



NURSING ASSISTANT PROGRAM HANDBOOK & WORKBOOK

2024/2025 Edition

NURSING ASSISTANT PROGRAM HANDBOOK

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ADMISSIONS & CLINICAL PLACEMENT PROCESS

Program Admission

The Nursing Assistant Program enters students on a quarterly basis. Student interested in enrolling are encouraged to meet with a Nursing Student Navigator. Students will be registered on a first-come-first-served basis.

NA 101 and NA 102 must be taken concurrently. NA 102 includes both skills lab and clinical practicum. Students must meet the clinical placement requirements prior to being cleared to attend the clinical practicum at a local skilled nursing facility and at the hospital.

The Nursing Assistant program includes American Heart Association (AHA) BLS Healthcare Provider CPR certification. Students must complete the required online and in-person training in CPR prior to being cleared to attend the clinical practicum.

Clinical Placement Process

To be eligible to attend the clinical practicum at a Nursing Assistant Program clinical affiliate agency, applicants must complete the clinical placement process. The clinical placement requirements are:

- Criminal history background check;
- Documentation of 2-step tuberculin skin test (TST) or equivalent TB screening test;
- Health insurance;
- Immunizations per clinical site policy
- Current CPR certification;
- COVID-19 vaccination
- Flu vaccination for current year
- A urine drug screen panel;*

The above are requirements of the clinical affiliate agencies and not requirements of Bellingham Technical College.

**Note: The drug screen includes cannabis testing per clinical site requirements.*

Clinical placement requirements must be submitted to and verified by the Nursing Program Manager. Documentation must be on file with the BTC Nursing Assistant Program before a student is released to attend the clinical practicum. Students with incomplete clinical placement requirements will not be allowed to care for patients at the assigned clinical affiliate agency and therefore will not be able to complete the Nursing Assistant program.

Criminal History Background Inquiry

Students must complete a criminal history background check verifying that there is not a history of child or adult abuse, financial exploitation of vulnerable adults, or other crimes against persons as defined in RCW 43.43.830. Details about the disqualifying crimes and Washington State Department of Social and Health Services (DSHS) Negative Actions can be found on the Criminal History Background Check Information Sheet located on the BTC Nursing Assistant website.

On first day of class, students will be asked to complete the online WA DSHS background check form. Students with background checks indicating crimes as described in the WACs will not be permitted access to clients at clinical affiliates' sites, as required by law, and thus will not be allowed to continue in the program. There is no cost for the DSHS Background Check. Students with questions or concerns about their criminal history are encouraged to meet with the Nursing Program Manager.

Tuberculosis Screening

Prior to attending the clinical practicum portion of the NA 102 course, all students must submit proof of negative TB symptoms per the clinical partner agency's requirements. The following tests are accepted, the two-step TB skin test, the Quantiferon or TSpot TB screening, or if a history of positive TB testing, the results of a clear chest x-ray and an annual symptom review conducted by a healthcare professional. TB screening tests are valid for one year and must be current for the duration of the clinical practicum.

Health Insurance

Students must have active health insurance for the duration of the clinical practicum. Student Health Insurance is acceptable (see BTC website for details about enrolling in student health insurance).

CPR

All students will be required to complete a CPR class and present evidence of current CPR certification prior to the clinical practicum. American Heart Association (AHA) BLS for the Healthcare Provider is the preferred CPR certification. Only accredited AHA CPR certification classes will be accepted. Failure to submit proof of and maintain a current Healthcare Provider CPR card on file with BTC will prevent a student from attending the clinical practicum and therefore from completing the program.

Immunizations

In order to attend clinicals students must be up-to-date on their immunization requirements. This includes proof of 2 doses of the MMR vaccine or positive titers for measles, mumps and rubella, 2 doses of the varicella vaccine or a positive varicella titer, a Tdap within the last 15 years, 3 doses of the Hepatitis B vaccine or 2 doses of Heplisav B vaccine or a positive Hepatitis B titer.

ESSENTIAL QUALIFICATIONS OF NURSING ASSISTANTS

The nursing assistant curriculum requires students to engage in diverse and specific experiences fundamental to the acquisition and practice of essential nursing assistant skills and functions. Unique combinations of cognitive, affective, psychomotor, physical, and social abilities are required to satisfactorily perform these functions. In addition to being crucial to the successful completion of the requirements of the nursing assistant program, these functions are necessary to ensure the health and safety of clients, fellow students, faculty, and other healthcare providers.

The essential qualifications to be acquired, demonstrated, and needed for successful continuance by the student in the Nursing Assistant and the subsequent Nursing Program at Bellingham Technical College include but are not limited to the following:

- **Motor Skills:** Nursing assistant students should have sufficient motor function to be able to execute movements required to provide general care and treatment to clients in all healthcare settings. For the safety and protection of the clients, the student must be able to perform basic life support, including CPR, and function in an emergency situation. The student must have the ability, within reasonable limits, to safely assist a client in moving and perform the duties of a demanding job. This specifically includes: crouching, grasping, pulling and pushing with 25lbs of force, lifting up to 50lbs, stooping, reaching, standing for long periods of time, and walking several miles in an 8-hour shift.
- **Sensory/Observation:** A student must be able to acquire the information presented through demonstrations and experiences in basic nursing sciences. Observe a client accurately, at a distance and close at hand, and observe and appreciate non-verbal communications when assisting with activities of daily living, and perceive changes in condition through physical observation. Such information is derived from observation of the body surfaces and auditory information (client voice and blood pressure auscultation).
- **Communication:** The student must communicate effectively and sensitively with other students, faculty, staff, clients, family, and other professionals. Express ideas and feelings clearly, and demonstrate a willingness and ability to give and receive feedback. Be able to communicate effectively in oral and written forms. Be able to hear sounds at a normal range, including the ability to receive dictated information. Speak clearly and concisely with patients and health team members, in English when applicable, using medical terminology. Be able to convey or exchange information, assisting with development of a health history and report problems presented. Be able to process and communicate information on the client's status to members of the healthcare team accurately and in a timely manner. The appropriate communication may also depend upon the student's ability to make a correct judgment in seeking supervision and consultation in a timely manner.
- **Cognitive:** The student must be able to measure, calculate, reason, analyze, and integrate within the context of nursing assistant practice. Quickly read and comprehend written material. Evaluate and apply information and engage in critical thinking in the classroom and clinical setting.

