

Medication Assistant-Certified (MA-C) Model Curriculum

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NCSBN Practice, Regulation and Education Committee

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Preamble

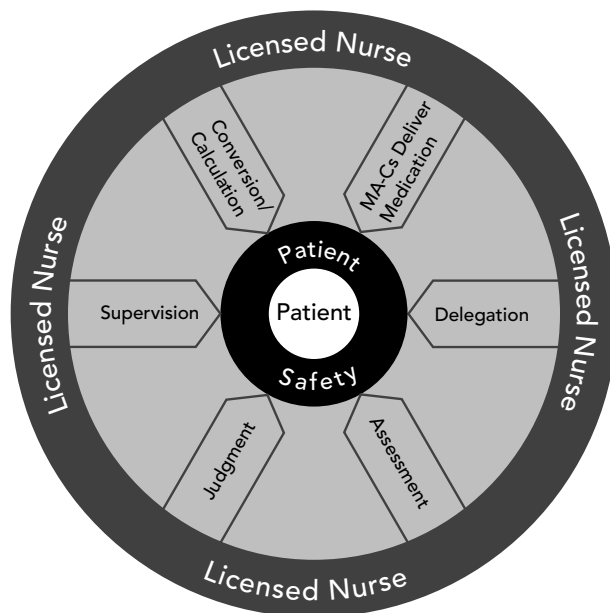
Background

At the 2005 Delegate Assembly, following a motion from the floor, the delegates passed this resolution: “Resolved that NCSBN conduct a job analysis, develop a model medication administration curriculum and conduct a feasibility study for administering a competency examination for medication assistive personnel. The results of the job analysis, course and feasibility study shall be reported to the 2006 Delegate Assembly.”

The Practice, Regulation and Education (PR&E) Committee was charged with the execution of the resolution. A draft Model Curriculum for medication assistants-certified (MA-Cs) was presented to the Delegate Assembly in August 2006. Feedback was solicited, received and incorporated into the MA-C Model Curriculum, along with the results of the medication assistant job analysis. Documents reviewed included: medication assistant curriculums and other relevant state or territory documents; pharmacology texts; and national standards from organizations, such as the National Coordinating Council for Medication Error Reporting and Prevention, MEDMARX® and the National Quality Forum Endorsed Set of Safe Practices.

Overview

The purpose of this Model Curriculum is to provide the boards with a curriculum for MA-Cs that will assist the boards in their mission of public protection. Further, the curriculum will allow for uniformity in the education of MA-Cs across boards, and other agencies, that regulate this role. This comprehensive document can be adopted in full, or it can be adapted to meet the individual needs of jurisdictions. The goal of the Model Curriculum is to provide a document that is reflective of the current health care environment in states where MA-Cs are among the various unlicensed assistive personnel (UAPs) who assist in providing nursing-related functions to clients in many health care settings and other settings as well.



Under the state and territory nurse practice acts, medication administration is the responsibility of licensed registered nurses (RNs) and licensed practical and vocational nurses (LPN/VNs). Licensed nurses may delegate selected tasks of medication administration to MA-Cs, and therefore licensed nurses are accountable for the delegation and supervision of MA-Cs. MA-Cs cannot replace the licensed nurse’s role in the administration of medications, as nurses must still exercise their judgment when administering medications, such as deciding when to administer a PRN drug; assessing clients such as evaluating the need for, or response to, medication; educating the patient; and performing the conversions or calculations of drug dosages whenever necessary. The MA-C’s role is to assist the nurse in one of the many tasks related to the safe administration of medication. See Figure 1 for an illustration of how the MA-Cs can assist licensed nurses to safely administer medications.

Because the mission of the boards of nursing is to protect the public, they have the responsibility to ensure that the nurses and other health care workers whom they regulate are safe and competent before they enter the workforce. Therefore, this curriculum requires that the MA-Cs be educated as a certified nursing assistant (CNA) before entering an MA-C program because those essential abilities are necessary before the MA-C can accept additional responsibilities related to these selected tasks of medication administration.

