

EXAM  **CRAM**

MACE

Medication Aide Certification Exam



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EXAM ✓ CRAM

**MACE:
Medication Aide
Certification Exam**

**Linda Whinton
Marty Walker**

MACE Exam Cram: Medication Aide Certification Exam

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About the Authors

Linda Whinton is the co-author of the popular *CNA Exam Cram* (2009). Her 42-year nursing career began in 1967 as a Nursing Assistant in Paducah, Kentucky. Following her graduation from Murray State University's BSN program in 1970, she practiced in mental health, pediatrics, and medical-surgical nursing. Teaching Nursing Assistants, emergency medical technicians, and unit secretaries in her role as a hospital in-service education director in the early 1970s in a Mississippi hospital cemented her love for teaching. She accepted her first teaching position at Northeast Mississippi Community College in 1975. While at NEMCC, she taught fundamentals, medical-surgical nursing, management, and psychiatric nursing and served as assistant director and director of the program for seven years. In 1977, Linda earned her Master's of Science degree in nursing at the Mississippi University for Women, which also afforded her the Family Nurse Clinician credential. In 1987, she relocated to Florida and accepted a position as associate director of nursing for the associate degree nursing program at St. Petersburg College in St. Petersburg. While at SPC, she designed curriculum for more than 1,000 employees of the Pinellas County EMS, taught LPN transitional students at night, and practiced part-time at the Bayfront Medical Center Trauma Center. During her 28 years of teaching, Linda continued to practice in emergency nursing, urological nursing, and as a nurse clinician. Linda also earned 30 hours of post-Master's work in anthropology and educational psychology. In 2004, she returned to clinical practice as the director of nursing/vice president for a Mississippi community hospital. While there, she received a national award for outstanding nursing leadership. She returned to Florida in 2000 to design and direct a new AD nursing program for Northwest Florida State College, formerly Okaloosa-Walton College, the first of five health programs now in place at the college. Linda served as associate dean of health technology, adding administrative oversight for the health programs she launched during her nine-year tenure at NWFSC. In 2008, Linda retired from full-time tenure at the college, receiving the honor of emeritus associate dean and director of nursing. Linda currently serves as adjunct instructor at NWFSC, teaching medical terminology to health career majors. She is a Certified Nurse Educator, CNE, and a member of Sigma Theta Tau International Nursing Society.

Marty Walker has practiced nursing for the past 30 years at the vocational nursing level as a registered nurse, and at the Master's level. Marty began her nursing career as a licensed practical nurse, receiving her vocational education certificate from Atlantic Vocational School in Pompano Beach, Florida, in 1979. In 1982, she earned an Associate degree in nursing from Broward Community College in Davie, Florida. She worked for more than 10 years as a staff nurse in telemetry, critical care, and emergency nursing before completing a Bachelor of Science degree in nursing from Florida International University in Miami, Florida. In 1995, she began teaching medical-surgical nursing at Ivy Tech State College in Sellersburg, Indiana.

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Dedication

Linda: This review is dedicated to my Aunt Lois LeVin, who inspired me to become a nurse. This review is further dedicated to the certified Nurse Aides who are committed to providing the safest and best care to clients through higher education and certification.

Marty: This review is dedicated to my mother, Betty Herbert, who has inspired me to be the best at whatever I do. Thanks, Mom, for all your love and encouragement in life.

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Introduction

Welcome to *Medication Aide Certification (MACE) Exam Cram!*

This book helps you prepare to take and pass the Medication Aide Certification Examination (MACE), hereafter referred to as the exam. This introduction describes the exam in general, how to apply for it, and the exam test-taking process. Let's get started!

Exam Cram is a standalone study guide, but you can use it with other instructional textbooks and materials, including CDs/DVDs and computerized learning programs. The purpose of this book is not to reteach classroom content but to highlight important content you are likely to find included on the exam.

We help you recall critical information needed to pass the certification examination. Using a concise and simplified approach, we focus on key principles and procedures for a safe and ethical practice as a Medication Assistant (hereafter called Medication Aide) and your role as a health team member. We review communication skills, values and ethics, health and safety, body systems and common diseases/conditions affected by drug therapy, and the basic components of medication administration (including dosage, preparation, administering drugs, documentation of drug therapy, and prevention of medication errors). Throughout this text, we focus on the basic competencies of the Medication Aide—that is, the knowledge, skills, and attitudes necessary for safe Medication Aide practice, which is the basic premise of Medication Aide certification.

Notes

NCSBN: Test Plan / Content Outline

I. Authorized Duties (10% of test content)

A. Roles, responsibilities, legal aspects, and limitations of Medication Aides

1. Authorized duties for a medication aide, including
 - a. Permitted routes of medication administration: Oral, eye, ear, nasal, inhalant, transdermal, topical, vaginal, and rectal
 - b. Prohibited routes: Subcutaneous, intradermal, intramuscular, and intravascular injections and medications via tubes and ostomies
2. Medication Aide's responsibility for reporting to a nurse
3. How to address conflict with role and authorized duty issues

4. Medication Aide's role under state regulations
 - a. Completed an NC Board of Nursing-approved course
 - b. Completed a state-approved competency examination
 - c. Listed on NC Medication Aide Registry

II. Medication Administration (80% of test content)

- A. Administering and charting medications
 1. Medication packaging
 2. Preparation and administration of medications by approved routes
 3. Special circumstances for administering medications
 - a. Liquid medication
 - b. Scoring medications
 - c. Crushing medications
 - d. Swallowing challenges
 - e. Administering medications to children
 - f. Allergies
 4. Correct medication administration procedure (6 rights)
 - a. Right client
 - b. Right medication
 - c. Right dose
 - d. Right route
 - e. Right time
 - f. Right documentation
 5. Client medication rights, including the right to confidentiality and the right to know and refuse medications
 6. Client safety and error prevention
 7. Appropriate communication with supervising licensed nurse
 8. Infection control procedures, including standard precautions
 9. Use of Medication Administration Record (MAR) to
 - a. Administer medications
 - b. Document medication administration

10. Medication errors and reporting techniques
11. Auditing and inventory systems
 - a. Controlled substance counts
 - b. Disposition of unused or contaminated medications

III. Medication Concepts (10% of test content)

- A. Concepts in administration of medications
 1. Commonly used abbreviations
 2. Terminology and definitions

Sample Questions

The following questions are the kinds of questions that you will find on the exam. Check your answers to these questions in the following section.

