔒 Do not repackage medication or alter medication labels or containers.
- 🔒 Other requirements will be identified by the consultant pharmacist and/or your agency.

NOTES

NEVER DISPOSE OF MEDICATION ON YOUR OWN!



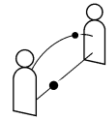
When a medication is refused, contaminated, discontinued, outdated, or recalled, follow these procedures and/or your agency-specific protocol:

1. Place the medication in a bag that can be sealed.
2. Label the bag with the person's name, medication name, date, and time.
3. Place the sealed bag in the discontinued lock box or designated area in a locked med cabinet.
4. Fill out proper forms:

5. Ensure that the agency healthcare coordinator and the consultant pharmacist are notified.



OBSERVE FOR MEDICATION EFFECTS



Maintain an open line of communication with the individual and agency nurse.

Look for desired (therapeutic) effects.



Look for undesired (adverse) effects and changes.



vital signs:



physical:



behavioral:



other:

REMEMBER



**REPORT AND DOCUMENT YOUR OBSERVATIONS.
A TIMELY REPORT CAN SAVE A PERSON'S LIFE!**

Procedures for reporting and documenting effects of medication:

MEDICATION-RELATED EMERGENCIES



EXAMPLES OF MEDICATION-RELATED EMERGENCIES:

- ❖ Possible overdose (on either their own or someone else's medications)
- ❖ Severe allergic reaction (such as anaphylactic shock)
- ❖ Severe side effects
- ❖ A severe reaction someone has from *not* getting their medications

WHAT TO DO DURING A MEDICATION-RELATED EMERGENCY

COMPLETE REQUIRED DOCUMENTATION:

MEDICATION ERRORS

(AND WAYS TO  THEM)

MEDICATION ERRORS	WAYS TO AVOID ERRORS
MISSED DOSE (OMISSION)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
WRONG TIME	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
WRONG PERSON	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
WRONG MEDICATION	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
WRONG DOSE	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
WRONG ROUTE	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
WRONG DOCUMENTATION	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

WHAT SHOULD YOU DO IF YOU KNOW A MEDICATION ERROR HAS OCCURRED?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

MEDICATION REFUSALS



When an individual refuses to take medication, there are some important things to consider:

⇒ **Behavior is a form of communication.**

What is the person trying to communicate through the refusal? For example, is she/he trying to avoid negative side effects? Is he/she experiencing pain? Or is the person attempting to express something about his/her cultural values and beliefs?

⇒ **Individuals have the right to refuse medication and be informed about their medication.**

It is important to encourage individuals to take their medication; however, we cannot force them to take it. It is a violation of rights to “hide” medication in food/drink without the person’s knowledge. They need to know *every time*. And remember that a medication refusal is not a medication error.

⇒ **Environmental factors may be contributing to the refusal.**

Is the time of day a factor? What is the noise level in the room/area? What happened prior to the refusal? Does the person need some time to calm down?

● **Other things to consider:**

DURING MEDICATION REFUSALS



1. _____ that the person is actually supposed to take the medication.
2. Attempt to find out the reason _____ the person is refusing to take the medication (e.g., side effects, incorrect medication).
3. If the person indicates that he/she is experiencing negative side effects, contact _____ or _____. It is also important to use a medication resource (such as a _____ or a _____) to find out more about the side effects.
4. Make sure that you are honoring the person's _____. For example, you may be deviating from the person's preferred routine; if so, try to accommodate the person as much as possible.
5. Follow recommended _____ for success.
6. Ensure that the person is making an informed decision by explaining the expected _____ and possible side _____ of the medication.
7. Continue to offer the medication to the individual every few _____ until the _____ - _____ window has expired.
8. If the window has expired and the person has not taken the medication, follow the disposal procedure for refused medications. Then, _____ the refusal to _____ at your agency and _____ the refusal.

IF A PATTERN OF REFUSAL DEVELOPS, THE PERSON'S INTERDISCIPLINARY TEAM NEEDS TO MEET TO ADDRESS THE ISSUE AND THE INDIVIDUAL'S DOCTOR MUST BE NOTIFIED.

DOCUMENTATION AND MEDICAL APPOINTMENTS



When you go with an individual you support to a medical appointment, take the following with you:

Where are these things located?

What do you do with the completed documentation?

