

Report of Findings from the

2006 Job Analysis of Medication Assistants

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National Council of State Boards of Nursing, Inc. (NCSBN®)

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Background of Study

of clients for whom care was provided. Section Two covered educational preparation and certifications achieved. The 104 MA activities were arranged in random order in Section Three. Section Four allowed the writing of comments and suggestions by the respondent.

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A random sample of 7,000 MAs was generated from lists supplied to NCSBN by various state agencies. A five-stage, first-class mailing process was used to engage potential participants in the study. All potential participants were promised confidentiality with regard to their participation and their responses. The study protocol was reviewed and approved by NCSBN's executive director for compliance with organizational guidelines for research studies involving human subjects.

In March 2006, 7,000 surveys were sent to a mailing house to be distributed to MAs across the country. Prior to mailing inside the continental U.S., the mailing house checked the addresses using a program that accesses the National Change of Address (NCOA) database. This program identified 619 invalid addresses, mostly due to persons moving without providing a change of address. From the 6,381 remaining mailings, an additional 651 surveys were returned due to incorrect addresses. Surveys were returned by 1,433 respondents for an adjusted return rate of 25.0%.

A count of valid responses for the remaining 1,433 scanned surveys was conducted. Analysis was conducted on all ratings. Valid responses were counted for all ratings and 50% completion was established as the cut-off. A total of 145 records were removed based on this cut-off. Therefore, the analyzable surveys have valid responses for at least 50% of all ratings. Analyzable surveys were returned by 1,288 respondents for an analyzable return rate of 22.5%.

Demographics

A total of 1,288 MAs responded to the survey. The majority of respondents reported being female (91.9%). Overall, the average age of respondent MAs was 43 years (SD 12.46 years).

The majority of respondent MAs reported their ethnicity as White/Non-Hispanic (64.6%) while 0.4% were Asian Indian, 20.4% were African American and 6.9% were Hispanic.

Of the respondent MAs, 20.8% had one year or less of total experience, 38.1% had two to five years of experience, 19.5% had 6 to 10 years of experience, 9.3% had 11 to 15 years of experience, and 12.2% had over 15 years of experience.

On average, respondents reported approximately seven years of MA experience. About half (49.8%) of responding MAs indicated receiving MA training from their employer. They also frequently reported being prepared through courses offered by their community or junior college (25.4%) and training

reported "yes." On average, respondents reported a requirement of 11 hours of continuing education contact hours.

Work Settings

MA respondents most frequently reported employment in long-term care facilities (56.1%), assisted living facilities (32.5%) and rehabilitation facilities (11.1%). The least frequently reported practice settings were day care (adult or child) (1.6%), schools (2.6%) and correctional facilities (2.6%).

The majority of the MA respondents (53.6%) reported working 8 hours per shift.

Approximately 49.3% of MAs actually reported being employed to work 40 hours or more per week as a MA. However, 40.7% reported working 40 hours or more per week as a MA.

MAs were asked to indicate all of the age groups and types of clients that they cared for in their roles as MAs. MAs were most likely to care for clients aged 65 to 85 years (77.6%), clients over the age of 85 (57.2%) and clients aged 31 to 64 years (40.0%). MAs provided care most for clients with behavioral/emotional conditions (66.9%), clients with stable chronic conditions (59.9%) and clients at the "end of life" (52.0%). MAs were asked the number of clients they administered medication to during a typical shift. MAs administered medication to an average of 28 clients per shift.

Activity Performance Findings

Objectives

The 2006 MA Survey asked respondents to provide frequency and importance ratings for each of the 104 activity statements on the survey. In addition, respondents were asked to indicate if an activity was not applicable to his or her work setting by marking the "NA Not Applicable" response.

Applicable Activities

Respondents indicated an activity was not applicable to his or her work setting by marking the "NA Not Applicable" response. The activities ranged from 1.43% not applicable (more than 1% of the respondents reported that the activity was not performed within their work settings or almost 99% of respondents do perform the activity) to 89.10% (nearly 9 out of 10 of the respondents reported the activity was not applicable within their



Conclusion

A nonexperimental, descriptive study was per-

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A nonexperimental, descriptive study was conduct-

were promised confidentiality with regard to their participation and their responses. The study protocol was reviewed and approved by NCSBN's executive director for compliance with organizational guidelines for research studies involving human subjects.

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MA Preparation

Training

The MAs were asked to indicate all of the types of training they received. Of the respondents, nearly half (49.8%) of the MAs indicated receiving training from their employer. MAs also frequently reported being prepared through training offered by their community or junior college (25.4%) and training offered by technical or vocational schools (23.6%).

Figure 4. 4.

Specific Medication Assistant Training Required

The majority of MA respondents (89.4%) reported being required to complete specific medication assistant training.

Hours of Training

The majority of responding MAs reported having 60 hours or less of classroom training and 40 hours or less of clinical training. On average, respondents reported 50 hours of classroom training and 31 hours of clinical training were required.

Figure 5. 5.

Additional Requirements

Approximately 77.1% of respondents indicated being a certified nursing aide/assistant was an additional requirement to become an MA while 67.6% indicated receipt of a high school diploma/GED was required.