1. Information that should be located on the MAR includes what?
 - A. Medication dose
 - B. Client's next of kin
 - C. Medication side effects
 - D. Agency medication administration policies
2. When should a Medication Aide report a medication error to the supervisor?
 - A. Before the next medication is due
 - B. During the end-of-shift report
 - C. As soon as the error occurs
 - D. After calling the physician
3. One teaspoon of an elixir is equal to what?
 - A. 10 milliliters
 - B. 5 milliliters
 - C. 1 ounce
 - D. 1 pint

4. A symptom of anaphylaxis, a life-threatening allergic reaction, is which of the following?
- A. High blood pressure
 - B. Quiet breathing
 - C. Slow heart rate
 - D. Wheezing
5. The site selected for applying a transdermal patch should be what?
- A. Cold
 - B. Warm
 - C. Hairless
 - D. Odor free

Correct Answers

1. Correct answer is **A**. The medication dose along with the medications name and route is listed on the MAR along with the patient's identification.
2. Correct answer is **C**. As soon as the error occurs, it should be reported to the nurse so that the patient can be assessed and the physician notified.
3. Correct answer is **B**. One measured teaspoon equals 5 milliliters.
4. Correct answer is **D**. When a patient begins wheezing after receiving a medication, they could be demonstrating an anaphylactic reaction.
5. Correct answer is **C**. When applying a topical medication, it is best that the skin is clean, dry, and hairless for the best absorption.

Sample Notes from VA: Pretest Items

In addition to the number of examination items specified in the examination content outlines, a small number (5 to 10) of “pretest” questions may be administered to candidates during the examinations. These questions will not be scored, and the time taken to answer them does not count against examination time. The administration of such unscored experimental questions is an essential step in developing future licensing examinations.

Sample Examination

Examination Content Outline and Reference Material

The examination content outline has been approved by the Virginia Department of Health Professions. This outline reflects the minimum knowledge required by Medication Aide professionals to perform their duties to the public in a competent and responsible manner.

Use the outline as the basis of your study. The outline lists the topics that are on the exam and the number of items for each topic. Do not schedule your exam until you are familiar with all topics in the outline.

Number of questions: 80

Minimum passing score: 70%

Time allowed: 2 hours

Content Outline

I. Legal and Ethical Issues (8 items)

- A. Identify legal and ethical issues in medication management
- B. Identify client rights regarding medication, treatment decisions, and confidentiality
- C. Identify laws and regulations relating to administration of medications in Virginia assisted-living facilities
- D. Identify permitted practices and practices prohibited by Medication Aides in Virginia
- E. Identify requirement to report client abuse, neglect, or exploitation

II. Preparing for Safe Administration of Medication (12 items)

- A. Explain principles of maintaining aseptic conditions
- B. Recognize emergencies and other health-threatening conditions
- C. Explain principles of communicating with the cognitively impaired client
- D. Measure vital signs
- E. Explain the use of international time
- F. Identify the five rights of medication administration

III. Introduction to Pharmacology (8 items)

- A. Define key pharmacology terms, medical terminology, and abbreviations
- B. Explain how drugs are classified
- C. Identify factors that affect drug action
- D. Explain how to facilitate client awareness of the purpose and effects of medication
- E. Demonstrate the use of selected drug information sources
- F. Identify Virginia drug-labeling requirements

IV. Administration of Prepared Instillations and Treatments (16 items)

- A. Identify basic principles of medication administration
- B. Administer or assist with self-administration of oral medication
- C. Administer or assist with self-administration of eye drops
- D. Administer or assist with self-administration of ear drops
- E. Administer or assist with self-administration of nasal drops and sprays
- F. Administer or assist with self-administration of topical preparations
- G. Administer or assist with administration of medicinal solutions by way of compresses and dressings
- H. Administer or assist with self-administration of vaginal products
- I. Administer or assist with self-administration of rectal products
- J. Administer or assist with self-administration of medicinal solutions by way of soaks and sitz baths
- K. Assist with the use of oral hygiene products
- L. Administer or assist with self-administration inhalation medications
- M. Administer or assist with self-administration of medications by way of a nebulizer
- N. Administer or assist with self-administration of transdermal patches
- O. Administer or assist with self-administration of EpiPen injections

V. Documentation (12 items)

- A. Identify three commonly used forms for documentation
- B. Demonstrate procedures for receiving and transcribing healthcare provider orders
- C. Document medication administration using appropriate forms
- D. Document medication errors using appropriate forms

VI. Storage and Disposal of Medication (8 items)

- A. Identify procedures for storing and securing medication
- B. Identify procedures to maintain an inventory of medication, including controlled substances
- C. Identify proper procedures for disposal of medications

VII. Special Issues in Medication Administration (8 items)

- A. Identify common concerns of drug use in the elderly
- B. Recognize special considerations for psychotropic drug use
- C. Identify procedures for monitoring therapeutic drug levels
- D. Recognize when a drug is a chemical restraint
- E. Define the Beers Criteria of medications for the elderly population
- F. List ways of dealing with medication noncompliance
- G. Identify issues related to over-the-counter medications and herbal preparations

VIII. Insulin Administration (8 items)

- A. Explain basic facts about diabetes mellitus
- B. Identify activities involved in the management of diabetes
- C. List signs and symptoms of hypoglycemia and hyperglycemia
- D. Perform fingerstick for blood-glucose monitoring
- E. Administer insulin injections

Each state or jurisdiction contracts with a testing vendor to administer the written exam, which consists of 50 to 100 multiple-choice questions that test your knowledge of accurate and safe drug therapy. A select number of questions, often referred to as experimental questions, are often used for statistical purposes but not scored or counted against the total testing time allotted for the exam. The National Council of State Boards of Nursing (NCSBN) owns the exclusive rights to the exam, known by the NCSBN as the MACE. The following outline identifies the subject matter and percentage of questions related to such on the exam:

I. Authorized Duties (16% = 8 questions)

- A. Building relationships
- B. Delegation

C. Role of MA-C

1. Permitted duties
2. Restrictions/limitations

D. Specific legal and ethical issues**E. Location and use of resources and references (for example, nurse, pharmacist, physician, package/drug insert, drug reference manuals)****II. Medication Administration, Observation, and Reporting (60% = 30 questions)****A. Administering and charting medications**

1. Medication orders
2. Documentation of medication administration
3. Storage
4. Disposal

B. Safety and rights of medication administration**C. Routes of administration****D. Factors affecting how the body uses medication****E. Classifications/categories of medications related to body systems (cardiovascular, dermatological, endocrine, and so on) and actions (for example, antimicrobials)****F. Rights of individuals****G. Causes of medication errors****H. Reporting of medication errors****I. Reporting of symptoms and side effects****J. Reporting any change from client's normal condition****III. Medication Concepts and Measurements (24% = 12 questions)****A. Medication concepts**

1. Terminology and abbreviations
2. Dosage range
3. Actions and implications
4. Therapeutic effects and side effects (for example, idiosyncratic, paradoxical, antagonist)

5. Precautions
 6. Interactions
- B.** Forms of medication
1. Liquid
 2. Solid and semisolids
- C.** Measurements

Source: NCSBN, 2011

This text reviews each category listed here, but not necessarily in the same order or using the exact terms as in the test plan. Although all categories are important content, for exam-preparation purposes, allot the most time in your study for section II of this test plan because the majority of the MACE, 60%, addresses that category.

