

Certified Nurse Aide “Model” Program

Total Minimum Hours = 155
(75 hours classroom / skill lab & 80 hours clinical)

**NURSING HOME COMMUNITY COALITION
OF NEW YORK STATE (NHCC)**



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What is Needed to Prepare Nursing Assistants to Deliver Safe, Quality Care

Overview

Certified Nursing Assistants provide approximately 90% of the direct care in nursing homes and serve as the “eyes” and “ears” of the nurses to whom they report. A 1985 study conducted by the National Citizens’ Coalition for Nursing Home Reform revealed that residents believe the single most important factor influencing the quality of care and their life is the presence of well-trained staff that is friendly, cheerful, competent and polite. (1)

Until the Omnibus Budget Reconciliation Act (OBRA) of 1987, there were no federal requirements for nursing assistant training. OBRA mandated individuals complete a minimum 75 hours of training, pass a certification exam and skills test and participate in 12 hours of inservice education each year.

Although many states (New York included) require more than 75 hours, many, including the Nursing Home Community Coalition of New York State (NHCC) believe New York’s current required 100 hours and content are insufficient to meet the needs of today’s nursing home resident. Today’s nursing home residents require more complex and specialized care and staff training has not changed to accommodate for the increased resident acuity.

It can also be argued that the high level of labor defection and turnover experienced in the past five years during the booming economy could in part be laid to nurse aide training inadequacies and a long-term care culture devaluing front-line workers. Along with a change in training requirements, a change in culture in the long-term care environment, as many homes are now attempting, is needed. Key to culture change is promotion of mutual respect and empowerment of front-line workers in decision-making and recognizing their critical role in the provision of care. Nurse aide training must also prepare the nurse aide for the new culture. The literature has strongly suggested that changing the status and role of the front-line worker will have vast ramifications on the provision of long-term care including helping to make such jobs more attractive and thus resulting in easier recruitment and retention of workers. (2)

Turnover

Becoming a certified nursing assistant isn’t for everyone. Screening a candidate is an opportunity to gain insight as to the applicant’s preparedness for a training program and subsequent responsibilities and to determine their motivation, work patterns, and support systems; all indicative of potential success. Screening reduces unnecessary costs to the

training program, as well as to the applicant. It reduces the potential for experiencing failure. Additionally, there should be a mechanism for referral for remedial assistance and support for those in need. Provision for life skills (personal health and safety, and balancing work with home) are critical to success.

Frequent turnover of caregivers can have a negative impact on the resident's quality of life. Researcher Karl Pillemer found that 40-50% of all nursing assistants leave during orientation and training. Nursing assistants report frustration with their inability to get everything done. Inadequate practical experience during training results in individuals who are ill prepared for real world conditions. As a May 2001 GAO report summarizes: "the 2000 IOM study of quality in long-term care identified several environmental and job design factors that directly affect nurse aide turnover, including adequacy of training." (3)

Recommendations

The Nursing Home Community Coalition of New York State, a coalition of consumer and advocacy groups and labor organizations has taken a critical look at the increasing evidence that the minimum requirement of 100 hours for nurse aide training leading to state certification, is inadequate to prepare caregivers for nursing home employment and to deliver safe, effective care.

- ❖ NHCC proposes an expansion in content and subsequent increase in hours. Trainers struggle now with attempts to incorporate needed information and skills required to safely care for today's residents. Recommendation to expand hours and increase content may seem questionable at a time when there is a shortage, however, it is believed that better prepared nursing assistants will result in increased retention as well as improve quality and continuity of care.
- ❖ It is not just what nursing assistants are taught that can result in higher turnover rates, but what they are *not* taught. Crucial skills such as priority setting & time management, communication skills with difficult residents such as those with dementia or impaired cognition, and stress management represent some of which nursing assistants believe they are missing. New nursing assistants report getting things done takes precedence over doing them right.
- ❖ Research shows that not everyone learns the same way. Traditional lecture format should be augmented with other methods for learning, with the focus on learning rather than teaching. Current restriction of hours limits trainer creativity. Every learning experience should provide for time to establish parameters for what is to be learned and to process what has been learned. Time for reflection is key to learning. This also provides the trainer an opportunity to identify gaps in learning and fill in gaps before testing. To ensure interactive learning, a ratio of 1 trainer to 15 students in a classroom situation must be maintained. There is currently no such recommendation for classroom learning.
- ❖ It is suggested that how the hours are used should reflect additional emphasis on clinical application. Effective teaching methods are those that provide for

demonstration and then return demonstration. The return demonstration should provide the nursing assistant with constructive feedback and an opportunity for additional supervised practice.

