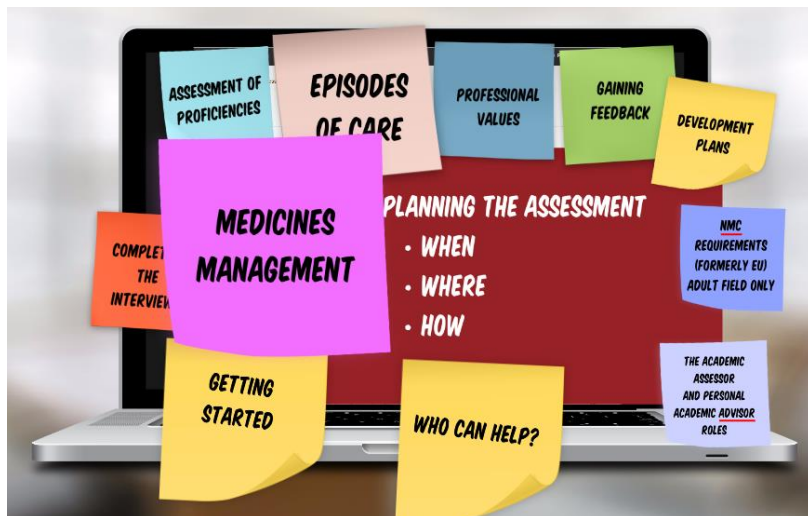


A Guide to the Medicines Management Assessments



BSc (Hons) Nursing
MSc Nursing
RNDA

Faculty of Health and Social Sciences

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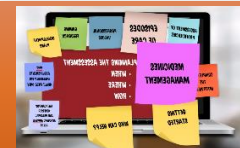
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A Quick Guide to the Medicines Management Assessment

This 5 minute [presentation](#) describes the Medicine Management Assessment, including roles and responsibilities.

Glossary

OPAL2

This is the name of your portfolio. OPAL2 does not refer to the stage of programme you are completing.

Part

A part is the stage of programme being completed. It does not correspond with the year but the academic level of programme you are completing. For example, if you are completing the MSc programme, you will complete Part 2 in year one of your programme; Year 1 of your RNDA programme, you will be completing Part 1.

Proficiency

The statement of knowledge and skills against which practice is assessed in accordance with the assessment criteria.

Formative

An opportunity to provide feedback and feedforward to help you develop your practice. The assessment criteria can be used as a framework for feedback. (Appendix 1)

Summative

An evaluation of your knowledge and skills at the time of the assessment. This is a final decision and must be completed by the submission date. The assessment criteria are used by practice assessors to confirm their decision.

Support

It is useful to know who to contact if you or your practice assessor have any queries.

<p>Opal support For OPAL 2 related queries such as:</p> <ul style="list-style-type: none"> • Forgotten passwords/ username • Unlocking portfolios • Practice Supervisor / Assessor access <p>Contact: opalsupport@bournemouth.ac.uk</p>	<p>Practice Education Teams/ Student Link NHS and some of the private providers have Practice Education Team to support learning in practice. In smaller organisations they have a student link. They can help with queries and work closely with the UPLA team. Make a note of their contact details when you start placement</p>
<p>University Practice Learning Adviser Team For advice and guidance about placement such as:</p> <ul style="list-style-type: none"> • Guidance about placement assessment • Relevant opportunities <p>Contact: UPLA@bournemouth.ac.uk</p>	<p>Academic Assessor Your Academic Assessor supports you and your Practice assessor in completing the practice assessment. Check that you have your Academic Assessor correctly linked to your OPAL2 portfolio.</p>
<p>Practice Unit On Brightspace you will find additional information. The Episodes of Care will be covered in this unit. You can also utilise your recall days to seek advice.</p>	<p>OPALBU.com The user guides for your portfolio are accessible via the home page. User Guides</p>

Who Assesses Medicines Management?



Practice assessor – Completes the assessment

Practice Supervisor - Helps you prepare by offering feedback and opportunities to practice.

Academic Assessor - Confirms that your assessment has been completed.

Here is the [link](#) to the presentation you viewed as part of 'Preparation for Practice'.