The model curriculum consists of 60 hours of didactic training, which will include work in a skills lab and/or simulation facility, in addition to 40 hours of supervised clinical practicum. The elements of this standardized curriculum include the essential content, practical/actual experience, demonstration of skills and a competency examination. The content modules comprising the didactic portion are provided in five modules. Assigned times are recommended, based on review of other MA-C curriculums and the experiences of those teaching these classes. Jurisdictions may choose to adjust the hours, considering the particular situation in their states or territories. Content areas in the curriculum include: medication fundamentals, safety, communication and documentation, medication administration, ethical and legal issues, and a practicum. There is an instructor's Quick Reference to the Curriculum available for assessing whether students have mastered the major content areas of the curriculum. Successful completion of a final comprehensive examination including content and performance of medication administration skills is required for certification. Once certified, the MA-C is minimally competent, at an entry-level position, to administer medications as described in the model curriculum to individuals, in settings as determined by state and federal laws, under the supervision of a licensed nurse.

The NCSBN Model Nursing Practice Act and Model Nursing Administrative Rules (Article XVIII, Chapter 18, respectively) include MA-Cs as one of the nursing assistive personnel who should be regulated by boards of nursing. Qualifications for the MA-C in the NCSBN Model Act and Rules include: assistive personnel standards; range of functions; minimal qualifications including being a CNA, which includes additional training prior to administering medications; successful completion of a board-approved MA-C training program conducted in a manner that assures that clients receive safe and competent care; and successful completion of a board-approved competency examination. Minimal requirements for an MA-C, as are required for a CNA, must include the ability to read, speak, and write English, and demonstrate basic math skills. Continued competency throughout the career of the MA-C is also necessary, particularly given the increased complexity of care and the continued changes being made in the pharmacological management of clients.

Definition of Terms

Assessment – The gathering of objective and subjective information relative to a client, confirmation of the data and communication of the information (sources: *NCLEX-RN® Test Plan*; NCSBN's *Working with Others: A Position Paper*, 2005).

Assign – When a nurse directs an individual to do something the individual is authorized to do (source: *Joint Statement on Delegation*, American Nurses Association and National Council of State Board of Nursing, 2006).

Assignment – The distribution of work each staff member is responsible for during a given work period (source: *Joint Statement on Delegation*, American Nurses Association and NCSBN, 2006).

Certified Nursing Assistant (CNA) – CNAs are trained and certified to help nurses by providing nonmedical assistance to patients, such as help with bathing, dressing and using the bathroom (source: Centers for Medicaid and Medicare Services (CMS) <http://www.cms.hhs.gov/apps/glossary/default.asp?Letter=C&Language=English>). Federal nurse aide training regulations are mandated in the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987). State-approved training programs must be a minimum of 75 hours and include 16 hours of supervised clinical training. Aides who complete the program are known as CNAs and are placed on the state registry of nursing aides. To maintain certification, all nurse aides must complete 12 hours of continuing education annually (source: Wikipedia http://en.wikipedia.org/wiki/Certified_Nursing_Assistant).

Delegation – The process for a nurse to direct another person to perform nursing tasks and activities (source: *Joint Statement on Delegation*, American Nurses Association and National Council of State Board of Nursing, 2006).

Gastrostomy Route – Medication/nutritional supplements are instilled through a tube into the stomach. (source: *Taber's Cyclopedic Medical Dictionary*, 18th Ed.).

Jejunostomy Route – Medication/nutritional supplements are instilled through a tube into the jejunum. (source: *Taber's Cyclopedic Medical Dictionary*, 18th Ed.).

Medication Assistant-Certified (MA-C) – An individual who receives training preparing for a role in administering medications (with the exception of parenteral routes and enteral routes through nasogastric, gastrostomy or jejunostomy tubes) and who works under the supervision of a licensed nurse (source: Modified from NCSBN's *Working with Others: A Position Paper*).

Nasogastric Route – Medication/nutritional supplements are instilled through a tube that enters the nasal passage, proceeds through the esophagus and ends in the stomach. (source: *Taber's Cyclopedic Medical Dictionary*, 18th Ed.).

Parenteral – Denoting any medication route other than the alimentary canal such as intravenous, subcutaneous, intramuscular or mucosal (source: *Taber's Cyclopedic Medical Dictionary*, 18th Ed.).

Practicum – A progressive clinical experience under the supervision of a qualified instructor, where the instructor observes, evaluates and records the performance of the student.