- ❖ All too often nursing assistants teach one another how to do things and not necessarily correctly. And peers may berate the novice for not pursuing shortcuts. However, institutionally supported peer supervision (preceptor model) can enhance a new nursing assistant's orientation and socialization. The "master" C.N.A. who has demonstrated their competence and has received instruction in being a coach can be instrumental in ensuring the new C.N.A.'s assimilation into their new environment and role. This train-the-trainer concept can also be used as a career ladder for experienced nursing assistants.

Following this introduction is the "model" C.N.A. program developed by NHCC's subcommittee on Staffing Issues in nursing homes with special thanks to Janet Haebler and Jose Matta. We hope you will work to make this a reality.

NHCC's Subcommittee on Staffing

Civil Services Employees Association - AFSCME - Les Eason
The Coalition of Institutionalized Aged and Disabled (CIAD) - Geoff Lieberman
Friends and Relatives of Institutionalized Aged and Disabled (FRIA) - Chris Parque
1199/SEIU Greater New York and New Jersey Education Fund - Jose Matta
Nassau County, Ombuds-service, Family and Children's Association - Evelyn Weinstein
New York State Nurses Association of New York State (NYSNA) - Janet Haebler
NYC Substate Long Term Care Ombudsman Program - Jaqueline Case
Nursing Home Community Coalition of New York State (NHCC) - Cynthia Rudder
Suffolk County Ombuds-service, Family Service League

- (1) Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes: Phase II Final Report (December, 2001)
Prepared by Abt Associates Inc., Cambridge, MA; Volume II: pg 7-7
- (2) Leon, Joel, Mairain, Jonas & John Marcotte (2001) Pennsylvania's Frontline Workers in Long Term Care: The Provider Organization Perspective. Pennsylvania Intra-Governmental Council on Long Term Care; Polisher Research Institute at the Philadelphia Geriatric Center, Jenkintown, PA.
- (3) Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes: Phase II Final Report (December, 2001) Prepared by Abt Associates Inc., Cambridge, MA; Volume II: pg 7-15

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Unit/Major Objective

Classroom

Lecture, discussion, small group work

Lab

Supervised exercises/skills, not involving direct resident care, in a classroom setting
Demonstration/Return Demonstration (Demo/Return Demo)

Clinical

Supervised resident care on the resident unit, includes pre-conference – establish focus/guidelines for assignment and post-conference – share and process what was learned

Unit/Major Objective	Classroom & Lab	Clinical
<p>Unit I. Role of the Certified Nurse Aide (12 hrs.) Describe personal, ethical, and legal responsibilities of a caring, competent Certified Nurse Aide (CNA).</p>	<p>A. Responsibilities (5 hrs.) 1. CNA Certification/Recertification (K) 2. Life Skills – Achieving Balance (K, A) a. Personal Health –mind, body, and spirit: nutrition, cleanliness, rest, exercise, managing stress, body mechanics 3. Ethical Principles and Relationship to Care (K, A) 4. Legal Considerations (K, A) a. Resident Rights b. Reporting Requirements B. Interpersonal Relationships (4 hrs.) 1. Building Effective Communication Skills (K, A) 2. Dealing with Difficult Situations (K, A)</p>	<ul style="list-style-type: none"> ❖ Arrives on time, neat and clean in appearance, ready to deliver care. ❖ Demonstrates respect, compassion; recognizes the dignity and worth of each resident. ❖ Observes resident rights consistently – offering choices, providing privacy, keeping resident information confidential, providing fair treatment, keeping the resident free from abuse, neglect and mistreatment. ❖ Identifies personal responsibility and procedure for reporting abuse, neglect, and/or mistreatment. ❖ Communicates clearly, honestly and in a timely manner with residents, their families, and team members. ❖ Applies patience and effective communication skills when dealing with difficult situations.