REMEMBER TO ADVOCATE FOR THE PERSON IN A PROFESSIONAL MANNER:

- ⇒ **Promote open communication between the doctor and the individual.**
- ⇒ **Provide pertinent information.**
- ⇒ **Help the individual express his/her preferences:**
 - **preparation of medication (e.g., pill, liquid, etc.),**
 - **preferred times per day, &**
 - **preferred packaging.**



SAMPLE PRESCRIPTION

Doctors will use medical abbreviations to write prescriptions.

Only healthcare professionals should use medical abbreviations and symbols. Why?

X. Ray, M.D.
 8000 West Main Avenue Suite 305
 Cactus Bloom, NM 87999
 (505) 999-9999
 Name Age
 Address
 BELOW MUST APPEAR GREEN Date
 DEA # _____

PO, BID

Label
 Refill _____ times PRN NR

CAN SUBSTITUTE NO SUBSTITUTION

M.D.

The prescription must be filled exactly as the doctor orders.

.....

.....

.....

.....

.....

.....

PROCEDURES FOR HANDLING PRESCRIPTIONS

.....

.....

.....

.....

.....

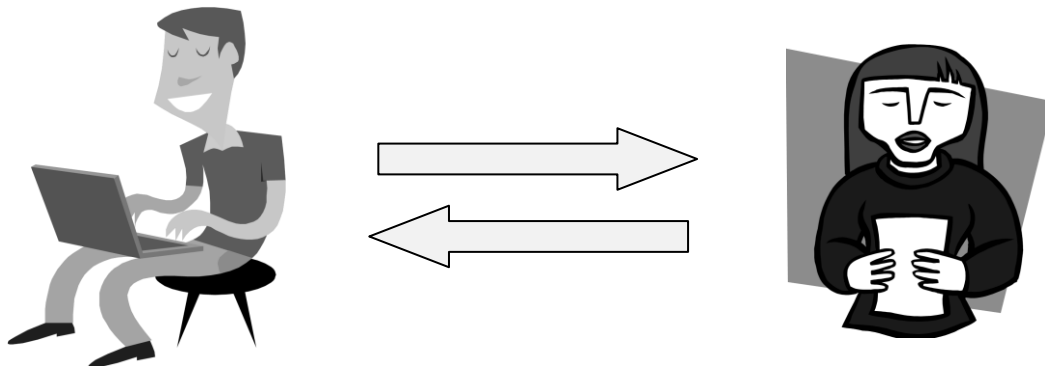
.....

MEDICATIONS AND

DDSD requires the use of a web-based documentation and communication software system by providers supporting people with I/DD. This system is called Therap. It is used to assess, record, and track healthcare information for individuals on the DD Waiver. One of the components of this program is the tracking of all types of medications used by individuals.

IMPORTANT ELEMENTS OF THERAP REGARDING MEDICATIONS:

- ⇒ **Medication History** – Tracks all Medications that an individual has been prescribed, whether they are routine, PRN, or treatment (temporary use) medications
- ⇒ **Discontinued Medications** – It is very important to document discontinued medication in Therap. This will allow you to look at an individual’s med history and view specific details on why medications were changed or discontinued
- ⇒ **“First DataBank”** – A comprehensive drug knowledge database that provides us with easy access to relevant drug information including:
 - ✓ Drug image
 - ✓ Drug identification
 - ✓ Dosage information
 - ✓ Precautions
 - ✓ Drug-disease interactions
 - ✓ Side effects



REGARDLESS OF WHETHER YOU ARE THE PERSON DESIGNATED TO ENTER MEDICATION INFORMATION INTO THERAP, YOU SHOULD HAVE ACCESS TO THE ABOVE-MENTIONED INFORMATION. EVERYONE SUPPORTING THE PERSON NEEDS TO” BE ON THE SAME PAGE”.

STANDING ORDERS FOR OVER-THE-COUNTER MEDICATIONS



Over-the-counter (OTC) medications have the potential to interact adversely with prescribed medications. And this is true not only for things such as aspirin, antacids, headache medicines, etc. but also for herbs, vitamins, and supplements. These may be routine (e.g. vitamins) or PRN (e.g. ibuprofen). Regardless of whether a medication is OTC or prescription, it has to be entered into Therap and recorded on a MAR.

