

**TRAIN
THE
TRAINER**

**PRESENTED BY
Alliant Health Solutions**

DESCRIPTION:

The two-day workshop is designed to assist Nurse Aide Training Program (NATP) Program Coordinators and Program Instructors with the process of instructional design to facilitate the training of student nursing assistants.

Major emphasis will be placed on the development of behavioral objectives for classroom and clinical instruction, organization of course content, selection of appropriate teaching methods, materials, resources, and the selection of appropriate evaluation tools.

Participants will be expected to utilize the principles of adult learning and education as they work with group members in the development of written lesson plans and selected activities. **Participants should take the time to review the entire Train-the-Trainer Booklet.**

MISSION STATEMENT:

To facilitate the instructional process of students enrolled in a state approved Nurse Aide Training Program and prepare the students for Standardized Competency Evaluation.

OBJECTIVES:

At the completion of this workshop, the participant will be able to:

1. State the OBRA guidelines for approval of a state approved Nurse Aide Training Program and Competency Evaluation.
2. Summarize the components that contribute to a teaching foundation.
3. Identify factors that influence adult learning.
4. Identify the characteristics of adult learners.
5. Describe the role of the teacher in the promotion of a positive learning climate.
6. Identify the stages of instructional design.
7. Explain the purpose for systematic stages of instructional design.
8. Describe the principles for the development of behavioral objectives.
9. Develop two behavioral objectives in the cognitive domain.
10. Develop two behavioral objectives in the affective domain.
11. Develop two behavioral objectives in the psychomotor domain.
12. Develop two multiple-choice questions to evaluate attainment of previously identified cognitive level objectives.
13. Illustrate one lesson from a unit of study.
14. Recall the Federal and State Regulations for competency testing

Why I am a Nursing Assistant

Note: Alisa T-S of Atlanta, Georgia, is a nursing assistant who recently wrote the following award winning essay.

Nursing Assistants are the backbone of the nursing staff. My position as a nursing assistant is a very important role. A patient may need something as small as a cup of water and I am there to give it. A patient may need to cry and my shoulder is there to lean on. A patient may need to talk and my ears are there to listen. A patient may need help to and from the bathroom and I am there to assist them. As a nursing assistant, I am the one who carries out the duties that seem so small, but yet are so important.

I also play a big role in “Quality Care.” This is what quality care means to me:

- Q- is for quality, because I give the best care that I am able to provide.**
- U- is for trying to understand what a patient might be going through.**
- A- is for the assurance a nursing assistant gives by listening to a patient’s concerns.**
- L- is for the love I show by making every patient know I care.**
- I- is to show each patient that they are important.**
- T- is for the teamwork that I give to support the other nursing staff.**
- Y- is for yield, because I need to be careful with every decision I make.**
- C- is for the communication I try to establish with my patients.**
- A- is for applying myself 100% to each patient’s needs.**
- R- is for the respect that each patient deserves.**
- E- is for the enthusiasm I feel seeing a patient recover back to good health.**

My position has many rewards. It is not the salary that I earn. It is not the “Performance Award” that is given once a year. It is the self-satisfaction deep within me. The feeling at the end of the day, knowing I have done my best and all that I can do. It is smiling at a patient and the patient smiles back. It is asking a patient how he is feeling and taking time to listen to his response. The greatest reward of all is to hear a patient telling another patient not to worry because I will take care of him. My reward may not be a big plaque that I can hang on the wall for people to admire and my reward may not be a trophy that sits on a mantelpiece for all my friends to see. My rewards are my “feelings” of being appreciated and needed by someone who is unable to do the small things for themselves.

A nursing assistant has many roles, even though they have great limitations. I may not be the one who passes out medication to make a patient feel better and I may not be the one who performs surgery to take away the pain. So who am I...I am the one who listens to a patient’s problems no matter how big or small. I am the one who changes their sheets and the one who tucks their pillows underneath their head. I am also the one who gives them an extra blanket to keep them warm throughout the night. I AM PROUD OF WHO I AM AND PROUD OF WHAT I DO! So what is the question? Why I am a nursing assistant? **Because I care.**

OBRA

**Omnibus Budget Reconciliation Act of 1987
Has a subpart called:**

**The Nursing Home Reform Act that states...all nurse aides must be trained and certified by a
STATE APPROVED PROGRAM
In order to work in a long term care facility.**

**Purpose: To improve the quality of care
for nursing home residents.**

PLEASE TAKE TIME TO REVIEW THIS INFORMATION ON THE INTERNET. DO A SEARCH FOR OBRA AND FEDERAL GUIDELINES FOR NURSE AIDE TRAINING PROGRAM 42CFR 483.150-483.158 ON THE INTERNET.

PLEASE REVIEW THE STATE MANUAL FOR THE NURSE AIDE TRAINING PROGRAM BY USING THE ALLIANT HEALTH SOLUTIONS WEBSITE www.mmis.georgia.gov, CLICK ON NURSE AIDE TAB TO PRINT THE NURSE AIDE TRAINING PROGRAM MANUAL. PLEASE NOTE THIS MANUAL MAY BE UPDATED QUARTERLY.

IMPORTANT INFORMATION

1. Nursing Homes - nurse aide training must be completed and certification achieved within four (4) months of employment.
2. Nursing Homes receiving Medicaid/Medicare monies cannot charge a student for any costs incurred by the program implementation.
3. Nursing Homes which have been placed on “ban” cannot conduct a Nurse Aide Training Program nor allow clinical training from another nurse aide training program in the facility.
4. Georgia State Approved Nurse Aide Training Programs must be a minimum of eighty- five (85) hours in length, excluding facility orientation hours - 85 hours include classroom/lab hours and clinical practice. Twenty-four (24) hours are required for clinical rotation in a nursing home.
5. Certified nursing assistants employed by long term care facilities are to have twelve (12) hours of annual in-service per the federal guidelines.
 - The code of federal regulations, 483.75, (8) requires each facility complete a performance review of every nurse aide at least once every twelve (12) months, and must provide regular in-service education on the outcome of these reviews.
 - This in-service training must: “be specific to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year; address areas of weakness as determined in the nurse aides’ performance reviews and may address the special needs of residents as determined by the facility staff; and for the nurse aide providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.
6. Students **must always** be supervised by a RN/LPN that has been **approved** by Alliant Health Solutions at the clinical site while providing care to residents and be identified as a student nurse assistant in clinical setting.
7. The C.N.A. must re-certify every two (2) years to remain on the Nurse Aide Registry. (www.mmis.georgia.gov, click on directories).
8. All Nurse Aide Training Programs whether a nursing home, private program, technical college, university or high school must follow the same Federal Guidelines and State Guidelines: **42CFR483.150-483.158 & NATP Manual**



ATTENTION CERTIFIED NURSE AIDE

Important information regarding the Georgia Nurse Aide Registry:

Once you register for access through the Alliant Health Solutions web portal at www.mmis.georgia.gov you will be able to access CNA functions such as:

- Verify CNA certification begin/end dates
- Print a replacement certification card from
- Print a change of name form
- Print a renewal form
- Print an out-of-state Reciprocity form
- Print Change personal information form – address, phone, e-mail address & employer
- Locate approved training programs
- Check for adverse findings
- Access information on CNA Frequently Asked Questions (FAQs)

Direct all question to the Nurse Aide Registry staff at (678) 527-3010 or 1 (800) 414-4358.

www.mmis.georgia.gov

**FEDERAL and STATE
CORE CURRICULUM
NURSE AIDE TRAINING PROGRAM**

PART I

- A. Communication and interpersonal skills **including stress management and chain of command**
- B. Infection control
- C. Safety/emergency procedures/FBAO/**Body Mechanics**
- D. Promoting residents' independence
- E. Respecting residents' rights
- F. **Legal/ethical behavior and scope of practice**

PART II

Basic Nursing Skills

- A. Taking/recording vital signs **and vital sign parameters**
- B. Measuring and recording height and weight
- C. Caring for the resident's environment
- D. Recognizing abnormal changes in body function and the importance of reporting such changes to a supervisor:
 - Shortness of breath
 - Rapid respiration
 - Fever
 - Coughs
 - Chills
 - Pains in chest
 - Blue color to lips
 - Pain in abdomen
 - Nausea
 - Vomiting
 - Drowsiness
 - Excessive thirst
 - Sweating
 - Pus
 - Blood or sediment in urine
 - Difficulty urinating
 - Frequent urination in small amounts
 - Pain or burning on urination
 - Urine has dark color or strong odor
 - **Behavior change**
 - **Talks or communicates less**
 - **Physical appearance/mental health changes**
 - **Participated less in activities or refused to attend**
 - **Eating less**
 - **Drinking less**
 - **Weight change**
 - **Appears more agitated/nervous**
 - **Appears tired, weak, confused or drowsy**
 - **Change in skin color or condition**

- **Requires more assistance with dressing, toileting, transfers**
- E. Recognizing and reporting pain to supervisor**
- F. Caring for residents when death is imminent and post mortem care

PART III

Personal Care Skills, including but not limited to:

- A. Bathing (to include observation for pressure ulcers)**
- B. Grooming, including mouth care
- C. Dressing
- D. Toileting
- E. Assisting with eating and hydration
- F. Proper feeding techniques
- G. Skin-care to include **observation for pressure ulcers and skin tears**
- H. Transfers, positioning and turning (to include observation for pressure ulcers)**

PART IV

Mental Health and Social Service Needs

- A. Modifying aide's behavior in response to resident's behavior (**include depression**)
- B. Awareness of development tasks associated with the aging process
- C. How to respond to resident behavior
- D. Allowing residents to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity
- E. Utilizing resident's family as a source of emotional support
- F. Emotional and mental health needs of the residents**
- G. Spiritual and cultural needs of the residents**

PART V

Care of Cognitively Impaired Residents

- A. Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others)
- B. Communicating with cognitively impaired residents
- C. Understanding the behavior of cognitively impaired residents
- D. Appropriate responses to the behavior of cognitively impaired residents
- E. Methods of reducing the effects of cognitive impairments
- F. Spiritual and cultural health**

PART VI

Basic Restorative Services – The nurse aide should be able to demonstrate skills which incorporate principles of restorative nursing, including:

- A. Training the resident in self-care according to the resident's abilities
- B. Ambulation with/without a gait belt**
- C. The use of assistive devices in transferring, ambulation, eating and dressing
- D. Maintenance of range of motion
- E. Proper turning and positioning in bed and chair
- F. Bowel and bladder training
- G. Care and use of prosthetic/orthotic devices and eyeglasses

PART VII

Residents Rights – The nurse aide should be able to demonstrate behavior which maintains residents' right, including but not limited to:

- A. Providing privacy and maintenance of confidentiality
- B. Promoting the residents' right to make personal choices to accommodate their needs
- C. Giving assistance in resolving grievances and disputes **(to include the role of the ombudsman)**
- D. Providing needed assistance in getting to and participating in resident and family groups and other activities
- E. Maintaining care and security of resident's personal possessions
- F. Providing care which maintains the resident free from abuse, mistreatment and neglect and reporting any instances of such treatment to appropriate facility staff
- G. Avoiding the need for restraints in accordance with current professional standard

**Reference: Code of Federal Regulations, Title 42, Subpart D, Sec. 483.152
State of Georgia Nurse Aide Training Manual**