K=Knowledge (Cognitive Domain)
 S=Skills (Psychomotor Domain)
 A=Attitudes & Values (Affective Domain)

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<p>Unit II. Health Promotion and Safety (15 hrs.) Recognize methods for achieving and maintaining a safe environment for residents and workers.</p>	<p>3. Accepting Diversity: cultural, racial, ethnic, socioeconomic, spiritual, religious, and sexuality (K, A)</p> <p>C. Nurse Aide as Part of the Healthcare Team (3 hrs.) 1. Understanding Team Member Role and Responsibilities (K, A)</p> <p>2. Resident Care Plan – Care Conference (K)</p> <p>3. Promoting Self-Care (K, A)</p> <p>A. Fire Prevention and Safety (1.5 hrs.) (K, A) Lab: Demonstration/Return Demonstration Safe use of fire extinguishers and fire carries.</p>	<ul style="list-style-type: none"> ❖ Demonstrates respect for differences in others: residents, families and team members. ❖ Communicates with residents, families, and team members in a non-judgmental manner. ❖ Performs resident assignment completely and safely. ❖ Communicates with other team members relevant resident information and changes in needs and condition. ❖ Seeks appropriate team member(s) when needing guidance or assistance in meeting resident needs and/or in fulfilling CNA position responsibilities. ❖ Attends and/or contributes to a resident care conference. ❖ Recognizes relationship between resident's increase in independence and feelings of self-worth. ❖ Encourages resident self-care as distinguished by the resident care plan. ❖ Locates fire alarms, extinguishers and exits. ❖ Demonstrates appropriate response during fire alarm/fire drill.

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	<p>B. Prevention and Control of Infection (4 hrs.) (K, S)</p> <p>1. Standard Precautions</p> <p> a. Handwashing</p> <p> b. Universal Precautions</p> <p>Lab: (Demo/Return Demo) Effective Handwashing (Demo/Return Demo) Application and removal of gloves.</p> <p>C. Maintenance of a Safe, Comfortable Resident Environment (4 hrs.)</p> <p>1. Accident Prevention/Room and Unit Safety Practices (K)</p> <p>2. Bedmaking (K, S)</p> <p>Lab: (Demo/Return Demo) Handling clean and dirty linens properly. (Demo/Return Demo) Making an occupied and unoccupied bed, using proper body mechanics.</p> <p>3. Labeling and Protecting Resident's Belongings (K)</p> <p>D. Basic Needs – Developmental, Age-Related Considerations (5.5 hrs.) (K, A)</p> <p>1. Physical</p> <p>2. Emotional</p> <p>3. Social-Recreational Activities</p> <p>4. Mental</p> <p>5. Spiritual</p> <p>6. Sexuality</p>	<p>❖ Demonstrates effective hand washing at appropriate times.</p> <p>❖ Applies principles of universal precautions consistently.</p> <p>❖ Employs measures that promote a safe environment for residents and co-workers.</p> <p>❖ Demonstrates knowledge of facility and unit specific safety policies and procedures.</p> <p>❖ Applies principles of asepsis and resident comfort when making an occupied and unoccupied bed.</p> <p>❖ Insures all resident items are personalized and protected.</p> <p>❖ Recognizes all residents have basic needs, some of which may vary or change based upon the aging process and life experiences.</p>