Applying for Registration and Examination

Each state or jurisdiction for which you seek registration has the responsibility for the exam; the test questions reflect each state's approved curriculum and therefore may vary in content. Referred to by each state as its Medication Aide competency evaluation, the exam also meets state laws and regulations.

Expect to take the exam online via an electronic testing program. Follow each vendor's specifications, which most likely will include a specified time in which you must complete the exam. It is important, therefore, that you practice answering questions in this book with testing time limits in mind. (More about time management later.)

The registration and examination process begins with your application to the state agency charged with overseeing health occupations licensing and credentialing. Usually, a second application to each state-contracted vendor is required to arrange for testing. For specific information, contact each agency as soon as you decide on a practice locale and follow their requirements carefully and timely so as not to delay testing and registration. Special testing accommodations may be made according to each state's requirements. Candidate handbooks or other information are helpful guides to your preparation and are often available online. Because this information may change without notice, contact your state agency directly via telephone, fax, or email to verify their current mailing address and any registration updates.

Exam Cost

Contact the relevant state agency in the state in which you want to be registered and follow their specific directions for remitting all registration and testing fees. Again, timeliness and accuracy with fee payments is crucial to avoid testing delays.

How to Use This Book

Organized review is an effective test-preparation strategy. To help you with organization, we have structured *Exam Cram* to include important segments in a logical format:

- ▶ **Opening hot lists:** Each chapter opens with key terms you must remember to review the content. Hot lists appear before the chapter introduction that previews the review material.
- ▶ **Topical coverage:** The chapter title guides you to the material within it. Each chapter reviews the subject in a concise, need-to-know format to help you prepare for the exam.

EXAM ALERT

Exam Alert: To bring your attention to a key term, activity, or subject that is likely to appear on the exam, we've furnished you with an Exam Alert icon that looks like this.

NOTE

Note The Notes icon directs you to material/concepts not directly related to the exam itself but important to enhance your knowledge or skill.

TIP

Tip Helpful hints, these, as they help you save time and effort in accomplishing nursing care. Pay particular to these practice aids.

- ▶ **Exam-prep questions:** Remember to practice, practice, practice! You can check your test readiness along the way as we present important review material in each chapter. You can also use the practice questions to validate your recall of the chapter's topic while improving your test-taking and reasoning skills. Rationales for the answers help you learn the *what* and *why* of each correct and incorrect option. Questions placed at the end of each chapter will also help you build confidence as you proceed, validating your knowledge and providing you with additional areas for review before you take the practice examinations.

- ▶ **Practice exams:** In this book, you'll find two practice exams written in the expected testing format. These exams allow you to take a practice test for an extended period of time to increase your confidence and help condition you more realistically for testing conditions at the actual testing site. Although it is important that you not rush through the questions, keep in mind that you should be able to allot a minute to a minute and a half for each question.

Answers and rationales appear for these practice sessions. To score the practice exams (that is, the percent you answered correctly), subtract the number of questions you missed from the total number of questions, and then divide the total number of correct responses by the total number of questions. Scoring your practice test will give you a good idea about your readiness. You need to score at least 70% to feel confident about your potential success on the “real” exam.

- ▶ **Glossary:** At the back of this book, you will find terms that are essential to learning the content in this text. Recall of these key terms is a good review exercise as you prepare for the exam.
- ▶ **Cram Sheet:** For last-minute just-in-time study and review, we've attached a tearout card called the Cram Sheet. This handy pocket tool provides concise bulleted information, facts, and tips for the exam.

Contact the Authors

We are most interested in your success and want you to pass the exam on your first attempt. If, after reviewing this text, you want to contact us, please use the following addresses: Linda Whitenton (whitsend746@yahoo.com) or Marty Walker (Marty916@hotmail.com).

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CHAPTER TWO

The Roles and Responsibilities of the Medication Aide

Medical Term Hot List

- ✓ Abuse
- ✓ Accountability
- ✓ Assault
- ✓ Battery
- ✓ Beneficence
- ✓ Code of ethics
- ✓ Competence
- ✓ Conscientiousness
- ✓ Delegated duties
- ✓ Ethics
- ✓ Euthanasia
- ✓ False imprisonment
- ✓ Incident report
- ✓ Libel
- ✓ Licensed Practice Nurse
- ✓ Medical Term Hot List
- ✓ Medically liable
- ✓ Medication Administration Record
- ✓ Medication Assistant-Certified
- ✓ National Council of State Boards of Nursing
- ✓ Negligence
- ✓ Nonmaleficence
- ✓ Nurse Practice Act
- ✓ Nursing process
- ✓ Position description
- ✓ Practice Act
- ✓ Professional boundaries
- ✓ Registered Nurse
- ✓ Resident's Bill of Rights
- ✓ Role
- ✓ Scope of practice
- ✓ Sexual harassment
- ✓ Slander
- ✓ Unlicensed Assistive Personnel (UAP)
- ✓ Values
- ✓ Veracity

This chapter reviews key issues related to your roles and responsibilities as a member of the healthcare team and the importance of establishing a caring and ethical relationship with clients. A brief review of principles of effective communication as well as residents' rights follows.

Your Roles and Responsibilities

The **National Council of State Boards of Nursing (NCSBN)** accepts responsibility for developing standards of nursing care and education that protect the health and welfare of the public, thus serving as a guide for state laws addressing nursing practice. The **Nurse Practice Act** of each state determines what licensed nurses—Registered Nurses (RNs), Advanced Practice Registered Nurses (ARNPs), and Licensed Practical/Vocation Nurses (LPN/LVNs)—can do, also known as their **scope of practice** (or a description of what licensed nurses can do according to their level of educational training and experience). The **Model Nurse Practice Act** also outlines the role and responsibilities of nursing assistive staff, known by the NCSBN as unlicensed assistive personnel (UAP).

As part of the UAP category in most states, your title is that of **Medication Aide-Certified (MA-C)**. In other states, you may be referred to as a Certified Medication Aide, Certified Medication Technician, Medication Aide, Trained Medication Aide (TMA), or other similar distinction. You must hold the Certified Nurse Assistant/Aide (CNA) credential, complete a state-approved Medication Assistant program, and meet all other state requirements to become registered, which include a written competency examination and may, in some instances, include a clinical competency evaluation. An alternative route to MA-C certification may be through equivalent education in an approved program leading to LPN or RN licensure.

