

College of Direct Support, Medication Support: On-the-Job (OJT) Skills Test for Orally Administering Capsules, Tablets or Lozenges

I. Name of Person Being Observed (Learner): _____

II. Name of Person Doing the Observation (Skills Mentor): _____

III. Contact Information for the Skills Mentor (*required*):

Employer (if applicable): _____

Address: _____

Phone: _____ Email: _____

The following information is part of the content in the course on Medication Support in the College of Direct Support (www.directcourseonline.com/directsupport). A qualified skills mentor (usually an instructor, supervisor, another employer designee, or an individual/family employer) must be identified to help with the skills

IV. Directions:

1. Print this form and have it reviewed by the skills mentor.
2. The skills mentor adjusts the form to meet specific needs by:
 - a. Crossing out skills on the form for skills not needed in the situation.
 - b. Adding additional skills in spaces provided.
 - c. After adding and deleting skills, numbering the skills in the order the learner is expected to perform them by placing a number in front of the skill (far left column on form).
3. The skills mentor helps the learner prepare for the test as necessary, including practice observations.
4. When the learner is ready, an observation is scheduled. Whenever possible this observation should be scheduled in the actual work setting. During the observation, the skills mentor:
 - a. May not prompt the learner.
 - b. Checks "Yes" for any step completed correctly.
 - c. Checks "No" for any step completed incorrectly and writes a comment clarifying why a skill was marked no.
 - d. Checks "N/A" and a comment if the skill cannot be observed and writes a comment clarifying why.
5. The mentor fills in contact information and signs the form certifying his or her role in the testing. All parts of the form must be completed (I-V).
6. The mentor may keep a copy of the form as desired for employment purposes. The learner will want to retain a copy for his or her records.

To complete this skills test the mentor observes the learner administering a medication in pill or lozenge form taken through the mouth. Ideally, the skill will be a demonstration of the actual medication needed by a person being supported by the learner. In these cases the skills mentor should have established through practice demonstrations and other opportunities, that the learner is able to administer the medications correctly. If the learner begins to make an error, such as handing the person being supported the wrong dose, the skills mentor must immediately stop the process and ensure the process is completed correctly. Another opportunity to complete a medication pass can be scheduled.

If the skills test cannot be completed in an actual support setting a realistic practicum must be completed. This would include actual tools and devices. A medication with a label and a matching medication administration record will be needed. The learner is expected to physically demonstrate rather than simply talk through the steps.

Observation may be for either a prescription medication or an over-the-counter medication. The learner is given the medication label with all necessary information. A medication record that matches the medications and all necessary protective devices, a place to wash hands, and any measuring devices must be available in the setting. If the observation is a practicum, the mentor may ask the learner what he or she would do in certain situations. For example, finding out what the learner would do if the person demonstrated discomfort during the medication pass or chewed a medication he or she is supposed to swallow whole.

If any of the five rights of medication are missed during the skills test, the learner must schedule a new observation at least one day later.

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#	Skill: Assisting in the Administration of Capsules, Tablets or Lozenges Taken Through the Mouth	Achieved: (Check one)			Comments:
		Yes	No	N/A	
	Notifies individual that it is time to take medications, as needed.				
	Uses good hygiene throughout procedure including: washing hands, using clean or single-use devices and equipment, avoiding handling of medications or parts of devices that enter the person's body, and using protective barriers as necessary.				
	Ensures privacy of the individual throughout procedure.				
	Ensures comfort of the individual throughout the procedure.				
	Stays focused on the individual throughout the procedure: speaking directly to the person and notifying him or her of procedures in advance.				
	Gathers all necessary supplies and materials, as needed prior to assisting with medication				
	Completes a "Triple Check" of the "Five Rights" on the label prior to administering at three critical points, as the container is removed from storage, as the dose is prepared, and before returning the container to storage.				
	Ensures the correct dosage is prepared (per recommendations, doctor's order, or prescription).				
	Ensures correct preparation of medication (per recommendations, doctor's order, or prescription). Examples may include: Crush and mix with food. Do Not Crush. Take with a full glass of water.				
	Assists the person as necessary in taking the medications.				
	Reminds and assists the person as necessary with correct method of administration. For example: hold under tongue until dissolved.				
	Observes that the medications are completely swallowed or absorbed (as necessary).				
	Properly stores and returns all supplies and materials.				
	Correctly documents the medication procedure (as necessary).				

V. By signing this form, I certify that I am qualified as a skills mentor in this area. I observed the learner perform these skills and the written comments and observations reflect the person's actual skills. The learner completed the medication administration without missing any of the five rights of medication administration (person, medication, time, dose, and route).

I am the learner's (Check one):

- Individual/Family Employer
 Supervisor
 Classroom Instructor
 Other _____

Signature of the Skills Mentor: _____

Date of the Observation: _____