- **Behavioral/Emotional:** The student must possess the emotional health required for the full utilization of intellectual abilities, the exercise of good judgment, and the prompt completion of all responsibilities attendant to the nursing assistant care of clients and families. The emotional stability to function effectively under stress and to adapt to an environment that may change rapidly without warning and/or in unpredictable ways. In addition, the student must: be able to maintain mature, sensitive, and effective relationships with clients, students, faculty, staff, and other professionals under all circumstances, including highly stressful situations. Understand that personal values, attitudes, beliefs, emotions, and experiences affect their perceptions and relationships with others. Be able and willing to examine and change personal behavior when it interferes with productive individual or team relationships. Possess the skills and experience necessary for effective and harmonious relationships in diverse academic and working environments.

- **Professional Conduct:** The student must possess the ability to reason morally and to practice nurse assisting in an ethical manner. Be willing to learn and abide by the professional standards of practice. Possess attributes that include compassion, empathy, altruism, integrity, honesty, responsibility, and tolerance. Be able to engage in client care delivery in all care settings, and be able to deliver care to all client populations, including but not limited to children, adolescents, adults, developmentally disabled persons, medically compromised clients, and vulnerable adults.

To complete the program, the student must be able to perform all of the essential functions.

PROGRAM POLICIES

See the **BTC website for current College Policies and Campus Resources**. Student's classroom conduct expectations and policies, as well as Student Academic Rights and Responsibilities are consistent with the current Student Conduct Code (WAC 495B-121). The theory course has policies outlined in each course syllabus and the clinical course has policies that reflect additional requirements of the clinical agency where the student is assigned. In addition, the Nursing Assistant Program has the following expectations for nursing assistant students.

Academic Dishonesty

All forms of student academic dishonesty, including cheating, falsification, plagiarism, or facilitating, aiding and abetting academic dishonesty are considered a "punishable act" according to the Student Conduct Code.

Substance Abuse/Misuse in the Clinical Setting

The purpose of this policy is to protect the welfare of clients, students, instructors, Bellingham Technical College, and affiliating agencies. The Washington State Department of Health under RCW 18.130.180 has defined chemical dependency as unprofessional conduct. At BTC, all students are expected to perform their clinical activities efficiently and safely without the influence of drugs or alcohol. Students must notify the course instructor if they are taking any medication which may impact the student's ability to provide safe, competent care (essential functional abilities). This includes any medications that may cause sedation, slowed reflexes, or other alterations in physical and mental abilities. If the student is reasonably suspected of being under the influence of drugs or alcohol while at a clinical site, the nursing program director will be notified by the instructor and the student will be sent home for the remainder of that day.

The following actions/conditions are prohibited:

- Unsafe or potentially unsafe clinical performance due to use of drugs and/or alcohol.
- Reporting for a clinical session with the odor of alcohol or illegal chemicals on the breath.
- Possessing any illegal narcotic, hallucinogen, stimulant, sedative or similar drug while on clinical time.
- Using any intoxicating liquor or illegal substances while on clinical time, on the premises or away from the premises when required to return to the clinical facility.

Attendance

Attendance at all theory classes is mandatory. All students are expected to arrive on time and stay until dismissed. Three times tardy is considered an absence. Student must complete a *minimum* of 35 hours of classroom training and 16 hours of skills lab time. Attendance at the Lab Skills and Mock Skills Evaluations are mandatory and students must pass all the Lab Skills before they are allowed to attend clinical. All clinical days, as arranged by the clinical instructor, are also mandatory. Students must complete a minimum of 56 hours of clinical training and are required to attend the clinical orientation in addition to these hours. **If a student is more than 15 minutes late for clinicals, it will be considered a failed day and they will be sent home.** Student must also attend at least 5 hours of mock skills practice and testing after clinical hours are completed (See WAC 246-842). Attendance will be graded as part of the overall NA101 and NA102 grade.

Behavior

While in class, students are expected to demonstrate those personal qualities required by employers. Employer expectations include, but are not limited to, responsibility, integrity, and honesty. Students are expected to demonstrate mutual respect for each other and for the instructors. If a student demonstrates behavior that impacts the learning environment negatively, the disciplinary procedure will be implemented per the Student Code of Conduct.

Certification

All students who complete the program with a “C” or higher grade will receive a Certificate of Completion on the last day of class after all the program requirements are met. Students who complete the program are eligible to take the written and practical examination to receive State Certification. The Program does not grant the title of Nursing Assistant Certified; this credential is issued by the State of Washington Department of Health. Replacement of the Certificate of Completion will require the student to complete the Replacement Certificate Form and present a receipt for payment to the Nursing Program Manager.

Campus Emergencies

If an emergency arises, your instructor may inform you of actions to follow. You are responsible for knowing emergency evacuation routes from your classroom. If police or university officials order you to evacuate, do so calmly and assist those needing help. You may receive emergency information alerts via the building announcement system, text, email, or BTC’s website, Facebook and Twitter. Refer to the emergency flipchart in your classroom for more information on specific types of emergencies.

Chain of Command

If there are any problems in the classroom or clinical setting follow the following chain of command to voice your concerns.

1. Instructor
2. Dean of Nursing (Nursing Program Director)
3. Vice President of Academic Affairs & Student Learning

Clinical Evaluation

Information that is learned in class and skills lab practice will be applied in the clinical setting. This gives the student the opportunity to practice safe client care while being supervised by the clinical instructor. Students will be evaluated using the Clinical Evaluation form located in this handbook. During clinical at the facility the student will have ongoing evaluations of their performance. If the student fails to meet the clinical objectives, he/she will be informed in writing and a plan of action will be developed and discussed with the student. Failure to correct the problem(s) will constitute failure of clinical and will result in an “F” for NA102. *See Criteria for Behavior Not Meeting Program Standards.*

Confidentiality

Patients and clients are entitled to confidentiality of their medical information. Federal legislation, the Health Insurance Portability and Accountability Act (HIPAA) mandates that no personally identifiable patient information be released without the patient's permission. All BTC clinical lab policies and procedures are in compliance with HIPAA. While students may share non-identifiable information for course and learning purposes, no patient information of any kind should be shared outside confidential settings in the practicum site or classroom. Absolutely NO reference to a

patient, even if de-identified, should ever be shared electronically via email or on social networking sites such as Facebook. Additionally, no facility or facility staff information should be shared via email, on social networking sites, or by other means outside the learning environment. The instructor may direct students to share select de-identified patient information via Canvas email for course preparation or learning purposes. Sharing on Canvas is permissible, as directed by the instructor, because Canvas access is password-protected.