Supervision – The provision of guidance or direction, oversight, evaluation and follow-up by the licensed nurse for the accomplishment of a nursing task delegated to nursing assistive personnel (source: NCSBN's *Working with Others: A Position Paper*).

- Suggested minimal admission requirements:
 - Able to read, speak and write English
 - Competent in basic mathematics skills
 - Earned high school diploma or successfully passed the general educational development (GED) test
 - Certified nursing assistant (CNA)
 - 18 years old or older
 - Cardiopulmonary resuscitation (CPR) certification.

Module: Medication Fundamentals – Recommended 20 Hours of Didactic (including four hours of skills lab)			
Objective/The Learner Will:	Content Outline		Evaluation Criteria
<p>Describe the different documents on which medications can be ordered and recorded.</p> <p>Detail the elements of a complete medication order for safe administration.</p> <p>Discuss the various tasks to be performed for medications to be safely stored.</p> <p>Identify conditions necessitating disposal of medication or questioning an incomplete medication order.</p>	Medication Orders, Documentation, Storage and Disposal		<p>Successful completion of the objectives is demonstrated through multiple-choice examinations, return demonstrations or other appropriate measure of achieving the outcomes of the module. Before actual patient contact, skills lab exercises and evaluations are recommended for: reading the elements of the order, discerning between the systems of measurement, observing the different forms of medications, practice with terminology and abbreviations, practicing the six rights of medication administration and practicing the basic steps of medication administration.</p> <p>Suggested References</p> <p>Member Boards or educational providers may provide additional resources to be used as references that are specific to that jurisdiction's needs.</p> <p>National Coordinating Council for Medication Error Reporting and Prevention Recommendations: www.nccmerp.org/council/council1999-06-29.html</p> <p>MEDMARX®: http://www.usp.org/patientSafety/medmarx/</p> <p>National Quality Forum Recommendations: http://www.ahrq.gov/qual/nqfpract.htm</p> <p>Look-alike/Sound-alike drugs: http://www.jcaho.org/NR/rdonlyres/C92AAB3F-A9BD-431C-8628-11DD2D1D53CC/0/lasa.pdf</p>
	<p>A. Medication prescription/order</p> <ol style="list-style-type: none"> Recorded on patient record Complete order <ul style="list-style-type: none"> Signed Legible Drug name Dose Route Time Frequency MA-C should not take verbal or telephone orders Questioning an incomplete medication order 	<p>B. Medication documentation system</p> <ol style="list-style-type: none"> Documentation of orders onto agency's medication document Medication administration record (MAR) Controlled substance medication log <p>C. Medication Storage</p> <ol style="list-style-type: none"> Storage area Medication room Medication cart Medication tray <p>D. Disposal of outdated, contaminated or unused medication</p>	
<p>State the ways to measure medications.</p>	Mathematics, Weights and Measures		<p>Mathematics, Weights and Measures</p> <p>Member Boards or educational providers may provide additional resources to be used as references that are specific to that jurisdiction's needs.</p> <p>National Coordinating Council for Medication Error Reporting and Prevention Recommendations: www.nccmerp.org/council/council1999-06-29.html</p> <p>MEDMARX®: http://www.usp.org/patientSafety/medmarx/</p> <p>National Quality Forum Recommendations: http://www.ahrq.gov/qual/nqfpract.htm</p> <p>Look-alike/Sound-alike drugs: http://www.jcaho.org/NR/rdonlyres/C92AAB3F-A9BD-431C-8628-11DD2D1D53CC/0/lasa.pdf</p>
	<p>A. MA-C does not convert medications dosages.</p> <p>B. Systems of measurement</p> <ol style="list-style-type: none"> Apothecaries' system Metric system Common household measures Roman numerals – drams or grains Weight is grain Volume is minim 		
<p>State the different forms in which medication can be manufactured.</p>	Forms of Medication		<p>Forms of Medication</p> <p>Member Boards or educational providers may provide additional resources to be used as references that are specific to that jurisdiction's needs.</p> <p>National Coordinating Council for Medication Error Reporting and Prevention Recommendations: www.nccmerp.org/council/council1999-06-29.html</p> <p>MEDMARX®: http://www.usp.org/patientSafety/medmarx/</p> <p>National Quality Forum Recommendations: http://www.ahrq.gov/qual/nqfpract.htm</p> <p>Look-alike/Sound-alike drugs: http://www.jcaho.org/NR/rdonlyres/C92AAB3F-A9BD-431C-8628-11DD2D1D53CC/0/lasa.pdf</p>
	<p>A. Liquid</p> <ol style="list-style-type: none"> Aerosol Inhalant Drops Elixir Spray Solution Suspension (needs mixing/shaking) Syrup Tincture 	<p>B. Solid and semi-solids</p> <ol style="list-style-type: none"> Capsules Tablet (dissolve) Scored versus unscored Caplets Time-released Covered with a special coating (not to be crushed) Lozenges (dissolve) Ointment Paste Powder Cream Lotion Linament 	