Figure 4. Specific Medication Assistant Training Required

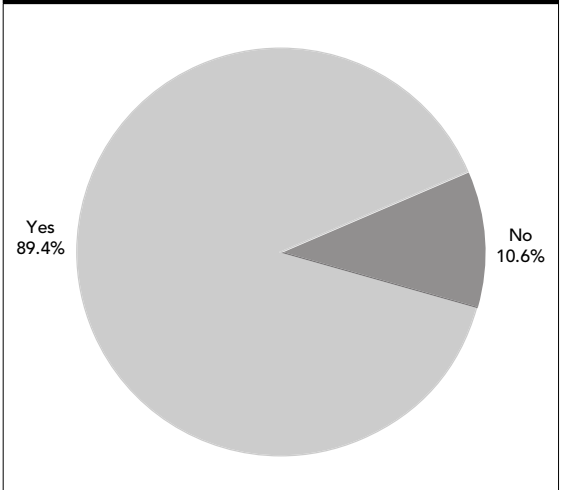




Table 11. Medication Assistant Work Setting

Setting	Frequency	Percent (%)
Long-Term Care Facility	723	56.1
Assisted Living Facility	419	32.5
Rehabilitation Facility	143	11.1
Developmental Disabilities Facility	113	8.8
Residential Facility	106	8.2
Home Health	95	7.4
Psychiatric or Mental Health Facility	82	6.4
Hospice	73	5.7
Group Home	69	5.4
Hospital	38	3.0

Summary

The majority of MAs responding to the 2006 survey were female averaging 43 years of age. Most of the MAs were trained for their current work by their employers or received training from their community or junior college. Most of the MAs who had earned medication certification had also earned a dialysis technician certification. About 9.0% of MA respondents were enrolled in a nursing education program. An additional 10.5% of MA respondents had applied to a nursing education program but were not enrolled. The majority of MAs were required to complete some continuing education on an annual basis.

The majority of responding MAs were employed in long-term care facilities and assisted living facilities. They were most likely to care for older clients with behavioral/emotional conditions, clients with stable chronic conditions and clients at "end of life." Most respondents worked 8-hour shifts and reported working an average of 28.9 hours per week. MAs administered medication to an average of 28 clients per shift.

Table 13. Activities Sorted in Survey Order

ID #	Activity Statement	Frequency		Importance
		% NA	Mean	Mean
t1	Use effective time management skills	6.49	3.64	3.62
t2	Assist client with activities of daily living (ADLs) (e.g., bathing, feeding, hygiene, toileting)	15.19	2.97	3.44
t3	Assist client with self-administration of medication	24.11	2.78	3.43
t4	Perform capillary blood glucose testing	43.15	2.54	3.45
t5	Provide non-invasive treatments (e.g., basic first aid and continuous passive motion [CPM] machine)	44.70	1.78	3.02
t6	Measure client vital signs (e.g., temperature, pulse, respiration, and blood pressure)	5.99	3.04	3.67
t7	Perform Cardiopulmonary Resuscitation (CPR)	34.26	0.26	3.60
t8	Initiate emergency care for a client who is choking	20.18	0.45	3.72
t9	Assist with admission, transfer, and/or discharge of client	37.76	1.64	2.98
t10	Use cost effective measures when providing client care (e.g., supplies)	29.52	2.68	3.09
t11	Use restraints according to agency policy	55.74	1.70	2.97
t12	Identify signs and/or symptoms of high or low blood sugar	12.23	2.22	3.78
t13	Report signs and/or symptoms of high or low blood sugar	10.22	2.18	3.81
t14	Administer oxygen as ordered	29.60	2.26	3.61
t15	Check oxygen saturation percentage using pulse oximetry	34.77	2.43	3.51
t16	Maintain the supply of medication	11.74	3.06	3.75
t17	Take client's apical pulse	14.82	2.56	3.57
t18	Respond to signs and/or symptoms of high or low blood sugar	15.04	2.09	3.74
t19	Reinforce client teaching using an established plan of care	29.98	2.53	3.29
t20	Participate in interdisciplinary client care conferences	56.55	1.71	2.99
t21	Notify appropriate personnel of change in client's condition	7.08	2.68	3.77
t22	Communicate effectively with family, parent, or guardian regarding health care status of client	33.39	2.29	3.46
t23	Give or receive report (e.g., communication log, shift report)	10.66	2.56	3.66
t24	Document client information in accordance with agency policy and procedure	12.25	3.22	3.70
t25	Participate in performance improvement/quality assurance activity (e.g., collecting data, serving on performance improvement committee)	58.64	1.81	2.96
t26	Documents adverse effects/ side effects of client's medication	15.31	2.24	3.76
t27	Send medication orders to pharmacy	26.36	2.46	3.57
t28	Document client's medication administration according to facility/agency policy	6.64	3.44	3.87
t29	Document medication errors according to facility/agency policy	12.22	1.05	3.81
t30	Use resources to review medication information (e.g., drug book, pharmacist, nurse, information technology)	7.60	2.49	3.70
t31	Take verbal orders for medication	74.68	1.42	3.03
t32	Take telephone orders for medication	81.96	1.13	2.97
t33	Take (receive) written orders for medication	59.41	2.21	3.38
t34	Transcribe orders	70.79	2.01	3.18
t35	Review medication record for order changes	22.44	2.88	3.73
t36	Use knowle[m{(Use knowle[m{(Use knowle[m{(U Tm 337.3756 1i{(Use{(e))TJfor or)18(der changes)TJETBT/TTfucrug bos)TJET.hho2066 25tET			

