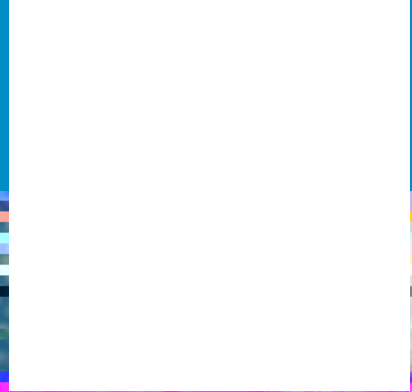




NCSBN

National Council of State Boards of Nursing



# Report of Findings from the 2016 Medication Aide Job Analysis and Knowledge Study

National Council of State Boards of Nursing, Inc. (NCSBN<sup>®</sup>)

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the current range of authorized duties for certified, entry-level MAs, and to provide a foundation for later steps in the job analysis and knowledge study process.

As part of the initial content review of the 81 activity statements, two statements were edited to correct spelling and grammatical errors. Another two statements underwent minor modifications generalizing the statements to apply to the work of entry-level MAs across all jurisdictions. The nurse expert also reviewed the content category structure by which the activity statements are organized, which serves as the MACE test plan.

The nurse expert recommended moving the sole activity statement previously associated with the Rights of Individuals subcategory of Area II to the Specific Legal and Ethical Issues subcategory in Area I, and then deleted the subcategory from Area II. In addition, the nurse edited the subcategory Role of the Medication Aide-Certified (MA-C) in Area I to list two subdivisions as examples because the activity statements were not separately linked to the subdivision level. The nurse expert deleted subcategory Forms of Medication from Area III because no activity statements were linked to the subcategory.

The nurse expert also reviewed the 155 knowledge statements from the 2011 Knowledge Survey of Medication Aides Employed in Nursing Homes/Long-term Care, Hospitals/Acute Care and Community/Home Health Care Settings (NCSBN, 2012b), and no changes were made.

#### Subject Matter Expert (SME) Panel

One panel of SMEs was assembled to assist with the study. Traditional DACUM methodology relies on a panel of expert workers to define job tasks (Norton & Moser, 2008). Differing from a traditional DACUM job analysis, SMEs in this study consisted of experts who worked with and/or supervised the work of entry-level MAs and experts who educated entry-level MAs. Due to the entry-level nature of the position studied and limitations of available SMEs, it was decided that the job analysis results would be strengthened by the participation of SMEs possessing various expert backgrounds and experience working with or educating certified,

entry-level MAs, rather than attempting to identify specific "expert" certified, entry-level MAs out

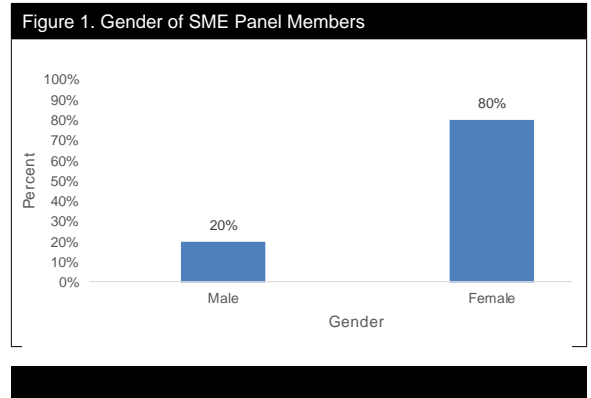
duties performed by MAs as a group, and going one step further, identified and discussed any changes to the MA duties since the previous job analysis study was conducted (Norton & Moser, 2008). Following the discussion, SMEs were shown the list of activity statements from the previous job analysis study, including the minor changes made during the internal nurse content review (NCSBN, 2012a). The SMEs supported all changes to specific

## DEMOGRAPHICS, EXPERIENCES AND WORK ENVIRONMENTS OF PARTICIPANTS

The demographic information for the virtual job analysis and knowledge study SME panel, including gender, racial and ethnic background, is presented, followed by jurisdiction representation, education and current practice setting.