Module: Medication Fundamentals – Recommended 20 Hours of Didactic (including four hours of skills lab)		
Objective/The Learner Will:	Content Outline	Evaluation Criteria
<p>Recognize that the same medication may have different names.</p> <p>Identify accepted abbreviations.</p> <p>Recognize the abbreviations that should not be used.</p> <p>List the different effects medications can cause, locally and systemically.</p> <p>State the types of information that should be known about a specific medication prior to giving that medication.</p>	<p>Medication Basics</p> <p>A. Terminology</p> <ol style="list-style-type: none"> Medication names <ul style="list-style-type: none"> Generic Brand or trade name <p>B. Abbreviations</p> <ol style="list-style-type: none"> Use standardized abbreviations, acronyms and symbols Do not use abbreviations that should no longer be in use <p>C. Dosage range</p> <p>D. Actions (how drug causes chemical changes in body)</p> <p>E. Implications for administration (what medical conditions are treated by the drug)</p> <p>F. Therapeutic effects (desired effect)</p> <p>G. Side effects (reaction not part of main effect desired)</p> <p>H. Precautions (anticipate or prepare for conditions that may change effect of drug)</p> <p>I. Contraindications (condition making drug dangerous to use)</p> <p>J. Allergic reactions (life threatening – anaphylaxis)</p> <p>K. Adverse reactions (unpleasant or serious side effects, other than desired)</p> <p>L. Tolerance (body adapts to drug and may be resistant/less effective)</p> <p>M. Interactions</p> <ol style="list-style-type: none"> Specific administration information (e.g., do not take with grapefruit juice) Certain classes of medications that should not be prescribed at the same time <p>N. Additive (synergistic) or antagonist effect</p> <p>O. Idiosyncratic effect (drug has unusual effect)</p> <p>P. Paradoxical effect (drug works in opposite way)</p>	<p>Official JCAHO “Do Not Use List”: http://www.jointcommission.org/NR/rdonlyres/2329F8F5-6EC5-4E21-B932-54B2B7D53F00/0/06_dnu_list.pdf</p>
<p>List the three safety checks of medication administration.</p> <p>Identify the six rights of medication administration.</p>	<p>Safety and Rights of Medication Administration</p> <p>A. Three safety checks:</p> <ol style="list-style-type: none"> When removing the medication package from storage (drawer/shelf) When removing the medication from the package/ container it is kept in When returning the package to where it is stored <p>B. Six rights of medication administration</p> <ol style="list-style-type: none"> Right client Right drug Right dose Right route Right time Right documentation 	
<p>Describe basic steps of medication preparation prior to administration.</p>	<p>Preparation and Actual Medication Administration</p> <p>A. Wash hands</p> <p>B. Review medications that require checking of pulse or blood pressure before administering</p> <p>C. Identify the client</p> <p>D. Introduce yourself</p> <p>E. Explain what you are going to do</p> <p>F. Glove if necessary</p> <p>G. Position the client</p> <p>H. Do what you explained</p> <p>I. Wash your hands</p> <p>J. Special considerations</p> <p>K. Document</p>	