Pictures of patients must never be taken, whether a patient gives permission or not. If patient pictures are being considered for an educational purpose, the student must check with the instructor who will determine policies at the clinical practicum site. Under no circumstances is information pertinent to clients to be discussed outside of the clinical/classroom setting.

Nursing assistant students will be expected to sign a confidentiality form in agreement of understanding and adhering to this policy. Clinical affiliates may require students to sign additional confidentiality agreements. Any breach of confidentiality will be reported to the clinical agency and in addition may result in dismissal from the program.

Contact Information

Nursing assistant students are required to keep their most current address, phone number(s), and preferred email on file with the Nursing Assistant Program. This information will only be used by program faculty, staff, and associate dean and will be kept confidential per FERPA. Students will be asked to provide an emergency contact name, phone number, and preferred email address. This information will only be used in an emergency and will be kept confidential per FERPA.

Cultural Competence

Washington State legislature requires all healthcare providers licensed by the Department of Health to receive multicultural health awareness education and training. Please refer to Cultural Competency in Health Service and Care, A Guide for Health Care Providers, June 2010, published by the Washington State Department of Health:

<http://www.doh.wa.gov/portals/1/Documents/Pubs/631013.pdf>

Dress Code

Skills Lab

Students are required to wear closed toed non-skid shoes at all times when practicing in the BTC nursing skills labs. Plain clothes may be worn, but students should be able to expose their upper arms so that they can practice blood pressures, and shirts exposing the abdomen should not be worn as we will be practicing skills with gait belts.

Clinical Sites

Students are required to their student uniforms at all times during clinicals. This is so that you are easily identifiable to the facility staff as a student of BTC and so that you meet facility requirements of professional appearance and attire. The student uniform includes:

- Student ID card with a badge reel clip must be worn at all times on clinical site property. You can acquire a student ID on campus at the ASBTC office – be sure they hole punch it so it can be worn. If a clinical site has a different form of identification, the instructor will provide information on how to acquire it.
- Navy blue scrubs – student may choose the brand. Must have long pants and t-shirt style top. Must be clean and look professional. If unsure, check with instructor.

- Closed-toed non-skid shoes. Shoes should be black or white in color. Recommend shoes that are fluid resistant and easy to wipe clean (such as clogs), but this is not required.
- For temperature control, a white or black long-sleeved t-shirt may be worn under the scrubs, or a matching navy blue scrub jacket over the scrubs.
- Hair should be clean and kept up off of the shoulders.
- Earrings and piercings should be small and unobtrusive.
- Wedding rings or religious jewelry may be worn, but other jewelry should be kept to a minimum to reduce the number of places bacteria may hide.
- Tattoos that may be considered offensive to the clients should be covered (check with instructor if unsure.)
- Because you will be working in very close proximity to clients, perfumes or colognes or heavily scented products should not be worn. Body odors should be controlled.
- Nails should be clean, trimmed short and unpolished. This is so that it is visibly apparent if nails are unclean.
- **If student's attire does not meet the clinical site's dress code policy, the student will be sent home and it will be considered a "failed" clinical day.**

Electronic Devices

Classroom & Lab

To maintain an atmosphere conducive to learning, cellphones and other electronic devices are *not* allowed on audible settings in the classroom or clinical lab. Non-audible alerts (i.e., vibrating alerts) are acceptable. However, students are expected to return non-essential calls and texts on scheduled breaks.

Recording devices guidelines:

- The student must sign the Classroom Recording Agreement form (located in this handbook) before lectures can be recorded;
- Student must ask permission of faculty before each occurrence of recording in classroom or lab occurs;
- It is the responsibility of the student to notify faculty that they may be recording the lecture each time the student wishes to do so;
- All students in the class as well as guest speakers will be informed by the instructor that permission was granted for recording to occur;
- Recordings are to be used solely to facilitate student learning;
- No recording may be shared or posted on publicly accessible web environments (Facebook/YouTube/other private online groups), published, sold or used in any way other than for private study purposes;
- Students must destroy recordings at the end of each course;
- Public distribution of such materials may constitute copyright infringement in violation of federal or state law, or College policy;
- Violation of this policy may subject a student to disciplinary action, per *Student Code of Conduct*.

Clinical

While at the clinical facility, students must follow the *facility policy* regarding the use of cellphones and other electronic devices. Cellphones and other electronic devices are **not** allowed on audible settings at the clinical facility. Non-audible alerts (i.e., vibrating alters) are acceptable. Non-emergent use may occur **only** while on break. Cellphones or other electronic devices with photograph and voice recording capabilities can compromise or violate patients' privacy rights and use of the camera feature or voice or video recording is **strictly prohibited** at all times.

*Emergency calls to students may be made through the clinical instructor's cellphone.

Exposure to Body Fluid Guidelines & Standard Precautions

Students must wear appropriate protective clothing/equipment when performing any task(s) that may involve exposure to body fluids. Any direct exposure to body fluids occurring while functioning as a nursing assistant student must be reported immediately to the clinical instructor.

The process for reporting exposure will be:

- The clinical instructor and student will notify the agency supervisor.
- The student and instructor will complete the agency site's incident report.
- The student and instructor will complete the college's accident report.
- The student and instructor will file a report of the incident with the Nursing Program Director.
- Any medical expenses incurred by the student will be the responsibility of the student.

Standard Precautions: All blood and body fluids are considered to be potential sources of infection and are treated as if known to be infectious. Eating, drinking, applying cosmetics or lip balm, and handling contact lenses are prohibited in the work area where there is a likelihood of occupational exposure. When exposure is possible, personal protective equipment shall be used. Personal protective equipment includes:

- Gloves to be worn when it can be reasonably anticipated that the individual may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures; and when touching contaminated items or surfaces.
- Masks, eye protection and face shields to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- Wash hands immediately after removal of gloves or other personal protective equipment.

Exemption

If any of the Nursing Assistant Program policies are in opposition to the student's beliefs, the student may request an exemption in writing at the beginning of the program. It is unacceptable to wait until the clinical practicum has begun to request an exemption. Each case will be dealt with on an individual basis by the faculty and dean.

Failure to Meet Standards or Policies

Disciplinary warnings will be issued verbally and then in writing for failure to adhere to the college or nursing assistant program policies, maintain adequate progress in theory, or unsafe clinical practice. If a student receives a written warning, that student has the opportunity to review the document along with a witness of the student's choosing and the issuing faculty member in

attendance. Recommendations for success will be based on the BTC Student Code of Conduct, individual course objectives, and/or the WAC for nursing assistant practice.