Your **role** (or **function**) as a Medication Aide is to assist the licensed nurse (RN or LPN/LVN) in providing safe and ethical care for clients—that is, administering prescribed drugs (also called medications or medicines) and completing other delegated nursing tasks allowed by state law. Medication Aide employment settings vary (for example, skilled nursing homes, residential settings, or assisted-living facilities; hospitals, long-term care facilities; correctional centers; home health agencies, schools, group homes, and daycare centers). For purposes of this publication, the care setting for the Medication Aide is the skilled nursing center or assisted-living facility, and your clients are referred to as residents. You must adhere to all laws and regulations of the state licensing/accrediting agency.

EXAM ALERT

State regulatory agencies protect their citizens by

- ▶ **Overseeing healthcare provider licensure and registration.**
- ▶ **Authorizing duties of licensed nurses and other healthcare team members such as Nurse Assistants/Aides, Medication Aides, and others.**
- ▶ **Publishing practice limitations/exclusions and continuing education requirements to maintain licensure.**
- ▶ **Carrying out disciplinary action should the practitioner provide care outside state practice standards.**

Roles and Responsibilities of Other Nursing Team Members

The following is a synopsis of the role of licensed nurses in healthcare facilities:

- ▶ **Registered Nurse (RN):** RNs are responsible for carrying out both the medical plan of care prescribed by the physician and the nursing care plan developed by the nursing staff. They assess each resident and modify their nursing care as needed to help meet residents' needs. RNs also work with other therapists and staff to ensure the well-being of each resident. They may assign you, the unlicensed assistive staff member, to assist in administering medications and directly supervise your work. RNs work under the supervision of the director of nursing and are accountable for their practice according to the state's Nurse Practice Act, which outlines RN practice competencies and limitations of their scope of practice. They may supervise other RNs, LPNs, or other UAPs.
- ▶ **Licensed Practical Nurse (LPN):** LPNs carry out the medical and nursing plans of care for assigned residents, but work under the supervision of RNs. LPNs give treatments, administer medications, and document care given according to a prescribed scope of practice set by the board of nursing or other licensing agency. LPNs may also supervise UAPs. Their duties may be expanded with additional training and credentialing. Where allowed, LPNs may assign you to assist with medications while supervising your work.

The Role of UAPs

Certified Nursing Assistants/Nurse Aides or Patient Care Assistants/Technicians (CNAs, PCAs, and PCTs) carry out duties under the supervision of RNs or LPNs. As unlicensed assistive personnel, they provide personal, hands-on care and other tasks required to meet residents' needs. CNAs are also responsible and accountable for their duties as defined in their position description and as proscribed by the standards of care by the state accrediting body. CNAs cannot delegate duties to other UAPs; this includes delegating medication administration tasks to you.

You, the **Medication Aide**, must perform your duties according to national standards as follows:

The Standard Job Description of the Medication Aide-Certified (NCSBN):

- ▶ Functions as a healthcare team member
- ▶ Carries out delegated nursing assistant tasks
- ▶ Assists the nurse in providing care to clients, which includes observation and reporting of client needs

- ▶ Recognizes and performs tasks according to level of education and training
- ▶ Accepts responsibility and accountability for own performance according to state laws and regulations regarding MA-Cs
- ▶ Performs tasks in an ethical-legal and caring manner
- ▶ Communicates changes in client status according to level of training and experience
- ▶ Documents care according to agency policy and procedure
- ▶ Performs tasks safely and effectively to assure client comfort and welfare
- ▶ Respects client rights
- ▶ Protects confidential client information unless otherwise required to promote client safety and welfare
- ▶ Follows federal, state, and agency regulations to protect own health and that of others
- ▶ Seeks guidance from the nurse as needed to perform tasks safely and efficiently

Similar standards apply in the state in which you become certified; it is also your responsibility to adhere to them.

Your **position description** or **job description** outlines your duties, responsibilities, and other expectations of your employer. It also documents the chain of command, or supervising personnel, to whom you report. It will note education, experience, and licensure requirements as well as desirable physical and mental abilities. Physical abilities include walking several miles during a work shift, standing for extended periods of time, lifting and moving abilities, and so forth. Mental stamina is needed when working under stressful conditions while modifying resident behaviors.

EXAM ALERT

Your job duties may include the following:

- ▶ Giving scheduled drugs under direct supervision of a licensed nurse unless otherwise allowed by state law
- ▶ Giving ordered PRN (as needed) medications after checking with the resident's nurse
- ▶ Performing tasks associated with medication administration, including vital signs, height and weight, glucose monitoring, and client observation
- ▶ Recording medication administration according to agency procedure
- ▶ Reporting changes in client status regarding drug therapy to ensure client comfort and safety
- ▶ Reporting life-threatening events to the nurse to protect self, the client, and others
- ▶ Reporting drug errors and filling out proper forms

Exclusions to the MA-C Role (Legal Limitations)

According to the NCSBN, the nurse *shall not* delegate to the MA-C any of the following acts:

- ▶ Giving medications that require dosage conversions or calculations
- ▶ Assessing the client's need for, or response to, medications, including PRN medications
- ▶ Giving medications via parenteral, nasogastric, gastrostomy, or jejunostomy routes
- ▶ Regulating IV fluids, program IV pumps, insulin pumps, or giving drugs to unstable clients or patients

EXAM ALERT

Other role limitations may include the following:

- ▶ Giving the first dose of a newly ordered medication to the client
- ▶ Converting medication dosage from one method of measurement to another
- ▶ Giving medications when the nurse is not available to monitor the medications' effects on clients
- ▶ Making decisions that might include withholding medications
- ▶ Calling the physician regarding client status or need for medication
- ▶ Accepting verbal or telephone orders from the physician or other healthcare professional allowed by state law to prescribe medications

This list shows just a sampling of role limitations; state law and administrative rules as well as the employing agency may further limit your practice. Remember, also, that the employing agency may not expand your practice beyond state law and regulations. This includes, for example, assigning you any duties not included in your position description. If you have any questions or conflicts related to your functions or job limitations, consult with the supervising nurse; or, if the situation involves the nurse involved in the assignment, contact your employer's human resources officer before you act. In any case, *do not perform any duty not included in your position description.*

Accepting Delegated Duties

Registered nurses are responsible for the overall nursing care of clients. RNs use the **nursing process**, a decision-making approach, to assess, plan, implement, and evaluate client care that they or other team members provide to clients. As **delegators**, RNs and, where allowed, LPNs give you, the MA-C, the authority to carry out certain nursing functions (also called procedures, tasks, or activities) that do not require professional level of knowledge or skills. Your assignment must be in keeping with your credentials and position description.