SKILLS REQUIRED FOR GEORGIA NURSE AIDE TRAINING PROGRAM

1. Hand washing - 20 seconds
2. Donning and removing gloves
3. Donning and removing gloves, gown, mask and eye protection
4. Gait belt
5. FBAO
6. Body Mechanics
7. Vital Signs – record:
8. Temperature - parameters
9. Oral/rectal/axillary - digital
10. Oral/rectal/axillary glass/mercury free
11. Radial pulse - parameters
12. Respirations - parameters
13. Blood pressure - parameters
14. Ambulatory scale
15. Needle indicator scale
16. W/C or chair scale (clinical only)
17. Height of the bedridden
18. Resident's Environment:
19. Occupied bed
20. Unoccupied bed
21. Cleanliness of resident's room
22. Caring for dying resident
23. Post mortem care (lab practice required)
24. Complete/Shampoo – observation for pressure ulcers
25. Partial – observation for pressure ulcers
26. Shower/Shampoo – observation for pressure ulcers (clinical)
27. Tub/whirlpool – observation for pressure ulcers (clinical)
28. Perineal care male/female – observation for pressure ulcers
29. Brushing/combing hair
30. Nail care
31. Foot care
32. Shaving
33. Brushing/flossing teeth
34. Dentures
35. Unconscious mouth care
36. Dressing
37. Undressing
38. Anti-embolic stockings
39. Dressing-weak side
40. Bedpan/fracture pan
41. Urinal
42. BSC
43. Catheter care - male/female
44. Emptying catheter drainage bag
45. Bowel/bladder training
46. Specimen urine/stool/sputum

47. Assisting with feeding: Proper feeding techniques: Dependent
48. Meal percentage
49. Diet cards
50. Visually Impaired
51. I & O (do not use “cc”)
52. Skin care: Skin tears
53. Pressure ulcer prevention devices
54. Positioning: Lateral/ Sims/ Fowler's/ supine/ prone with use of pillows – observation for pressure ulcers
55. Transfers: Bed to chair
56. Transfers: Chair to bed
57. Turning-Logrolling
58. Turning-Resident assist
59. Turning Toward and away from self
60. Ambulation with/without gait belt
61. Transfer – lift (clinical)
62. Ambulation - cane/wheelchair
63. Eating - plate guard
64. ROM/PROM
65. Proper turning/positioning in bed/chair: Body mechanics
66. Proper turning/positioning in bed/chair: One/two assistants
67. Proper turning/positioning in bed/chair: Using draw sheet - two
68. Proper turning/positioning in bed/chair: Resident assist
69. Proper turning/positioning in bed/chair: Positioning in chair/wheelchair
70. Bowel/bladder training: Incontinent care
71. Bowel/bladder training: Toileting schedule
72. Care and use of prosthetic/orthotic devices
73. Care of eyeglasses
74. Admission/transfer/discharge
75. Resident’s belongings during care
76. Avoid the need for restraints in accordance with current professional standard:
 - Geri chair (clinical)
 - Slip knot
 - Restraint alternatives

Federal and State Guidelines Required Skills Checklist

Required Skills Nurse Aide Training Program	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUBRIC
INFECTION CONTROL			
Handwashing - 20 seconds			
Donning and removing gloves			
Donning and removing (PPE) gloves, gown, mask and eye protection ~Please use CDC Guidelines~			
SAFETY & EMERGENCY			
FBAO			
Gait Belt			
Body Mechanics			
POSITIONING, TURNING, & TRANSFER			
One/two person assist			
Positioning with draw sheet			
Positioning with resident assist			
Positioning in chair/wheelchair			
Transfer from chair to bed Transfer from bed to chair			
Turn resident away from self			
Logrolling			
Turn resident with resident assist			
Passive range of motion			
Assist resident to stand with/without gait belt			
Transfer with lift (clinical)			
Ambulation with cane/walker			

Required Skills Nurse Aide Training Program	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUBR IC
Positioning: <ul style="list-style-type: none"> • Lateral • Sims • Fowler's • Supine • Prone 			
VITAL SIGNS			
Temperature Parameters			
Oral/Rectal/Axillary- Digital			
Oral/Rectal/Axillary- Glass(mercury free)			
Radial pulse – parameters			
Radial pulse			
Blood pressure - parameters			
Blood pressure			
Respiration Parameters			
Measuring Respiration			
Weight (ambulatory or needle indicator scale)			
Wheelchair-Chair-Bed Scale (clinical only)			
Height of the bedridden Resident			
Vital Sign Recording - notebook, pen, & watch with second hand			
RESIDENT'S ENVIRONMENT			
Admission/Discharge			
Care of Resident's belongings			

Required Skills Nurse Aide Training Program	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUBRIC
Making occupied bed			
Making unoccupied bed			
Cleanliness of resident's room			
ROLE OF THE NURSE AIDE			
Communication skills			
Stress management			
Interpersonal skills			
Chain of command			
Work ethics			
Care plan			
Documentation/Shift Report			
Scope of practice			
Conflict management			
Manage cognitively impaired			
Customer service			
Aging Process			
Resident's Grooming & Personal Care with observation of Pressure Ulcers			
Complete and partial bed bath			
Shower (clinical)			
Tub bath/Whirlpool (clinical)			
Perineal care- male/female			
Skin care			
Dressing/undressing			
Dressing with weak side			
Hair care- shampoo, brushing, combing			
Nail care			
Foot care			
Shaving resident			

Required Skills Nurse Aide Training Program	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUBR IC						
Brushing /flossing teeth & dentures									
Denture Care									
Observation & care of skin tears									
Unconscious mouth care									
Anti-embolic stocking									
Resident's rights & personal choice (clothing choice, bathing)									
Resident's Meal Time & Hydration									
Diet cards/name card									
Documenting meal percentage									
Proper feeding techniques for dependent resident									
Documenting I&O									
Assisting visually impaired resident									
Care of skin with feeding tube									
Bowel & Bladder Care and Training									
Incontinent care (observation of pressure ulcers)									
Bowel & Bladder Training									
Proper use of bedpan/fracture pan									
Proper use of urinal									
Proper technique transferring resident to bedside commode									
Catheter care male/female									
Measuring & Recording urine output from: <ul style="list-style-type: none"> • Foley catheter • Bedside commode • Urinal 	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
Collecting a specimen urine-stool-sputum									

Required Skills Nurse Aide Training Program	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUBRIC
Care of the Ostomy(skin care)			
Care and Use of Orthotic, Prosthetic, & Assistive Devices			
Plate guard			
Clothing reach			
Denture Care			
Pressure ulcer prevention devices			
Eye glasses			
Observation for pressure sores, redness, & swelling with devices			
Restraint Use & Guidelines			
Slip knot technique			
Geri chair (clinical)			
Restraint alternatives			
Residents rights			
Post Mortem Care			
Post mortem care & procedure			
Signs and symptoms of death & grieving process			
Cultural & Family Considerations			
Residents Right's- Confidentiality & Privacy			
HIPAA			
Ombudsman			
Providing privacy			
Observation & Reporting			
Pain			
Respiratory changes			
Bowel/Bladder changes (UTI)			
Behavioral changes			
Skin color & condition changes			

Required Skills Nurse Aide Training Program	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUBRIC
Communication changes			
Change in eating & drinking habits			
Changes in weight			
Nausea & vomiting			
Change in activity participation			
Signs of Hypo/Hyperglycemia			
<u>Beginning Procedure:</u> Check care plan; Gather equipment; Knock; Ask visitors to step out; Handwashing prior to contact; Gloves if necessary; State intent; Privacy; Adjust bed height, and; Keep resident informed throughout care procedure			
<u>Ending Procedure:</u> Remove gloves if necessary; Handwashing; Gloving, if necessary; Replace equipment to proper storage; Call light within reach; Lower bed; Ensures comfort; Side rails up if used; Open Curtain/door/window shade; Remove gloves if used at the appropriate time; Handwashing; Notify visitors, and; Record/report			

Instructor's initials/ signature:_____			
Instructor's initials/ signature_____			
Instructor's initials/ signature_____			
Student's signature_____			
Comments			
ADDITIONAL SKILLS MAY BE ADDED HERE	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUBR IC

EACH SPACE MUST BEAR THE INSTRUCTOR'S INITIALS AND MUST BE DATED WHEN THE STUDENT IS ABLE TO PERFORM THE SKILL AT 100%;

Skills must be checked off in the lab and again in the clinical (if applicable);

Some skills will apply to only one area (clinical or lab); if this is the case, please leave the space blank

Do not use Candidate Handbook Skills as a substitute;

May use the Candidate Handbook Skills at the completion of the program;

All instructors must teach from the approved skill breakdown/rubric or textbook

IF THE STUDENT DOES NOT PASS SKILLS AT 100% IN THE LAB, THE STUDENT SHOULD NOT BE ALLOWED TO ATTEND THE CLINICAL ROTATION.

REQUIREMENTS FOR PROGRAM COORDINATOR & INSTRUCTORS

Approved Nurse Aide Training Programs must designate a Program Coordinator and Primary Instructor(s). Programs cannot commence training until these individuals are approved.

Program Coordinator (PC):

Registered Nurse (RN) with two (2) years of nursing experience. One (1) year of nursing experience as an RN must be in a long-term care facility (nursing home). Duties of a Program Coordinator include but are not limited to:

- Overseeing the program in its entirety
- All required documentation for the yearly on-site review
- Assisting instructor in resolving any issues with students
- Making occasional on-site visits to classroom/lab and clinical sites to ensure proper instruction is taking place and documenting progress related to those visits
- Assisting with compilation of material presented for the approval or re-approval prior to submitting to the Georgia Nurse Aide Training Program
- Attending the first clinical rotation with all first time instructors **without** nursing home experience.

Please review the NATP Manual and PC Guide for additional job description

The facility administrator/director must mail a letter requesting approval for the RN to serve as Program Coordinator for the Nurse Aide Training Program. Please include a copy of the current GA nursing license, an updated resume, and a copy of the Train-the-Trainer Workshop certificate. Requirements are as follows:

- Registered Nurse with current **active** Georgia License and in good standing with the GA Board of Nursing- License cannot have the following status codes- probation, suspended, expired, lapsed, inactive, pending, renewal pending, revoked or surrendered
- Two (2) years of nursing experience as an RN, at least one year of experience as an RN must be in a long term care facility (nursing home).
- Train-the-Trainer Workshop attendance certificate from Alliant Health Solutions
- The Director of Nursing may serve as Program Coordinator in a facility based program, but provision for coverage of duties must be assured

Instructors

The Program Coordinator must mail a letter requesting approval for the LPN or RN to serve as an instructor in the classroom and/or clinical portion of the Nurse Aide Training Program. Please include a copy of the current GA nursing license, an updated resume and a copy of the Train-the-Trainer Workshop certificate. Requirements are as follows:

- Registered Nurse or License Practical Nurse with current **active** Georgia License and in good standing with the GA Board of Nursing- License cannot have the following status codes- probation, suspended, expired, lapsed, inactive, pending, renewal pending, revoked or surrendered
- Minimum one year of nursing experience
- Train-the-Trainer Workshop attendance certificate from Alliant Health Solutions