Module: Safety - Recommended Seven Hours of Didactic (including one hour of skills lab)		
Objective/The Learner Will:	Content Outline	Evaluation Criteria
Identify information needed about the patient and the medication prior to medication administration;	Prevention of Medication Errors A. Know the following before administering medications: 1. Name (generic and trade) 2. Purpose 3. Effect 4. Length of time to take effect 5. Side effect 6. Adverse effects 7. Interactions 8. Special instructions 9. Where to get help	Successful completion of the objectives is demonstrated through multiple-choice examinations, return demonstrations, or other appropriate measure of achieving the outcomes of the module. Before direct client contact, skills lab exercises and evaluations are recommended for safely administering a medication. Suggested References Institute of Medicine's Report Brief on "Preventing Medication Errors": http://www.iom.edu/Object.File/Master/35/943/medication%20errors%20new.pdf
	Causes and Reporting of Medication Errors A. Failure to follow prescriber's orders exactly. B. Failure to follow manufacturer's specifications/directions for use. C. Failure to follow accepted standards for medication administration. D. Failure to listen to a client's or family's concerns. E. Notify the agency's nurse/supervisor/pharmacist/physician or other prescriber, according to the agency policy. F. Complete a medication error or incident report.	
Identify common causes of medication errors; State what steps should be taken when a medication error occurs.		

Module: Communication and Documentation – Recommended Eight Hours of Didactic (including two hours of skills lab)		
Objective/The Learner Will:	Content Outline	Evaluation Criteria
Discuss building relationships (review from CNA training).	Building Relationships A. Review the communication process. B. Review barriers to effective listening and communication. C. Setting boundaries D. Review team building.	Successful completion of the objectives is demonstrated through multiple-choice examinations, return demonstrations or other appropriate measure of achieving the outcomes of the module.
State when the nurse must be notified of a change in the client's normal condition.	Reporting of Symptoms or Side Effects A. Observe, monitor and report any change that is different from the client's normal condition. B. Notify the nurse as soon as possible with as much information as available. C. Record changes.	Before direct client contact, skills lab exercises and evaluations are recommended for practicing communication skills; practicing measurement of vital signs; and practicing documentation.
Discuss when the nurse should be notified about vital sign changes. State when the nurse should be notified of a client's pain. Identify other alterations of conditions that should be reported to the nurse.	Report Any Change from the Client's Normal Condition A. Temperature B. Pulse C. Respirations D. Blood Pressure E. Observe and report complaints of pain F. Other changes in condition (e.g., urinary output, mental status, activity, etc.).	Suggested References Member Boards or educational providers may provide additional resources to be used as references that are specific to that jurisdiction's needs. NCSBN's "A Nurse's Guide to the Importance of Appropriate Professional Boundaries": https://www.ncsbn.org/ProfessionalBoundariesbrochure.pdf
State documentation requirements for medication administration.	Documentation of Medication Administration A. Identifying initials and time on MAR. B. Circle and document the reasons that a client may not take a medication. C. PRN medication, delegated by the licensed nurse, per facility/agency policy.	NCSBN Learning Extension course: "Respecting Professional Boundaries" http://www.learningext.com/products/generalce/boundaries/boundariesabout.asp
Explain the responsibilities of the delegating/supervising nurse when delegating medication administration to the MA-C.	Role of the Delegating/Supervising Nurse A. The nurse must determine the level of supervision, monitoring and accessibility she or he must provide for nursing assistive personnel. B. The nurse continues to have responsibility for the overall nursing care. C. To delegate effectively, nurses need to be able to rely on nursing assistive personnel's credentials and job descriptions, especially for a first time assignment. D. Nursing administration (typically through human resources/personnel) has the responsibility for validating credentials and qualifications of employees. E. Both nurse and MA-C need the appropriate interpersonal and communication skills and organizational support to successfully resolve delegation issues. F. Trust is central to the working relationships between nurses and assistive personnel. Good relationships have two-way communication, initiative, appreciation and willingness to help each other.	Suggested References NCSBN Model Practice Act relating to nursing assistive personnel: www.ncsbn.org/Model_Language_NAP.pdf Working with Others: A Position Paper: https://www.ncsbn.org/Working_with_Others.pdf ANA and NCSBN Joint Statement on Delegation: www.ncsbn.org/Joint_statement.pdf