Remember, other UAPs may not delegate tasks to you; for example, a CNA asks you to give a PRN medication to a resident. You must first check with the resident to validate the request, and then consult with the nurse before giving the medication.

Just as you are legally **accountable**, or answerable, for your delegated functions, so, too, are the nurses accountable for their delegation. In this way, you and the delegating nurse share legal accountability for safe client care.

You are responsible for accepting your assigned tasks; refusing them because you want to avoid your work is unacceptable and grounds for discipline according to agency policy. Further, you cannot delegate any part of your assignment to other unlicensed assistive personnel. However, asking for help in carrying out your tasks is permissible; for example, you may ask the CNA to help you position the resident to safely receive medications.

EXAM ALERT

Should you accept a task that falls outside your position description, both you and the delegating nurse are medically liable (legally responsible) for any of your actions (or lack of action) that may result in harm to the client. To help prevent such an occurrence, you must ask the nurse to clarify any assignment that is unclear or that seems illegal or unethical or above your skill level or ability. If, after clarification, you still feel uncomfortable or unprepared, politely refuse the assignment. Other considerations for refusing assignments include the following:

- ▶ The delegated task is unclear.
- ▶ You are unfamiliar with the task.
- ▶ The client's condition is unstable.
- ▶ Performing the delegated task could harm the client.
- ▶ The task is illegal or unethical.
- ▶ You will not be supervised by the nurse.
- ▶ The nurse will not be available to monitor the client's response to the task.

Medication Administration Policies

Following agency policies and procedures, your chief task/duty is to assist the nurse in giving certain prescribed drugs. In most cases, unless allowed by state law, the nurse must convert drug dosages where needed and directly supervise the administration of the drugs you give.

Agency guidelines guide you in how to receive drug orders, storage and distribution of medications, and documentation and other record keeping related to medication administration. This includes procedures for handling and disposing of controlled substances/drugs identified by state and federal agencies as scheduled drugs, which means they must be carefully monitored and inventoried.

According to agency policy, you must report to the nurse immediately any emergency you observe while administering medications, help resolve the emergency per procedure, and participate in any quality-improvement activities that may result from the incident.

Medical Error Prevention

Preventing medical errors is a primary responsibility of all healthcare personnel. As a member of the healthcare team, you must ensure that your performance adheres to all administrative policies and procedures that serve to keep the client safe. Other measures essential for promoting client safety by preventing drug errors include the following:

- ▶ Following the prescriber's orders
- ▶ Following the drug manufacturer's directions
- ▶ Following accepted drug administration standards, including performing safety checks, and observing the **six rights** (or principles) of administering medications
- ▶ Listening to the client or family
- ▶ Notifying the nurse if questions or situations arise that could threaten client safety

Maintaining your **competence** (knowledge, skills, and attitude) will also go a long way to help prevent errors when giving medications. Should you make an error, you are responsible for following agency policy in reporting it immediately to your supervisor and for participating in any remediation necessary to prevent a recurrence; this includes submitting a medication error report (**incident report**) per agency policy. Failure to report a performance error could result in termination from the agency and/or discipline by the accrediting agency of the state in which you work.

EXAM ALERT

Key sources are available to you in the workplace to help prevent medication errors, including the nurse or the agency pharmacist. Keeping abreast of drug literature and related educational materials is also necessary, as is attending continuing education seminars and other activities necessary to maintain your knowledge and skills.

Effective Communication Regarding Medication Administration

The following issues regarding effective communication are reviewed here:

- ▶ Verbal communication
- ▶ Written communication
- ▶ Barriers to verbal communications
- ▶ Personal characteristics contributing to effective communication

Verbal Communication

Being able to express yourself effectively (both verbally and in writing) is a communication skill you learned in your Nursing Assistant program. It is appropriate to review key skills here as you prepare for certification; you will use them throughout your healthcare career. Likewise, forming positive working relationships with your coworkers and building effective interpersonal relationships with residents are essential elements in effective Medication Aide practice.

Communication skills involve listening, looking, responding, and documenting what residents tell you about themselves and their unique needs. Active listening (that is, listening to residents without being distracted by your own thoughts) is key to acknowledging them as worthy human beings who deserve your attention.

NOTE

This skill is called listening with a “third” ear. Your skill in observing what residents do not tell you is just as important as what they share with you; in this way, you are tuned in to their unexpressed needs.

Good verbal communication skills also include speaking clearly at a level residents can understand (that is, avoiding medical jargon), asking open-ended questions that discourage a yes/no response, using phrases to encourage further exploration of thoughts and feelings (“Oh?” “Tell me more,” and so on), and confirming the message you receive (“Let me see if I understand what you mean,” “Is this what I hear you saying?,” and so on).

Barriers to Effective Verbal Communication

Communication barriers can occur in practice. Try to avoid the following pitfalls when communicating with the resident: asking close-ended questions that prompt a yes/no answer, speaking “over the resident’s head,” using medical terms or other language that he or she cannot understand, or responding to him or her with advice/criticism/sarcasm. Responses to the resident that begin with “You should/shouldn’t...” or “why?” are not only demeaning but also encourage defensiveness and limit further communication. This reluctance to communicate can be hazardous for the resident and a detriment to an effective relationship with you.

It is important for you to recognize communication barriers that interfere with effective interpersonal relationships with residents and seek guidance and help from your supervisor to solve any communication problem you might encounter. Use an interpreter or family member to assist you in talking with the resident whose primary language is not English, and be patient with the resident who struggles to understand your language. Cultural barriers can also interfere with effective communication, especially if the resident’s culture is very different from your own. Nonverbal gestures like avoiding eye contact might be viewed by the resident as offensive or disrespectful. Other cues to barriers include personal space (for example, standing too close to the resident), smiling or other facial expressions that do not match the verbal

message, your conversational tone, or body posture. For example, you might be smiling when talking to a resident, and that might imply your agreement. At the same time, however, you are standing with arms crossed over your chest and leaning away from the resident, a message that you, indeed, do not agree with him or her. At best, this message is confusing, if not disrespectful. Equally important to effective interpersonal relationships with residents is the need to maintain resident safety through clear communication. This is especially important when giving medications. Barriers to communication also include those linked with the senses (that is, vision, hearing, and other sensory deficits). Speaking clearly, slowly, and directly to the resident who is hard of hearing is important to ensure understanding of your verbal communication. Offering large-print reading material or other assistance to the resident who is visually impaired is equally important. Some residents have a decreased sensation to pain and temperature changes. Specific details about giving medications to impaired residents are included in later chapters.

Written Communication

Reporting conversations between you and residents during medication administration is also important to maintain their safety and well-being. This includes changes in their condition, specific requests, concerns or evaluations regarding their care, safety considerations, and any other pertinent observations.