PROGRAM COORDINATOR'S GUIDE

Program Name & Number: _____ Program Coordinator (PC) Name: Print _____ Signature _____	DATE	INITIALS
FILES IN ORDER FOR ANNUAL AUDIT - ON-SITE REVIEW - PAGE 11 TRAIN THE TRAINER BOOKLET - DATE WHEN FILES CHECKED		
REVIEWED PROGRAM WITH INSTRUCTOR PRIOR TO TEACHING - MADE EXPECTATIONS KNOWN - DATE		
TEAM MEETINGS HELD TO EVALUATE HOW PROGRAM IS PROGRESSING - DATE & RESULTS OF EVALUATION - DOCUMENT PLAN TO IMPLEMENT CHANGES		
PROBLEMS WITH PROGRAM DOCUMENTED & PROBLEM SOLVING METHODS INITIATED		
REVIEWED INSTRUCTOR EVALUATIONS FOR C/O & IMPROVEMENTS NEEDED - RESULTS DOCUMENTED		
ISSUES NEEDING RESOLUTION - DOCUMENT ISSUES & PLANS FOR RESOLUTION		
INSTRUCTOR(S) ON PROBATION - LIST REASON		
LESSON PLANS BEING FOLLOWED - MONITOR MONTHLY AND DOCUMENT		
SKILL RUBRICS BEING FOLLOWED - MONITOR MONTHLY AND DOCUMENT		
MONITOR EACH INSTRUCTOR IN CLASSROOM, LAB & CLINICAL - DOCUMENT FINDINGS AND FOLLOW-UP DATE		
INSTRUCTOR IMPROVEMENT AND VISITS MADE TO OBSERVE IMPROVEMENT		
MONITOR NEW INSTRUCTOR(S) FOR COMPETENCY OF INSTRUCTION - DOCUMENT FINDINGS & FOLLOW-UP DATE		
PC ATTENDANCE REQUIRED WITH FIRST LTC INSTRUCTORS DURING CLINICAL ROTATION (ADDITIONAL ATTENDANCE MAY BE REQUIRED)		
ORGANIZE WITH THE INSTRUCTORS THE RE-APPROVAL APPLICATION - DATE		
ASSIST IN CREATING LESSON PLANS BASED ON NURSING HOME EXPERIENCE		
PASSING RATE ON WRITEN/ORAL/SKILLS COMPETENCY EXAM - INVESTIGATED INDIVIDUAL PROBLEMS WITH FAILING THE EXAM WITH INSTRUCTOR - DOCUMENT		
REVIEW STUDENT PROBLEMS WITH INSTRUCTOR AND ASSIST IN PROBLEM SOLVING - DOCUMENT		
ALL REQUIRED LAB EQUIPMENT ALL LOCATIONS PRESENT - DATE ASSESSED - NAME OF LOCATION		
NOTIFIED WITHIN TEN (10) DAYS OF ANY CHANGES TO THE PROGRAM - DATE & DOCUMENT CHANGE		
NOTIFIED OF INSTRUCTOR ADDITION OR DELETION - DATE		
CANDIDATE HANDBOOK FROM CREDENTIA REVIEWED WITH INSTRUCTORS & DATE		
WHEN LOW SCORES NOTED ON SKILLS COMPETENCY - OBSERVE STUDENT PERFORMANCE AND/OR REVIEW STUDENT RECORDS		
ASSISTED IN THE HIRING PROCESS OF INSTRUCTORS - SUBMITTED LETTER OF INTENT, COPY OF NURSING LICENSE, RESUME & COPY OF TTT CERTIFICATE		
ATTACH DOCUMENTATION IF APPLICABLE		

INSTRUCTOR ORIENTATION

Instructor printed name: _____

Date of hire: _____

Instructor status (select all that applies): **approved** **temporary approval** **first time instructor**

Proctor and instructor to initial and date each of the following: **Proctor:** program coordinator and/or experience instructor

Orientation to the classroom, lab and equipment placement: _____ Date: _____ Length of time: _____

Orientation to the lesson plans and skills rubrics: _____ Date: _____ Length of time: _____

Instructor observation of proctor teaching & skills check-off methodology: _____ Date: _____ Length of time: _____

PC observation during clinical rotation for first time instructor: _____ Date: _____ Length of time: _____

Proctor observation of instructor teaching methodology: _____ Date: _____ Length of time: _____

Proctor observation of skills check-off methodology: _____ Date: _____ Length of time: _____

State Guidelines for the Nurse Aide Training Program have been reviewed: _____ Date: _____

Proctor printed name: _____ Proctor signature: _____ Date: _____

Proctor printed name: _____ Proctor signature: _____ Date: _____

Instructor signature: _____ Date: _____

When the new instructor and proctor have signed off on each tasks listed above a copy must be remain in the program's file all times for auditing purposes. Methodology includes use of approved lesson plans, skill rubrics, skills checklist and communication skills.

STUDENT EVALUATION
EXAMPLE

GRADE - WORK ETHICS

GRADE - EXAMS

GRADE - PRESENTATIONS

GRADE - GROUP PARTICIPATION

GRADE - HOMEWORK ASSIGNMENTS

GRADE - HOMEWORK ON TIME

GRADE - JOURNAL ENTRIES

GRADE IN CLINICAL

MEAN GRADE

PROGRESS NOTES

(ASSISTANCE REQUIRED - ONE:ONE MEETING - WARNINGS, ETC)

Notes:

Must be completed for each student

Progress note (s) must be completed as well and any follow-up notes

Keep in student's file

Must submit a copy of this form with the initial application

INSTRUCTOR EVALUATION

EXAMPLE

Was the instructor knowledgeable in the subject?

Was the instructor on time for class/clinical?

Was the instructor approachable?

Was the instructor flexible allowing ample time for learning skills?

Did the instructor speak on your level of understanding?

Was the class/lab time adequate?

Was the clinical time adequate?

Do you feel you can take accurate vital signs?

Did you feel prepared to take the competency exam?

Did you have the confidence needed to pass the competency exam?

What did you like about the program?

Notes:

Must be completed by students

Must be completed by program coordinator

Program must develop their own instructor evaluation form

Must submit a copy with the initial application

NURSE AIDE TRAINING PROGRAM EVALUATION

Please complete this evaluation after you have completed the Nurse Aide Training Program:

**Return to: ALLIANT HEALTH SOLUTIONS
NURSE AIDE TRAINING PROGRAM
P. O. Box 105753
Atlanta, Georgia 30348**

Name of Nurse Aide Training School/Facility: _____

Student's Name: _____

Student's E-mail Address: _____

Student's Phone Number (Optional): _____

- How many hours per day did you attend class - did you feel that the amount of hours were adequate for your learning needs? Hours: _____ YES or NO
- What time did the classroom hours begin and end? Begin _____ End _____
- How many hours did you attend clinical? Hours: _____
- Did the instructor portray a professional mannerism? YES or NO
Comments _____
- Was the instructor knowledgeable on nurse aide training? YES or NO
Comments _____
- Was the instructor on time for classes and clinical rotation? YES or NO
Comments _____
- What was the name of your primary nurse aide training instructor?

- Did you have the same instructor throughout the class? If not list each instructor. If not a RN/LPN, what was the instructor's title? YES or NO
Comments _____
- Are you comfortable taking care of residents of a long-term care facility based on the classroom/lab and clinical training you received? YES or NO
Comments _____
- Was time allotted for the skills to be checked off with 100% accuracy in the lab portion of your training prior to clinical rotation? YES or NO
Comments _____
- Was the clinical rotation long enough for you to feel comfortable in caring for residents of a long-term care facility? YES or NO

Comments _____

- Was the instructor with you at all times during your clinical rotation? YES or NO

Comments _____

- Was there time allowed for questions to be answered? YES or NO

Comments _____

- Do you feel you received a quality education? YES or NO

Comments _____

- Would you recommend this Nurse Aide Training Program to a friend? YES or NO

Comments _____

- Did you perform vital signs (temperature, pulse, respiration and blood pressure) in the classroom and during clinical rotation? YES or NO

Comments _____

- Do you feel confident performing vital signs accurately? YES or NO

Comments _____

- If necessary, can your identity be revealed to the program? YES or NO

Comments _____

Additional Comments are welcomed: _____

Please use another sheet of paper if additional space is needed.

Date _____

Name of Long-Term Care Facility _____

Long-Term Care Facility Employee Verification Signature _____

Name of Nurse Aide Training Program _____

Please make sure all instructors and students sign this form upon entering and leaving the facility.

<u>Print Name of Student</u>	<u>Signature of Student</u>	<u>Time of ARRIVAL</u>	<u>Time of DEPARTURE</u>
<u>Print Name of Instructor</u>	<u>Signature of Instructor</u>	<u>Time of Arrival</u>	<u>Time of Departure</u>

Georgia Nurse Aide Training

This is to certify that

(please print)

has successfully completed _____ *at*
Number of Hours
a Georgia State-approved Nurse Aide Training Program at

Name of Program (please print)

Program Number

on the _____ *day of* _____, *20*_____.

Certified by:

Signature of Approved Faculty

Print Name of Approved Faculty

Notary Public

Georgia

_____ County

I, _____, a

Notary Public for said County and State, do hereby certify that

_____ personally appeared before me on this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, on the _____ day of _____, 20_____.

Notary Public (Signature) _____ My Commission Expires _____, 20_____.

NOTE: This certificate does not guarantee that the above mentioned student will be listed by the Georgia Nurse Aide Registry. The student must successfully pass both portions of the National Nurse Aide Assessment Program (NNAAP) examination to be eligible for placement on the Georgia Nurse Aide Registry.

TRAINING PROGRAM RECORDS

Training Program Records are reviewed/audited at the program site on an annual basis.

You are required to maintain a file for each student you have trained and/or tested.

(Files are to be stored for seven (7) years.)

At the time of review, the Nurse Reviewer requires each file to contain the following items:

- Attendance Record – Total class hours & total clinical hours must be consistent with the most current approval.**
- TB Skin Test and/or Chest X-ray results**
- Test Scores & Final Exam Scores**
- Skills checklist (submitted with the most recent approval/re-approval application). This is the checklist used when "checking off" the return demonstration by the student in the lab/clinical setting).**
- Documentation- Must have at least one progress report on each student.**
- Number of Students entering training**
- Number of Students completing training**
- Number of students that drop class**
- Number of students that failed program**
- Signed copy of the Program Evaluation Acknowledgement Form**
- Copy of student notarized training program completion certificate**
- All other relevant documents, i.e. write-ups, etc...**

Nursing Homes Only:

- *Date of hire**
- *Date entered training**
- *Date completed training**
- *Date certification achieved**

Note: Please have available a copy of your most recent program approval application and any correspondence concerning instructor changes from Alliant Health Solutions.

NURSE AIDE TRAINING PROGRAM

All supplies must be stocked in adequate supply at all times

**SUPPLIES MUST BE ADEQUATE FOR THE NUMBER OF STUDENTS ATTENDING
ENVIRONMENTAL CLEANLINESS MANDATORY**

Rationale for equipment - to recreate a resident's room in the nursing home & for proper skills training.	DATE	COMMENT
Table/desk/chairs (desk must be arranged 3ft apart)		
Whiteboard - large		
TV/DVD (projector-optional)		
Videos (optional)		
Reference Books		
Disposable gloves - varied sizes (small, medium, large)		
Hospital Bed with side rails- must raise to working height (telescoping side rails NOT allowed)		
Full Body Manikin (complete with interchangeable M/F parts that fit properly)		
Wall Clock with second hand in lab area near sink		
Call Light		
Overbed Table		
Bedside Table with drawers for equipment placement		
Wheelchair with footrest and brakes		
Geri chair (optional for private programs and schools)		
Lift (optional for private programs and schools)		
Restraints for slip knot		
Heel/Elbow Protectors- several		
Walker with wheels		
Quad Cane		
Gait Belt - several		
Ambulatory scale/height measuring device		
Non-electronic/non-digital standing or bathroom scale		
Waste basket with plastic liners		
Tongues blades for stool specimen – several boxes		
Measuring tape for the height of bedridden		
Graduated cylinder - CLEAR PLASTIC (2) (No Beakers)		
Bedpan (standard and fracture)		
Urinal - MALE		
Bedside Commode		
Speci Pan		
Chux - package		
Incontinent Briefs - package		
Specimen cups with small clear biohazard bags		
Foley Catheter with closed drainage system		
Alcohol Wipes – several boxes		
Sphygmomanometer – Manual (Regular, Large, Extra Large)		
Thermometer Covers - Disposable – several boxes		
Thermometer – Digital or Electronic - several		
Thermometer - mercury-free oral/rectal - several oral		
Stethoscopes - several		
Teaching Stethoscope		