In order for a person to take any over-the-counter medication, the doctor must give a written order because of possible drug interactions with the person's current medication(s). Also, the written order must specify the dosage, frequency, and indication for usage. So if a doctor indicates that a medication can only be taken for one purpose (e.g., pain), the person cannot take the medication for a different reason.

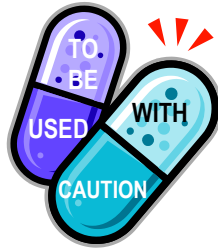
If the medication is PRN (rather than routine), the nurse **MUST** be called before staff can assist the person with that medication. The nurse must also be called if a PRN is taken by an individual and the symptoms are not alleviated in the appropriate timeframe. Both reason for taking the PRN and the results of taking it must be noted on the MAR by AWMD certified staff.

OTHER IMPORTANT THINGS TO REMEMBER:

- ⇒ Many times, over-the-counter medication labels will not list all possible side effects.
- ⇒ Read and follow the instructions on the label carefully. Even for OTC medications, the AWMD process must be followed, which includes comparing the label with the MAR.
- ⇒ Different formulations (e.g., immediate-release or slow-release) can have the same brand names. And these different formulations can have different ingredients.
- ⇒ Be aware that common complaints (which can be relieved by over-the-counter medications) can actually be signs of serious conditions. Consult with a healthcare professional if symptoms continue.
- ⇒ Special precautions should be taken for children and the elderly.
- ⇒ Taking over-the-counter medications can worsen some chronic conditions.



PRN PSYCHOTROPIC MEDICATIONS



For assisting with typical PRN medications (i.e. non-psychotropic), the staff is only required to call the nurse to get permission. If someone is prescribed a PRN psychotropic, there may be additional people, such as the individual's Behavior Support Consultant or Psychiatrist, involved.

- ✓ A comprehensive treatment plan (e.g. a Behavior Crisis Intervention Plan, a PRN Psychotropic Medication Plan) must be in place that describes the exact circumstance(s) in which the use of a PRN psychotropic would be appropriate.
- ✓ The nurse must still be called prior to assisting, just like with any other PRN med.
- ✓ The Assistance with Medication Delivery procedure must still be followed.
- ✓ There will be additional documentation required:

AGENCY PROCEDURE FOR DOCUMENTING USE OF PRN PSYCHOTROPICS

- ✓ If you have any concerns about why/when/how a PRN psychotropic should be used, you should always feel free to contact the Office of Behavioral Supports in your region directly. Just call the main Regional Office and ask for an OBS Behavioral or Crisis Specialist.

REMEMBER: IT IS PROHIBITED TO USE MEDICATION TO CONTROL A PERSON'S BEHAVIOR, AS PUNISHMENT, AS A SUBSTITUTE FOR TREATMENT, AND MOST CERTAINLY FOR TEAM MEMBERS' COMFORT or CONVENIENCE.

THESE MEDICATIONS ARE TYPICALLY FOR USE IN AN EMERGENCY WHERE THERE IS SUBSTANTIAL AND IMMINENT RISK OF SERIOUS PHYSICAL HARM.