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<p>Unit III. Health Restoration and Maintenance (40 hrs.) Assist in meeting resident's basic needs safely and within the parameters of the duties of the CNA.</p>	<p>A. Personal Care (14 hrs.)</p> <p>1. Nutrition (K, S)</p> <ul style="list-style-type: none"> a. Balanced Nutrition b. Feeding/Providing Hydration/Adaptive Devices c. Monitoring intake <p>Lab: (Demo/Return Demo) Feeding, with/without sample adaptive devices in an effort to promote balanced nutrition while creating a comfortable atmosphere. (Demo/Return Demo) Measuring fluid intake.</p> <p>2. Activity – Rest (K, S)</p> <ul style="list-style-type: none"> a. Ambulation b. Transfer Skills and Appliances c. Range of Motion Exercises d. Evening Care <p>Lab: (Demo/Return Demo) Assisting with ambulation (using a gait belt and/or other assistive devices) (Demo/Return Demo) Performing range of motion exercises.</p> <p>3. Skin Care (K, S)</p> <ul style="list-style-type: none"> a. Bathing – Perineal Care – Foot Care <p>Lab: (Demo/Return Demo) Performs a complete bed bath. (Review techniques of providing hygiene via shower, and tub.)</p>	<ul style="list-style-type: none"> ❖ Supports balanced nutrition/fluid balance for residents. ❖ Accurately measures and records fluid intake, as requested. ❖ Demonstrates correct use of adaptive feeding equipment. ❖ Applies proper body mechanics and safety principles when assisting residents with mobility. ❖ Demonstrates the importance of mobility to maintenance of bodily functions and well-being. ❖ Performs passive range of motion exercises correctly as appropriate. ❖ Provides for resident's hygiene as determined by the resident care plan following principles of clean to dirty, and while maintaining warmth and privacy.

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	<p>b. Turning and Repositioning</p> <p>Lab: (Demo/Return Demo) Turning and repositioning while in bed and chair.</p> <p>4. Dressing/Undressing/Grooming (K, S)</p> <p>Lab: (Demo/Return Demo) Dressing and grooming, with considerations for residents who may have impaired mobility or senses.</p> <p>5. Mouth Care (K, S)</p> <p>Lab: (Demo/Return Demo) Giving routine mouth care and care of dentures.</p> <p>6. Bowel and Bladder (K, S)</p> <p>a. Toileting</p> <p>b. Monitoring bowel status and output</p> <p>Lab: (Demo/Return Demo) Administering a bedpan, fracture pan, and urinal. (Demo/Return Demo) Measuring output.</p> <p>B. Observing, Reporting and Responding (13 hrs.)</p> <p>1. Physical Signs/Symptoms (K, S)</p> <p>a. Respiratory/Circulatory Status</p> <ul style="list-style-type: none"> ✓ skin ✓ vital signs <p>Lab: (Demo/Return Demo) Measuring vital signs: temperature (oral, rectal, axillary), pulse and respiratory rate.</p>	<ul style="list-style-type: none"> ❖ Turns and repositions maintaining proper body alignment, for all residents who are unable to do so independently at least every two hours. ❖ Encourages frequent repositioning of residents with cognitive impairment. ❖ Reports to the nurse reddened areas that do not disappear within 30 minutes. ❖ Assists with dressing/undressing and grooming while maintaining privacy and promoting resident's rights to choose and participate in care. ❖ Provides and/or assists with the provision of mouth care. ❖ Assists residents in toileting, while maintaining privacy and universal precautions. ❖ Monitors and records resident's bowel status daily. ❖ Measures and records urinary output accurately, as requested. ❖ Accurately measures and records vital signs: temperature, pulse and respiratory rate. ❖ Reports promptly deviations in vital signs.

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	<p>b. Nutrition Status</p> <ul style="list-style-type: none"> ✓ height ✓ weight ✓ elimination <p>Lab: (Demo/Return Demo) Measuring height and weight for the bed-bound and ambulatory person.</p> <p>c. Pain: acute versus chronic (K, A)</p> <p>2. Behavioral Changes (K)</p> <ul style="list-style-type: none"> a. Level of Consciousness b. Memory c. Confusion d. Anxiety e. Fear f. Sadness <p>3. Acute Emergency Situation (K, S)</p> <ul style="list-style-type: none"> a. Chest Pain/Discomfort b. Respirator Distress c. Difficulty Swallowing/Choking/Aspiration d. Seizures e. Decreased Level of Consciousness f. Bleeding <p>Lab: (Demo/Return Demo) Abdominal thrust (for choking).</p> <p>(Demo/Return Demo) Suppressing bleeding using universal precautions until help arrives.</p> <p>4. The Resident's Record – Principles of Documentation (K)</p>	<ul style="list-style-type: none"> ❖ Accurately measures and records height and weight. ❖ Recognizes pain is personal and subjective. ❖ Reports changes in behavior to the nurse for further assessment and/or evaluation. ❖ Observes resident's rights and assures safety when working with residents who have an altered mental and/or psychological status. ❖ Employs interventions appropriate to the resident's behavior and according to the resident's care plan. ❖ Recognizes significant change in resident's condition or emergency situation and takes prompt actions within the parameters of the role of the CNA. ❖ Employs accurate, complete and timely documentation as permitted by the nursing home.