Health Status

Students must meet the all Essential Qualifications before and during attending the clinical practicum. In the event a student experiences injury, medical procedure, illness and/or childbirth, the student must provide a medical release to full duty prior to attending or returning to the clinical practicum. In the event that the student is not released for full-duty, the student will not be able to attend clinical sessions and will not be able to complete the Nursing Assistant Program. Health status is a requirement of the clinical affiliates not Bellingham Technical College.

Injury Incident

Students must sign the medical policy statement regarding health insurance in the contracts and agreements section of this handbook and adhere to this policy statement while they are in the program.

Insurance

Students are covered by the blanket liability insurance policy of the program. This coverage is intended to cover students in the course of their nursing assistant education. The coverage will not cover students who act outside of the role of student nursing assistants or who fail to follow the established program guidelines for clinical practice.

The Bellingham Technical College does ***not*** cover students with accident or medical insurance and students are required to have health insurance the entire time they are in the program. A student is not an employee and, therefore, does not qualify for worker's compensation if injured while in the clinical setting. Students ***must*** be responsible for their own health insurance; this is a requirement for clinical placement. The student is responsible to maintain private health insurance and will not be allowed to attend clinical practicum if insurance expires. Students must notify the Nursing Program Manager in the event of any change in insurance status. This is in accordance with clinical agency contracts with the college.

Instructor Gifts

Student success is the best gift an instructor can receive. To prevent potential ethical violations, gift giving to instructors is strongly discouraged.

Professional Behavior/Student Code of Conduct

The following may be grounds for dismissal from the program in accordance with the BTC Student Code of Conduct:

- Unsatisfactory attendance.
- Unsatisfactory progress.
- Dishonesty in the classroom or clinical setting.
- Attendance in class or clinical setting under the influence of alcohol or other drugs.
- Unsafe clinical practice, as defined in *Criteria for Behavior Not Meeting Program Standards*.
- Health conditions not consistent with the demands of the nursing assistant profession.
- Behavior inconsistent with clinical facility policy, as stated in the facility's policy manual.
- Breach of confidentiality.
- Unprofessional conduct.

Professional Boundaries

To become friends with clients and their significant others you meet while attending the clinical practicum is non-therapeutic. Clients are vulnerable during treatment and a new social relationship with a professional person will create added problems for them. If a client asks for your personal information such as address, phone number, or email address, DO NOT GIVE IT OUT. Explain with respect and encourage the patient to seek out his or her own support system. Under no circumstances will a student transport a client in their own car or ride in the client car. If you encounter a personal friend or relative on the unit where you are assigned, please inform your instructor so you may receive assistance in dealing with the situation, a determination will be made if you need to be moved to another unit.

To be professional, you must be able to objectively evaluate your own strengths and weaknesses and demonstrate initiative for furthering your own learning. You must also accept and profit from constructive criticism and past experiences and be able to adapt to various situations.

Student Evaluation

The Lab Skills Evaluation must be successfully completed before the student may attend the clinical portion of the program. If a skill(s) is failed during the Lab Skills Evaluation the student will have two additional chances to perform the skill(s) successfully. If a student is unable to perform the skill to the standards set they will be unable to continue in the program. Students cannot perform any clinical skill on clients until first demonstrating the skill satisfactorily to an instructor in the skills lab setting (WAC 246-841-490). There will be a final written exam on the last day of class and students must receive a minimum of a “C” on the final exam to pass the class. A minimum of a “C” must also be obtained on each quiz given during the class in order for the student to pass. Students may repeat an exam(s) if failed one time each to meet the minimum grade requirement.

Textbook and Required Supplies

The required text and supplies below are available at the BTC Campus Store. Textbook and Program Handbook/Workbook are required for the first day of class. Clinical uniform, watch, and transfer/gait belt are required by the second day of class or as directed by the instructor. Details about the requirements of the clinical uniform including color of scrubs are listed above.

- Sorrentino, Sheila A. & Remmert, Leighann N., *Mosby's Textbook for Nursing Assistants* (10th Ed.) Elsevier (2020) ISBN: 0323655602
- BTC Nursing Assistant Program Handbook/Workbook (current academic year)
- Clinical uniform
- Transfer/Gait Belt
- Watch with second hand
- Blood Pressure Cuff
- Stethoscope

The following will be provided to the student by the BTC Nursing Assistant Program:

- Nursing Assistant Candidate Handbook, PearsonVue (current edition) will be provided to the student on the first day of class.
- BTC student ID's may be required and available for free from ASBTC

ASSESSMENT & GRADING

Letter grades will be given for the theory portion of the program (NA101). The clinical practicum (NA102) will be graded as Pass/Fail. A skills evaluation will be done prior to attending the clinical portion of the program and is graded as Pass/Fail. Students must successfully pass all skills before they may perform those skills in the clinical setting. In NA 101 students must receive a cumulative average of a “C” or higher on all quizzes and the final exam to pass the course.

Both NA101 and NA102 must be successfully passed for the student to complete the Nursing Assistant Program and receive a certificate of completion. Reasons for failure of the clinical portion of the program include, but not limited to, poor clinical performance and absences. For more details see the *Criteria for Behavior Not Meeting Program Standards*. Students will be provided with a syllabus on the first day of class.

Grading scale for NA101:

A = 93% and above A- = 90% – 92.9% B+ = 87% – 89.9% B = 83% – 86.9% B- = 80% – 82.9% C+ = 77% – 79.9% C = 73% – 76.9% C- = 70% – 72.9% D+ = 67% – 69.9% D = 63% – 66.9% D- = 60% – 62.9% F = below 60%	Abbreviations Quizzes & Final 10% Attendance & Participation 20% Checkpoint Assignments 20% Quizzes & Final Written Exam 50%
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Grading rubric for NA102:

Successful completion of the NA102 clinical course is defined as Exceeds Expectations or Meets Expectations in all of course competencies. Receiving a Does Not Meet Expectations in one or more course competency may result in a grade of No Pass.