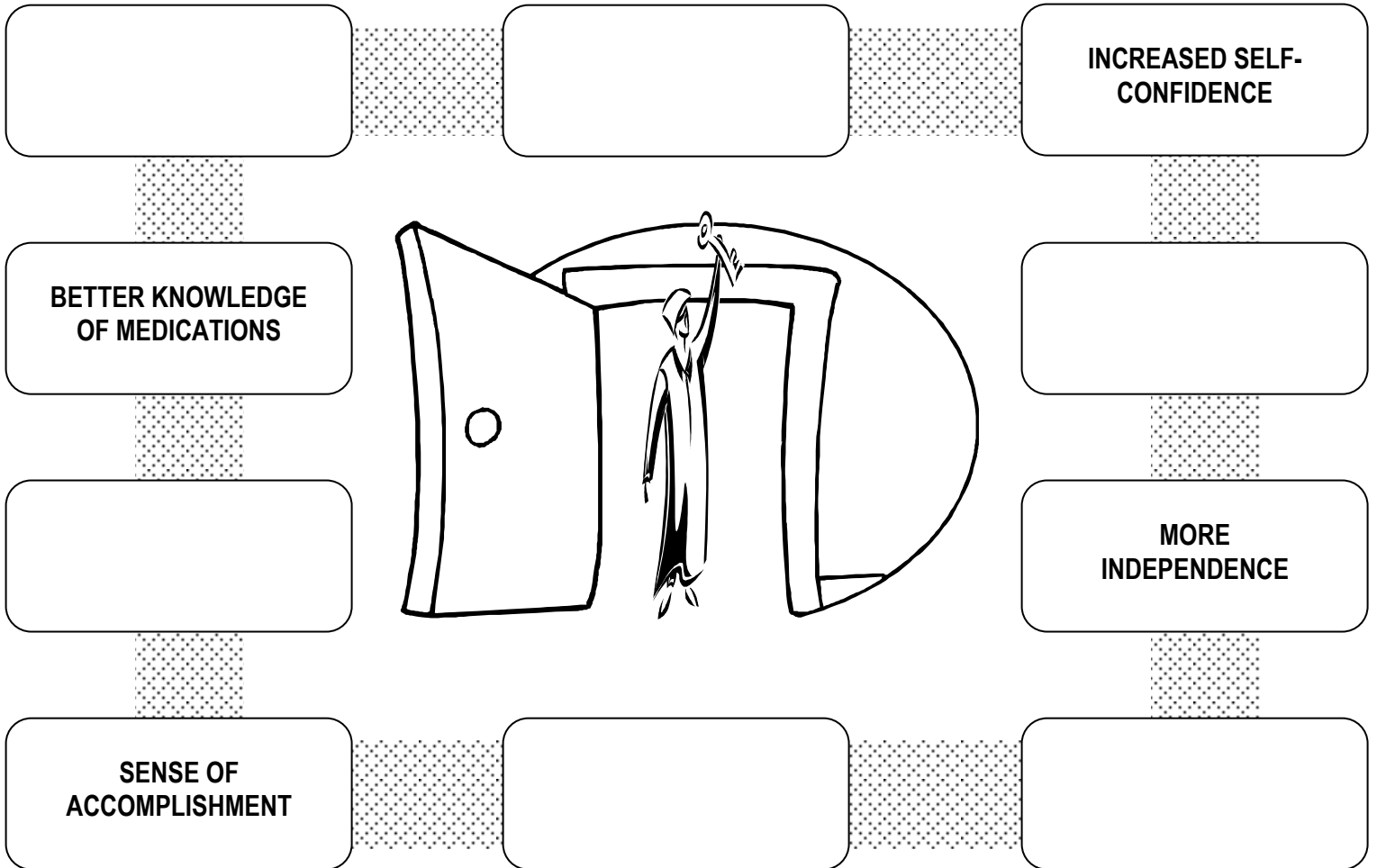
DOCUMENTATION PROCEDURES

DOCUMENTS USED:

_____	_____
_____	_____
_____	_____
_____	_____

SITUATION	DOCUMENTATION PROCEDURES
Joe takes his medication as scheduled.	
Carlos takes a prescribed controlled medication as scheduled.	
Bea takes a PRN (as needed) medication.	
Maria gets a refill of her medication.	
The doctor discontinues one of Dee's medications.	
A person has a drug or a food interaction with a medication.	
Martin went to his aunt's for the weekend and she seems to have misplaced or lost his medication.	
Sherry is supposed to take her medication at 8:00 PM. It is now 9:00 PM, and she is still refusing.	
The doctor writes Bill a new prescription.	
The pharmacist accidentally packed three pills in one bubble instead of two. Not paying attention, Ellen takes all three pills.	
One of Jenny's staff helped her with her 6pm seizure medications but didn't document it on the MAR. As a result, a second staff accidentally assisted her with a double dose.	