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	<p>C. Providing Specialized Care (15 hrs.)</p> <p>1. Sensory (K, A)</p> <ul style="list-style-type: none"> a. Visual Impairment b. Hearing Impairment c. Speech Difficulty <p>2. Urinary Care (K, S)</p> <ul style="list-style-type: none"> a. Bladder Training b. Collecting a Urine Specimen c. Catheter and Drainage Care <p>Lab: (Demo/Return Demo) Collection of a urine specimen. (Demo/Return Demo) Providing catheter care, measuring and emptying urine from a drainage bag.</p> <p>3. Nutrition (K, S)</p> <ul style="list-style-type: none"> a. Diet Restrictions/Special Diets b. Enteral Feedings c. Calorie Count d. Blood Sugar Monitoring (optional) <p>4. Intestinal (K, S)</p> <ul style="list-style-type: none"> a. Constipation b. Bowel Training c. Collection of a Stool Specimen <p>Lab: (Demo/Return Demo) Administration of a fleet/soap suds enema. (Demo/Return Demo) Collection of a stool specimen and Hemoccult testing (optional).</p> <p>5. Respiratory Care (K, S)</p> <ul style="list-style-type: none"> a. Collection of a Sputum Specimen b. Oxygen Therapy <p>Lab: (Demo/Return Demo) Readyng an oxygen tank, connecting tubing and signage.</p>	<ul style="list-style-type: none"> ❖ Provides safe care, sensitive to altered senses and/or impaired communication. ❖ Assists residents to participate in bladder training program per the resident care plan. ❖ Collects a “routine” urine specimen and accurately labels, while maintaining universal precautions and resident privacy. ❖ Provides catheter care while maintaining asepsis and resident privacy. ❖ Accurately measures and records urinary output from a urinary drainage device. ❖ Performs responsibilities of the CNA in meeting resident’s special nutrition needs. ❖ Safely administers a fleet and/or soap suds enema (as needed), monitors and reports results. ❖ Collects a stool specimen and labels accurately, while maintaining resident privacy and universal precautions. ❖ Collects a sputum specimen and labels accurately while maintaining universal precautions. ❖ Exercises safety precautions when caring for residents receiving oxygen therapy.

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<p>Unit IV. Putting It All Together (8 hrs.) Identify considerations when organizing and delivering care for a group of residents.</p> <p>Unit V. Clinical Application (80 hrs.)</p>	<p>6. Disease-Specific Precautions: Contact, Droplet, Airborne (K, S)</p> <p>Lab: (Demo/Return Demo) Application and removal of personal protective equipment (PPE).</p> <p>7. Confusion/Memory Loss (K, S)</p> <p>a. Approaches/Programs</p> <p>b. Restraints</p> <p>Lab: (Demo/Return Demo) Application of the least restrictive types of restraints.</p> <p>8. Death and Dying (K, A)</p> <p>a. Loss, Grieving, Palliative Care</p> <p>b. Post Mortem Care</p> <p>A. Managing an Assignment – Resident Needs and Priorities (K)</p> <p>Lab: Plans for care of a group of residents (using a mock unit and resident population).</p> <p>B. Orientation to Clinical Facility (K)</p> <p>Pre and Post Conferences Recommended.</p>	<ul style="list-style-type: none"> ❖ Identifies appropriate use of PPE when observing each one of the disease specific precautions. ❖ Implements recommended approaches with residents experiencing cognitive impairment. ❖ Employs strategies to reduce the need for restraints. ❖ Exercises care in the application /removal of restraints and restraining devices. ❖ Demonstrates sensitivity and caring through all phases of loss and grieving. ❖ Performs post mortem care, per the nursing home’s policy and procedure. ❖ Provides safe, effective care for a small group of residents (incrementally). ❖ Provides safe, effective, compassionate care for a group of residents, in collaboration with other team members and the resident (as appropriate).