Recording/charting all drugs you give is an important and appropriate function. Charting requires knowledge of medical terminology and abbreviations as well as proper spelling on all designated agency forms. The **Medication Administration Record (MAR)** is the most common communication tool and chart form in the resident's medical record. Remember to follow all agency guidelines for recording on the MAR. Consult your supervisor for help with documentation to ensure completeness, objectivity, and accuracy.

Observation is the first step to ensuring resident safety, and you must report promptly to your supervisor any resident responses to the medications you give, other concerns that the resident might share, or any change in the resident's condition. Remember, where client safety is concerned, you can *never* overcommunicate.

Other personal characteristics required for effective MA-C practice include the following:

- ▶ **Honesty**, or truthfulness, is one of the most important qualities you can bring to your job. Second only to knowing your job well and being accountable for what you do is being truthful in your interactions with others. Accepting your own limitations is another example of being truthful. These attributes are essential to an effective and lawful practice.
- ▶ **Caring** means having a sincere regard for the safety and well-being of all the residents in your care and being willing to care for them and about them. You can be the most skillful Medication Aide in the facility, but if you do not care about what happens to

the residents, you are in the wrong job. In education, for example, we evaluate caring characteristics in our students in part by observing the time they spend with residents other than the time required to give care. Spending time with residents is only one way to evaluate caring behaviors, but it is an effective job-performance measure. These caring characteristics are the hallmark of the exemplary employee.

- ▶ **Being empathetic** (that is, seeing yourself in others' situations without pitying them) is also an important attribute you must possess. Consideration for other peoples' feelings is also an important personal quality for effective practice. This means being aware of the effect of what you say and how you say it. Cooperating with coworkers to help support them and the facility when short-staffed is another example of being considerate.
- ▶ **Having respect for other people** is important, especially when their values, culture, language, or beliefs differ from your own. Honesty, empathy, sincerity, and caring behaviors are all part of legal and ethical practice—basic but crucial expectations of your employer.
- ▶ **Dependability** is a basic expectation of your employer. Coming to work when scheduled and on time demonstrates your commitment to your job and to the residents. Doing what you commit to do and doing so consistently also demonstrate your dependability.
- ▶ **Flexibility** and dependability go hand in hand. Despite the best assignment plan, “stuff happens,” meaning you might be reassigned to another unit or group of residents or staff you do not know. You must be able to accept this normal disruption in your work schedule and make the best of the situation.
- ▶ **Accountability** is a key quality you bring to your work. You must care for all residents in a variety of conditions and situations for which you have been prepared to handle and are expected to perform your duties in the way you have been trained to perform them. Should you have any questions or concerns about your assignment, discuss them privately with your supervisor.
- ▶ **Self-responsibility** means that you are responsible for your own health and safety. Wearing personal protective equipment (PPE), using safe body mechanics when positioning residents to take medications, maintaining a safe workspace, organizing your work to conserve energy, and maintaining a healthful lifestyle are examples of those actions you must take to protect yourself and promote your own well-being.
- ▶ **Conscientiousness** (that is, having a careful attitude about your work and concentrating on your duties without distraction) is most important for safe and effective practice. This is a critical attitude where giving medications is concerned. A sloppy, careless attitude can harm clients and place your job in jeopardy. The nurse and client alike must be able to trust that you are serious about your responsibilities and that you have the clients' best interests in mind in all that you do.

- ▶ **Being a team player** implies working well with others; this is a hallmark of effective and efficient performance and will serve you well as a team member. Respecting each team member's talents and contributions goes a long way toward making the residents' lives meaningful, promoting a harmonious workplace environment, and making your work more fulfilling.

NOTE

Being a team player also means being able to accept constructive criticism, especially from your supervisor. Listening to supervisor feedback without getting defensive will help you to improve your performance and contribute to your job satisfaction. Always follow the facility's chain of command when resolving work-related issues, especially for work conflicts or other disagreements (which are bound to occur). It is important for you to consult with your supervisor about any situations that concern you in this regard.

Specific Ethical and Legal Issues

As mentioned previously, if you perform duties outside your job description or perform appropriate duties incorrectly that result in harm to a resident, you can be held liable. Liable acts may include the following:

- ▶ **Abuse:** A threat of physical or mental harm to a resident (including physical, mental, or sexual abuse).
- ▶ **Aiding and abetting:** Participating in an unlawful act or observing it and not reporting it. For example, observing sexual harassment of a resident and not reporting it.
- ▶ **Assault:** Threat of touching a resident without permission.
- ▶ **Battery:** Unlawful personal violence toward a resident (for example, forcing residents to take medications despite their refusal).
- ▶ **False imprisonment:** Preventing a resident from moving freely about, with or without force, against the resident's wishes (for example, restraining a resident's hands while giving medications).
- ▶ **Invasion of privacy:** Failing to keep a resident's affairs confidential or exposing the resident's body when performing care.
- ▶ **Involuntary seclusion:** Keeping a resident isolated from others as a form of punishment.
- ▶ **Negligence:** Neglecting to act in the manner in which you were taught, either omitting care or performing care incorrectly, with resultant harm to a resident.
- ▶ **Theft:** Taking something that does not belong to you. This can include taking medications intended for use by the resident, known in legal terms as **diversion**.

Diversion most often applies to diverting a drug categorized in the Controlled Substance Act (1970) as a Schedule II drug; all scheduled (leveled according to category) drugs must be carefully regulated according to agency policy and state and federal laws. Diversion of a Schedule II drug is a federal crime, punishable by immediate termination of employment, prosecution by the court system, as well as discipline from the state accrediting agency.

Residents' Rights

In 1973, the American Hospital Association (AHA) issued a policy for all patients called "A Patient's Bill of Rights." A similar document, the "Resident's Bill of Rights," contains additional considerations for residents in long-term-care settings. By law, all nursing homes must have written policies describing residents' rights and must make them available to all residents. The following list outlines the issues addressed in these bills of rights; namely, that every resident has the right to

- ▶ **Be informed about the facility's services and charges:** The services of the nursing home and all charges involved with the services should be made available and fully explained to every resident. Likewise, charges that are not covered by Medicare or Medicaid should also be included in the notice of services; this includes those services not covered by the basic charges for facility rates.
- ▶ **Be informed about one's medical condition:** Unless the physician notes in the medical record that to be informed of his or her medical condition is not in the resident's best interest, every resident deserves to be apprised of his or her medical condition. Be truthful with you answer residents' questions about their condition, being careful to inform them of what you observe only (for instance, answering a resident's questions about vital signs or output).