Table 13. Activities Sorted in Survey Order

ID #	Activity Statement	Frequency		Importance
		% NA	Mean	Mean
t38	Report violation of client rights within required time frame	16.51	1.10	3.72
t39	Act/serve as an advocate for the client	33.11	2.16	3.48
t40	Promote client self-advocacy	31.75	2.09	3.43
t41	Provide culturally sensitive care	22.90	2.34	3.49
t42	Report unsafe practice by a health care worker (e.g., improper care, substance abuse, medication theft)	14.95	0.80	3.84
t43	Report client abuse, neglect, injury	13.14	0.81	3.88
t44	Complete incident/accident report according to facility/agency policy	17.82	1.09	3.69
t45	Identify ethical issues affecting staff or client	24.56	1.08	3.42
t46	Maintain confidentiality	1.52	3.56	3.93
t47	Provide for client's privacy	1.78	3.63	3.87
t48	Adhere to basic authorized job duties	4.08	3.60	3.73
t49	Identify if a medication or route is appropriate to administer	6.41	3.25	3.87
t50	Follow agency policy related to HIPAA or FERPA rules	4.94	3.56	3.85
t51	Count controlled substances	12.37	2.73	3.89
t52	Report medication errors according to facility/agency policy	7.42	1.04	3.85
t53	Recognize limitations within scope of practice	10.01	2.63	3.68
t54	Position a client for medication administration	8.71	3.25	3.73
t55	Observe client's responses to medication	3.79	3.38	3.81
t56	Report client's responses to medication	4.04	2.88	3.78
t57	Observe client for adverse effects/side effects of medications	4.65	3.05	3.84
t58	Respond to client's adverse reaction to medication according to facility/agency policy	8.06	1.91	3.80
t59	Withhold medication if necessary	10.45	1.75	3.71
t60	Administer PRN medications	9.33	3.07	3.66
t61	Administer medications by gastric tube (g-tube)	68.35	1.88	3.31
t62	Administer medications by nasogastric (NG) tube	89.10	0.85	3.05
t63	Administer medications by jejunostomy (j-tube)	84.83	1.28	3.12
t64	Administer a subcutaneous medication	72.97	1.96	3.26
t65	Administer an emergency medication (e.g., glucagon, epinephrine (Epi-pen™))	77.55	0.68	3.22
t66	Administer a medication by rectal route	29.86	1.27	3.38
t67	Administer a medication by vaginal route	50.08	0.90	3.26
t68	Administer a medication by intradermal route (e.g., PPD test)	87.78	0.97	3.00
t69	Administer medication by sublingual route	28.97	1.43	3.53
t70	Administer medication by transdermal route (e.g., patch)	19.74	2.14	3.61
t71	Administer medication by a metered dose inhaler	23.18	2.53	3.59
t72	Administer medication by nebulizer	33.52	2.30	3.55
t73	Administer ear medications	16.61	1.58	3.54
t74	Administer eye medications	7.78	2.85	3.64
t75	Administer nasal medication	12.48	2.26	3.58
t76	Administer oral medication	4.35	3.60	3.80
t77	Administer topical medication	12.17	2.63	3.60

Table 13. Activities Sorted in Survey Order

ID #	Activity Statement	Frequency		Importance
		% NA	Mean	Mean
t78	Use the six "rights" when administering medications (right drug, right dose, right client, right time, right route, right documentation)	2.83	3.78	3.96
t79	Checks medications three times before giving	2.57	3.71	3.93
t80	Observe client swallowing oral medications	2.99	3.72	3.93
t81	Follow medication direction and warning labels	2.92	3.73	3.93
t82	Administer medications prepared by self, not others	9.39	3.63	3.89
t83	Identify expiration date prior to administration of medication	5.16	3.47	3.85
t84	Mix insulin from two different vials for client	88.09	1.29	3.17
t85	Administer medication to coincide with lab tests	49.96	2.07	3.53
t86	Prepare medication for administration (e.g., crushing, mixing with food or water)	9.07	3.35	3.77
t87	Provide adequate liquids when administering medication	4.49	3.68	3.83
t88	Review medication orders for completeness (dose, time, route, frequency, name of medication)	4.33	3.65	3.90
t89	Review possible adverse effects/ side effects of medications	5.04	3.08	3.79
t90	Dispose of client's unused or expired medications according to facility/agency policy	23.88	2.35	3.69
t91	Properly store medications	3.83	3.56	3.85
t92	Maintain security of medication storage areas	3.86	3.64	3.89
t93	Maintain security of controlled substances according to legal statutes and facility/agency policy	8.33	3.62	3.91
t94	Maintain clean technique	2.34	3.74	3.87
t95	Follow safety policies/procedures used to prevent incidents and accidents	1.68	3.62	3.87
t96	Monitor for and report client care safety hazards	5.76	2.92	3.77
t97	Check for client allergies (e.g., latex, food/medications/vaccines/ environmental factors)	7.51	3.17	3.83
t98	Maintain infection control procedures (e.g., hand washing, standard/universal precautions, personal protective equipment [PPE])	1.50	3.87	3.94
t99	otect0 7 67 37222 factors)23.88			

Appendix A: Activities Not Performed

Respondents indicated an activity was not applicable to or not performed in their work setting by marking the "NA Not Applicable" response. The activities ranged from 1.43% not performed (just over 1.0% of the respondents reported that the activity was not performed within their work settings) to 89.10% (nearly 9 out of 10 of the respondents reported the activity was not performed within their work setting). The activities that were performed by fewest respondents were "Administer medications by nasogastric (NG) tube" (89.10% not performed) and "Mix insulin from two different vials for client" (88.08% not performed). The activities that were performed by the most respondents were "Maintain infection control procedures (e.g., hand washing, standard/universal precautions, personal protective equipment (PPE))" (1.50% not performed) and "Maintain clean work environment" (1.43% not performed). Activities sorted by percent not applicable can be found in Appendix E.