BENEFITS OF SELF-ADMINISTRATION OF MEDICATION



OTHER BENEFITS:

STRATEGIES FOR SUCCESS



When assisting an individual with medication or teaching self-administration of medication, here are some strategies to promote success:

- ❑ Establish a good relationship with the person, and treat the person with dignity and respect. This includes speaking to the person in a calm, pleasant voice.
- ❑ Honor the person's cultural preferences. Think about personal space, eye contact, touch, language, etc.
- ❑ Be aware of the nonverbal messages you send to individuals. All people communicate and send messages through their behavior. This includes individuals receiving services and *also* support providers.
- ❑ When working with an individual, utilize the team to make a plan (whether it's part of the ISP or a separate transition plan).
- ❑ Read the individual's communication dictionary in order to determine the possible meanings of his/her nonverbal messages. This can help you identify behavior as communication.
- ❑ Help the person utilize any communication devices or other assistive technology he or she may have.
- ❑ Say, "It's time for your medication," rather than "do you want to..." or "will you..."
- ❑ Ask other team members for suggestions. Family members, direct support providers, and therapists who know the person well can provide extremely useful information.
- ❑ Ensure that you have received the required individual-specific training you need to safely assist the person with his/her medication.
- ❑ Learn the person's preferred daily routine, and work with health care professionals to establish a good, feasible medication schedule. Try to plan around any perceived obstacles.
- ❑ Review the assessment tool for medication delivery to determine which areas to focus on when teaching the person to self-administer his/her medication.
- ❑ Identify ways to modify the environment or create adaptations that will allow the person to become more independent.

STRATEGIES FOR TEACHING SELF-ADMINISTRATION

WHAT PERSON COULD LEARN	STRATEGIES

DO NOT GIVE UP TRYING TO TEACH THE INDIVIDUAL TO SELF-ADMINISTER HIS/HER MEDICATIONS. IT IS IMPORTANT TO BE PATIENT BUT ALSO TO BE PERSISTENT. SMALL ACCOMPLISHMENTS ADD UP TO HUGE SUCCESSES!



ALSO LOOK AT: Why a quiet area is important, OTC medications, pharmacy labels, medication storage practices, strategies for teaching self-administration, the right to refuse, and why we shouldn't use medical abbreviations

SKILLS PRACTICE

⇒ You will have a chance to practice what you have learned today in class.

Today's skills practice will involve you and two partners practicing assisting with medication. You will be using candy instead of actual medication. You will need to demonstrate the eleven steps from page two of this handout packet and at least one technique for teaching the individual self-administration.

⇒ You will also demonstrate the ability to document scenarios for each of the following: refusal, discontinued medication, taking medication, refill, food and drug interactions, misplaced or lost medication, prescription changes, and dosage errors (this may occur in class or during the on-the-job skills demonstration).

⇒ The on-the-job skills demonstration will occur outside of this class. You will be observed demonstrating what you have learned with the person or people you support. You will be coached and observed by another staff person who has been certified to complete the observation.

The on-the-job skills demonstration will include demonstrating documentation procedures (if not done in class), verifying completion of individual specific training, and demonstrating the proper completion of each medication delivery step with one person you support. You will also need to demonstrate at least one technique for teaching self-administration.

You are not certified to assist with medication until you have successfully completed the On-the-Job Skills Demonstration and have been signed off by a certified coach. It is then you will receive your certificate.

COURSE EVALUATION

Date: _____ Facilitator(s): _____

Your Name: (optional) _____ Agency: _____

Please circle one number for each of the following using this scale:

1= Poor 2= Fair 3= Good 4= Excellent

- | | | | | |
|---|---|---|---|---|
| 1. My understanding of how medications affect the body is: | 1 | 2 | 3 | 4 |
| 2. My understanding of agency policies and procedures related to medication is: | 1 | 2 | 3 | 4 |
| 3. My understanding of how to assist individuals with medications in a safe manner is: | 1 | 2 | 3 | 4 |
| 4. My understanding of effective strategies for teaching individuals to self-administer medication is: | 1 | 2 | 3 | 4 |
| 5. My understanding of how to respond appropriately to possible medication-related emergencies is: | 1 | 2 | 3 | 4 |
| 6. My understanding of how important it is to be the “eyes and ears” of healthcare professionals is: | 1 | 2 | 3 | 4 |
| 7. My understanding of how to help the IDT determine the appropriate level of support to provide the person with his/her medication is: | 1 | 2 | 3 | 4 |

PLEASE GIVE CONSTRUCTIVE FEEDBACK AND PROVIDE SPECIFIC EXAMPLES	THINGS YOU LIKED	SUGGESTIONS FOR IMPROVEMENT OR SUGGESTIONS REGARDING OTHER TRAINING NEEDS
a. Content		
b. Materials		
c. Facilitator(s)		
d. Learning Style: (how this training addressed your learning style)		