EXAM ALERT

The RN or doctor should address the resident's medical condition because you cannot answer medical questions for which you have not been prepared to answer. You can, however, answer questions about medications as you give them to the residents (for example, name, dosage, and safety measures such as taking medications on empty stomach and so on). Explaining side effects and other more detailed drug information is the duty of the nurse. It is your responsibility to report to the nurse as soon as possible the resident's request for detailed drug information.

- ▶ **Participate in the plan of care:** Every resident must have the opportunity to participate in his or her plan of care or to refuse care/treatment. Despite your belief that a procedure or care activity will help residents, be careful that you do not force them to participate against their wishes. This includes assisting other staff to do the same. Failure to observe this resident right is an example of assault, battery, and/or invasion of privacy. Giving medications to residents despite their refusal is an example of assault and battery.

- ▶ **Choose one's own physician:** Every resident has the right to determine his/her own physician and pharmacy.

EXAM ALERT

Remember, your personal opinion is unimportant in this situation. Refer the resident to the RN or social worker for assistance.

- ▶ **Manage one's own personal finances:** Residents can manage their own finances or appoint someone else (power of attorney) to manage them. If authorized by the resident to manage funds, the manager must report the resident's financial status as directed and provide all receipts for business transactions. Avoid handling any money or valuables of the resident (for example, inventory of personal items upon resident admission to the facility) without a witness.
- ▶ **Privacy, confidentiality, dignity, and respect:** Privacy, confidentiality, dignity, and respect for each resident are of utmost importance. Privacy includes visitation for married couples (for example, closing the door to ensure couples are alone and are not interrupted and knocking before entering the room).

EXAM ALERT

Confidentiality means that all information about the resident's care and condition must be kept private; this includes all conversations with the resident and all medical records and reports. A positive regard for each resident, regardless of race, sex, age, ethnicity, or other personal attributes, is also paramount to every resident's health and well-being.

- ▶ **Use one's own clothing and possessions:** Unless hazardous, or potentially infringing on other residents' rights, each resident has the right to wear his or her own clothing and use his or her own possessions.
- ▶ **Grievance without retaliation:** Residents should be able to express concerns, make recommendations about facility services or care, and consult with outside sources to resolve conflicts involved in their care without fear of criticism, discrimination, or other acts of vengeance by the facility or its staff.
- ▶ **Be discharged or transferred only for specific reasons:** Residents may be transferred or discharged from a facility only for medical reasons, for their welfare or the welfare of other residents, or for nonpayment (excluding becoming Medicaid eligible). If transfer or discharge is planned, the resident or representative must be notified in writing within 30 days of the change.

► **Access to:**

- Receive or refuse any visitor (includes family members)
- Visiting hours, posted in public places
- Confidential communication with visitors, including help with personal, social, or legal services
- Claim own rights and benefits through consultation with others for the purpose of legal action, organizational activity, or other forms of representation

- **Be free from abuse and restraints:** Residents must be protected from mental and physical abuse, which can include unauthorized use of restraints. Except as authorized in writing by a physician for a specified and limited time or when necessary to protect the individual from hurting himself or others, residents must be free from chemical or physical restraints that cause them to be unable to move about freely.

Failure of any healthcare team member to honor residents' rights can be grounds for termination from employment, discipline by the state accrediting agency, or, where a crime has occurred, prosecution by the court.

EXAM ALERT

Abuse, or intentionally mistreating or harming another person, is one of the most serious offenses that can occur in the healthcare setting. Abuse is considered a crime and, as such, is punishable by prosecution by the court system.

Abuse may occur in several forms:

- **Mental abuse** refers to any threat to the psychological well-being of the resident that results in psychological or emotional distress. This can include financial exploitation or verbal assault; depriving residents of any of their rights is also considered mental abuse.
- **Slander**, or sharing information with others about the resident that could damage the resident's reputation, is a form of abuse and potential grounds for a civil lawsuit, called a **tort**. Accomplishing the same result by writing or recording this kind of negative reference to a client is called **libel**.

EXAM ALERT

To help you distinguish between the two legal terms, remember that *libel* means "literature or writing."

- **Physical abuse** includes hitting or rough handling of a resident. Withholding food or fluids and failure to change a wet bed are forms of physical abuse.

- ▶ **Sexual abuse** is a form of physical abuse and involves threats or physical contact for sexual favor or control. Fondling (or inappropriately touching a resident), rape, sexual assault, or sexual molestation are examples of sexual abuse.
- ▶ **Sexual harassment** (or making unwelcomed sexually explicit or implied statements to residents) is abusive and could become grounds for resident grievance.

Be watchful for any signs or other clues of resident abuse, including the following:

- ▶ Skin tears or bruises, especially in the genital area
- ▶ Increased elimination difficulties
- ▶ Frequent crying or periods of sadness or withdrawal
- ▶ Personality changes
- ▶ Refusal to carry out activities of daily living (ADLs)
- ▶ Fear of touch
- ▶ Anxiety or nervousness
- ▶ Refusal of certain visitors, including spouse or family members

EXAM ALERT

You have a moral, ethical, and legal duty to report any suspicion of abuse. Be as factual as possible, avoiding assumptions and personal opinions about what you observe. Do not worry if your suspicions are unfounded. Your sincere attempt to protect the resident outweighs any fears you might have. In all cases, follow the facility policy for reporting abuse concerns. Abuse hotlines might also be available for reporting suspicions of abuse. An ombudsmen committee might also be available as a source for investigating abuse complaints. An ombudsmen committee is a group of concerned citizens, usually appointed by the state governor, to investigate all complaints of abuse. The committee members are not affiliated with a healthcare facility. The originator of the abuse complaint, whether a fellow citizen or a healthcare provider, is kept confidential.

Ethics

Ethics is often linked with legalities when determining right and lawful behavior in health care. **Ethics** is a branch of philosophy dealing with the good, bad, right, and wrong thing to do in human interactions and the principles that help guide professionals in terms of what ought to be done in certain situations. Ethical principles, or standards, help guide you in your work. Examples cited include **beneficence** (doing good for others), **nonmaleficence** (“do no harm,” which underscores the need to not cause undo harm to a resident and instead provide safe and effective care), and **veracity** (or truthfulness, which means speaking the truth consistently and dependably).

Nurses adhere to a published **code of ethics**, or code of conduct, which admonishes them to practice in an ethical manner at all times. Such guiding principles help form a practice framework on which nurses can build. A description of ethical behavior is to “do the right thing when nobody else is looking.” This could be evidenced by refusing to accept money, gifts, or favors from residents or their families, avoiding shortcuts in job performance, maintaining a positive attitude about the facility, and treating residents’ belongings with care.