Hamper with red biohazard bag for gown disposal		
Isolation gowns – several packages		
Masks – several boxes		
Eye Protection - several		
Sharps Container – Puncture Resistant for razors		
Washcloths-2		
Towels-2		
Twin Blanket-2		
Twin Bedspread-2		
Pillowcases–2		
Flat twin sheet-4-can use for draw sheet or bottom sheet		
Fitted twin sheet-2		
Hospital Gown-2		
Orange Sticks/emery boards – several boxes		
Toothbrush (each student must have one)/toothpaste/floss for oral care demonstration		
Denture cup/Dentures/ Denture Brush (Adult Size Dentures)		
Toothettes – several boxes		
Disposable Razors/Shaving Cream - several razors		
Wash Basin		
Liquid Soap & Body Wash Soap (Several)		
Emesis Basin		
Hair Brush/Comb- several		
Water Pitcher bedside pitcher 34 oz /Cup/ Straws		
Food Tray/Clothing Protector/Plate/Silverware		
Anti-embolic stockings (4)		
Pillows for head of bed and alignment - Six (6)		
Post Mortem Kit		
Sink – H/C water (faucet must extend outward to allow for proper handwashing)		
Privacy curtain or Door		
Nurse Aide Training Manual onsite (most recent)		
File Cabinet with Lock		
Heated/cooled environment/Clean Carpet/No loose wires		
Supplies must be organized in drawers or containers, or on shelves.		
Room accommodation for how many students-class/lab		
REQUIRED: CLASSROOM EQUIPMENT & SUPPLIES MUST BE CLEAN, ORGANIZED, AND IN GOOD WORKING CONDITION AT ALL TIMES FOR NATP APPROVAL		

Optional – Private programs, technical colleges and high schools may use “optional” equipment in a nursing facility for training – student must have skill checked off prior to working with residents requiring this equipment.
Private programs, technical colleges and high schools - weights must be taught and demonstrated in the nursing home
For hair brushing demonstration, have students demonstrate hair brushing on manikin only.

POLICIES

MAKE-UP - Due to the critical nature of the nurse aide, training program none of the material presented can be missed. Therefore, a make-up policy must be in place for all nurse aide training programs. Make-up is at the discretion of the program coordinator and instructor(s).

ATTENDANCE: Please address the attendance policy and the issue of being tardy such as fifteen (15) minutes late equals a tardy - remember that if you are fifteen (15) minutes late for work you will not hear the shift report. Address how many tardies will equal an absence.

CLINICAL REQUIREMENTS: Make sure you address the issues regarding the clinical rotation requirements such as *PPD, background check, physical, drug screen, etc.* If a potential student has a background, you must instruct the individual that finding a job in the health care field will be difficult. Whatever the nursing home requires must be taken care of prior to student admission to the program so the student will not be allowed to attend.

Assign the breaks and meals around resident priorities.

Consult with the administrator prior to the clinical rotation regarding the number of students allowed in the facility at one time as you do not want to cause too much environmental stimuli for the residents with dementia and you wouldn't want any student turned away once they have arrived at the facility. If you have a large group, you may want to inquire if the group were split allowing one-half to go to different departments at the nursing home such as activities, etc. while the others have skills checked off and then reverse the groups.

Follow the facility requirements such as notifying the facility in a timely manner when the class will be coming to clinical, the times the students will be there and what they will be doing and the manner of which they will be doing it in.

DRESS CODE: State what your rules will be such as dress, jewelry, piercings, tattoos, hair, shoes, wearing of name tags, etc. and give the rationale regarding these rules as please remember these students have never been in and have most likely little knowledge of what is expected in a health care facility.

CODE OF CONDUCT: You must address the class/lab/clinical code of conduct according to your policies and the policies stated in the Nurse Aide Training Manual (please refer to our website for the most up-to-date copy www.mmis.georgia.gov)

CRITERIA FOR PASSING: You must develop the criteria for passing class, lab, & clinical. Each student must know what is expected of him or her.

REFUND POLICY: You may develop your own refund policy. However, your refund policy may *NOT* be "No Refund." Your program must provide a way for students to change their mind about attending the program. Please be specific.

Make sure student's sign a receipt of acknowledgment of ALL policies.

Please refer to www.mmis.georgia.gov, Provider Information, Medicaid Manuals (view full list) and Nurse Aide Training Program to view state guidelines that can be incorporated into the nurse aide training program policies

DAY TWO

9:00 - 10:00 **Review**
State Competency Testing

10:15 - 10:30 **Break**

10:30 – 12:30 **Review Lesson Plans and Question/Answer Session**

12:30 - 1:00 **Evaluations and Certificates**

COMPETENCY EVALUATION COMPONENT

Competency evaluations consist of two components: a written or oral examination and a skills demonstration program. The written or oral examination must:

- Student will have a choice between a written and an oral examination
- Each item addressed is specified minimum curriculum requirements
- Be developed from a pool of test questions, only a portion of which is used in any one examination
- Questions are developed from the federal guideline core curriculum
- A system is used that prevents disclosure of both the test questions and the individual competency evaluations
- If oral must be read from a prepared text in a neutral manner. Oral examination is given with a tape recorder and cassette.
- Written examination must be completed within two hours.

The skills demonstration must consist of a demonstration of randomly selected items drawn from a pool consisting of tasks generally performed by CNA. The pool of skills are taken from personal and /or restorative care skills listed in the minimum federal guideline core curriculum requirements. The skills competency examination consists of hand washing, one measurement skill and 3 other randomly selected skills. Please see the Credentia candidate handbook for skills used during the skills competency examination. Written practice questions, handbook, and testing application can be found at <https://credentia.com/test-takers/ga>, click on nurse aides, find Georgia in the drop down box, and select. The skills competency examination must be completed within 30 minutes.

Successful Completion of NACEP – The state establishes a standard for successful completion of the competency evaluation. To complete the competency evaluation successfully, an individual must pass both the written or oral examination and skills demonstration. A record of successful completion of the competency evaluation must be included in the NAR describe in within 30 days of the date the individual is found to be competent.

Unsuccessful Completion of Competency Evaluation- If an individual does not complete the evaluation satisfactorily, the individual must be advised:

- Of the areas in which he or she did not pass; and
- That he or she has at least three opportunities to take the evaluation
- NOTHING IS TO BE BROUGHT INTO THE TESTING AREA WITH THE STUDENT TO INCLUDE PURSE, CELL PHONE, BOOKS, ETC.

Reference: Federal Register /Vol.56, No. 187, Subpart D, Sec. 483-154

GEORGIA
State Criteria for Regional & In-facility Testing Rooms

1. Clinical Skills Examination Setting:

The examination will be performed within a laboratory setting prepared as a resident room containing: a bed with side rails fully made with bottom sheet and top linen, bedside chair, table, waste container, privacy curtain or screen, and adjoining bathroom with sink (or sink with running water and bedside commode in lab), paper towels, and soap or skin cleanser. A mannequin is required for pericare and catheter care skills demonstrations.

In preparation of their facilities for the skills examination process, a facility or training program representative should check that all rooms which will serve as testing sites contain all necessary supplies and equipment (see materials list). All supplies and equipment should be placed in the room according to the standard procedure of the facility to facilitate the location of these supplies and equipment by the aide during the testing process. To maintain the validity and reliability of the test, it is essential that all requisite supplies and equipment be readily available to the aide during the testing process.

2. Written/Oral Examination Setting:

Rooms used for the administration of the multiple-choice test must be quiet, well lighted, and well ventilated. Find out in advance whether any distracting activities will be taking place in the vicinity. If so, another room should be found. Candidates for the oral English examination may be seated in the same room. A tape player with earphones will be supplied for the oral examination. An electrical outlet will need to be available for tape players.

Seating must be staggered. There must be approximately THREE feet between Candidates. In theater-style rooms with elevated seating, candidates should be seated in every other seat in every other row or in whatever order is considered reasonable in the interest of security. In rooms where desks are used, candidates should be seated in alternating rows. At tables, candidates should be spaced THREE feet apart with all persons facing the same direction.

Desktops should be flat and large enough to hold both an answer sheet and a test booklet. Armchair desks are less desirable. Accommodations should be available for left-handed candidates. Lapboards and stools without backs may not be used.

Rest rooms should be located nearby. If necessary, post directions to the rest rooms.

3. On-Line Written Exam available- Review the Resources section at <https://credentia.com/test-takers/ga>.

NOTES

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Training Program Reports

Training program reports are available in CNA365 for all programs to review at any time.

Review System Reports Quick Reference Guide under the Resources Section at <https://credentia.com/test-takers/ga>.

CRDENTIA EQUIPMENT LIST FOR NNAAP™ SKILLS EVALUATION GEORGIA

START –UP FURNITURE AND EQUIPMENT			
ITEM	YES	NO	RECOMMENDED AMOUNTS
Adjustable bed with side rails (<i>must be working</i>)			1 per NAE testing
Chair			1 per NAE testing
Clock or Wrist watch with second hand			1 per NAE testing unless wall clock can be clearly seen from all testing areas
Fax machine (<i>accessible to skills lab</i>)			1 per test site
Mannequin with removal catheter (<i>must be a full female mannequin</i>)			1 for usage of all NAEs
Privacy curtain, Screen or Door if private room			1 per NAE testing
Scale, calibrated (<i>bathroom/standing</i>)			1 for usage of all NAEs
Signaling device			1 per Bed
Sink with running water in room			@ least 1 for usage of all NAEs
Soiled linen container			1 per NAE testing
Table, bedside			1 per NAE testing
Table, over bed (<i>1 @ bedside & 1 for NAE testing</i>)			2 per NAE testing
Toilet/Bedside Commode/Collection container clearly labeled commode			1 per NAE testing
Wastebasket with liner			1 by each bed used 1 by each sink used
Wheelchair with footrests			1 for usage of all NAEs
SUPPLIES			
ITEM	YES	NO	RECOMMENDED AMOUNTS
Basin, bath			4 per NAE testing
Basin, emesis			2 per NAE testing
Bedpan			1 per NAE testing
Blood pressure cuff			2 standard per NAE testing
Denture cup			1 per NAE testing
Dentures			1 set or 2 uppers or 2 lowers for usage of all NAE's
Knee-high elastic stockings (<i>clean, large or extra large</i>)			1 pair per NAE testing
Measuring container (<i>graduated – at least 250 cc's</i>)			1 per NAE testing
Stethoscope, dual earpiece			1 per NAE testing
Thermometer container for used thermometers			1 for usage of all NAEs
Thermometer, bath (<i>optional</i>)			1 for usage of all NAEs
Thermometer, oral non-mercury glass			2 per NAE testing
Transfer (<i>gait</i>) belt			1 per NAE testing
DISPOSABLE SUPPLIES			

