

**Staff Member:** \_\_\_\_\_  
**Start Date of** \_\_\_\_\_  
**Competency:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_  
**Unit:** \_\_\_\_\_

*This competency has been assigned to the staff member indicated above and must be completed as part of their assigned role. This competency may need to be renewed at a designated future date to ensure the staff member maintains their skill.*

*The **Staff Member** will discuss with their Preceptor on their previous experiences and skills in establishing a plan and goals for successfully demonstrating their ability to meet the performance elements of the competency.*

*The **Preceptor** will discuss with the Staff Member the best approach to ensure their success in meeting the performance requirements for this competency. The **Preceptor** will date and initial each performance element when they validate that the Staff Member **has met the requirement of the element and can deliver this aspect of care without direct supervision**. The Preceptor should indicate in the Notes column any areas that the Staff Members should focus on to gain greater proficiency as they continue to develop. If the **Preceptor** has any concerns regarding the Staff Member's ability to meet the performance elements and successfully complete this policy, they should document their concerns on the Notes column and contact their **Supervisor** for direction.*

<b>Applicable References &amp; Policies:</b>	<ul style="list-style-type: none"> <li>Organization Policy and Procedure</li> </ul>
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Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V - Verbalized	Date Performance Element Met	Preceptor Initials	Notes
<b>Knowledge</b>				
<ul style="list-style-type: none"> <li>Organizational policies and procedures on               <ul style="list-style-type: none"> <li>Medication administration</li> <li>Reporting medication errors</li> <li>Pharmaceutical waste disposal</li> <li>Infection control practices with medication handling</li> </ul> </li> </ul>	<b>D S T V</b>			
<b>Medication Orders</b>				
Is able to verbalize what constitutes a proper medication order and the process to be followed when orders are ambiguous or unclear. All orders must contain: <ul style="list-style-type: none"> <li>Name of Medication</li> <li>Dosage and Dosage form</li> </ul>	<b>D S T V</b>			

Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V - Verbalized	Date Performance Element Met	Preceptor Initials	Notes
<ul style="list-style-type: none"> <li>Route of Administration</li> <li>Frequency of Administration</li> <li>If PRN- specific parameters as to when the medication can be administered</li> <li>If titratable- specific parameters as to starting dose, frequency for adjusting dose, Rate/dose for increasing and/or decreasing dose, specific monitoring parameters and maximum dose permitted.</li> </ul>				
<b>Order Clarification</b>				
<ul style="list-style-type: none"> <li>Is able to verbalize situations in which order clarification is required. Examples include missing required component of the order, potential drug interaction, existing allergy or cross-sensitivity concern</li> </ul>	<b>D S T V</b>			
<ul style="list-style-type: none"> <li>Is able to verbalize/demonstrate the process and timeline associated with order clarification inclusive of use of chain of command.</li> </ul>	<b>D S T V</b>			
<b>Pharmacy Packaging</b>				
<ul style="list-style-type: none"> <li>Demonstrates competency utilizing information on the prescription label or medication package that is critical to applying the five rights including the patient's name, name of medication, strength of medication, dose of medication, route of administration, how to use the medication and any warnings or precautions.</li> </ul>	<b>D S T V</b>			
<b>Medication Storage</b>				
<ul style="list-style-type: none"> <li>Demonstrates ability to determine proper medication storage, according to special instructions/guidelines and organizational policies for various medications such as oral, topical, temperature and/or light sensitivity and controlled medications.</li> </ul>	<b>D S T V</b>			
<b>High Alert Medications</b>				
<ul style="list-style-type: none"> <li>Is able to verbalize where to locate the High Alert Medication List and what the requirements are for each medication listed. Demonstrates the double-check process.</li> </ul>	<b>D S T V</b>			