Exceeds Expectations (E)	Meets Expectations (M)	Does Not Meet Expectations (D)
Student performance reflects successful attainment of knowledge, skills and attitudes required of an entry level nursing assistant. Provides safe client care. Needs minimal supervision. Self-directed and seeks out learning opportunities.	Student performance reflects progress towards successful attainment of knowledge, skills and attitudes required of an entry level nursing assistant. Provides safe client care. Needs limited supervision. Occasional physical & verbal direction.	Student performance does not meet minimum standards of knowledge, skills and attitudes required of an entry level nursing assistant. Unsafe client care observed. Requires close supervision. Continuous physical &/or verbal direction.

All NA 101 assignments, except for the final exam, must be complete before a student may attend the clinical practicum (NA 102).

CRITERIA FOR BEHAVIOR NOT MEETING PROGRAM STANDARDS

Definition of behavior not meeting program standards: Students must demonstrate the judgment and professional behavior necessary to protect the client from physical and emotional jeopardy. Students are evaluated throughout the quarter in order to ensure safe professional practice. Students at risk of removal from a course have not met program standards due to: (a) the seriousness of an incident, or (b) demonstrated a pattern of unsafe behavior.

<i>Not Meeting Program Standards is Demonstrated When the Student:</i>	<i>Examples: may not be limited to descriptors below.</i>
Violates or threatens the <u>physical</u> safety of the client	Unsafe use of equipment or supplies. Comes unprepared to the practice site. Incorrect positioning. Inadequate preparation for an emergency situation.
Violates or threatens the <u>psychological</u> safety of the client.	Uses clichés repeatedly. Does not encourage verbalization, or is not aware of difference in ability to communicate. Imposes personal values upon client. Denies client the right to make decisions about own care. Fails to provide a therapeutic environment. Uses of profane language. Uses culturally insensitive communication.
Violates or threatens the <u>microbiological</u> safety of the client.	Unrecognized violation of aseptic technique. Comes to the practice site ill. Clinical placement requirements not current.
Violates or threatens the <u>chemical</u> safety of the client.	Inappropriate use and/or application of: medications, treatments, or products.
Violates the <u>thermal</u> safety of the client.	Fails to observe safety precautions. Injures client with application of hot/cold. Leaves unreliable client alone.
Inadequately and/or inaccurately utilizes critical thinking.	Fails to observe/identify and/or report critical data regarding clients. Makes repeated faulty judgments. Difficulty prioritizing and organizing responsibilities.
Violates previously mastered principles/learning objectives.	Incorrectly performing skills that have been previously evaluated/mastered. Inadequate preparation for procedure. Does not follow practice site policies and procedures.
Assumes inappropriate independence in actions or decisions.	Fails to seek help when situation is out of control or in an emergency. Performs skills that have not been evaluated in the classroom/lab setting. Does not seek supervision or assistance for tasks that have not been previously performed with or evaluated by instructor.
Displays unprofessional conduct.	Dishonest about tasks performed. Omits treatments or aspects of student responsibilities and does not inform instructor or staff. Does not recognize or acknowledge mistakes/errors. Commits privacy violation
Displays behavior that puts client safety at risk.	Becomes stressed, anxious and overwhelmed by changes in the environment and routine. Difficulty adjusting the plan based on new findings or changes to the situation. Difficulty applying knowledge and experience to new or different situations. Inconsistent performance despite having previously made progress toward learning objectives.

Please note: Students are expected to function safely and professionally at all times. These are only some of the examples of unsafe situations and do not represent all examples that can result in a student being removed from a course due to not meeting program standards.

Any violation of these criteria will be reviewed by the faculty and supervisor, and will be handled individually regarding student's continuation in the program

STANDARDS OF PRACTICE

Competencies and standards of practice are statements of skills and knowledge, and are written as descriptions of observable, measurable behaviors. WAC 246-841-400

PROGRAM GOAL:

Upon completion of the Nursing Assistant Program, the student will be able to qualify for job entry as a nursing assistant in a health care facility and qualify for the State of Washington certification.

1. **Basic Technical Skills** A nursing assistant demonstrates basic technical skills, which facilitates an optimal level of functioning for the client, recognizing individual, cultural, and religious diversity. A nursing assistant:
 - a) Demonstrates proficiency in cardiopulmonary resuscitation (CPR) and can perform CPR independently.
 - b) Takes and records vital signs.
 - c) Measures and records height and weight.
 - d) Measures and records fluid and food intake and output.
 - e) Recognizes normal body functions, deviations from normal body functions and the importance of reporting deviations in a timely manner to a supervising nurse.
 - f) Recognizes, responds to and reports client's or resident's emotional, social, cultural and mental health needs.
 - g) Recognizes, responds to and reports problems in client's or resident's environment to ensure safety and comfort of client.
 - h) Participates in care planning and nursing reporting process.
2. **Personal Care Skills** A nursing assistant demonstrates basic personal care skills. A nursing assistant:
 - a) Assists client or resident with bathing, oral care, and skin care.
 - b) Assists client or resident with grooming and dressing.
 - c) Provides toileting assistance to client or resident.
 - d) Assists client or resident with eating and hydration.
 - e) Uses proper oral feeding techniques.
3. **Mental Health and Social Service Needs** A nursing assistant demonstrates the ability to identify the psychosocial characteristics of all clients based upon an awareness of development and age specific process. A nursing assistant:
 - a) Addresses individual behavioral needs of the client or resident.
 - b) Knows the developmental tasks associated with the developmental and age specific processes.
 - c) Allows the client or resident to make personal choices, but provides and reinforces behaviors consistent with the client's or resident's dignity.
 - d) Is sensitive and supportive and responds to the emotional needs of the clients or residents and their sources of emotional support.
4. **Care of Cognitively Impaired Residents** A nursing assistant demonstrates basic care of the cognitively impaired clients or residents. A nursing assistant:
 - a) Uses techniques for addressing the unique needs and behaviors of individuals with cognitive impairment including Alzheimer's, dementia, delirium, developmental disabilities, mental illnesses and other conditions.