ITEM	YES	NO	RECOMMENDED AMOUNTS
Alcohol swab or Alcohol and cotton ball			2 per candidate scheduled
Antimicrobial spray or Wipes(<i>for cleaning basins</i>)			1 per NAE testing 2 per candidate scheduled
Denture cleanser (<i>or toothpaste</i>)			1 per NAE testing
Denture solution or Cool water			1 per NAE testing
Drinking cup (<i>disposable</i>)			6 per NAE testing
Eating utensils (<i>disposable</i>)			6 per NAE testing
Emery board			6 per NAE testing
Gloves, large, disposable			1 box per NAE testing
Gloves, large, disposable non-latex			1 box per NAE testing
Food (<i>typically be eaten with fork/spoon-no finger food</i>) and beverage (<i>water</i>)			1 cup of “fruit cocktail” for each NAE testing
Liquid with tint to simulate Urinary Output (<i>coke, coffee, tea</i>)			1 per test site
Lotion			1 bottle per NAE testing
Meal tray with client’s name on meal card			1 per NAE testing
Napkins			6 per NAE testing
Orangewood stick			6 per NAE testing
Paper plates			6 per NAE testing
Paper towels			2 rolls for usage of all NAEs
Plastic bags (<i>for wastebasket</i>)			2 per each wastebasket
Soap, liquid in pump container (<i>non- rinseless</i>)			1 per NAE testing
Thermometer sheath			2 per candidate scheduled
Toilet tissue			1 roll per NAE testing
Toothbrush (<i>individually wrapped</i>)			6 per NAE testing
Toothpaste			1 per NAE testing
LINEN/CLOTHING			
ITEM	YES	NO	RECOMMENDED AMOUNTS
Bath blanket or Bath towel			4 per NAE testing
Clothing protector			2 per NAE testing
Clothing (<i>extra large tops that open in the front – no hospital gowns</i>)			2 per NAE testing
Gowns			2 per candidate testing
Linens: pillowcase, top and bottom sheets (<i>fitted or flat</i>)			6 sets per NAE testing
Non-skid footwear			1 pr. per NAE testing
Pad, waterproof/incontinent (<i>may use towel or drawsheet as waterproof pad</i>)			1 per candidate testing
Pillows			2 per Bed
Towels			2 per candidate scheduled
Supportive devices (<i>pillows, blanket rolls, wedges</i>)			3 per NAE testing
Washcloth			4 per candidate scheduled

HOW TO MOTIVATE STUDENTS

Expectations

Share in students goals

Respect

Involve students in learning process

Offer career pathways in health care

Guest speakers from health care disciplines

Use rationale as structure in program designing

Work with students taking into consideration their time constraints

Rewards such as extra credit, graduation ceremony, pinning, etc.

Be available to listen

Job opportunities – interview skills

Program designed around the three types of learners

Methods of teaching

Positive feedback

Instilling confidence thereby upholding self-esteem

Students keep a journal and evaluate journal entry in relation to learning goals

MAKE LEARNING FUN!

INSTRUCTIONAL DESIGN - THE TEACHING PROCESS

ASSESSMENT~ PLANNING~ IMPLEMENTATION~ EVALUATION

AN INSTRUCTOR SHOULD PREPARE FOR VARIOUS TYPES OF STUDENTS

ASSESSMENT-BEHAVIOR

PLANNING

IMPLEMENTATION EVALUATION

INSTRUCTIONAL DESIGN - TEACHING PROCESS

ASSESSMENT

Assess self for effective instructor skills

Determine how to obtain positive outcomes for a variety of different student personalities

Determining student motivation skills:

- "Why I want to be a CNA"
- "My Goals in Health Care"

Determining student learning level:

- Reading grade level necessary for book choice
- Math skills needed to calculate intake/output and meal percentage

Interview potential students for:

- Communication skills
- Interpersonal skills
- Infection control practices
- Safety measures
- What does independence mean to you
- What rights would you expect in a health care facility

DETERMINING READING LEVEL

EXAMPLE

PLEASE READ THE FOLLOWING AND WRITE WHAT YOU THINK THIS MEANS:

Mr. Smith had to have his leg amputated due to a vast infection that was incurable by intravenous antibiotics.

Mr. Smith had numerous siblings. He in fact had a twin. They rarely visited him in the nursing home where he had been placed for rehabilitation. He was extremely depressed at holiday time when other residents had visitors and a joyous time.

Mrs. Smith had had a stroke that paralyzed her left side. She could no longer communicate verbally. She relied on her children to assist her with her activities of daily living. She was unable to visit Mr. Smith in the nursing home.

What would your suggestions be for the Smith family?

Determining Mathematical skills

EXAMPLE

A whole pie equals 100%

You cut the pie into 4 quarters

What % of the 100% is each piece?

Your patient drinks one 8 ounce glass of water

You know that one ounce equals 30 milliliters

How many milliliters of water did your patient drink?

Find the answer:

$$30 \times 8 =$$

$$100 : 25 =$$

$$\begin{array}{r} 123456 \\ + 7890 \\ \hline \end{array}$$

$$\begin{array}{r} 78990 \\ - 1234 \\ \hline \end{array}$$

Nancy had 7 kittens. She gave Sue 1. She gave Marcy 3. Marcy's mother would only let her have 1. How many kittens did Nancy have?

Kevin had 5 quarters. He went to the grocery store and spent \$.56 on a candy bar. How much money did Kevin have left?

EXAMPLES

Infection control practices

Tell me your course of action taken when you note that Lisa's baby dropped her pacifier and you pick it up to return it?

Tell me when you wash your hands?

What course of action do you take when a family member that lives in the same household has a contagious infection?

Safety

Show me how you would pick up a box weighing 20 pounds from the floor?

Show me how you would tuck in the blankets on a bed?

What course of action would you take if you smell gas in your home?

Do you know how to use a fire extinguisher? If so, explain the procedure.

Do you know the outcome of an open flame and a patient who is oxygen dependent?

Independence

You are a right-handed individual and live alone. You fracture your right arm and are wearing a cast? Your arm is now immobile. How will you accomplish your activities of daily living such preparing a meal, bathing, brushing/flossing teeth, dressing, combing your hair, etc.

Respecting Residents' Rights

With your fractured casted right arm, you elicit a friend to help you. The friend is assisting you with cooking meals. She has prepared a roast and has left in the refrigerator for you. At 5 o'clock you remove, with difficulty, the roast from the refrigerator. You open the container to find the roast in a whole piece (uncut). What right has been violated? What would this be referred to if a meal were served to a resident in the nursing home in this inappropriate manner?

INSTRUCTIONAL DESIGN - TEACHING PROCESS

PLANNING

Determine what motivation skills to use

Choosing a book(s):

- Book comparison for grade level, visual components and skill rubrics
- Critiquing book for compliancy with the federal guideline core curriculum and place page numbers next to the subject
- Content - determine your teaching needs - teaching for nursing home care, home health/hospice care, acute care, etc.

Recognizing the importance of lesson plans

Choosing measurable verbs for objectives:

- Cognitive
- Affective
- Psychomotor

Methods and Material to be used to portray the content of the lesson plan:

- Visual learner
- Auditory learner
- Kinesthetic learner

Lesson plan writing - examples

Organize method to keep training program records up to date

Developing a teaching foundation:

Adult Learning Styles

Visual

Auditory

Kinesthetic/Tactile

Teaching Styles

Cognitive

Affective

Psychomotor

LESSON PLAN

<p>Page number(s) in book - author's name if using two books</p> <p>Allotted time for objective</p> <p>Be flexible with allotted time for audience addressing may need more or less time - this is more for you to figure your total hours in order to meet the mandatory 85 hours</p> <p>Total Hours:</p> <p>____</p> <p>Class____</p> <p>Lab____</p> <p>Clinical____</p>	<p>Cognitive - recall and/or comprehension define, list, explain, identify and describe</p> <p>Affective - feeling, emotion and/or value discuss, observe, describe, participate, identify and relate</p> <p>Psychomotor - physical or manual application by return demonstration, group activities, writing personal stories, taking notes, games, role play & field trips demonstrate, describe, identify, develop, explain, differentiate, prepare, design, organize and record</p>	<p>What will be used to support the objective</p> <p>use couple of words to describe</p>	<p>Appeal to Visual, Auditory and Kinesthetic learning abilities</p> <p>Interactive lecture (includes Q//A & class discussion)</p> <p>Role Play</p> <p>Case Study</p> <p>Group activities such as nail care</p> <p>Pot luck/baby food for feeding practice</p> <p>Video with title/class discussion/written summary</p> <p>Guest speaker</p> <p>Games such as Jeopardy, Family Feud, medical terminology-</p> <p>Residents' Rights bingo</p> <p>Websites</p> <p>Instructor demonstration</p> <p>Writing personal stories</p> <p>Workbook</p> <p>Keeping a journal on what I learned today that I didn't know yesterday</p> <p>Reports/Research</p> <p>Group projects</p> <p>Creating a picture book for the residents with a language barrier to be used in class by the students</p>	<p>Class participation</p> <p>Return demonstration</p> <p>Quiz</p> <p>Test</p> <p>Rubrics for grading</p> <p>Journal check</p> <p>Writing papers</p> <p>Peer evaluation</p> <p>Types of Questions:</p> <p>True/false</p> <p>Multiple choice</p> <p>Case scenario</p> <p>Case study</p> <p>Matching</p> <p>Fill in blanks</p> <p>Essay</p>	<p>Cognitive – example of recall or comprehension what does it mean?</p> <p>Affective – situation that evokes personal feeling, emotion or value</p> <p>Berry, L. (2002). From nurse to educator: creative effective learning experiences for adults. Albuquerque: Hartman</p> <p>Measurable verbs taken from Bloom's Taxonomy wikipedia.org</p>
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DAILY SCHEDULE DAY #	OBJECTIVE	CONTENT	METHODS/ MATERIALS	EVALUATION METHOD	TEST QUESTION
<p>Page numbers</p> <p>Time allotted for teaching material and include times for breaks/lunch</p> <p>Total Hours: _____ Class____ Lab____ Clinical____</p>	Desired outcome/goal using measurable verbs	Subject used to support the outcome/goal	Teaching methods and materials used to obtain the goal	Tools to evaluate the accomplishment of meeting the outcome/goal	Matching the measurable verb to also evaluate the outcome/goal

LESSON PLAN – EXAMPLE

Textbook: TITLE, EDITION, AUTHOR

H/O=handout H/W=homework

DAY 1	OBJECTIVES	CONTENT	METHODS AND MATERIALS	EVAL	TEST QUESTION
<p>9-10</p> <p>pp 3-10, 18-25,36, 37,45-57</p> <p>10-10:15 break</p> <p>10:15- 11:30</p> <p>11:30 - 12 lunch</p> <p>12 - 1:30</p> <p>Hours: Class: 3.75</p>	<p>Define the role of a CNA in healthcare (Rationale: is this position for me (student)? - provides a basic overview of the expectations & career placement opportunities for a CNA)</p> <p>Identify opportunities in healthcare</p> <p>Define the role of the healthcare team</p> <p>Discuss expectations following completion of the NATP</p>	<p>Interpersonal skills</p> <p>The art of caring Challenges/rewards Stress management Work ethics in healthcare Scope of practice</p> <p>Career ladder Job opportunities</p> <p>Members of the healthcare team and their role</p> <p>Review competency exam - requirements</p> <p>Nurse aide registry (NAR)</p>	<p>Interactive lecture - 15 minute intervals with class discussion Q & A - Guest speaker - CNA from medical center Q & A - discussion</p> <p>H/O-job description from medical center attached - discuss</p> <p>Overhead - career ladder Overhead - jobs for CNA from a variety of healthcare facilities taken from newspaper</p> <p>H/O discuss - H/W - team members and description - attached - due day 2</p> <p>Q & A - discussion H/O - website attached - discuss responsibilities of CNA & the NAR H/W: paper due day 2 - "My Goals in Healthcare" paper due day 3 - "A Stressful Situation"</p>	<p>quiz</p>	<p>List 4 interpersonal skills a CNA should possess: 1. compassion/empathy 2. enjoy people 3. art of caring 4. good stress management</p> <p><u>T/F</u> - the CNA administers medication in the absence of the nurse.</p> <p><u>T/F</u> - all CNAs in the State of Georgia must have current certification to be on the Nurse Aide Registry (NAR) in order to work in a healthcare facility.</p> <p>List the telephone number to the NAR. <u>678-527-3010</u> <u>option 4</u></p> <p>If the CNA does not have a computer where could one go to access the use <u>LIBRARY</u></p>

INSTRUCTIONAL DESIGN – TEACHING PROCESS

EVALUATION

Monitoring test questions results:

- Multiple choice
- Case scenario
- Fill in the blanks with/without bank
- T/F
- Matching
- Essay

Paper writing

Create a rubric to measure if objective of paper was met

Class participation

Return demonstrations

Work ethics

Display **communication/interpersonal skills**, use of **infection control** measures, safety measures for student/resident, **promotes resident's independence** in accordance with care plan and **respects Resident Rights**

**ANNUAL ON-SITE VISIT
COMPETENCY TESTING**

Train the Trainer Exercise on Writing Lesson Plans

1. Brainstorm with your teammates on what you think needs to be covered under the subject that a nursing assistant must be taught in order to work in a health care setting - use the worksheet to write down ideas.
2. Use the textbook to cover what information needs to be taught – make note of the page numbers to be used on the federal and state core curriculum.
3. Organize the content to be taught on the lesson plan.
4. Assign an objective using a measurable verb for *one* of the following: cognitive, affective or psychomotor.
5. Decide the length of time needed for the material to be taught.
6. Decide on what methods and materials you will need for the visual, auditory and kinesthetic learners – if using handouts, roles plays, etc. attach to lesson plan.
7. Decide on an evaluation tool to be used to see whether the objective has been met.
8. Choose one teammate from your group to present the lesson plan.

