

Name:



# Scenario-based Competency Assessment



## ***Instructions for Completion***

- 1) Ask the staff member a selection of questions relevant to their role.
- 2) Assess their answer using the following categories:
  - a) Where you are completely satisfied with the answer - indicate *FULL answer given*
  - b) Where a partial answer was given but with further prompts a more complete answer was obtained - indicate *PARTIAL*
  - c) Where an incomplete answer was given and even after prompting no further details were able to be provided - indicate *INCOMPLETE*
  - d) Where the answer is wrong or no answer is given - indicate *UNSATISFACTORY*
- 3) Indicate in the column entitled Competent Yes/No either *Yes* (tick) or *No* (cross)

| Question  | Expected/Suggested Answers to Include:   | Comments | Answer given - Full/<br>Partial/Incomplete/<br>Unsatisfactory | Competent<br>Yes/No |
|---|--|----------|---|---------------------|
| 1) If you were administering a medicine to a person, what details would you need to check before administering the medicine?                          | Identity of person, name, allergies, any specific detail in care plan, medicine name, strength, dose ,time, route, 6 rights including right to refuse,   |          |   |                     |
| 2) What would you do if a medicine was out of date?   | <ul style="list-style-type: none"> <li>• Check if the medicine is still current</li> <li>• Check if there is a new supply available</li> <li>• Inform line manager/GP</li> <li>• Request a new supply</li> <li>• Arrange for disposal of the expired medicine</li> </ul>                                   |          |   |                     |
| 3) Describe how you would administer eye drops which were prescribed 2 drops each morning   | <ul style="list-style-type: none"> <li>• Wash hands/gloves</li> <li>• Don't touch dropper on eye lid</li> <li>• Step by step eye drop procedure</li> <li>• Leave 5 mins or so between each drop</li> <li>• Check expiry</li> <li>• Take out of fridge to get to room temperature (If necessary)</li> </ul> |          |   |                     |
| 4) Where would you find the person-specific details about how someone prefers to take their medicine?<br><br>Give an example for a person you support | <ul style="list-style-type: none"> <li>• Care/support plan</li> <li>• Medication profile</li> </ul>  |          |   |                     |

| Question  | Expected/Suggested Answers to Include:  | Comments | Answer given - Full/<br>Partial/Incomplete/<br>Unsatisfactory | Competent<br>Yes/No |
|---|---|----------|---|---------------------|
| 5) A person refuses their medicine.<br>What do you do?  | <ul style="list-style-type: none"> <li>• Inform line manager/GP as appropriate</li> <li>• Look in care/support plan to see if it can be administered after a certain time or by someone else</li> <li>• Record refusal</li> <li>• Brief other staff at handover</li> <li>• Document action to be taken</li> </ul> |          |   |                     |
| 6) Describe how you would administer: <ul style="list-style-type: none"> <li>○ An emollient cream</li> <li>○ A steroid cream</li> </ul> | <ul style="list-style-type: none"> <li>• Wear gloves</li> <li>• Emollient-liberally</li> <li>• Fire risk with emollients</li> <li>• Steroid-sparingly using fingertip units</li> </ul>  |          |   |                     |
| 7) A person is prescribed a tablet that needs to be swallowed whole, but they can't swallow them whole- what would you do?              | <ul style="list-style-type: none"> <li>• Inform line manager/GP</li> <li>• Check if the tablets are a crushable formulation</li> <li>• Request different formulation e.g. liquid</li> <li>• Document action taken</li> </ul>  |          |   |                     |
| 8) Describe how you would administer 5ml of antibiotic liquid to a person   | <ul style="list-style-type: none"> <li>• Shake the bottle</li> <li>• Measure using a 5ml spoon on a flat surface or held at eye level</li> <li>• Person in upright position</li> </ul>  |          |   |                     |

| Question  | Expected/Suggested Answers to Include:   | Comments | Answer given - Full/<br>Partial/Incomplete/<br>Unsatisfactory | Competent<br>Yes/No |
|---|--|----------|---|---------------------|
| 9) What details need to be present on a MAR sheet?                        | <ul style="list-style-type: none"> <li>• Medicine-name, strength, form, dose, frequency</li> <li>• Person-name, address, DOB, allergies,</li> <li>• Date and time of administration</li> <li>• Quantity of medicines received, carried over</li> <li>• Any special instructions</li> <li>• Codes for non-administrations</li> <li>• Number of tablets given for variable doses/PRN</li> <li>• Signature of person administering</li> </ul> |          |   |                     |
| 10) What would you do with a medicine that has been discontinued?         | <ul style="list-style-type: none"> <li>• Senior person to amend MAR sheet</li> <li>• Medicine put aside for return so it can't be used in error</li> <li>• Returned according to setting</li> </ul>  |          |   |                     |
| 11) What do you understand by the term "covert administration"?           | <ul style="list-style-type: none"> <li>• Hiding medicines in food or drink</li> <li>• Can only be done in exceptional circumstances and where it is lawful e.g. multidisciplinary decision, best interests etc</li> </ul>  |          |   |                     |
| 12) Who would you contact if you had a problem with a person's medicines? | <ul style="list-style-type: none"> <li>• Line manager</li> <li>• GP/Pharmacist/person as appropriate</li> </ul>  |          |   |                     |