- b) Communicates with cognitively impaired clients or residents in a manner appropriate to their needs.
 - c) Demonstrates sensitivity to the behavior of cognitively impaired clients or residents.
 - d) Appropriately responds to the behavior of cognitively impaired clients or residents.
5. **Basic Restorative Services** A nursing assistant incorporates principles and skills of restorative nursing in providing nursing care. A nursing assistant:
- a) Demonstrates knowledge and skill in using assistive devices in ambulation, transferring, eating, and dressing.
 - b) Demonstrates knowledge and skill in the maintenance of range of motion.
 - c) Demonstrates proper techniques for turning and positioning a client or resident in a bed and chair.
 - d) Demonstrates proper techniques for transferring and ambulating client or resident.
 - e) Demonstrates knowledge about methods for meeting the elimination needs of clients or residents.
 - f) Demonstrates knowledge and skill for the use and care of prosthetic devices by client or resident.
 - g) Uses basic restorative services by training the client or resident in self care according to the client's or resident's capabilities.
6. **Client's Rights and Promotion of Client's Independence** A nursing assistant demonstrates behavior that maintains and respects client's rights and promotes client's independence, regardless of race, religion, life-style, sexual preference, disease process, or ability to pay. A nursing assistant:
- a) Recognizes that client or resident has the right to participate in decisions about his or her care.
 - b) Recognizes and respects clients' or residents' need for privacy and confidentiality.
 - c) Promotes and respects the client or resident right to make personal choices to accommodate their needs.
 - d) Reports client or resident concerns.
 - e) Provides assistance to client or resident in getting to and participating in activities.
 - f) Respects the property of client or resident and employer and does not take equipment, material, property or medications for his, her or other's use or benefit. A nursing assistant may not solicit, accept or borrow money, material or property from client or resident for his, her or other's use or benefit.
 - g) Promotes client or resident right to be free from abuse, mistreatment, and neglect.
 - h) Intervenes appropriately on the client's or resident's behalf when abuse, mistreatment or neglect is observed.
 - i) Complies with mandatory reporting requirements by reporting to the department of health and the department of social and health services instances of neglect, abuse, exploitation or abandonment.
 - j) Participates in the plan of care with regard to the use of restraints in accordance with current professional standards.
7. **Communication and Interpersonal Skills** A nursing assistant uses communication skills effectively in order to function as a member of the nursing team. A nursing assistant:
- a) Reads, writes, speaks, and understands English at the level necessary for performing duties of the nursing assistant.
 - b) Listens and responds to verbal and nonverbal communication in an appropriate manner.
 - c) Recognizes how his or her own behavior influences client's or resident's behavior and uses resources for obtaining assistance in understanding the client's or resident's behavior.

- d) Adjusts his or her own behavior to accommodate client's or resident's physical or mental limitations.
 - e) Uses terminology accepted in the health care setting to record and report observations and pertinent information.
 - f) Appropriately records and reports observations, actions, and information accurately and in a timely manner.
 - g) Is able to explain policies and procedures before and during care of the client or resident.
8. **Infection Control** A nursing assistant uses procedures and techniques to prevent the spread of microorganisms. A nursing assistant:
- a) Uses principles of medical asepsis and demonstrates infection control techniques and standard and transmission based precautions.
 - b) Explains how disease causing microorganisms are spread.
 - c) Is knowledgeable regarding transmission of bloodborne pathogens.
 - d) Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces.
9. **Safety/Emergency Procedures** A nursing assistant demonstrates the ability to identify and implement safety/emergency procedures. A nursing assistant:
- a) Provides an environment with adequate ventilation, warmth, light, and quiet.
 - b) Promotes a clean, orderly, and safe environment including equipment for a client or resident.
 - c) Identifies and utilizes measures for accident prevention.
 - d) Demonstrates principles of good body mechanics for self and client or resident, using the safest and most efficient methods to lift and move clients, residents, or heavy items.
 - e) Demonstrates proper use of protective devices in care of clients or residents.
 - f) Demonstrates knowledge and follows fire and disaster procedures.
 - g) Identifies and demonstrates principles of health and sanitation in food service.
 - h) Demonstrates the proper use and storage of cleaning agents and other potentially hazardous materials.
10. **Rules and Regulations Knowledge** A nursing assistant demonstrates knowledge of and is responsive to the laws and regulations that affect his/her practice, including, but not limited to:
- a) Mandatory reporting procedures related to client or resident abuse, neglect, abandonment, and exploitation.
 - b) Scope of practice.
 - c) Workers right to know.
 - d) The Uniform Disciplinary Act.

PLAN OF INSTRUCTION

This program consists of 40 hours of scheduled lecture time, 28 hours of scheduled lab time, and 72 hours of scheduled clinical time. Additionally, there will be out of class tasks the student will need to complete to prepare for lecture, lab and clinicals.

Course work will include various combinations of the following techniques:

- Lectures
- Discussion
- Reading Assignments
- Group Work
- Demonstrations
- Laboratory Practice
- Skills Evaluation
- Clinical Experience
- Mock Skills Evaluation

Instructional Aids

The instructor will use Canvas, Workbook, handouts, PowerPoints, textbook, in-person skill demonstrations, lecture, assigned videos, guided skills practice, and group discussion.

The instructor highly recommends that students follow along with the workbook during lectures as a study aid to use on exams.

SKILLS LAB (NA102)

Students will be introduced to each of the twenty-two skills, given adequate time to practice these skills under supervision, and then evaluated on each skill prior to attending the clinical portion of the program. The final skills lab session will be “Mock Testing” and will replicate the state skills certification examination.

Students must demonstrate proficiency in all twenty-two skills before they will be allowed to attend the clinical practicum and provide care to client’s in the clinical setting.

Skills to be performed:

1. Handwashing
2. Applies One Knee-High Elastic Stocking
3. Assists to Ambulate Using Transfer Belt
4. Assists with Use of Bedpan
5. Cleans Upper or Lower Denture
6. Counts and Records Radial Pulse
7. Counts and Records Respirations
8. Donning and Removing PPE (Gown and Gloves)
9. Dresses Client with Affected (Weak) Right Arm
10. Feeds Client Who Cannot Feed Self
11. Gives Modified Bed Bath (Face, One Arm, Hand and Underarm)
12. Measures and Records (Manual) Blood Pressure
13. Measures and Records Urinary Output
14. Measures and Records Weight of Ambulatory Client
15. Performs Modified Passive Range of Motion for One Knee and One Ankle
16. Performs Modified Passive Range of Motion for One Shoulder
17. Positions on Side
18. Provides Catheter Care for Female
19. Provides Foot Care on One Foot
20. Provides Mouth Care
21. Provides Perineal Care
22. Transfers From Bed to Wheelchair Using Transfer Belt

*Additional skills taught in lab include blood sugar testing, emptying drains, ostomies and catheters, occupied and unoccupied bed changes, application of different incontinence products, use of ceiling lifts, use of restraints, proper transfer techniques using canes, walkers, crutches and wheelchairs, use of higher levels of PPE and appropriate care techniques for clients with sensory deficits.