Appendix B: Frequency of Performance

Respondents were asked to rate the frequency of performance of all activities that were applicable to their work settings. They reported how frequently they performed the activity in a typical shift on a five point scale: "0 Less Than 1 Time" to "4 Times or More." Frequency of performance for all activities ranged from an average of 3.87 times in a typical shift to 0.26 times in a typical shift. Those activities which received the lowest total group mean frequency ratings were "Perform Cardiopulmonary Resuscitation (CPR)" (0.26) and "Initiate emergency care for a client who is choking" (0.45). Those activities which received the highest total group mean frequency ratings were "Use six 'rights' when administering medications (right drug, right dose, right client, right time, right route, right documentation)" (3.78) and "Maintain infection control procedures (e.g., hand washing, standard/universal precautions, personal protective equipment [PPE])" (3.87). Activities sorted by mean frequency rating can be found in Appendix F.

Appendix C: Importance of Performance

Respondents were asked to rank the importance of performing each nursing activity considering "safety and/or improving functioning and health status of my client." Importance ratings were recorded using a four-point scale: "1 Not Important" to "4 Extremely Important." Importance of performance for all activities ranged from 2.96 to 3.96 on the four-point scale. Those activities with the lowest importance rating were "Participate in performance improvement/quality assurance activity (e.g., collecting data, serving on performance improvement committee)" (2.96) and "Use restraints according

REFERENCES

APPENDIX A: EXTERNAL JOB ANALYSIS METHODOLOGY EXPERTS

Barbara Showers, PhD, is the director of Wisconsin's Department of Regulation and Licensing's Office of Education and Examination. She is nationally recognized as an expert in licensure testing and has substantial experience with regard to the defensibility of licensure tests.

Richard Smith, PhD, is the editor of the *Journal of Assessment and Evaluation in Higher Education* and a well-published scholar who specializes in testing and measurement. He has supervised the development of licensing examinations and is very knowledgeable regarding practice analyses and issues regarding connecting test content to practice.

Jim Fidler, PhD, is the director of testing and competency assurance for the American Medical Technologists. He has more than 15 years of experience working with certification testing and supervises the development of several certification examinations.

Gene Kramer, PhD, is the director of testing for the American Dental Association. In this capacity, he is responsible for the practice analyses that provide the basis for their national licensing examinations. Dr. Kramer has managed these practice analyses and other psychometric analyses for more than 20 years.

Matthew Schulz, PhD, worked for American College Testing for many years in several psychometric roles. He is knowledgeable about common practices and industry standards with regard to job analyses and practice analyses. He is also familiar with the NCLEX® Examination as he was NCSBN's director of testing in the 1980s.

Area I

Lauren M. Calkins, PhD, RN
 Professional Nursing Development Coordinator
 Cheyenne Regional Medical Center

Board: Wyoming State Board of Nursing

Setting: Nursing Regulation

Dr. Mary Calkins has been a nurse for more than 30 years, first earning an associate degree in nursing in 1975, followed by a BSN in 1989, an MSN in 1993 and a PhD in 1996. She has 17 years of experience as a staff nurse in medical-surgical, pediatrics, dialysis and critical care. She has taught both undergraduate and graduate nursing at the University of Nebraska in Scottsbluff and the University of Wyoming. She was the Wyoming Board of Nursing's compliance consultant, investigating complaints for two years before accepting the position of assistant executive director and practice and education consultant with the Wyoming Board of Nursing. Dr. Calkins' research has included self-determinism and health-promoting behavior in select sections of the population. Dr. Calkins has been active with NCSBN by holding positions on the Item Review Sub-Committee; Practice, Education and Regulation Committee; and Nominations Committee.

M. Cumiskey, BSN, RN, MBA
 Nurse Practice and Policy Manager for
 Health Professions Quality Assurance
 Department of Health
 Washington State

Board: Washington State, Nursing Care
 Quality Assurance Commission

Setting: Nursing Regulation

Cumiskey has 23 years experience in nursing. He is the nurse practice and policy manager for Health Professions Quality Assurance in the Washington State Department of Health and is the leader of the Consumer Safety and Medication Assistance Taskforce in Washington State. Cumiskey has diverse experience in nursing, including working as a major in the U.S. Army, and he has held several management positions. He is a major in the U.S. Army Reserve, a member of the Northwest Organization of Nurse Executives and a member of South Puget Sound Club of Rotary International.

M. Raehle, LPN
 Health Care Manager
 Riverside Senior Living

Board: Montana State Board of Nursing

Setting: Assisted Living

Hofer has 10 years in nursing and is the health care manager at Riverside Senior Living. She has several years of experience training qualified CNAs for MAs. She worked as an LPN in Wisconsin and Montana, and developed a medication aide program with best practice as a top priority. She also supervises medication aides and ensures that they receive ongoing training. Hofer recently received state certification through Montana to be an instructor for medication aide training.