Introduction to Medicines Management

In each part of your programme, you are required to complete a Medicines Management Assessment. This assessment is:

- A planned summative event
- Achieved to progress to the next part
- To develop your knowledge of the regulatory frameworks: -
 - Future nurse (NMC 2018)
 - The Code (NMC2018)
 - A Competency Framework for All Prescribers (The Royal Pharmaceutical Society 2016)

Frequently Asked Questions

I completed my reflection, but my practice assessor wants more information, can they ask for this?

In short, yes. Your reflection needs to illustrate your understanding of safe and effective medication management and is evidence that your practice assessor will use to complete the assessment. It should illustrate your key learning. An example is provided in the guide.

I have filled in the reflection, but my practice assessor is insisting that they need to observe a planned episode. Why do I have to repeat it?

Unlike your proficiencies, which you can complete as the year progresses, medicines management is a planned assessment that your practice assessor needs to directly observe. The assessment enables them to assess your level of proficiency by direct observation, discussion, medication examples and review of your reflective account.

Not all the competencies can be assessed by direct observation, can I still complete the assessment?

Yes, you can. In appendix 1, you will find the competencies that need to be assessed. Identify the ones that might not be met by direct observation and discuss with your practice assessor how you could evidence these.

My practice assessor has accidentally referred my assessment, what should I do?

Ask your practice assessor to contact [OPAL Support](#) and they will unlock the assessment. OPAL support is a dedicated team that support the management of the OPAL system. As a student, you cannot request amendments to assessment decisions.

My practice assessor / practice supervisor has forgotten their username and /or password.

Ask them to email [opalsupport](#) by clicking on this link or from the [www.opalbu.com](#) log in area.

My practice assessor has gone on long term leave, what should I do?

Speak to one of your practice supervisors and ask them to help you identify another practice assessor. If there is a concern that this may not be achievable contact the practice education team for support. It may be possible to complete the assessment with a peripatetic practice assessor.

If still not resolved contact your academic assessor and the UPLA team

Can I fail the medicines management assessment?

Your practice assessor needs to be confident that you have met the level of proficiency for medicines management. They use the assessment criteria to help them make their decision. If you have been proactive in your preparation, able to respond to any questions, are informed about the assessment and have supported it with a reflection as well as examples of medication that include nursing care implications to illustrate your understanding and key learning then you are planning for success.

The reasons for referral are usually due to not organising the assessment in time. Your practice assessor will not know if you want to have the assessment completed unless you discuss this with them. It is a good idea to plan the assessment at your initial interview.

My practice assessor is not sure if I am completing the correct 'Part' of the portfolio, how do I explain it?

There are different programmes using the same portfolio to support and assess practice. This means that not everyone will be completing Part 1 in year 1 etc.

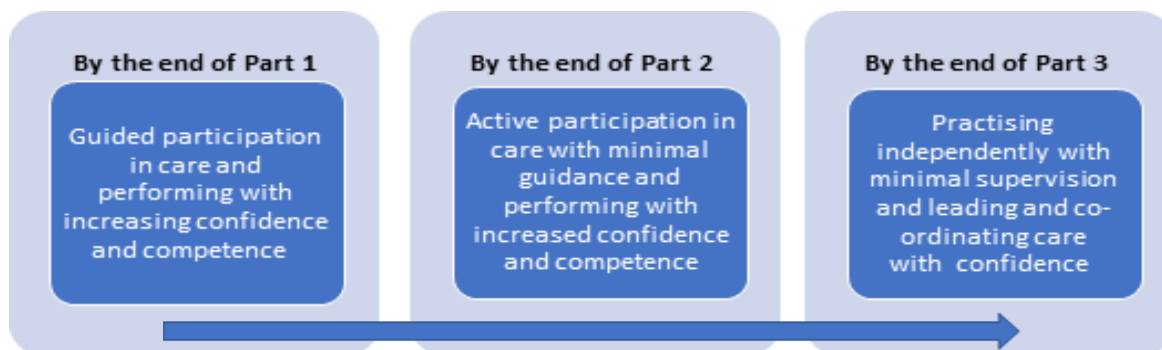
Programme	Length of programme	Part 1	Part 2	Part 3
Masters	This is a 2-year programme. Accreditation of prior learning means that Part 1 practice is not required.	N/A	Year 1	Year 2
BSc (Hons)	This is a 3-year programme combining theory and practice	Year 1	Year 2	Year 3
RNDA	This is a 3.5-year programme combining theory, practice and work-based experience.	Year 1	Year 2	Year 3/4

I can't see my previous placements or assessment, what do I do?

