

05-5.3 MAP Recertification Evaluation Guide

**Approved MAP Trainer's Guide for Use with the
MAP Recertification Competency Evaluation Form**

- 1) **Identifying Information:** This section is to be completed by either the staff applying for Recertification or the Approved MAP Trainer.
- 2) **Recertification Training:** The MAP Trainer must confirm and then enter the completion date of the MAP Recertification Training (i.e., refresher training).
- 3) **Date of Skills Evaluation:** The MAP Trainer must enter the date of the Skills Evaluation.
- 4) **Checklist:** This section is to be completed by the Approved MAP Trainer administering the skills evaluation. Check 'Yes', if the staff demonstrates the skill correctly. Check 'No', if the staff does not demonstrate the skill correctly. Comments regarding their performance in regards to a specific skill may be written on the corresponding line under 'Comments'. Additional comments may be added.
 - a) **Staff identifies the correct Medication Administration Record:** When the staff is told by the Approved MAP Trainer the identity of the individual to whom they will administer medications ('actual' or 'mock'), the staff is able to locate the correct Medication Administration Record for that individual.
 - b) **Staff identifies the correct medication(s):** When the staff is told by the Approved MAP Trainer the date and time of the medication they will be administering to the identified individual, staff is able to review the Medication Administration Record to determine the medication to be administered and is able to retrieve the correct medication from the storage unit.
 - c) **Staff confirms the correct Health Care Provider (HCP) Order(s):** Staff is able to confirm the correct HCP Order that matches the medication retrieved.
 - d) **Staff compares the Pharmacy Label to the Medication Administration Record:** Staff compares the Pharmacy Label on the medication container to the corresponding entry on the Medication Administration Record and verifies the Five (5) Rights agree.
 - e) **Staff prepares the correct dose(s):** Staff pours the correct dose of medication and correctly prepares the medication for proper administration (i.e., crushed, dissolved, diluted, etc. [if applicable]).
 - f) **Staff compares the Pharmacy Label to the Medication Administration Record:** Once the medication(s) are poured and prepared, the staff compares the Pharmacy Label on the medication container to the corresponding entry on the Medication Administration Record and verifies the Five (5) Rights agree.
 - g) **Staff correctly administers the medication(s):** Staff identifies the correct individual, explains to that individual what medications are being administered, provides that individual with water or the HCP Ordered agent for administration (e.g., juice, pudding, etc.), and verifies that the medication was successfully ingested or applied (i.e., administered via the right route) and safely disposes of the applicable medication administration supplies.
 - h) **Staff completes a 'look back', and then correctly documents the administration:** Staff does a 'look back' to ensure that the medication was administered correctly. Staff documents their initials in the medication box corresponding with the date and time of the administration.

Staff includes additional documentation that may be indicated (e.g., the administration of a PRN, a countable medication, etc.).

- i) **Staff stores and manages medication(s) in a secure manner:** Throughout the Medication Administration Process, the staff demonstrates an understanding that medications must be maintained in a manner that keeps the individuals safe from accidental or intentional ingestion of those medications. For example, medications are under the observation and control of staff at all times when the medication storage unit is open; otherwise, the medications are secured with a key-lock(s).

5) **Eligibility:** To be deemed 'Eligible' for Recertification, the staff must receive a 'Yes' on every item on the *MAP Recertification Competency Evaluation Form* checklist.

- a) The Approved MAP Trainer who conducted the Recertification evaluation indicates whether the staff is 'Eligible' or 'Not Eligible', and prints and signs their name.
- b) A staff who is deemed 'Not Eligible' for Recertification may not administer medication and may not perform any medication-related tasks.
- c) The dated and signed 'Form' is forwarded to the Service Provider designated supervisory staff after each evaluation attempt for supervisory staff sign-off.