Students will also demonstrate appropriate work ethics, interpersonal relationships, safety skills, and communication skills as defined by the nursing assistant standards of practice

CLINICAL PRACTICUM (NA102)

Practicum

During clinical experiences the student will be assigned to a nursing assistant at the facility and will work with them through their shift. On the first day of clinicals at each facility, the student will be allowed to actively shadow their preceptor, but on following days the student will be expected to participate more actively in cares. ***Note: if clinicals are performed in the hospital setting, students must be with their assigned CNA at all times when performing patient care.**

Overview and expectations for the clinical day:

- Preconference: meet with instructor and classmates at the start of the shift and receive daily assignment. Student will be teamed with a classmate, and with a CNA at the facility.
- Paired students will provide personal cares, toileting, transfers, meal assistance, vital signs, and assist with any other needs the resident has. If the resident has a shower or restorative care, students will attend those activities with the resident and assigned CNA.
- Students may also attend other activities in the facility with the assigned resident and CNA as appropriate.
- Students will work as a team and communicate with the assigned CNA and nursing team.
- Student Breaks: plan breaks prior to the residents' scheduled meal. Students are to be on the floor passing trays and assisting during resident meal time.
- Post Conference with instructor and classmates last 30 minutes of the shift. Have all resident care done, meet in assigned conference area.

Additional areas of focus:

During the clinical experience students will be encouraged to seek out additional learning opportunities. These may include:

- Preparing a client for admission or discharge.
- Take vital signs and daily weight on multiple residents and report to the nurse.
- Specimen collection
- Care for a resident with tubes: enteral feeding, nasogastric and /or IV.
- Care for a resident in isolation.
- Care for an indwelling urinary catheter
- Post-mortem care
- Other cares as recommended by instructor

STUDENT SUPPORT SERVICES

BTC Nursing Assistant program is committed to providing additional support for our students. The program's support staff include the Nursing Navigator, Nursing Student Support Specialist, and Nursing Program Specialist who provide coaching, support, and guidance to help students to attain academic and career goals. The Student Navigator can help students to create an educational plan and will work with students to address any challenges and can direct students to appropriate support and funding resources, assist with job searches and help prepare resume and job application materials.

Tutoring

The BTC Tutoring Center offers free access to tutoring services. Tutoring is available on a drop-in basis when classes are in session. To receive tutoring, you must be attending class and working on assignments. Tutors are graduate students, peer tutors, BTC graduates, retired teachers, professionals and others. Tutoring is conducted in a group setting. Contact the Tutoring Center for current schedules and more information: tutoring@btc.edu, 360.752.8499.

Nursing and nursing assistant students have access to tutors who specialize in nursing theory and hands-on skills. Nursing tutors are generally available in the skills lab and they may work with students on lab skills as well as theory concepts. The Nursing Student Navigator coordinates nursing tutoring and students are encouraged to meet with the navigator to learn more about tutoring services that are available.

Accessibility

BTC and your instructor are committed to the principle of universal learning. This means that our classroom, our virtual spaces, our practices, and our interactions be as inclusive as possible. Mutual respect, civility, and the ability to listen and observe others carefully are crucial to universal learning.

If you have difficulty reading, hearing or seeing content, or any other difficulties that might negatively impact your potential to succeed in this course, you may be eligible to receive help from our Accessibility Resources (AR) Office. If you feel you may benefit from an accommodation, contact Mary Gerard, Coordinator for Accessibility Resources at the start of the quarter. This office is located in the College Services Building, Admissions and Student Resource Center, Room 106. Call 360-752-8345 or email ar@btc.edu.

If you qualify for academic accommodations, the Accessibility Resources Office will forward a letter of accommodation to your instructor and the Student Navigator, who will, with you, work out the details of any accommodations needed for this course. Existing services do not roll over from quarter to quarter and must be requested prior to the start of each quarter. It is the student's responsibility to contact Accessibility Resources (AR) each quarter and to follow AR policies and procedures.

Counseling

Bellingham Technical College offers academic, career, and personal counseling free of charge. BTC counselors have one goal: to help students experience success. Counselors provide both academic and personal counseling services for students experiencing difficulties that interfere with learning. The focus is on providing support, clarifying choices, handling difficult situations, and

accessing community resources. Students can contact counseling services at counseling@btc.edu or call 360-752-8345 for more information or to make an appointment.

Nursing assistant students may be referred to BTC Counseling services by their instructor or Student Navigator or students can seek services on their own. See BTC website for more details.

ENHANCED SKILL CHECKLISTS

The BTC nursing assistant program has created enhanced skill checklists in order to provide students with more details than are available in the Pearson Vue Washington Nursing Assistant Candidate Handbook. These checklists have been adapted from ones provided by the WA DSHS NATCEP manager. Steps highlighted in **bold** are Critical Element Steps and must be completed correctly to pass a skill.

Additional muscle memory techniques to assist students with mastery of the skills are listed below. *Adapted from DSHS 2015.*

Beginning Block:

- *Knock* on the door (or foot of the bed)
- *Introduce* and *Explain*: address client/mannequin by name, introduce self, explain procedure “Hello Miss Jones, my name is _____ and I am going to _____.”
- *Privacy* is provided: pull curtain.
- *Wash Hands* (or verbalize “I’m washing my hands”)
- *Check Bed*: Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.”

End Block:

- *Check Bed*: Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.”
- *Signaling Device* within reach of client/mannequin: Places call light in client’s hand, verbalize: “Here is your call light.”
- *Privacy* is opened: open curtain.
- *Wash Hands* (or verbalize “I’m washing my hands”).
- *Document* (chart): where applicable write results of BP, weight, pulse, respirations, or urine output.
- Verbalize: “*Skill Complete*”.

Additional Tips:

- *Emptying*: anytime the skill calls for emptying fluids, always dump in the commode or toilet. The sink is used for water retrieval, denture care and washing hands **ONLY**.
- *Sitting a client on side of bed*: whenever you are asking the client to sit on the edge of the bed, **ALWAYS** assist them (make sure your hands are on the client) and make sure their feet are flat on the floor.
- Do not leave the client. Gather supplies before entering room. Get client up right before performing the skill. Put client to bed before cleaning up and completing skill.
- *Drying*: Anytime you must dry any part on the client or mannequin, use **ONLY** a towel.
- Always help the patient back to bed at the end of the skill.

Correcting Mistakes:

You are allowed to correct mistakes with a few exceptions listed below. When you make a mistake, the dialog should go something like this:

Student: “I made a mistake.”