Your portfolio is an 'ongoing record of achievement'. You can review your whole portfolio by clicking on the 'view/print' button. You can also download your portfolio at any time and save it as a pdf.

Assessment Criteria

When you start your 'Medicines Management' assessment, you will see that there is additional guidance at the top to help you and your Practice assessor. If you click on the '+' sign you will see the assessment criteria as well as the intended learning outcomes that are used to assess your level of practice. The Medicines Management assessment is marked as a 'Pass / Fail'.



Intended Learning Outcomes

Part 1	Part 2	Part 3
<ol style="list-style-type: none"> 1. Apply knowledge of pharmacology, how medicines act and interact in the systems of the body, and their therapeutic action. 2. Prepare routine medications where necessary, safely and effectively administer these via common routes and maintains accurate records. 3. Safely and accurately perform medicines calculations. 4. Demonstrate that they have maintained appropriate professional values, expected attitudes and behaviours during the administration of medicines. 5. Maintain safety and safeguard the patient from harm, demonstrating understanding of the Mental Capacity Act (DH 2005) and The Mental Health Act (DH 1983, amended 2007), where appropriate. 	<ol style="list-style-type: none"> 1. Apply knowledge of pharmacology, how medicines act and interact in the systems of the body, and their therapeutic action. 2. Carry out an initial and continued assessment of people receiving care and their ability to self-administer their own medications. 3. Prepare medications where necessary, safely and effectively administer these via common routes, maintains accurate records and is aware of the laws, policies, regulations and guidance which underpin medicines management. 4. Safely and accurately perform medicines calculations for a range of medications. 5. Coordinate the process and procedures involved in managing the safe discharge, move or transfer between care settings of the person. 6. Maintain safety and safeguard the patient from harm, including non-compliance, demonstrating understanding of the Mental Capacity Act (DH 2005) the Mental Health Act (DH 1983, amended 2007), where appropriate. 	<ol style="list-style-type: none"> 1. Apply knowledge of pharmacology, how medicines act and interact in the systems of the body, and their therapeutic action. 2. Prepare medications where necessary, safely and effectively administer these via common routes and maintains accurate records. 3. Demonstrate proficiency and accuracy when calculating dosages for a range of prescribed medicines. 4. Administer and monitor medications using vascular access devices and enteral equipment, where appropriate. 5. Recognise and respond to adverse or abnormal drug reactions to medications. 6. Maintain safety and safeguard the patient from harm, including awareness of non-compliance, demonstrating understanding of the Mental Capacity Act (DH 2005) and the Mental Health Act (DH 1983, amended 2007), where appropriate.

Roles and Responsibilities

When preparing for the assessment you need to be prepared, the interviews can help you to plan

	Student	Practice Supervisor (PS)	Practice assessor (PA)
Pre-placement	<ul style="list-style-type: none"> Review the opportunities to complete the Medicines Management assessment Confirm submission date Complete orientation section Complete initial interview 		
Initial interview	<ul style="list-style-type: none"> Discuss opportunities Agree date for assessment 	<ul style="list-style-type: none"> Confirms assessment date with you and your practice assessor 	<ul style="list-style-type: none"> Agrees date
Ongoing	<ul style="list-style-type: none"> Complete preparation Ask for relevant opportunities to practice Prepare your record of medication administration examples (part 2 and 3) 	<ul style="list-style-type: none"> Provides feedback to you Provides feedback to the PA Reviews the medication examples 	<ul style="list-style-type: none"> Confirms assessment date and time
Following Assessment	<ul style="list-style-type: none"> Complete Reflection of key learning Arrange with your Practice assessor to complete the written assessment 		<ul style="list-style-type: none"> Reviews reflection Complete Assessment following discussion and review of medicine examples

Your Academic Assessor (AA) confirms the assessment at the end of your placement

What is a relevant opportunity for the Medicines Management Assessment?

Over the course of your programme, you will complete a range of placements. Take time to read the assessment and discuss the possible opportunities for assessment when you start placement.

The assessment will differ in accordance with your field of practice.