M. Patricia LaPlante, MSN, RN
 Special Education Nurse/
 Department of Integrated Instructional Services
 Alamogordo Public Schools

Board: New Mexico Board of Nursing

Setting: School Nursing

Latona has 34 years of experience in nursing. She is a special education nurse in Alamogordo Public Schools. Latona has worked with medication assistants as a school nurse and in the U.S. Army Nurse Corps. She has a diverse background including school nursing, critical care nursing and burn nursing. She has been published twice in school nursing texts on the subject of burns. Latona has held a variety of positions including director and charge nurse. She has supervised medication administration at various levels and settings. Her background is in the training and integration of paraprofessionals into the health care field. Latona also has multiple experiences in teaching nurses and paraprofessional staff. She is a member of the National Association of Diabetic Educators, American Association of Critical Care Nurses and the National School Nurse Organization.

M. J. Murphy, RN
 Health Care Director
 ARCA

Board: New Mexico Board of Nursing

Setting: School Nursing/Developmental Disabilities

Murphy has 38 years in nursing, which includes participating in program writing, teaching and supervision for CMAs. She is currently Health Care Director at ARCA, a not-for-profit organization providing residential and vocational services to people with developmental disabilities. She is a member of New Mexico Board of Nursing's CMA

M **Ja Ma, BSN, RN**

Director of Staff Development
St. Joseph Village

Board: Kansas State Board of Nursing

Setting: Long-Term Care

Mai has 25 years of nursing experience with a diverse nursing background, including medical-surgical, public health, home health, hospice and long-term care. She has developed and presented in-services for long-term care and hospital-based organizations. Mai has also taught CNA, CMA, HHA and medication aide updates for local area facilities.

M **G a M, CMA**

Certified Medication Assistant
St. Joseph Village

Board: Kansas Board of Nursing

Setting: Long-Term Care

Munoz has three years of experience as an MA. She has specialty certification in restorative aid and as a phlebotomy technician. She was given the CNA for Excellence award through the Kansas Association of Homes and Services for the Aging (KAHSA). Munoz is responsible for administering medications and treatments. She functions as residential coordinator facilitating staff and family meetings.

M **Ma Sa, RN, C**

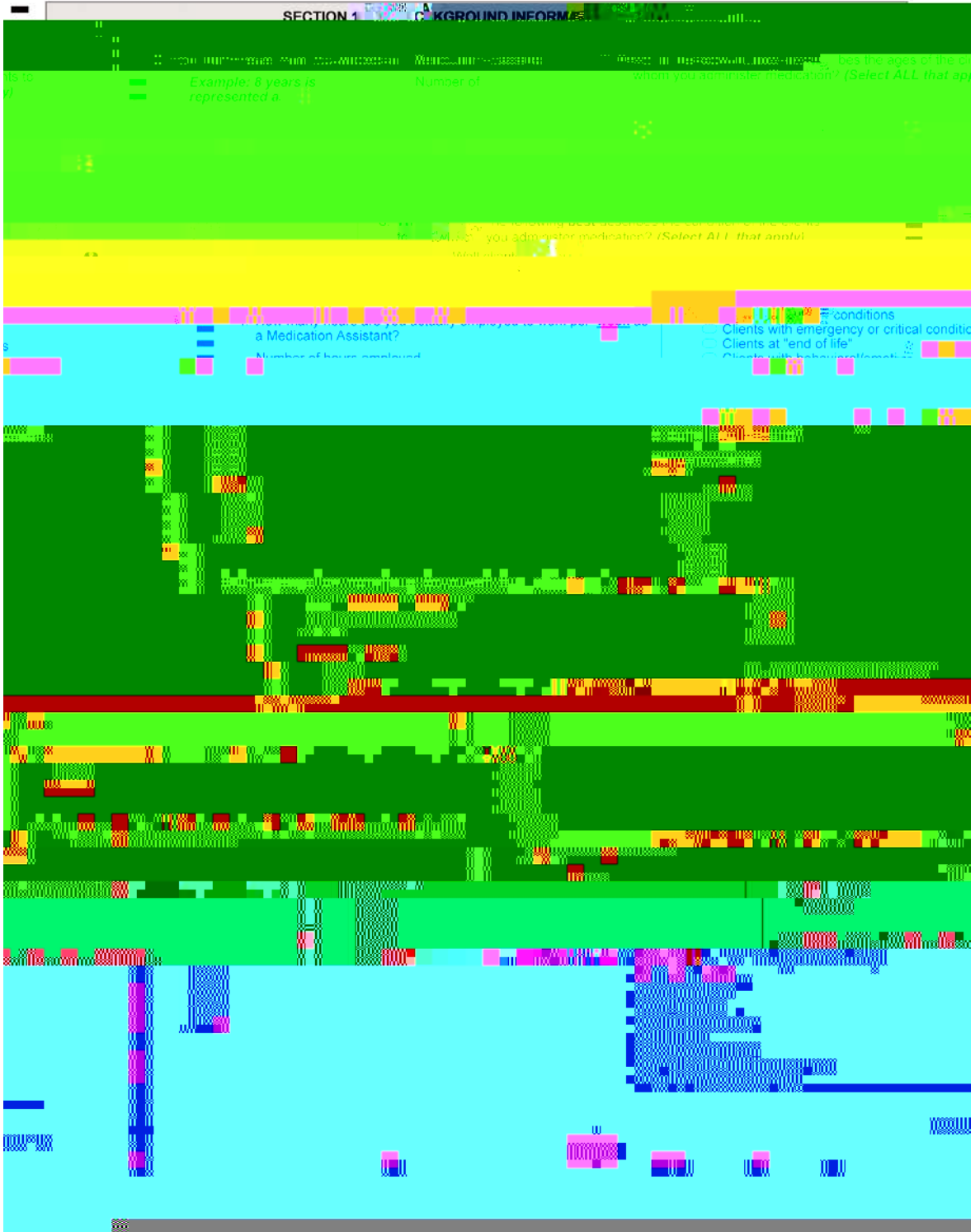
Health Occupations Coordinator
St. Charles Community College (SCC)