COGNITIVE DOMAIN

Textbook:

DAILY SCHEDULE DAY #	OBJECTIVES	CONTENT	METHODS/ MATERIALS	EVALUATION METHOD	TEST QUESTION
<p>Total Hours:</p> <p>_____</p> <p>Classroom</p> <p>_____</p> <p>Lab_____</p> <p>Clinical_____</p>					

AFFECTIVE DOMAIN

Textbook:

DAILY SCHEDULE DAY #	OBJECTIVES	CONTENT	METHODS/ MATERIALS	EVALUATION METHOD	TEST QUESTION
Total Hours: Classroom _____ Lab_____ Clinical____					

PSYCHOMOTOR DOMAIN

Textbook:

DAILY SCHEDULE DAY #	OBJECTIVES	CONTENT	METHODS/ MATERIALS	EVALUATION METHOD	TEST QUESTION
Total Hours: Classroom____ Lab____ Clinical____					

Alliant Health Solutions Nurse Aide Training Program (NATP) Application

(Please print or type)

Program Offering Information

(Complete a separate application for each training program location):

Legal Business Name of Organization/School/Agency/Nursing Facility

List all Affiliated Business Names, including Doing Business As (DBA)

Business Address:

Street _____

City _____ Zip Code _____

County _____

Phone () _____ Fax () _____

Program's E-mail Address (required) _____

Program's Contact Person _____
Name Title

Name of Administrator of facility (if applicable) _____

E-mail Address _____

Program: (circle one) APPROVAL RE-APPROVAL RELOCATION

Title, Author and Edition of textbook _____

(All textbooks must be within 5 years of the copyright date. Do not mail the textbook with submitted paperwork)

Title of nurse aide course _____

Classroom/lab/clinical hours must correspond with total number of hours documented on the lesson plans/hourly breakdown form.

Day class- Use whole numbers only

Classroom hours _____ Lab hours _____ Clinical hours _____

Evening Class- Use whole numbers only

Classroom hours _____ Lab hours _____ Clinical hours _____

Weekend class- Use whole numbers only

Classroom hours _____ Lab hours _____ Clinical hours _____

Each time frame requires lesson plans and an hourly breakdown form for each class.

A minimum of twenty-four (24) hours of clinical is required in a nursing home.

Location of Classroom/Lab Training Site: New programs and relocation sites must have an onsite visit. New program sites must have an approval letter from Department of Community Health (DCH) in order to be considered an approved Nurse Aide Training Program site. The location can be pending upon application submission prior to scheduled on-site visit. See Page 6 of this application for additional information.

Provide a description of the classroom/lab to include seating capacity, writing space and describe method of lighting/temperature control: **This section must be provided by the State Contractor once the training site is obtained by the applicant.**

Location(s) of Clinical Training Site(s) - The signed clinical contract must be obtained and submitted with the Nurse Aide Training Application. All applications submitted without the clinical contract **will not** be reviewed until the signed clinical contract is submitted. Failure to submit the signed clinical contract will delay the 90 day process.

Agency	Address	Type of patient care unit
---------------	----------------	----------------------------------

Faculty- For this location only.

Program Coordinator - **must be a RN with two (2) years of nursing experience and one (1) year employment in a nursing home as a Registered Nurse.**

Please review the enclosed Program Coordinator's Guide for position guidelines.

<u>Name</u>	<u>Title</u>	<u>GA License Number</u>
-------------	--------------	--------------------------

Primary Instructors (RN or LPN) - Must have one (1) year of nursing experience - For this location only:

<u>Name</u>	<u>Title</u>	<u>GA License Number</u>
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Recommended student/instructor ratio is 14:1 in classroom/lab and clinical setting. Recommended student/instructor ratio may change based on the state contractor's on-site visit. Additional students require an additional instructor

Expert Supplemental speaker (attached additional pages if necessary)

List the name, profession and work experience of each healthcare professional utilized to **assist** in the instruction of the nurse aide course. Examples of supplemental instructors are as follows: CPR certified instructor, Alzheimer’s guest speaker, guest speaker on Ombudsman duties, etc... Refer to the Federal Guidelines (42CFR483.152) for Nurse Aide Training Programs for a complete listing of supplemental instructors. Supplemental instructors are required to have one (1) year of experience in their field.

Name	Job Title	Work Experience
------	-----------	-----------------

Name	Job Title	Work Experience
------	-----------	-----------------

Name	Job Title	Work Experience
------	-----------	-----------------

***Credentia Nurse Aide Evaluator must administer the written/oral and skills competency exam to candidates for all programs including students testing for re-certification. Information provided at <https://credentia.com/test-takers/ga>.

First time applicants must submit all items listed below.

Please note any changes to the program during the two (2) year time period between re-approval should be submitted for approval within ten (10) days. The change cannot be implemented until approval is granted.

Place preparer’s initials in front of each item submitted and reviewed.

___ Program coordinator/instructor (s) – copy of current GA nursing license.

___ Program coordinator/instructor (s) – copy of the Train-the-Trainer certificate and resume if not on file.

___ Copy of business license, fire code inspection report and fire evacuation procedure must be submitted prior to scheduled on-site visit. **(Pending for new programs is acceptable prior to paperwork approval). Submit a current business license every two (2) years for re-approval.**

___ Contract/Agreement for all clinical site experiences **must have a valid 2 year expiration date.** Clinical contracts without an expiration dates will not be accepted.
See page 3 of the application regarding clinical contract submission.

___ Criteria for passing the course and a student evaluation form with a provision for progress notes.

___ Classroom/clinical attendance policies with make-up policy. All nurse aide students must complete the number of hours the program was approved for in order for the student to receive a Certificate of Completion.

___ Program office and clinical rotation policies **must** include a detailed refund policy. Office policy must include an itemized list for total cost of the program and breakdown of refund policy.

___ Equipment list with lab equipment- **(Pending is acceptable prior to scheduled on-site visit).**

___ Instructor evaluation form

___ Student evaluation form

Program Acknowledgement form:

The enclosed form is to be given to the student upon the completion of the nurse aide training program. All programs must keep a program acknowledgement form in each student's file acknowledging receipt of program evaluation. The student is responsible for mailing or faxing the form to Alliant Health Solutions.

___ Skills performance checklist must follow the Federal/State Core Curriculum Skills Checklist (enclosed with approval/re-approval packet). Additional skills can be added but none can be deleted. All skills on the skills checklist must appear on lesson plans on the appropriate day the skill will be demonstrated. Skills must either be taken from the textbook rubric or created by the program. The competency skills are not to be used for teaching purposes until the completion of the nurse aide training program.

___ Federal/State Core Curriculum with page numbers listed from textbook next to each subject & hours for first six (6) subjects. The first six (6) subjects require sixteen (16) hours prior to "hands on" care during skill performance. Observation of the first six (6) subjects is to be included in all student skill performance. All page numbers should be on the lesson plans to ensure Federal/State Guideline compliance. If the book does not meet the criteria, the program must use supplemental material, which must be enclosed with the application.

___ Hourly breakdown form with breaks and meals deleted. The hourly breakdown form must match time allotments on lesson plans. All time allotments for classroom/lab must be documented on each of the lesson plans. **Total number of hours from this form must match the number of hours on page one (1) of this approval application.**

___ Lesson plans, must coincide with skills checklist and hourly breakdown form. Lesson plans must contain all material on the Federal/State Core Curriculum, skills demonstrations, and time allotments for classroom and lab. Lesson plans must be individualized. Lesson plans are not to be shared with other programs.

___ Copies of all quizzes/exams must be attached to the appropriate lesson plan day - A **FINAL** exam is required for each student

___ Handouts, pamphlets, role-plays, and/or games must be attached to the appropriate lesson plan day so the instructor will have all the necessary material for a specific day.

___ **Print and review** the Nurse Aide Training Program Manual **quarterly**- (keep on file in office) www.mmis.georgia.gov, click on the provider information tab, click on view full list under the Medicaid Manuals section. This manual is updated quarterly. **DO NOT SUBMIT A COPY WITH APPLICATION.**

___ **Review** the enclosed copy of the training program completion certificate. All information on the enclosed certificate must be on the certificate issued to the candidate at the **completion** of the nurse aide training program course. The date documented on the completion certificate should be the date of the completion of the program.

___ The state contractor is **not** responsible for lease agreements, purchase of equipment and/or building prior to the approval of the submitted paperwork for the nurse aide training program. The program location and equipment can be obtained, once the approval is given by the state contractor regarding the required submitted paperwork. The program location, business license and equipment list on the application can be left blank until notified by the state contractor. The state contractor will notify the applicant via e-mail, when submitted paperwork is approved.

THE PROGRAM MUST HAVE A VALID E-MAIL ADDRESS.

- **Certified Nurse Aide Courses cannot start without the approval letter from the State Contractor;**
- **Funds cannot be accepted from potential nurse aide students until the approval letter from the State Contractor is received;**
- **Pending programs cannot advertise for Certified Nurse Aide Courses until the approval letter from the State Contractor is received;**
- **Do not submit text books with submitted paperwork;**
- **State Contractor Reviewer allowed ninety (90) business days for review of new programs;**
- **State Contractor Reviewer allowed forty-five (45) business days for review of re-approvals/relocation; and**
- **The State Contractor will advise the new program when the submitted paperwork is approved and schedule an on-site visit.**

RE-APPROVALS ONLY

The following documents must be submitted: Place preparer's initials in front of each item submitted.

- ___ Nurse Aide Training Program Application (Pages 1 – 7)
- ___ Current updated signed Clinical contract(s) - clinical contracts without expiration dates will not be accepted
- ___ Updated copies of current nursing licenses for all approved instructors
- ___ Current business license
- ___ Enclosed **Mandatory** skills checklist with page/rubric information - additional skills may be added to the skills checklist
- ___ Updated Lesson plans/hourly breakdown form with additional changes listed on the enclosed Federal & State Core Curriculum

Relocation Only

- ___ Cover letter with detailed information regarding relocation
- ___ Nurse Aide Training Program Application (Pages 1-3 & 7)
- ___ Copy of business license
- ___ Fire code inspection report
- ___ Fire evacuation procedure
- ___ Equipment List

The application may not include complete requirements for the Georgia Nurse Aide Training Program. The applicant **must** read the Nurse Aide Training Program Manual located at www.mmis.georgia.gov for all requirements.