For example,

Adult field: You may administer medication to a group or patients in a secondary care ward setting; administer medication for one patient in the home setting in a primary care placement.

Mental Health field: May support a patient / client to manage their own medication within a residential setting; administer medication in a primary care environment.

Child and Young Persons field: You may administer medication for one child in a school setting; may support parents to administer medication.

It is recommended that you arrange formative opportunities to practice the assessment, enabling you to gain feedback and build confidence. This type of assessment is a regular occurrence in registered practice.

Think of the '4P' approach to planning your assessment

Prepare	Read the assessment and review the competencies you will be required to demonstrate Make a note of any points you might like to clarify
Plan	Discuss at your initial interview Identify dates Clarify expectations with your practice assessor
Practice	Agree practice opportunities with your practice supervisor Get feedback and review any areas for further development Practice medication calculations
Proficiency	Demonstrate your knowledge, skills and professional values by: - <ul style="list-style-type: none"> Practicing in accordance with The Code (NMC 2018) Illustrating your key learning in the reflection Providing any additional evidence as required e.g., calculation examples

Managing Your Nerves

As healthcare professionals, we learn many of our skills in practice. This is a public arena and daunting. As a student, you are attending different placements for short periods of time, all the while, having your knowledge, skills and professional values evaluated. Being assessed on a specific element in a structured way can cause added anxiety. Students can often be concerned that they are not practicing as confidently as their practice supervisors and practice assessors expect.

What can you do to manage those nerves? Remember we were all students once and we want you to succeed.

Completing summative assessments to demonstrate proficiency and competency is standard practice in healthcare. Having the opportunity to develop your ability to undertake these assessments in your pre-registration programme is helping to develop a tool for professional life.

Your assessment may not go according to plan but this is part of the whole process. You will be able to show problem-solving skills, therefore demonstrating flexibility and critical thinking. To help you avoid the nerves, there are several things you can do:-

Clarify	Ask	Rest	Evaluate
Clarify what helps you to manage potentially stressful situations.	Ask your practice assessor for guidance	Rest, eat well and be hydrated.	Evaluate the challenges.
Discuss these with your practice supervisors and apply them to your practice opportunities.	What do they expect?	This may seem obvious but hunger, thirst and tiredness affects our performance and ability to problem solve.	Talk to your practice assessor.
	Tell them you are apprehensive or nervous.		It is good to know what you can do in the event of the unexpected have a contingency plan
	When said out loud, nerves can lessen.		

Completing the Reflection

Following the observed medicines assessment, you will need to complete a reflection. Until this is completed, your practice assessor cannot complete your assessment.

It is important not to spend too much time describing but to focus on your key learning and the implications for your future practice.

You can use different approaches to completing the reflections

1. What happened, what did I learn, what would I do differently and how it will help my future practice?

Example,

What happened?

My practice assessor observed me administering medication to four people. One patient was in a lot of pain but did not have pain relief prescribed. We kept being interrupted by other team members asking my assessor questions.

What did I learn?

This experience has helped me to appreciate that I can be quite calm. I was extremely nervous but I found that the routine helped me to focus. I have learned the importance of being organized and communicating to the team what is happening. If I had told the team I was having my assessment and requested they did not interrupt, it might have been managed more smoothly. I could have assessed the patient's pain before we started and delegated another member of staff to ask for a medical review. I had been worried about knowing all the medications but realised that the BNF is there to help.

What would I do differently?

This experience has made me appreciate that it is easy to become distracted. When I prepare to administer medication in the future, I will make sure the team are aware. My assessor and I discussed how I could delegate to another person to manage queries. I would also make sure that the patients were in a comfortable position to be ready to receive their medication as I had to ask for help to reposition 2 patients.

How will this help my future practice?

In the future, I will be much more aware of how to support the RN administering medications. I will clarify if I can be of any assistance. If I am the person administering the medication, I will communicate with the team, ensure the patients are in a comfortable position and have a drink. I will continue to revise commonly used medications in each placement and ask to practice administration regularly.

2. Use the 4 Quadrant Approach. A brief description. What you would continue, what could you do more of, what could you begin to do, what could you consider, what could you do less of or stop?