Module: Medication Administration – Recommended 20 Hours of Didactic (including two hours of skills lab)		
Objective/The Learner Will:	Content Outline	Evaluation Criteria
Identify common methods of medication administration.	Routes of Administration A. Oral B. Buccal C. Sublingual D. Inhaler (metered dose) E. Nebulizer F. Nasal G. Eye (ophthalmic) H. Ear (otic) I. Topical J. Dressings K. Soaks L. Transdermal (e.g., patch) M. Suppositories (rectal and vaginal)	Successful completion of the objectives is demonstrated through multiple-choice examinations, return demonstrations or other appropriate measure of achieving the outcomes of the module. Before direct client contact, skills lab exercises and evaluations are recommended for practicing with routes of administration. Suggested References Member Boards or educational provider may provide additional resources to be used as references that are specific to that jurisdiction's needs. Patient education for a metered-dose inhaler: http://familydoctor.org/040.xml and www.mayoclinic.com/health/asthma-inhalers/HQ01081 Poison Control Center: 1.800.222.1222
Identify factors that may affect how the body uses medication.	Factors Affecting How the Body Uses Medication A. Age B. Size C. Family traits D. Diet E. Disease F. Psychological issues G. Gender and basic metabolic rate H. Dosage	
Identify the classifications of medications; state common effects of medication on the body.	Classes of Medications Related to Body Systems and Common Actions A. Antimicrobials <ul style="list-style-type: none"> Controls or prevents growth of bacteria, fungus, virus or other microorganisms. B. Cardiovascular <ul style="list-style-type: none"> Corrects an irregular, fast or slow heart rate. Prevents blood from clotting. Lowers blood pressure. C. Dermatological <ul style="list-style-type: none"> Antiinfective Antiinflammatory D. Endocrine <ul style="list-style-type: none"> Antidiabetic Reduces inflammation Hormones E. Gastrointestinal <ul style="list-style-type: none"> Promotes bowel movements Antacids Antidiarrheal Reduces gastric acid F. Musculoskeletal <ul style="list-style-type: none"> Relaxes muscles G. Neurological <ul style="list-style-type: none"> Prevents seizures Relieves pain Lowers body temperature Anti-Parkinsonian Antidepressants Promotes sleep Relieves anxiety Antipsychotics Mood stabilizer H. Nutrients/Vitamins/Minerals <ul style="list-style-type: none"> Replaces chemicals missing or low in the body I. Respiratory <ul style="list-style-type: none"> Decreases mucus production Bronchodilation Cough depressant/expectorant Decongestant J. Sensory <ul style="list-style-type: none"> Antiglaucoma Artificial tears Earwax emulsifiers K. Urinary <ul style="list-style-type: none"> Increase water loss through kidneys 	
Identify resource materials and professionals to contact for clarification of medication questions.	Location of Resources and References A. Nurse B. Pharmacist C. Physician D. Package/drug insert (brochure) E. Drug reference manuals	

Module: Ethical and Legal – Recommended Five Hours (including one hour of skills lab)		
Objective/The Learner Will:	Content Outline	Evaluation Criteria
<p>Identify when a delegated task should or should not be performed by the MA-C.</p> <p>Recognize when and how to report errors.</p> <p>Recognize what should be reported to the licensed nurse.</p>	<p>Role of MA-C</p> <p>A. MA-C may perform a task involving administration of medications if:</p> <ol style="list-style-type: none"> 1. MA-C's assignment is to administer medications under the supervision of a licensed nurse in accordance with provisions of this act and rules; and 2. The delegation is not prohibited by any provision of this act and rules. <p>B. Role of the MA-C includes medication administration as a delegated nursing function under nursing supervision. The following acts shall not be delegated to MA-C:</p> <ol style="list-style-type: none"> 1. Conversion or calculation of medication dosage; 2. Assessment of client need for or response to medication; 3. Nursing judgment regarding the administration of PRN medications; or 4. Medications to be given via parenteral routes and through nasogastric, gastrostomy or jejunostomy routes. <p>C. MA-C shall not perform a task involving the administration of medication if:</p> <ol style="list-style-type: none"> 1. The medication administration requires an assessment of the client's need for medication, a calculation of the dosage of the medication or the conversion of the dosage; 2. The supervising nurse is unavailable to monitor the progress of the client and the effect on the client of the medication; or 3. The client is not stable or has changing needs. <p>D. Any MA-C who has any reason to believe that he/she has made an error in the administration of medication shall follow facility policy and procedure to report the possible or known error to the appropriate superior and shall assist in completing any required documentation of the medication error.</p> <p>E. Medication Administration Policies</p> <ol style="list-style-type: none"> 1. MA-C shall report to the supervising nurse: <ol style="list-style-type: none"> a. Signs or symptoms that appear life-threatening; b. Events that appear health-threatening; and c. Medications that produce no results or undesirable effects as reported by the client. 2. A licensed nurse shall supervise MA-C. 3. A licensed nurse shall review periodically the following: <ol style="list-style-type: none"> a. Authorized provider orders; and b. Client medication records. 	<p>Successful completion of the objectives is demonstrated through multiple-choice examinations, return demonstrations or other appropriate measure of achieving the outcomes of the module. Before direct client contact, skills lab exercises and evaluations are recommended for practicing delegation.</p> <p>Suggested References</p> <p>Member Boards or educational provider may provide additional resources to be used as references that are specific to that jurisdiction's needs.</p> <p>NCSBN Model Practice Act, relating to nursing assistive personnel: https://www.ncsbn.org/Model_Language_NAP.pdf</p> <p>ANA and NCSBN Joint Statement on Delegation: https://www.ncsbn.org/Joint_statement.pdf</p>