Values are your personal beliefs about what is most important; they serve as guiding ethical principles for you throughout your life. Ethical problems occur when your “inner ethical voice” conflicts with a situation that causes you to struggle with the right course of action to maintain your values. Ethical dilemmas abound in today’s world, especially in health care. Specific examples of ethical dilemmas regarding residents in long-term care mirror those of clients in other healthcare settings, such as quality-of-life issues, death and dying, access to health care, and **euthanasia** (commonly referred to as mercy killing).

An important ethical consideration for all health team members is that of maintaining **professional boundaries**. Although it is essential to form a caring, empathic relationship with residents, certain limits or boundaries must be set to ensure that your actions are helpful to residents and are not centered on meeting your own needs. Meeting the residents’ needs must be your primary goal. Situations involving residents may place you in an ethical dilemma. One example is the resident who wants to give you gifts, money, or personal items. Another example is a resident requesting something (a favor) that is not permitted by the agency (for example, a ride in your personal vehicle or you buying the resident cigarettes or other items not permitted by their physician). Giving gifts or money to residents or providing personal advice or financial assistance in any form or conducting business with residents is also unethical and outside professional boundaries of conduct. It is ethical to befriend residents; however, it is unethical to form personal friendships that could result in poor judgment on your part or interfere with safe and efficient care of the resident. This includes becoming overly involved with the resident’s family or friends. Sharing personal information about yourself and spending time with the resident outside your work schedule are other examples of unethical behavior that cross professional boundaries.

Another rule of ethical behavior is to respect residents by not using profanity or other offensive language and by not referring to them as “honey,” “sweetheart,” or other euphemisms or using suggestive or romantic language when talking to them. The golden rule applies here as in all aspects of care. If you find yourself in any potential unethical situation instigated or suggested by a resident, report the incident to your supervisor immediately. In extreme circumstances, you may request a reassignment to resolve the issue.

Exposure to Medical Malpractice/Negligence Claims/Lawsuits

It is your legal and ethical responsibility to respect residents’ rights, perform your duties according to your position description, maintain professional boundaries, and communicate effectively and efficiently to avoid exposure to a lawsuit. Despite your careful performance and personal conduct, lawsuits can occur. However, following agency policies and procedures, seeking guidance from the nurse where needed, and maintaining a positive attitude can all serve you well as you work with clients.

Exam-Prep Questions

1. The Medication Aide is responsible to know the medical information of whom?
 - A. All residents at their place of employment
 - B. Residents he/she is assigned to
 - C. All residents on the unit or floor
 - D. Residents assigned to their supervising nurse
2. Which of the following is the responsibility of the Medication Aide?
 - A. Giving the first dose of a newly ordered medication to the client
 - B. Converting medication dosage from milligrams to micrograms
 - C. Withholding a patient medication without reviewing it with the nurse first
 - D. Giving PRN medications ordered after checking with the resident's nurse
3. Which of the following is *not* a role limitation of an Medication Aide?
 - A. Observe the client's need for, or response to, medications, including PRN medications
 - B. Make decisions that might include withholding medications
 - C. Report changes in client status regarding drug therapy to ensure client comfort and safety
 - D. Call the physician about client status or need for medication
4. The nurse you are to work with for the upcoming shift informs you, the Medication Aide, that she will be late today and asks you begin to administer medications. With regard to this scenario, which of the following statements is correct?
 - A. Medications that are usual for the residents can be administered without the nurse present.
 - B. All medications can be administered without the nurse present.
 - C. No medications can be administered without supervision.
 - D. No PRN medications can be given without appropriate supervision.
5. Maintaining competence refers to the
 - A. Knowledge, skills, and attitude necessary to fulfill the role as an MA-C.
 - B. MA-C gaining greater knowledge to perform newer skills.
 - C. MA-C who does not have the necessary skills to do something successful.
 - D. Person who cannot perform the role of a Medication Aide due to mental deficiency.

Chapter 2: The Roles and Responsibilities of the Medication Aide

6. Verbal communication skills include speaking clearly and at a level residents can understand, avoiding medical jargon, and
- A. Asking open-ended questions that discourages a yes/no response.
 - B. Using phrases to stop residents from sharing feelings.
 - C. Interrupting patients when they are taking too long to answer questions.
 - D. Using authoritative language to get the resident to follow directions.
7. Unlawful personal violence toward a resident (for example, forcing residents to take medications despite their wishes) is the definition of what?
- A. Abuse
 - B. Neglect
 - C. Assault
 - D. Battery
8. Which of the following is a reason for an Medication Aide to suspect a resident may be a victim of physical abuse?
- A. Skin tears on the forearm
 - B. Bruises in various stages of healing
 - C. Frequent crying or periods of sadness or withdrawal
 - D. Refusal of patient to see any visitors
9. Sharing information with others about the resident that could damage the resident's reputation is the definition of what?
- A. Libel
 - B. Abuse
 - C. Neglect
 - D. Slander
10. Which of the following is an example of an ethical dilemma?
- A. Euthanasia
 - B. Slander
 - C. Abuse
 - D. Stealing

Rationales

1. Answer **B** is correct. The Health Insurance Portability and Accountability Act (HIPAA) states that all healthcare personnel should access health information only if it is necessary for them to perform their job.
2. Answer **D** is correct. Part of the MA-C duty is to give PRN medications as prescribed by the physician. A, B, and C are limitations of duties for the MA-C.
3. Answer **C** is correct. The Medication Aide's role does not include assessing or making decisions to decide whether a resident needs a medication or to obtain orders from a physician. The MA-C is responsible to report changes.
4. Answer **C** is correct. If you accept a task that falls outside your position description, both you and the delegating nurse are medically liable (legally responsible) for any of your actions, or lack of action, that may result in harm to the client, and that includes not being supervised by a nurse.
5. Answer **A** is correct. Competence is maintaining the knowledge, skills, and attitude necessary to perform the roles needed. B and C are incomplete definitions, and D is the definition of legal incompetence.
6. Answer **A** is correct. It is important to ask open-ended questions when you need more than a yes or no answer. Residents should be encouraged to speak freely and share feelings and not be interrupted or spoken down to.
7. Answer **D** is correct. Battery is unlawful personal violence toward a resident. Abuse is a threat of physical or mental harm, assault is a threat to touch a resident without permission, and neglect is to not act in the manner in which you were taught (either omitting care or performing care incorrectly) and that results in harm to a resident.
8. Answer **D** is correct. A, B, and C are all possible signs of abuse. D is the correct answer because patients will usually become withdrawn when a person who may be abusing them comes to visit.
9. Answer **D** is correct. Slander, or sharing information with others about the resident that could damage the resident's reputation, is a form of abuse and potential grounds for a civil lawsuit, called a tort.
10. Answer **A** is correct. The only option here that centers on an ethical dilemma involving residents in long-term care is euthanasia. Other examples of ethical dilemmas include quality-of-life issues, death and dying, and access to health care.

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