Example,

On my community placement, my practice assessor observed me supporting a patient to self-administer their medication. It was their first time giving themselves a sub-cutaneous injection

Continue: *I communicated very effectively, taking time to reassure them. I helped them to wash their hands correctly and advised about infection control. I explained how to prepare and administer in small steps and then showed them how to use the sharps bin.*

What I could do more of: *I found it quite hard to watch someone but felt that I had achieved a lot when they managed it. I could do more when in clinical situations to help people self-manage their care. I was very conscious of being assessed and kept using medical terminology. I will be more conscious of who am I taking to in the future.*

What could you consider? *I could organize a spoke visit with a local pharmacy to learn more about how medication is managed in the community*

What could I do less: *When I wrote the event in the notes, I recorded what medication had been administered and the injection site. My assessor and I discussed the importance of documenting the effect for the patient. This would have helped future teams appreciate how the patient had managed. For example, they were really pleased that they could administer their injection confidently and knew about the potential side effects. Their objective is not to have to be reliant on a visit but to be more independent.*

There is no need to: -

- Include references although can support your reflection
- Write an essay
- Include descriptions of equipment, medications, the environment. Focus on your care and how you achieved the assessment

You will need to: -

- Ensure confidentiality is upheld
- That the assessment has been completed by your practice assessor before you complete the final interview
- That you complete the assessment(s) by the submission date
- That you have proofed your work and checked that your key learning is clearly explained.

Practice Assessor Feedback

Once you have completed your reflection, your practice assessor can review your reflection. They can offer you some feedback and feedforward to help you develop your knowledge and skills.

Example,

Feedback: Steve demonstrated safe practice in administering medication. He had prepared well for the assessment and used notes for the discussion of the competencies. His reflection illustrates his understanding of reviewing the effect of medication such as pain relief.

Feedforward: To continue to take up opportunities to practice administration. I would also recommend reviewing a common group of medications in each placement as this will help to develop a wider range of knowledge by the end of the programme. Well done.

What if I Fail the Medicines Management Assessment?

Reasons why the assessment is not successfully completed: -

- It is forgotten and the submission day passes
- It is not planned and the practice assessor is asked to complete as an afterthought at the final interview
- That opportunities to practice and clarify expectations have not been utilised
- That there is no evidence of preparation and consistent safe practice is not demonstrated

If you are not successful, take your time. We do not always get everything right first time. Arrange a tutorial with your academic assessor to review the feedback and plan. The exam board will confirm an opportunity, if appropriate, to resubmit the assessment at a later point. The exam board make this decision based upon your programme achievements across the part you are completing. This will not stop you continuing your programme or placements. You will have opportunity to practice the assessment in readiness.

Assessment Checklist

Submission date (this is on your assessment schedule on Brightspace):

Medicines Assessment	
Have I reviewed the assessment?	
Have I discussed the opportunity to complete the assessment in this placement?	
Have I clarified with my practice assessor their expectations for the Assessment?	
Have we identified a date and time for the assessment?	
Have I discussed the plan with my practice supervisor so that I can practice in advance of the assessment?	
Have I completed relevant reading?	
Have I provided my practice supervisor(s) and practice assessor access to my portfolio?	
Following the assessment, have I completed the reflection in enough detail?	
Have I discussed all the elements with my practice assessor? Have they passed every element?	
Before we complete the final interview, have I checked that the assessment has been fully completed?	
If I have a concern or query, do I know what to do and who to speak to?	Name: -
If I had a concern about the assessment, have I sought support promptly?	Date: - Name: -

Appendix 1

Part 1 – Medicines Assessment

Achieved	Knowledge	Skills	Attitude and values
YES	Is able to identify the appropriate knowledge base required to deliver safe, person-centred care under with some guidance.	In commonly encountered situations is able to utilise appropriate skills in the delivery of person-centred care with some guidance.	Is able to demonstrate a professional attitude in delivering person centred care. Demonstrates positive engagement with own learning.
NO	Is not able to demonstrate an adequate knowledge base and has significant gaps in understanding, leading to poor Practice.	Under direct supervision is not able to demonstrate safe Practice in delivering care despite repeated guidance and prompting in familiar tasks.	Inconsistent professional attitude towards others and lacks self-awareness. Is not asking questions nor engaging with own learning needs.