Performance Elements	Validation Method (Circle) D – Demonstrated S – Simulated T – Test V – Verbalized	Date Performance Element Met	Preceptor Initials	Notes
<b>Sound-Alike/Look-Alike Medications</b>				
<ul style="list-style-type: none"> <li>Is able to verbalize where to locate the Sound-Alike/Look-Alike Medication List and is able to verbalize the purpose of Tallman lettering.</li> </ul>	<b>D S T V</b>			
<b>Medication Preparation</b>				
Is able to demonstrate/verbalize the medication preparation process:: <ul style="list-style-type: none"> <li>Clean Workspace free of clutter</li> </ul>	<b>D S T V</b>			
<ul style="list-style-type: none"> <li>Area with limited opportunities for distractions</li> </ul>	<b>D S T V</b>			
<ul style="list-style-type: none"> <li>Disinfection of space if reconstitution will occur</li> </ul>	<b>D S T V</b>			
<ul style="list-style-type: none"> <li>Review the original medication order</li> </ul>	<b>D S T V</b>			
<ul style="list-style-type: none"> <li>Review the applicable entry on the MAR</li> </ul>	<b>D S T V</b>			
<ul style="list-style-type: none"> <li>Select the medication from either the patient's individual medication drawer or stock storage location</li> </ul>	<b>D S T V</b>			
<ul style="list-style-type: none"> <li>Compare the name, strength, dosage form and number of units ( e.g. tabs, capsules, vials) removed</li> </ul>	<b>D S T V</b>			
<ul style="list-style-type: none"> <li>Prepare only one patient's medications at a single time.</li> </ul>	<b>D S T V</b>			
<ul style="list-style-type: none"> <li>Do not remove the medication from its original package until you are physically present with the patient.</li> </ul>	<b>D S T V</b>			
<b>Administration</b>				
<ul style="list-style-type: none"> <li>Demonstrates the ability to assemble all necessary supplies in order to administer medications. For example, assembles needed supplies for IM, IV and/or SQ administration.</li> </ul>	<b>D S T V</b>			
<ul style="list-style-type: none"> <li>Demonstrates techniques to ensure patients swallow medications.</li> </ul>	<b>D S T V</b>			

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<ul style="list-style-type: none"> <li>Understands where to seek information on which medications can be mixed with foods to help patient's take their oral medications. (e.g., applesauce, pudding)</li> </ul>	<b>D S T V</b>			
<ul style="list-style-type: none"> <li>Demonstrates applying "Scrub the Hub" techniques prior to withdrawing medications from vials and accessing a patient's IV site.</li> </ul>	<b>D S T V</b>			
<ul style="list-style-type: none"> <li>Demonstrates the use of two-patient identifiers prior to administering medications</li> </ul>	<b>D S T V</b>			
<ul style="list-style-type: none"> <li>Demonstrates the application of the 5 Rights of Medication Administration: Right Patient, Right Medication, Right Time, Right Dose, Right Route.</li> </ul>	<b>D S T V</b>			
<ul style="list-style-type: none"> <li>Verbalizes where to locate resources that may be needed to determine administration rates</li> </ul>	<b>D S T V</b>			
<b>Medication Administration</b>				
<ul style="list-style-type: none"> <li>Demonstrates how to assess patency of IV Access site; how to flush site and when to flush site.</li> </ul>	<b>D S T V</b>			
<b>Documentation</b>				
<ul style="list-style-type: none"> <li>Demonstrates competency in systems used in the work setting to document the administration of medications, which includes written medication administration records.</li> </ul>	<b>D S T V</b>			
<b>Discontinuing Medications</b>				
<ul style="list-style-type: none"> <li>Demonstrates competency in adhering to policies and practices for proper documentation of the discontinuation of a medication.</li> </ul>	<b>D S T V</b>			
<b>Disposing of Medications</b>				
Demonstrates competency in adhering to policies and practices for proper medication disposal. <ul style="list-style-type: none"> <li>Disposal of Controlled Substances &amp; Narcotics</li> <li>Disposal of Hazardous Medications</li> </ul>	<b>D S T V</b>			

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○ Disposal of all other medications				
<b>Adverse Reactions</b>				
• Demonstrates competency in identification of potential adverse reactions, side effects, sensitivity, allergic reactions and medication interaction concerns, the need to report this immediately to the physician and the need to report these to Pharmacy per organization policy.	<b>D S T V</b>			
<b>PRN usage</b>				
• Demonstrates competency in the delivery of PRN medications including appropriate circumstances (parameters) in which to administer PRNs to the individuals they will support.	<b>D S T V</b>			
<b>Refusals</b>				
• Demonstrates competency in adhering to policies, procedures and regulations regarding medication refusals.	<b>D S T V</b>			
<b>Medication Errors</b>				
• Is able to define what constitutes a medication error.	<b>D S T V</b>			
• Verbalizes the process for notifying the physician of the error and completes the organization's medication error reporting process.	<b>D S T V</b>			
<b>Missed Medication</b>				
• Demonstrates competency by accurately describing organizational protocol for documenting when medications are missed.	<b>D S T V</b>			
<b>Self-Medication</b>				
• Demonstrates how to assess patient's ability to self-administer medications; verbalizes competency in organization's policy and practices regarding self- medication.	<b>D S T V</b>			
<b>Off-Site Administration</b>				

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<ul style="list-style-type: none"> <li>Demonstrates competency in policy and practices regarding medication practices including correct storage and control of medication if patient is permitted to leave the campus</li> </ul>	<p><b>D S T V</b></p>			

*I hereby attest that I have completed this assigned competency and feel confident in my ability to perform the listed performance elements. I understand that if I have any questions regarding my abilities to perform in my role that I am to contact my supervisor immediately.*

**Signature of Staff Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Preceptor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notes:**