**Student 2:** As the student observer please document if the students completed the skills correctly. Use the skills definitions list to help you. You may ask your team members for assistance. **Leave this table in the folder.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Skill** | **Demonstrated****completely** | **Demonstrated****partially** | **Not demonstrated** |
| **Wash hands**  |  |  |  |
| **Wear gloves**  |  |  |  |
| **Identify patient** |  |  |  |
| **Identify medications** |  |  |  |
| **Perform assessments pertinent to medication** |  |  |  |
| **Obtain necessary equipment and materials** |  |  |  |
| **Explain procedure and medications to the patient** |  |  |  |
| **Administer medications** |  |  |  |
| **Dispose of materials appropriately** |  |  |  |

*Figure 4.* Student oberver checklist for enteral medication administration station