





Swansea council logo



Medication Training for Support Workers

**Medicines Shadowing Record:**

**Understand the roles & responsibilities related to the administration of medication in Health & Social Care settings. Supporting the use of medication in Health & Social care settings.**

As part of your learning you are required to undertake a period of shadowing where you observe other members of staff supporting people with their medicines. Any shadowing experiences you gain should be recorded in this workbook which will be given to you by your supervisor/manager before the course starts. The Shadowing Record has been designed for you to work at your own pace, with the support of your trainer and/or your line manager/supervisor and the colleagues who you will shadow during your training period. You will need to complete a minimum number of 3 shadowing visits, record these, and write a little about these experiences.

**Please ensure you gain consent with the individual prior to carrying out each of your shadowing activities.**

***You must hand in your completed Shadowing Record to your supervisor who will submit it along with your completed competency assessment after the training.***

Name: ..............................................................................

Organisation: ..................................................................

Date of Completion: .........................................................

**About the** **Medicines Shadowing Record**

As part of your training you will need to record that you have undertaken at least 3 (and a maximum of 6) shadowing observations, 2 of which must involve observing an individual who is having their medicines administered using a Medication Administration Record (MAR) chart.

You will need to write about your experiences for each of these shadowing activities you undertake. Your shadowing experiences will vary and you will have your own thoughts about them, but here are a few questions to help you.

**Questions you may consider**

How did your colleague greet the individual?

Where did you find instructions for the individual relating to their medicines

Did you observe the whole process of the person being supported with their medicines?

What did you observe during the support with/administration of medicines?

How did the Individual seem to feel about the care given at the call?

Were there any practical problems experienced during the call regarding the person's medicines?

Describe how your colleague spoke to and engaged with that individual

What role did you have in the call?

*You do not need to answer all of these for every observation - some will not apply to your specific experience and you will have your own thoughts about it, but you may find the questions helpful in getting started.*

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| --- | --- | --- | --- | --- |
| **Observation 1** | | | | |
| Date: | Time: | | Level of Support observed: | |
| Support Worker Comments: | | | | |
| Name of Support Worker: | | Signed: | | Date: |
| Name of Supervisor: | | Signed: | | Date: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Observation 2** | | | | |
| Date: | Time: | | Level of Support observed: | |
| Support Worker Comments: | | | | |
| Name of Support Worker: | | Signed: | | Date: |
| Name of Supervisor: | | Signed: | | Date: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Observation 3** | | | | |
| Date: | Time: | | Level of Support observed: | |
| Support Worker Comments: | | | | |
| Name of Support Worker: | | Signed: | | Date: |
| Name of Supervisor: | | Signed: | | Date: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Observation 4** | | | | |
| Date: | Time: | | Level of Support observed: | |
| Support Worker Comments: | | | | |
| Name of Support Worker: | | Signed: | | Date: |
| Name of Supervisor: | | Signed: | | Date: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Observation 5** | | | | |
| Date: | Time: | | Level of Support observed: | |
| Support Worker Comments: | | | | |
| Name of Support Worker: | | Signed: | | Date: |
| Name of Supervisor: | | Signed: | | Date: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Observation 6** | | | | |
| Date: | Time: | | Level of Support observed: | |
| Support Worker Comments: | | | | |
| Name of Support Worker: | | Signed: | | Date: |
| Name of Supervisor: | | Signed: | | Date: |