Board: Missouri Board of Nursing

Setting: Long-Term Care

Stassi has 25 years of nursing experience including curriculum development. She is a certified nursing assistant and certified medication technician instructor/examiner. Stassi provides education on state and federal guidelines for health care personnel. She also has certifica-





SECTION 2: TRAINING AND EDUCATION

1. Which of the following have you completed?

4. Where did you obtain your Medication Assistant training?

SECTION 3: NURSING ACTIVITIES PERFORMED

The table content is almost entirely obscured by digital noise and color distortion. Only a few fragments of text are visible, including the following list items on the right side of the page:

- 19. Reinforce client
- 20. Participate in

Cover Letter 1

March 2006

Dear Colleague:

National Council of State Boards of Nursing

You have an invitation and unique opportunity to participate in a nationwide research study on the practice characteristics and activities of Medication Assistants (MA). The study is being conducted by the National Council of State Boards of Nursing (NCSBN™). Your name was selected by a process designed to obtain a representative sample of Medication Assistants from all parts of the country and from all types of educational programs. Your feedback is essential to this process, as it will ensure that the practices of a wide range of Medication Aides are truly represented.

In about a week, you will be receiving a questionnaire in the mail. It consists of questions regarding the activities you perform at work. Because there are so many different types of practice and employment settings, it is extremely important that those selected decide to participate by returning a completed questionnaire. Your decision to participate is voluntary. Responses are completely confidential, and only information that describes groups of participants will be reported.

Please take this opportunity to make a difference and contribute to the nursing profession. In appreciation for your participation, you will receive:

- an opportunity to win one (1) of forty (40) \$100 cash prizes
- a 10% discount on all internet courses offered by NCSBN (access learningext.com to see available courses)
- an opportunity to enter a drawing to win a free internet course
- a letter of recognition that you can submit to your supervisor
- an opportunity to receive a summary of the findings

If you have any questions, please contact NCLEX® information at 866-293-9600 (toll free) or email nclexinfo@ncsbn.org. Thank you in advance for your participation!

Sincerely,

Testing Services Department
National Council of State Boards of Nursing

Cover Letter 2

April 2006

Dear Colleague:

About one month ago, the National Council of State Boards of Nursing, Inc. (NCSBN™) sent a questionnaire to you as part of a national study on Medication Assistant (MA) practice. This study will assist NCSBN to describe Medication Assistant practice.

Your name was selected by a process designed to obtain a representative sample of Medication Assistants from all parts of the United States and its territories. Your participation is critical to the outcome of this study. It is vital that we receive surveys describing the practices of MAs from all areas of the country and working in all types of health care agencies and settings.

You recently requested a replacement copy of the questionnaire, which is enclosed. Please complete it as soon as possible — preferably this week — and return it in the enclosed envelope. If you are not currently working in nursing or are not working as a Medication Assistant, please indicate this on question #3 on the questionnaire. All responses will be completely confidential, and only data summarizing groups of participants will be reported.

We hope you take advantage of this unique opportunity to contribute to the nursing profession by completing the questionnaire. Please take the time to make a difference. In appreciation for your participation, you will receive:

- an opportunity to win one (1) of forty (40) \$100 cash prizes
- a 10% discount on all internet courses offered by NCSBN (access learningext.com to see available courses)
- an opportunity to enter a drawing to win a free internet course
- a letter of recognition that you can submit to your supervisor
- an opportunity to receive a summary of the findings

If you have any questions about the study or the questionnaire, please contact NCLEX® information at 866-293-9600 (toll free number) or email nclexinfo@ncsbn.org. We look forward to receiving your completed questionnaire. Please accept our thanks and appreciation for your participation in the study.

Sincerely,

Testing Services Department
National Council of State Boards of Nursing



Dear Colleague:

Several weeks ago the National Council of State Boards of Nursing (NCSBN™) sent you a survey about your work as a Medication Assistant. If you have already completed and returned the questionnaire, please accept our sincere thanks and disregard this and any future reminders. If you haven't had a chance to complete it, please try to do so in the next day or two.

You are one of a small group selected to represent many Medication Assistant similar to yourself. Therefore, your participation is crucial to an accurate description of medication aide practice. The information you provide will make a very important contribution to this significant national research study. If you have

Thank You

N

(Date)

Dear Colleague,

The National Council of State Boards of Nursing, Inc. (NCSBN™) thank you for your participation in this significant national survey of Medication Assistants (MA). Your participation is essential to ensure a complete and accurate description of the practice patterns of Medication Assistants.