I certify that all the information on all pages of the application form is true and complete. False information will delay and/or withdraw the Georgia Nurse Aide Training Program approval/re-approval from the State Contractor.

Preparer's Signature

Date

Mailing address:

Alliant Health Solutions
Nurse Aide Training Program
P. O. Box 105753
Atlanta, GA 30348
www.mmis.georgia.gov

Alliant Health Solutions Use Only

Approved

Denied

By: _____
Reviewer Date

Program# _____ **Program Type** _____

**THE FEDERAL AND STATE CORE CURRICULUM
NURSE AIDE TRAINING**

TITLE & EDITION OF TEXTBOOK:

A minimum of 16 hours of training in the following areas prior to any direct contact with a resident - include how many hours are spent on each one of the first six (6) subjects – include the page numbers next to the subject matter where the material can be located in the book for Parts I-VII

PART I.

A. Communication and interpersonal skills **including stress management and chain of command**
_____HOURS_____

B. Infection control _____HOURS_____

C. Safety/emergency/FBAO/**Body Mechanics** _____HOURS_____

D. Promoting residents' independence_____HOURS_____

E. Respecting residents' rights_____HOURS_____

F. **Legal/ethical behavior and scope of practice** _____HOURS_____

TOTAL: _____

PART II.

Basic Nursing Skills:

A. Taking/recording vital signs **and vital sign parameters** _____

B. Measuring and recording height and weight _____

C. Caring for the residents' environment _____

D. Recognizing abnormal changes in body function and the importance of reporting such changes to a supervisor: _____

• Shortness of breath _____

• Rapid respiration _____

• Fever _____

• Coughs _____

• Chills _____

• Pains in chest _____

• Blue color to lips _____

• Pain in abdomen _____

• Nausea _____

• Vomiting _____

• Drowsiness _____

• Excessive thirst _____

• Sweating _____

• Pus _____

• Blood or sediment in urine _____

• Difficulty urinating _____

• Frequent urination in small amounts _____

• Pain or burning on urination _____

• Urine has dark color or strong odor _____

• **Behavioral change** _____

• **Talks or communicates less** _____

• **Physical appearance/mental health changes** _____

• **Participated less in activities or refused to attend** _____

• **Eating less** _____

Observation and Reporting continued:

• **Drinking less** _____

- **Weight change** _____
 - **Appears more agitated/nervous** _____
 - **Appears tired, weak, confused or drowsy** _____
 - **Change in skin color or condition** _____
 - **Requires more assistance with dressing, toileting, transfers** _____
- E. **Recognizing and reporting pain to supervisor and** _____
- F. **Caring for a resident when death is imminent and post mortem care** _____

PART III.

Personal Care Skills, including but not limited to:

- A. **Bathing (to include observation for pressure ulcers)** _____
- B. **Grooming, including mouth care** _____
- C. **Dressing** _____
- D. **Toileting** _____
- E. **Assisting with eating and hydration** _____
- F. **Proper feeding techniques** _____
- G. **Skin-care to include observation for pressure ulcers and skin tears** _____
- H. **Transfers, positioning and turning (to include observation for pressure ulcers)** _____

PART IV.

Mental Health and Social Service Needs:

- A. **Modifying aide's behavior in response to resident's behavior including depression** _____
- B. **Awareness of development tasks associated with the aging process** _____
- C. **How to respond to resident behavior** _____
- D. **Allowing residents to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity** _____
- E. **Utilizing resident's family as a source of emotional support** _____
- F. **Emotional and mental health needs of the residents** _____
- G. **Spiritual and cultural needs of the residents** _____

PART V.

Care of Cognitively Impaired Residents:

- A. **Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others)** _____
- B. **Communicating with cognitively impaired residents** _____
- C. **Understanding the behavior of cognitively impaired residents** _____
- D. **Appropriate responses to the behavior of cognitively impaired residents** _____
- E. **Methods of reducing the effects of cognitive impairments** _____
- F. **Spiritual and cultural health** _____

PART VI.

Basic Restorative Services – The nurse aide should be able to demonstrate skills, which incorporate principles of restorative nursing, including:

- A. Training the resident in self-care according to the resident's abilities _____
- B. **Ambulation with/without a gait belt** _____
- C. The use of assistive devices in transferring, ambulation, eating and dressing _____
- D. Maintenance of range of motion _____
- E. Proper turning and positioning in bed and chair _____
- F. Bowel and bladder training _____
- G. Care and use of prosthetic/orthotic devices and **eyeglasses** _____

PART VII.

Residents Rights – The nurse aide should be able to demonstrate behavior which maintains residents' right, including but not limited to:

- A. Providing privacy and maintenance of confidentiality _____
- B. Promoting the residents' right to make personal choices to accommodate their needs _____
- C. Giving assistance in resolving grievances and disputes (**to include the role of the ombudsman**) _____
- D. Providing needed assistance in getting to and participating in resident and family groups and other activities _____
- E. Maintaining care and security of resident's personal possessions _____
- F. Providing care which maintains the resident free from abuse, mistreatment and neglect and reporting any instances of such treatment to appropriate facility staff _____
- G. Avoiding the need for restraints in accordance with current professional standard _____

**Reference: Federal Register/Vol.56, No. 187, Subpart D, Sec. 483.152, (b), (1-7).
State of Georgia Nurse Aide Training Manual**

EXAMPLE

THE FEDERAL AND STATE CORE CURRICULUM NURSE AIDE TRAINING

TITLE & EDITION OF TEXTBOOK: Nursing Assistant. 4th ed.

A minimum of 16 hours of training in the following areas prior to any direct contact with a resident - include how many hours are spent on each one of the first six (6) subjects – include the page numbers next to the subject matter where the material can be located in the book for Parts I-VII

PART I.

- A. Communication and interpersonal skills **including stress management and chain of command** 20-30, 45-55, 250-256 HOURS 5
- B. Infection control 75-85 HOURS 6
- C. Safety/emergency/FBAO/**Body Mechanics** 90-120 HOURS 8
- D. Promoting residents' independence 30-40 HOURS 1
- E. Respecting residents' rights 2-10 HOURS 1
- F. **Legal/ethical behavior and scope of practice** 12-15 HOURS 1

TOTAL: 22

PART II.

Basic Nursing Skills:

- A. Taking/recording vital signs **and vital sign parameters** _____
- B. Measuring and recording height and weight _____
- C. Caring for the residents' environment _____
- D. Recognizing abnormal changes in body function and the importance of reporting such changes to a supervisor: _____
 - Shortness of breath _____
 - Rapid respiration _____
 - Fever _____
 - Coughs _____
 - Chills _____
 - Pains in chest _____
 - Blue color to lips _____
 - Pain in abdomen _____
 - Nausea _____
 - Vomiting _____
 - Drowsiness _____
 - Excessive thirst _____
 - Sweating _____
 - Pus _____
 - Blood or sediment in urine _____
 - Difficulty urinating _____
 - Frequent urination in small amounts _____
 - Pain or burning on urination _____
 - Urine has dark color or strong odor _____
 - **Behavioral change** _____
 - **Talks or communicates less** _____
 - **Physical appearance/mental health changes** _____
 - **Participated less in activities or refused to attend** _____
 - **Eating less** _____

Federal and State Guidelines Required Skills Checklist

Required Skills Nurse Aide Training Program	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUBRIC
INFECTION CONTROL			
Handwashing - 20 seconds			
Donning and removing gloves			
Donning and removing (PPE) gloves, gown, mask and eye protection ~Please use CDC Guidelines~			
SAFETY & EMERGENCY			
FBAO			
Gait Belt			
Body Mechanics			
POSITIONING, TURNING, & TRANSFER			
One/two person assist			
Positioning with draw sheet			
Positioning with resident assist			
Positioning in chair/wheelchair			
Transfer from chair to bed Transfer from bed to chair			
Turn resident away from self			
Logrolling			
Turn resident with resident assist			
Passive range of motion			
Assist resident to stand with/without gait belt			
Transfer with lift (clinical)			
Ambulation with cane/walker			

Required Skills Nurse Aide Training Program	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUBRIC
Positioning: <ul style="list-style-type: none"> • Lateral • Sims • Fowler's • Supine • Prone 			
VITAL SIGNS			
Temperature Parameters			
Oral/Rectal/Axillary-Digital			
Oral/Rectal/Axillary-Glass(mercury free)			
Radial pulse – parameters			
Radial pulse			
Blood pressure - parameters			
Blood pressure			
Respiration Parameters			
Measuring Respiration			
Weight (ambulatory or needle indicator scale)			
Wheelchair-Chair-Bed Scale (clinical only)			
Height of the bedridden Resident			
Vital Sign Recording -notebook, pen, & watch with second hand			
RESIDENT'S ENVIRONMENT			
Admission/Discharge			
Care of Resident's belongings			
Required Skills	LAB PRACTICUM	CLINICAL PRACTICUM	PAGE NUMBER/RUBRIC

Nurse Aide Training Program	Instructor's Initial/Date	Instructor's Initial/Date	
Making occupied bed			
Making unoccupied bed			
Cleanliness of resident's room			
ROLE OF THE NURSE AIDE			
Communication skills			
Stress management			
Interpersonal skills			
Chain of command			
Work ethics			
Care plan			
Documentation/Shift Report			
Scope of practice			
Conflict management			
Manage cognitively impaired			
Customer service			
Aging Process			
Resident's Grooming & Personal Care with observation of Pressure Ulcers			
Complete and partial bed bath			
Shower (clinical)			
Tub bath/Whirlpool (clinical)			
Perineal care-male/female			
Skin care			
Dressing/undressing			
Dressing with weak side			
Hair care- shampoo, brushing, combing			
Nail care			
Foot care			
Shaving resident			

Required Skills Nurse Aide Training Program	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUBRIC						
Brushing /flossing teeth & dentures									
Denture Care									
Observation & care of skin tears									
Unconscious mouth care									
Anti-embolic stocking									
Resident's rights & personal choice (clothing choice, bathing)									
Resident's Meal Time & Hydration									
Diet cards/name card									
Documenting meal percentage									
Proper feeding techniques for dependent resident									
Documenting I&O									
Assisting visually impaired resident									
Care of skin with feeding tube									
Bowel & Bladder Care and Training									
Incontinent care (observation of pressure ulcers)									
Bowel & Bladder Training									
Proper use of bedpan/fracture pan									
Proper use of urinal									
Proper technique transferring resident to bedside commode									
Catheter care male/female									
Measuring & Recording urine output from: <ul style="list-style-type: none"> • Foley catheter • Bedside commode • Urinal 	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
Collecting a specimen urine-stool-sputum									

Required Skills Nurse Aide Training Program	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUBRIC
Care of the Ostomy(skin care)			
Care and Use of Orthotic, Prosthetic, & Assistive Devices			
Plate guard			
Clothing reach			
Denture Care			
Pressure ulcer prevention devices			
Eye glasses			
Observation for pressure sores, redness, & swelling with devices			
Restraint Use & Guidelines			
Slip knot technique			
Geri chair (clinical)			
Restraint alternatives			
Residents rights			
Post Mortem Care			
Post mortem care & procedure			
Signs and symptoms of death & grieving process			
Cultural & Family Considerations			
Residents Right's- Confidentiality & Privacy			
HIPAA			
Ombudsman			
Providing privacy			
Observation & Reporting			
Pain			
Respiratory changes			
Bowel/Bladder changes (UTI)			
Behavioral changes			
Skin color & condition changes			