	Competency	Examples of Evidence
1	Is aware of the patient/service user's plan of care and the reason for medication demonstrating knowledge of pharmacology for commonly prescribed medicines within the practice area.	<p>Direct observation is the primary source of evidence. Your reflection is the supplementary evidence.</p> <p>There will be some competencies that may not be assessed using these 2 methods.</p> <p>To help you demonstrate the knowledge and skills you can use: -</p> <ul style="list-style-type: none"> • Discussion • Question and Answers • Case study • Quiz • Learning from an interprofessional learning opportunity e.g., pharmacy visit • Patient information sheet • List your calculations after you have completed your reflection so that they are available for review • Include your knowledge in your reflection e.g. When I completed the medication administration, I provided information about the medication. I have participated in organizing a patient's discharge. I provided information about the medicines and made sure they knew how to organize a repeat prescription.
2	Communicates appropriately with the patient/service user. Provides clear and accurate information and checks understanding.	
3	Understands safe storage of medications in the care environment.	
4	Maintains effective hygiene/infection control throughout.	
5	Checks prescription thoroughly. <ul style="list-style-type: none"> • Right patient/service user • Right medication • Right time/Date/Valid period • Right dose/last dose • Right route/method • Special instructions 	
6	Checks for allergies and sensitivities demonstrating an understanding of risks and managing these as appropriate <ul style="list-style-type: none"> • Asks patient/service user. • Checks prescription chart or identification band 	
7	Prepares medication safely. Checks expiry date. Notes any special instructions/contraindications.	
8	Calculates doses accurately and safely. <ul style="list-style-type: none"> • Demonstrates to assessor the component parts of the calculation. Minimum of 3 calculations undertaken	
9	Checks and confirms the patient/service user's identity and establishes consent. (ID band or other confirmation if in own home)	
10	Administers or supervises self-administration safely under direct supervision. Verifies that oral medication has been swallowed.	
11	Describes/demonstrates the procedure in the event of non-compliance	
12	Safely utilises and disposes of equipment.	
13	Maintains accurate records. <ul style="list-style-type: none"> • Records, signs and dates when safely administered 	
14	Monitors and reports effects and is aware of common side effects and how these are managed.	
15	Uses appropriate sources of information e.g. British National Formulary	
16	Offers patient /service user further support/advice/education, including discharge/safe transfer where appropriate	

Part 2 – Medicines Assessment

Achieved	Knowledge	Skills	Attitude and Values
YES	Has a sound knowledge base to support safe and effective Practice and provide the rationale to support decision making.	Utilises a range of skills to deliver safe, person centred and evidence-based care with increased confidence and in a range of contexts.	Demonstrates an understanding of professional roles and responsibilities within the multidisciplinary team. Maximises opportunities to extend own knowledge.
NO	Has a superficial knowledge base and is unable to provide a rationale for care, demonstrating unsafe practice	With supervision is not able to demonstrate safe practice and is unable to perform the activity and/or follow instructions despite repeated guidance.	Demonstrates lack of self-awareness and understanding of professional role and responsibilities. Is not asking appropriate questions nor engaged with their own learning.

	Competency	Examples of Evidence
1	Is aware of the patient/service user's plan of care and the reason for medication demonstrating knowledge of pharmacology for commonly prescribed medicines within the practice area.	<p>Direct observation is the primary source of evidence. Your reflection is the supplementary evidence.</p> <p>There will be some competencies that may not be assessed using these 2 methods.</p> <p>To help you demonstrate the knowledge and skills you can use: -</p> <ul style="list-style-type: none"> • Discussion • Question and Answers • Case study • Quiz • Learning from an interprofessional learning opportunity e.g., pharmacy visit • Patient information sheet • List your calculations after you have completed your reflection so that they are available for review • You could include points in your reflection e.g. When I completed the medication round, the patients were not able to self-administer. I have reviewed the policy and
2	Communicates appropriately with the patient/service user. Provides clear and accurate information and checks understanding.	
3	Understands safe storage of medications in the care environment.	
4	Maintains effective hygiene/infection control throughout.	
5	Checks prescription thoroughly. <ul style="list-style-type: none"> • Right patient/service user • Right medication • Right time/Date/Valid period • Right dose/last dose • Right route/method • Special instructions 	
6	Checks for allergies and sensitivities demonstrating an understanding of risks and managing these as appropriate <ul style="list-style-type: none"> • Asks patient/service user. • Checks prescription chart or identification band 	
7	Prepares medication safely. Checks expiry date. Notes any special instructions/contraindications.	
8	Calculates doses accurately and safely. <ul style="list-style-type: none"> • Demonstrates to assess the component parts of the calculation. Minimum of 3 calculations undertaken	
9	Checks and confirms the patient/service user's identity and establishes consent. (ID band or other confirmation if in own home)	
10	Administers or supervises self-administration safely under direct supervision. Verifies that oral medication has been swallowed.	
11	Describes/demonstrates the procedure in the event of non-compliance	
12	Safely utilises and disposes of equipment.	
13	Maintains accurate records. <ul style="list-style-type: none"> • Records, signs and dates when safely administered 	
14	Monitors and reports effects and is aware of common side effects and how these are managed.	
15	Uses appropriate sources of information e.g. British National Formulary	
16	Offers patient /service user further support/advice/education, including discharge/safe transfer where appropriate	