| Question  | Expected/Suggested Answers to Include:  | Comments | Answer given - Full/<br>Partial/Incomplete/<br>Unsatisfactory | Competent<br>Yes/No |
|---|---|----------|---|---------------------|
| 13) If it stated in the care plan that you needed to prompt a person with their medicines, what would you do?                           | Provide a verbal reminder   |          |   |                     |
| 14) Describe how you would administer a Controlled Drug?  | Depending on setting: <ul style="list-style-type: none"> <li>• Care Home- 2 people to administer and witness, record on MAR and CD register, count balance etc.</li> <li>• Homecare-administered as per any other medicine</li> <li>• Any organisation-specific requirements</li> </ul> |          |   |                     |
| 15) What would you do if you saw a person had run out of medicines?   | <ul style="list-style-type: none"> <li>• Inform line manager straight away</li> <li>• Contact GP/pharmacy/family as appropriate to arrange urgent supply</li> <li>• Check and see how long the medicines haven't been given for and inform the GP and action advice</li> </ul>          |          |   |                     |
| 16) If a person is taking prescribed medicines and asks you if they can take some paracetamol for a headache-what would you say and do? | Unable to give advice as non-prescribed medicines may interact with prescribed medicines. Suggest they contact the pharmacist/GP as appropriate   |          |   |                     |

| Question  | Expected/Suggested Answers to Include:  | Comments | Answer given - Full/<br>Partial/Incomplete/<br>Unsatisfactory | Competent<br>Yes/No |
|---|---|----------|---|---------------------|
| 17) Why is it important to keep medicines in a locked cupboard?   | <ul style="list-style-type: none"> <li>• To keep them safe and secure</li> <li>• To make sure they can't be accessed by anyone else</li> <li>• Keep them out of the reach of children</li> </ul>  |          |   |                     |
| 18) What would you do if you noticed a person who self-administers their medicines, has become more forgetful lately? | <ul style="list-style-type: none"> <li>• Inform your line manager</li> <li>• Person would need to be reassessed for self-administration and further support given</li> </ul>  |          |   |                     |
| 19) Describe how you would administer 2 puffs of an inhaler?  | <ul style="list-style-type: none"> <li>• Shake the inhaler</li> <li>• Procedure for administration for an inhaler</li> <li>• Leaving time between each puff</li> </ul>  |          |   |                     |
| 20) What would you use the back of a MAR sheet for?   | Any additional information e.g. reason why a person had refused their medicine, information about a medicine taken while out of the service   |          |   |                     |
| 21) Describe what you would do if a person wanted to take their medicine at a different time to that prescribed?      | <ul style="list-style-type: none"> <li>• Inform your line manager</li> <li>• Contact the GP/prescriber as appropriate</li> <li>• Senior person to make any authorised change on MAR sheet with full directions and authorisation of prescriber</li> </ul> |          |   |                     |

| Question  | Expected/Suggested Answers to Include:  | Comments | Answer given - Full/<br>Partial/Incomplete/<br>Unsatisfactory | Competent<br>Yes/No |
|---|---|----------|---|---------------------|
| 22) Explain how you would know whether to give one or two tablets if a person was prescribed "ONE or TWO when required" | Using the PRN protocol  |          |   |                     |
| 23) Describe the actions you would take if you thought you had made a medicines error                                   | <ul style="list-style-type: none"> <li>• Inform your line manager immediately with full details</li> <li>• Stay with the person</li> <li>• Action advice given by line manager who will contact the GP as appropriate</li> <li>• Discuss responsibilities under Duty of Candour with your line manager</li> </ul> |          |   |                     |
| 24) On a scale of 1 to 10, describe how confident you feel to administer medicines                                      |   |          |   |                     |
| 25) What further support do you need from me or the organisation?   |   |          |   |                     |



| Question | Expected/Suggested Answers to Include: | Comments | Answer given - Full/<br>Partial/Incomplete/<br>Unsatisfactory | Competent<br>Yes/No |
|----------|--|----------|---|---------------------|
|----------|--|----------|---|---------------------|

|                         |                          |
|-------------------------|--------------------------|
| Competent in all areas  | <input type="checkbox"/> |
| Competent in most areas | <input type="checkbox"/> |

Areas to work on:

**Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Role:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Reassessment date:** \_\_\_\_\_