You have made an important contribution to the nursing profession by returning your completed survey on the MA practice analysis. Please share the attached letter of recognition for your participation with your supervisor and employer.

In appreciation of your participation, your name has been entered into a drawing to win a free Internet course offered by NCSBN's Learning Extension. To find out the winners of the drawing, please access the following Internet site, www.ncsbn.org/testing/surveys.asp

As a special "thank you" for your participation we are offering you a coupon for 10% off any online continuing education (CE) course at NCSBN Learning Extension. To redeem this special offer, go to www.learningext.com to register for the course of your choice. Please use coupon code _____ at checkout. The coupon expires on _____.

Once again, thank you for your contribution to the nursing profession.

Sincerely,

Testing Services Department

National Council of State Boards of Nursing, Inc.



Appendix E. Activities Sorted by Percent Not Applicable

ID#	Activity Statement	% NA
t44	Complete incident/accident report according to facility/agency policy	17.82
t73	Administer ear medications	16.61
t38	Report violation of client rights within required time frame	16.51
t26	Documents adverse effects/ side effects of client's medication	15.31
t2	Assist client with activities of daily living (ADLs) (e.g., bathing, feeding, hygiene, toileting)	15.19
t18	Respond to signs and/or symptoms of high or low blood sugar	15.04
t42	Report unsafe practice by a health care worker (e.g., improper care, substance abuse, medication theft)	14.95
t17	Take client's apical pulse	14.82
t43	Report client abuse, neglect, injury	13.14
t102	Maintain equipment for client care	12.89
t75	Administer nasal medication	12.48
t51	Count controlled substances	12.37
t24	Document client information in accordance with agency policy and procedure	12.25
t12	Identify signs and/or symptoms of high or low blood sugar	12.23
t29	Document medication errors according to facility/agency policy	12.22
t77	Administer topical medication	12.17
t16	Maintain the supply of medication	11.74
t104	Date appropriate medication when first used (e.g., insulin, eye drops)	11.02
t23	Give or receive report (e.g., communication log, shift report)	10.66
t59	Withhold medication if necessary	10.45
t13	Report signs and/or symptoms of high or low blood sugar	10.22
t53	Recognize limitations within scope of practice	10.01
t99	Follow facility/agency procedures to verify client identity (e.g., client's name bands, allergy bands)	9.44
t82	Administer medications prepared by self, not others	9.39
t60	Administer PRN medications	9.33
t36	Use knowledge of medical terminology to interpret symbols, common abbreviations, and terminology used in administration of medications	9.18
t86	Prepare medication for administration (e.g., crushing, mixing with food or water)	9.07
t54	Position a client for medication administration	8.71
t93	Maintain security of controlled substances according to legal statutes and facility/agency policy	8.33
t58	Respond to client's adverse reaction to medication according to facility/agency policy	8.06
t74	Administer eye medications	7.78
t30	Use resources to review medication information (e.g., drug book, pharmacist, nurse, information technology)	7.60
t97	Check for client allergies (e.g., latex, food/medications/vaccines/environmental factors)	7.51
t52	Report medication errors according to facility/agency policy	7.42
t21	Notify appropriate personnel of change in client's condition	7.08


Appendix E. Activities Sorted by Percent Not Applicable

ID#	Activity Statement	% NA
t89	Review possible adverse effects/ side effects of medications	5.04
t50	Follow agency policy related to HIPAA or FERPA rules	4.94
t57	Observe client for adverse effects/side effects of medications	4.65
t87	Provide adequate liquids when administering medication	4.49
t37	Recognize client's right to refuse medication/treatment	4.45
t76	Administer oral medication	4.35
t88	Review medication orders for completeness (dose, time, route, frequency, name of medication)	4.33
t48	Adhere to basic authorized job duties	4.08
t56	Report client's responses to medication	4.04
t92	Maintain security of medication storage areas	3.86
t91	Properly store medications	3.83
t55	Observe client's responses to medication	3.79
t80	Observe client swallowing oral medications	2.99
t81	Follow medication direction and warning labels	2.92
t78	Use the six "rights" when administering medications (right drug, right dose, right client, right time, right route, right documentation)	2.83
t79	Checks medications three times before giving	2.57
t94	Maintain clean technique	2.34
t47	Provide for client's privacy	1.78
t95	Follow safety policies/procedures used to prevent incidents and accidents	1.68
t46	Maintain confidentiality	1.52
t98	Maintain infection control procedures (e.g., hand washing, standard/universal precautions, personal protective equipment [PPE])	1.50
t103	Maintain clean work environment	1.43