Module: Ethical and Legal – Recommended Five Hours (including one hour of skills lab)			
Objective/The Learner Will:	Content Outline		Evaluation Criteria
Distinguish between the tasks a MA-C can and cannot accept. Define redelegation. Identify skills that enhance the delegation process.	The responsibility of MA-C when accepting delegation tasks		Successful completion of the objectives is demonstrated through multiple-choice examinations, return demonstrations or other appropriate measure of achieving the outcomes of the module. Suggested References Member Boards or educational provider may provide additional resources to be used as references that are specific to that jurisdiction's needs. NCSBN Model Practice Act relating to nursing assistive personnel: www.ncsbn.org/Model_Language_NAP.pdf NCSBN's "A Nurse's Guide to the Importance of Appropriate Professional Boundaries": www.ncsbn.org/professionalBoundaries_brochure.pdf
	A. The MA-C has the responsibility not to accept a delegation that she/he knows is beyond her/his knowledge and skills. B. Delegation is client specific. Having done a task for one client does not automatically mean assistive personnel can do the task for all clients. In addition, delegation is also situation specific; doing a task for one client in one situation does not mean the nursing assistive personnel may perform that task for this client in all situations. C. A task delegated to assistive personnel cannot be redelegated by the nursing assistive personnel. D. The MA-C is expected to speak up and ask for training and assistance in performing the delegation, or request not to be delegated a particular task/ function/activity. E. Both nurse and MA-C need the appropriate interpersonal and communication skills and organizational support to successfully resolve delegation issues.		
Describe the rights of the client.	Rights of Individuals		NCSBN's "A Nurse's Guide to the Importance of Appropriate Professional Boundaries": www.ncsbn.org/professionalBoundaries_brochure.pdf NCSBN Learning Extension course: "Respecting Professional Boundaries" http://www.learningext.com/products/generalce/boundaries/boundariesabout.asp
	A. Maintaining confidentiality B. Respecting client's rights C. Respecting client's privacy D. Respecting client's individuality and autonomy	E. Communicating respectfully F. Respecting client's wishes whenever possible G. Right to refuse medication H. Right to be informed	
Discuss the types of abuse that must be reported. Describe examples of the types of legal problems that can occur.	Specific Legal and Ethical Issues		
	A. Abuse and/or neglect 1. Identify types of abuse a. Physical b. Verbal c. Psychological d. Sexual e. Financial 2. Preventive measures 3. Duty to report	B. Exposure to medical malpractice/ negligence claims/ lawsuits C. Fraud D. Theft E. Diversion	
List the three steps to take before medication is safe to give. Recognize the numerous rights that must be followed before and after medication is administered.	Safety and Rights of Medication Administration		
	A. Review the three safety checks B. Review the six rights of medication administration		

Module: Practicum		
Objective/The Learner Will:	Content Outline	Evaluation Criteria
Demonstrate safe administration of medications to clients in a clinical setting.	40 hours of supervised clinical practicum, which should be progressive, where the instructor observes medication administration; gradually, the instructor increases the number of clients to whom the student administers medications.	<p>Successfully complete all assigned skills per a checklist, which incorporates the didactic modules of:</p> <ol style="list-style-type: none"> 1. Medication fundamentals 2. Safety 3. Communication and documentation 4. Medication administration 5. Ethical and legal issues <p>Suggested Reference CMS Web site: http://www.cms.hhs.gov/Manuals/</p>