### Gender of SME Panel Members

At the SME panel, 80% of participants reported being female whereas the remaining 20% reported being male. See Figure 1.



### Race/Ethnicity of SME Panel Members

Panelists reported their race/ethnicity as follows: 60% White (not of Hispanic Origin), and 40% African American. See Figure 2.

### SME Panel Member Representation by Jurisdiction

Each of the SMEs represented a unique jurisdiction as shown in Table 1.

### Highest Level of Education Completed by SME Panel Members

The majority of SMEs had completed a master's degree in nursing (60%), while 20% held an associate degree in nursing and the remaining 20% had completed a doctorate. See Figure 3.

### Current Practice Setting of SME Panel Members

SMEs represented a range of practice settings, including acute care (20%), community/home health care (40%), and education (40%). See Figure 4.



The 2016 Medication Aide Job Analysis and Knowledge Study used several methods to describe the work of certified, entry-level MAs in the U

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## REFERENCES

- American Educational Research Association, American Psychological Association, and National Council on Measurement in Education. (2014). *The standards for educational and psychological testing*. Washington, D.C.: American Educational Research Association.
- Budden, J.S. (2011a). The first national survey of medication aides. *Journal of Nursing Regulation*, 2(3), 4-12. Retrieved from [http://www.ncsbn.org/First\\_national\\_article.pdf](http://www.ncsbn.org/First_national_article.pdf)
- Budden, J.S. (2011b). The safety and regulation of medication aides. *Journal of Nursing Regulation*, 2(2), 18-23. Retrieved from [http://www.ncsbn.org/safety\\_and\\_regulation\\_article.pdf](http://www.ncsbn.org/safety_and_regulation_article.pdf)
- National Council of State Boards of Nursing, Inc. (2007). *Medication assistant-certified (MA-C) curriculum*. Retrieved from [http://www.ncsbn.org/07\\_Final\\_MAC.pdf](http://www.ncsbn.org/07_Final_MAC.pdf)
- National Council of State Boards of Nursing, Inc. (2012a). *2011 job analysis of medication aides employed in nursing homes/long-term care, hospitals/acute care and community/home health care settings*. Chicago: NCSBN.
- National Council of State Boards of Nursing, Inc. (2012b). *2011 knowledge survey of medication aides employed in nursing homes/long-term care, hospitals/acute care and community/home health care settings*. Chicago: NCSBN
- National Council of State Boards of Nursing, Inc. (2016). *Directory of medication aide programs 2015–2016*. Retrieved from [http://www.ncsbn.org/Directory\\_of\\_Med\\_Aide\\_Programs\\_2015-2016.pdf](http://www.ncsbn.org/Directory_of_Med_Aide_Programs_2015-2016.pdf)
- Norton, R.E., & Moser, J. R. (2008). *DACUM handbook (3rd ed.)*. Columbus, OH: Center on Education and Training for Employment, The Ohio State University.





### APPENDIX B: 2016 MA ACTIVITY STATEMENTS

The table consists of a solid black horizontal bar at the top, followed by 20 rows. Each row is composed of two adjacent horizontal bars of equal length: the first bar is gray and the second bar is white. This alternating pattern of gray and white rows creates a grid-like structure for recording activity statements.



# APPENDIX C: 2016 MA KNOWLEDGE STATEMENTS









2016 MA Knowledge Statements	
#	Knowledge Statement
128	Special administration instructions
129	Special documentation instructions
130	Special medication instructions
131	Sublingual administration
132	Team building
133	Techniques to verify medication is swallowed
134	Three separate medication administration safety checks
135	Time management skills
136	Timeliness of medication record review
137	Topical administration
138	Transdermal administration
139	Transdermal medication safety considerations
140	Types of client abuse
141	Types of client exploitation
142	Types of client neglect
143	Types of medication errors
144	Types of medication interactions
145	Use of medication records and other forms
146	Vaginal administration
147	Various medication forms
148	Vital sign equipment and use
149	Vital signs
150	Wasteful care practices (e.g., overuse of products)
151	When not to administer medications



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