Appendix F. Activities Sorted by Mean Frequency

ID#	Activity Statement	Mean Frequency
t12	Identify signs and/or symptoms of high or low blood sugar	2.22
t26	Documents adverse effects/ side effects of client's medication	2.24
t75	Administer nasal medication	2.26
t14	Administer oxygen as ordered	2.26
t22	Communicate effectively with family, parent, or guardian regarding health care status of client	2.29
t72	Administer medication by nebulizer	2.3
t41	Provide culturally sensitive care	2.34
t90	Dispose of client's unused or expired medications according to facility/agency policy	2.35
t15	Check oxygen saturation percentage using pulse oximetry	2.43
t27	Send medication orders to pharmacy	2.46
t30	Use resources to review medication information (e.g., drug book, pharmacist, nurse, information technology)	2.49
t37	Recognize client's right to refuse medication/treatment	2.49
t19	Reinforce client teaching using an established plan of care	2.53
t71	Administer medication by a metered dose inhaler	2.53
t4	Perform capillary blood glucose testing	2.54
t23	Give or receive report (e.g., communication log, shift report)	2.56
t17	Take client's apical pulse	2.56
t53	Recognize limitations within scope of practice	2.63
T77	Administer topical medication	2.63
t10	Use cost effective measures when providing client care (e.g., supplies)	2.68
t21	Notify appropriate personnel of change in client's condition	2.68
t51	Count controlled substances	2.73
t3	Assist client with self-administration of medication	2.78
t74	Administer eye medications	2.85
t102	Maintain equipment for client care	2.87
t35	Review medication record for order changes	2.88
t56	Report client's responses to medication	2.88
t104	Date appropriate medication when first used (e.g., insulin, eye drops)	2.89
t96	Monitor for and report client care safety hazards	2.92
t2	Assist client with activities of daily living (ADLs) (e.g., bathing, feeding, hygiene, toileting)	2.97
t6	Measure client vital signs (e.g., temperature, pulse, respiration, and blood pressure)	3.04
t57	Observe client for adverse effects/side effects of medications	3.05
t16	Maintain the supply of medication	3.06
t60	Administer PRN medications	3.07
t89	Review possible adverse effects/ side effects of medications	3.08
t97	Check for client allergies (e.g., latex, food/medications/vaccines/environmental factors)	3.17
t24	Document client information in accordance with agency policy and procedure	3.22
t54	Position a client for medication administration	3.25
t49	Identify if a medication or route is appropriate to administer	3.25
t36	Use knowledge of medical terminology to interpret symbols, common abbreviations, and terminology used in administration of medications	3.29
t86	Prepare medication for administration (e.g., crushing, mixing with food or water)	3.35



Appendix H. Subgroup Analysis: Mean Importance by Years of Experience

ID#	Activity Statement	1 Year or Less Mean	2 to 5 Years Mean	6 to 10 Years Mean	11 to 15 Years Mean	More than 15 Years Mean
t63	Administer medications by jejunostomy (j-tube)	3.04	3.02	3.08	3.21	3.29
t64	Administer a subcutaneous medication	3.23	3.19	3.23	3.37	3.23
t65	Administer an emergency medication (e.g., glucagon, epinephrine (Epi-pen™))	3.18	3.18	3.20	3.24	3.24
t66	Administer a medication by rectal route	3.32	3.37	3.43	3.41	3.43
t67	Administer a medication by vaginal route	3.18	3.22	3.27	3.34	3.31
t68	Administer a medication by intradermal route (e.g., PPD test)	2.98	2.93	3.00	3.04	2.99
t69	Administer medication by sublingual route	3.43	3.50	3.57	3.67	3.51
t70	Administer medication by transdermal route (e.g., patch)	3.48	3.63	3.62	3.69	3.62
t71	Administer medication by a metered dose inhaler	3.5	3.59	3.62	3.73	3.54
t72	Administer medication by nebulizer	3.49	3.59	3.51	3.57	3.46
t73	Administer ear medications	3.49	3.54	3.56	3.55	3.50
t74	Administer eye medications	3.57	3.64	3.65	3.73	3.65
t75	Administer nasal medication	3.51	3.59	3.59	3.66	3.52
t76	Administer oral medication	3.73	3.80	3.83	3.84	3.83
t77	Administer topical medication	3.57	3.57	3.62	3.70	3.57
t78	Use the six "rights" when administering medications (right drug, right dose, right client, right time, right route, right documentation)	3.92	3.96	3.98	3.97	3.96
t79	Checks medications three times before giving	3.90	3.93	3.94	3.96	3.94
t80	Observe client swallowing oral medications	3.89	3.94	3.92	3.95	3.96
t81	Follow medication direction and warning labels	3.91	3.94	3.92	3.93	3.96
t82	Administer medications prepared by self, not others	3.87	3.88	3.90	3.93	3.93
t83	Identify expiration date prior to administration of medication	3.80	3.87	3.88	3.89	3.84
t84	Mix insulin from two different vials for client	3.13	3.15	3.11	3.16	3.09
t85	Administer medication to coincide with lab tests	3.37	3.51	3.60	3.60	3.61
t86	Prepare medication for administration (e.g., crushing, mixing with food or water)	3.72	3.78	3.74	3.81	3.81
t87	Provide adequate liquids when administering medication	3.74	3.84	3.85	3.88	3.86
t88	Review medication orders for completeness (dose, time, route, frequency, name of medication)	3.85	3.90	3.90	3.94	3.92
t89	Review possible adverse effects/ side effects of medications	3.74	3.79	3.82	3.80	3.80
t90	Dispose of client's unused or expired medications according to facility/agency policy	3.68	3.70	3.69	3.68	3.67
t91	Properly store medications	3.81	3.86	3.87	3.87	3.82
t92	Maintain security of medication storage areas	3.85	3.90	3.88	3.93	3.89
t93	Maintain security of controlled substances according to legal statutes and facility/agency policy	3.87	3.91	3.91	3.96	3.94
t94	Maintain clean technique	3.84	3.86	3.86	3.93	3.90
t95	Follow safety policies/procedures used to prevent incidents and accidents	3.84	3.86	3.87	3.91	3.89





