

College of Direct Support, Medication Support: On-the-Job (OJT) Skills Test for Reading an Over-the-Counter (OTC) Medication Label

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) A qualified skills mentor (usually an instructor, supervisor, another employer designee, or an individual/family employer) must be identified to help with the skills test.

IV. Directions:

1. Print this form and have it reviewed by the skills mentor.
2. The skills mentor can adapt the form to meet the specific needs of the learner or the employer by:
 - a. Checking "N/A" on the form for skills not needed in a certain situation.
 - b. Adding additional skills in the 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.
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 writes a comment if the skill cannot be observed.
5. The skills 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 skills 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.

The Skills Mentor provides an over-the-counter label or product insert to the person being observed (learner). The learner must identify each part of the label as listed on the skills test. The mentor will also provide to the learner, a scenario or example (fictional) of a person to whom the learner could be providing support. This example will include the symptoms experienced, the age, gender, communication abilities, special conditions and other important information regarding the individual. The learner can describe whether the OTC medication would be appropriate for this person or not. The learner can describe additional resources needed or questions that require answers before assisting with the skills test for OTC Label Reading.

#	Skill	Achieved: (Check one)			Comments:
		Yes	No	N/A	
	The learner correctly identifies the name of the medication				
	The learner correctly identifies what the medication is for.				
	The learner correctly identifies the active ingredients in the medication.				
	The learner correctly identifies the inactive ingredients in the medication.				
	The learner correctly identifies the directions for timing.				
	The learner correctly identifies the correct route in which the medication must be administered and any special preparation or technique that needs to be				

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#	Skill	Achieved: (Check one)			Comments:
		Yes	No	N/A	
	used.				
	The learner correctly identifies the proper dosage for the medications.				
	The learner correctly identifies precautions or warnings that must be noted.				
	The learner correctly identifies when the medication is to be discontinued or a medical professional consulted.				
	The learner correctly identifies the expiration date of the medication.				
	The learner can describe how the medication is best stored.				
	In response to a scenario, the learner correctly identifies whether the medication would be appropriate for the person and/or additional questions the learner would want answered before deciding if the medication was appropriate. If the learner thinks the medication is appropriate, he or she must describe the proper dosage for the person in the scenario.				

V. By signing this form, I certify that I am the learner’s skills mentor, am qualified to observe the learner perform the skills identified in this test, and that my written comments and observations reflect the person’s actual skills.

I am the learner’s (Check one):

- Individual/Family Employer
 Supervisor
 Classroom Instructor
 Other _____

Signature of the Skills Mentor: _____

Date of the Observation: _____