Part 3 – Medicines Assessment

Achieved	Knowledge	Skills	Attitude and Values
YES	Has a comprehensive knowledge-base to support safe and effective practice and can critically justify decisions and actions using an appropriate evidence-base.	Is able to safely, confidently and competently manage person centred care in both predictable and less well recognised situations, demonstrating appropriate evidence-based skills.	Acts as an accountable practitioner in responding proactively and flexibly to a range of situations. Takes responsibility for own learning and the learning of others.
NO	Is only able to identify the essential knowledge-base with poor understanding of rationale for care. Is unable to justify decisions made leading to unsafe practice.	With minimal supervision is not able to demonstrate safe practice despite guidance.	Demonstrates lack of self-awareness and professionalism. Does not take responsibility for their own learning.

	Competency	Examples of Evidence
1	Is aware of the patient/service user’s plan of care and the reason for medication demonstrating knowledge of pharmacology for commonly prescribed medicines within the practice area.	<p>Direct observation is the primary source of evidence. Your reflection is the supplementary evidence.</p> <p>There will be some competencies that may not be assessed using these 2 methods.</p> <p>To help you demonstrate the knowledge and skills you can use: -</p> <ul style="list-style-type: none"> • Discussion • Question and Answers • Case study • Quiz • Learning from an interprofessional learning opportunity e.g., pharmacy visit • Patient information sheet • List your calculations after you have completed your reflection so that they are available for review • Include your knowledge in your reflection e.g. during my placement I cared for a patient who could not remember their medication.....
2	Communicates appropriately with the patient/service user. Provides clear and accurate information and checks understanding.	
3	Understands safe storage of medications in the care environment.	
4	Maintains effective hygiene/infection control throughout.	
5	Checks prescription thoroughly. <ul style="list-style-type: none"> • Right patient/service user • Right medication • Right time/Date/Valid period • Right dose/last dose • Right route/method • Special instructions 	
6	Checks for allergies and sensitivities demonstrating an understanding of risks and managing these as appropriate <ul style="list-style-type: none"> • Asks patient/service user. • Checks prescription chart or identification band 	
7	Prepares medication safely. Checks expiry date. Notes any special instructions/contraindications.	
8	Calculates doses accurately and safely. <ul style="list-style-type: none"> • Demonstrates to assess the component parts of the calculation. Minimum of 5 calculations undertaken demonstrating increased complexity	
9	Checks and confirms the patient/service user’s identity and establishes consent. (ID band or other confirmation if in own home)	
10	Administers or supervises self-administration safely under direct supervision. Verifies that oral medication has been swallowed. Can use the principles of safe remote prescribing and directions to administer medications	
11	Describes/demonstrates the procedure in the event of reduced capacity and non-compliance	
12	Safely utilises and disposes of equipment.	
13	Maintains accurate records. <ul style="list-style-type: none"> • Records, signs and dates when safely administered 	
14	Monitors effects and has an understanding of common side effects, contraindications incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy.	
15	Uses relevant frameworks for medicine use as appropriate. E.g. local formularies, care pathways, protocols and guidelines.	
16	Offers patient /service user and their carers further support/advice/education, including discharge/safe transfer where appropriate	