Required Skills Nurse Aide Training Program	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUBRIC
Communication changes			
Change in eating & drinking habits			
Changes in weight			
Nausea & vomiting			
Change in activity participation			
Signs of Hypo/Hyperglycemia			
<u>Beginning Procedure:</u> Check care plan; Gather equipment; Knock; Ask visitors to step out; Handwashing prior to contact; Gloves if necessary; State intent; Privacy; Adjust bed height, and; Keep resident informed throughout care procedure			
<u>Ending Procedure:</u> Remove gloves if necessary; Handwashing; Gloving, if necessary; Replace equipment to proper storage; Call light within reach; Lower bed; Ensures comfort; Side rails up if used; Open Curtain/door/window shade; Remove gloves if used at the appropriate time; Handwashing; Notify visitors, and; Record/report			

Instructor's initials/ signature:_____			
Instructor's initials/ signature_____			
Instructor's initials/ signature_____			
Student's signature_____			
Comments			
ADDITIONAL SKILLS MAY BE ADDED HERE	LAB PRACTICUM Instructor's Initial/Date	CLINICAL PRACTICUM Instructor's Initial/Date	PAGE NUMBER/RUBRIC

EACH SPACE MUST BEAR THE INSTRUCTOR'S INITIALS AND MUST BE DATED WHEN THE STUDENT IS ABLE TO PERFORM THE SKILL AT 100%;

Skills must be checked off in the lab and again in the clinical (if applicable);

Some skills will apply to only one area (clinical or lab); if this is the case, please leave the space blank

Do not use Candidate Handbook Skills as a substitute;

May use the Candidate Handbook Skills at the completion of the program;

All instructors must teach from the approved skill breakdown/rubric or textbook

IF THE STUDENT DOES NOT PASS SKILLS AT 100% IN THE LAB, THE STUDENT SHOULD NOT BE ALLOWED TO ATTEND THE CLINICAL ROTATION.

EXAMPLE

Federal and State Required Skills Checklist

THE GREATEST NURSE AIDE TRAINING PROGRAM

Book: Smith, J. (2008). (10th ed.) Nursing assistant. Phoenix: Care

Student Name: Student Excel

	LAB Initial/date EACH BOX	CLINICAL Initial/date EACH BOX	PAGE NUMBER or RUBRIC	Student - initial and date when confident performing skill
PART I				
COMMUNICATION/ INTERPERSONAL SKILLS				
• Work ethics			see lesson plan	
• Staff			see lesson plan	
• Resident			pp. 22-45	
• Customer Service - to include family			see lesson plan	
• Hard of hearing			p. 60	
• Visually impaired			p. 61	
• Aphasic			p. 80	
• During skills performance			observation	
• Reporting off shift			observation	
• Care plan meeting			clinical only	
• Observation/reporting			observation	
• Documentation			handout	
• Note pad - logging information			observation	
INFECTION CONTROL				
• Handwashing 15-20 seconds			p. 35	
• Donning/removing gloves			CDC	
• Donning/removing PPE			CDC	
• Linen/waste handling			p. 210	
• Aseptic technique			p. 222	
• Standard precautions			p. 225	
• Equipment			p. 227	
• Clean/dirty utility			clinical use	
• During skills performance			observation	
SAFETY/EMERGENCY				
• Gait belt			p. 76	
• Body mechanics			p. 45	
• FBAO conscious/unconscious			AHA	
• CPR - adult, child, infant 1 & 2 rescuers			AHA	
• AED			AHA	
• First aid			p. 400	
• Equipment			p. 95	

RUBRIC EXAMPLE

Skills Demonstration

	TRANSFERRING RESIDENT BED TO W/C	S	U
	Gathers equipment		
	Knock		
	Introduce self-using title		
	Intent		
	Identify resident		
	Wash hands prior to contact with the resident		
	Provide privacy		
	Align W/C with HOB		
	Remove or swing to side footrests - remove armrest		
	Lock W/C brakes and bed brakes		
	Bed height even with W/C		
	Let resident move to edge of bed by self if able or assist resident by wrapping one arm around shoulder & other arm under knees – on the count of 3		
	On the count of 3 using good body mechanics pivot resident to sitting position		
	Apply gait belt and non-skid footwear		
	Have resident push down on mattress and on the count of 3		
	Pivot to W/C keeping back straight & knees in align w/resident		
	Replace or swing in footrests and armrest		
	Assure comfort and correct positioning		
	If remaining in room - call light, water pitcher/cup within reach		
	Wash hands		
	Report abnormalities/changes/record		

S-satisfactory

U-unsatisfactory

Instructor to observe for communication skills, infection control, safety, promoting independence, resident's rights and body mechanics during skill performance - during student performance monitor for resident being placed in dangerous/injurious situation or the student being placing self in an injurious situation by using poor body mechanic Make arrangements with staff prior to arrival on the type of residents you would desire having as far as skills performance necessities so the skill that is needed to be checked off for the student will have not have already been taken care by the staff such as showering, shaving, dressing, etc.

Please remember that the nursing home is the resident's home and that you are a guest in that home.

To complete the hourly breakdown form:

Classroom/lab and clinical hours can be eight (8) hours in length per day - refer to State Manual for the Nurse Aide Training Program.

Decide on the hours of the class such as 9 a.m. to 3 p.m., which equals six (6) hours.

Deduct times taken for breaks such as two (2) fifteen (15) minute breaks, which equals $0.25 \times 2 = 0.5$ hours.

Deduct time taken for meal such as one (1) half-hour, which equals 0.5.

Add the time, which would equal 1.0 hour and deduct from the six (6) hours leaving five (5) hours per day.

First column - place the day of the week such as Monday, Tuesday, etc.

Second column - decide on how much of the five (5) hours will be spent in the classroom and how much time will be spent in the lab.

To calculate lab hours - take the number of students per class such as eight (8) students (remember students are learning from square one) - then think of teaching these students all of the skills listed on the program's skills checklist - first skill taught will be handwashing - bear in mind that you do not know how the students wash their hands or if they know when to wash their hands in the presence of a health care facility - explain the rationale for handwashing, infection control, disease commonly found in health care facilities such as MRSA and the mode of transmission/chain of infection - enforce the fact of safety measures and importance for both resident (include patient and client in appropriate setting) and self (include taking home to family members) - example: eight (8) students given 0.5 hours practice per student to obtain a 100% return demonstration = four (4) hours - be flexible as students learn at different rates - remember this is an estimate of time allotted.

For the five (5) hour day the result of the calculation will be one (1) hour of classroom (includes instructor demonstration and rationale) and four (4) hours for lab - you may want to experiment with skills demonstration on an individual who possesses no health care training.

If you feel you need to extend the amounts of time submit a revised hourly breakdown to Alliant Health Solutions within ten (10) business days of the change.

All skills and skills practice time allotments should appear on lesson plans.

EXAMPLE
HOURLY BREAKDOWN

Delete time for meal and breaks

Classroom/lab hours - 9 a.m. to 3 p.m.

Clinical 6:45 a.m. to 3:15 p.m.

Breaks: 10:00-10:15/2:00-2:15 - 0.25 hour breaks = 0.5

Breaks: instructor discretion

Lunch: 12-12:30 = 0.5

Lunch: instructor discretion

WEEKDAY	If helpful place the subject here as a reminder	Class	Lab	Clinical
Monday	Expectations of program & communication	5		
Wednesday	Communication/interpersonal skills/infection control	5		
Friday	Infection control - handwashing	1	4	
Monday	Infection control - gloving/donning/removing PPE - practice	1	4	
Wednesday	Infection control - return demonstration gloves/PPE - Safety	4	1	
Friday	Safety/emergency-body mechanics/evacuation-return demo	3.5	1.5	
Monday	Emergency - Adult CPR/FBAO - 100% return demonstration		5	
Wednesday	Promoting Independence/Respecting Residents' Rights	5		
Friday	Taking and recording vital signs- pulse/respirations practice	2	3	
Monday				8
Tuesday				8
Wednesday				8
Thursday				8
Friday				8
TOTAL				40

TOTAL HOURS OF NURSE AIDE TRAINING PROGRAM _____

Federal and State guidelines core curriculum, lesson plans, skills checklist and hourly breakdown must coincide - TEN steps to assist with proper procedure

1. Complete the federal and state guidelines core curriculum with page numbers from resources to be used in the nurse aide training program.
2. All page numbers and supplemental materials as listed on the federal guideline core curriculum must appear on lesson plans.
3. Follow the federal and state guidelines core curriculum subject matter - example: communication/interpersonal skills, infection control, safety/emergency/FBAO, promoting residents' independence, respecting residents' rights, take and record vital signs, etc. - this will ensure that the compliancy with the federal guideline core curriculum have been met - add supplemental materials where appropriate - **if using copied material from another source (book, website) must have publishers permission if required by copyright law - submit the permission from the publisher(s).**
4. Work on lesson plans and skills checklist at the same time - all skills listed on the skills checklist must be listed on the coinciding lesson plan and lab time must be accounted for - transfer the allotted time to the hourly breakdown
5. The first skills that will be demonstrated are handwashing, gloving and donning/removing PPE - figure the allotted time for these skills into the amount of hours spent on the subject on the federal guideline core curriculum hours under the first five (5) subjects.
6. Skills checklist - additional information slots should be where additional skills are added - remove the additional information and place the skill of choice in the slot if using this example form.
7. Skills checklist must follow the federal and state guidelines - some skills such as responding to resident behavior will be an observation skill - some skills such as weights can only be demonstrated in the nursing home as the programs are not required to have scales in the classroom.
8. Begin planning lesson plans by following the federal and state guidelines core curriculum - example: define verbal and non-verbal communication, demonstrate infection control practices, identify safety/emergency and the CNA role, demonstrate FBAO, etc.
9. Lesson plans should have the amount of time spent on the subject and the page number or material where information can be located - all page numbers listed on the federal guideline core curriculum must appear on the lesson plans as a check for compliancy.
10. After figuring time allotment transfer it to the hourly breakdown in the form of classroom and lab hours - the total number of hours will come from the lesson plans - transfer the completed number of hours to page one of the approval/re-approval application.

Courtesy of at www.org/nursing home/pressure ulcers

www.org- nursing home/tools and resources

The Skills Fest Station PowerPoint may be found at:
http://www.org/nursing_home/media/Skills_Fest_Station_Ideas.pdf

The Skin Care Fair:
http://www.org/nursing_home/media/SkinCareFair.ppt

Video websites:

www.pbs.org
www.terranova.org
www.elsevier.com
www.videopress.org

Game websites:

http://nurselearn.com/free_game_&_tips.htm
www.org/nursing home

Alzheimer's disease:

www.alz.org/playbook

Observation Skills for CNAs:

www.nursingassistants.net

Assessment: Visual, Auditory and Kinesthetic

www.vark-learn.com

Handwashing:

www.who.org

NATP Supplies:

www.pocketnurse.com
www.amazon.com
www.extend-its.com

PUBLISHERS

American Health Care Association (AHCA)
www.ahcapublications.org

CENGAGE LEARNING
<http://www.cengage.com>

DELMAR
www.delmarlearning.com

HARTMAN
www.hartmanonline.com

LIPPINCOTT
www.lww.com

MEDCOM/TRAINEX
<http://www.arsmedia.com>

MOSBY
www.us.elsevierhealth.com

PRENTICE-HALL
www.prenticehall.com

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Dave, R. H. (1975). Developing and writing behavioral objectives. (R. J. Armstrong, ed.). Educational Innovators Press: Bloom's taxonomy: http://en.wikipedia.org/wiki/Image:Bloom's_Rose.png.
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<http://www.nwlink.com/~donclark/hrd/bloom/html>

Teacher's Corner. Comprehension: Bloom's taxonomy. http://www.ops.org/readingblooms_taxonomy.html