Evaluator: "What was your mistake?"

Student: "I forgot to give privacy." (for example)

Evaluator: "When would you have done that?"

Student: "At the beginning of the skill."

Evaluator: "Done it now."

There is no limit on correcting mistakes but there is an overall time limit of 25 minutes.

The exceptions to correcting a mistake are:

- Blood Pressure: If the student pumps the cuff up over 200 mm HG, the evaluator will stop the student and will not allow them to complete the skill.
- Gloving: If the evaluator must tell the student to put gloves on or take them off, they will be marked "no" for that step.
- Urinary Output: If the student dumps the urine and forgets what the amount was, they may as well take their best guess as there will be no 'do over'.
- Client at 75-90 degrees: If the client is not at 75-90 degrees before food is placed in mouth or the toothbrush is placed in mouth, the evaluator will stop the student and tell them to raise their client and mark "no" for that step.
- Designated Dirty Supply: All students are shown where the designated dirty supply area is before testing. If the student leaves or puts the dirty items anywhere except the designated area, they will be instructed to the right area and receive a "no" for that step.

RECORDING SHEET FOR MEASUREMENT SKILLS

Date _____

Test Site ID _____

CANDIDATE NAME _____

EVALUATOR NAME _____

EVALUATOR ID _____

<p>SKILL TESTED <i>Evaluator must check one box next to the skill being tested.</i></p>	
<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Respirations
	<input type="checkbox"/> Urine Output
<input type="checkbox"/> Radial Pulse	<input type="checkbox"/> Weight

<i>CANDIDATE RESULTS</i>	EVALUATOR RESULTS

RECORDING SHEET FOR MEASUREMENT SKILLS

Date _____

Test Site ID _____

CANDIDATE NAME _____

EVALUATOR NAME _____

EVALUATOR ID _____

<p>SKILL TESTED <i>Evaluator must check one box next to the skill being tested.</i></p>	
<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Respirations
	<input type="checkbox"/> Urine Output
<input type="checkbox"/> Radial Pulse	<input type="checkbox"/> Weight

<i>CANDIDATE RESULTS</i>	EVALUATOR RESULTS

Skill 1 Hand Hygiene (Hand Washing)

Student Name: _____

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
1. BEGINNING BLOCK <ul style="list-style-type: none"> • Knock • Introduce and Explain “Hello Miss Jones, my name is _____ and I am going to wash my hands.” Speaks clearly, slowly, directly, maintaining face-to-face contact as possible. 					
2. Turns on water at sink.					
3. Wets hands and wrists thoroughly. (Makes sure watch is able to move up the wrist)					
4. Applies soap to hands.					
5. Lathers all surfaces of wrists, hands, and fingers producing friction, for at least 20 (twenty) seconds, keeping hands lower than the elbows and the fingertips down.					
6. Cleans fingernails by rubbing fingertips against palms of opposite hands					
7. Rinses all surfaces of wrists, hands, fingers, back of lower arms as needed, keeping hands lower than elbows and fingertips down.					
8. Uses clean, dry paper towel/towels to dry all surfaces of fingers, hands, and wrist starting at finger tips , then disposes of paper towel/towels into waste container.					
9. Uses clean, dry paper towel/towels to turn off faucet then disposes of paper towel/towels into waste container.					
10. Does not touch inside of sink at any time.					

Peer Signature: _____

Instructor Signature: _____

Skill 2 Applies One Knee-High Elastic Stocking

Student Name: _____

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
<p>1. BEGINNING BLOCK</p> <ul style="list-style-type: none"> • Knock • Introduce and Explain “Hello Miss Jones, my name is _____ and I am going to put on your elastic stocking.” Speaks clearly, slowly, directly, maintaining face-to-face contact as possible. • “Wash Hands” • Privacy is provided. • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” 					
<p>SET UP: gathers and places supplies at bedside.</p> <ul style="list-style-type: none"> • Elastic stocking (anti-embolism or TED stocking) <p>[For infection control purposes, application of the elastic stocking is to be performed on a manikin.]</p>					
2. Client is lying flat (supine) while stocking is applied.					
3. Reaches into stocking from the top, grasps heel box and turns stocking inside-out.					
4. Places foot of stocking over toes, foot, and heel.					
5. Pulls top of stocking over foot, heel, and leg. Carefully check for: wrinkles around stocking cuff, heel over heel.					
<p>6. Moves foot and leg gently and naturally, avoiding force and over-extension of limb and joints.</p> <p>[Placing a pillow under calf may help to avoid hyperextension.]</p>					

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
<p>7. Finishes with no twists or wrinkles on any part of stocking and heel of stocking, if present, is over heel and toe opening, if present, is either over or under toe area.</p> <p>[If unable to place completely wrinkle free because of the manikin joints, state “the stocking needs to be wrinkle free.”]</p>					
<p>8. END BLOCK</p> <ul style="list-style-type: none"> • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” • Places call light in client’s hand, verbalize: “Here is your call light.” • Privacy is opened. • “Wash hands” • “Skill complete” 					

Peer Signature: _____

Instructor Signature: _____

Skill 3 Assists to Ambulate Using Transfer Belt

Student Name: _____

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
1. BEGINNING BLOCK <ul style="list-style-type: none"> • Knock • Introduce and Explain “Hello Miss Jones, my name is _____ and I am going to assist you to walk.” Speaks clearly, slowly, directly, maintaining face-to-face contact as possible. • “Wash Hands” • Privacy is provided. • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” 					
2. Pulls sheet down. Verbalize: “Please put on your shoes.” After shoes are on, verbalize: “On the count of three I’m going to assist you to the side of the bed.” Places one hand on shoulder, one hand on leg. “One. Two. Three.” Assists to sitting position keeping hand on shoulder until feet flat on floor.					
3. Touching feet, without letting go of shoulder, verbalize: “Feet are flat on the floor.” [Gets transfer belt ready.]					
4. Applies transfer belt (to client) securely at waist over clothing. If patient gown is worn, assures gown is closed at the back.					
5. Verbalize: “On the count of three I will help you stand. Please put your hands on the bed to help push off.”					
6. Stands facing client, using toe to toe, knee to knee or client’s one knee between both of the candidates knees while touching to stabilize client’s legs. Counts, “One. Two. Three.”					
7. Assists client to stand by grasping transfer belt on both sides with upward grasps (hands in upward positions), while maintaining stability of client’s legs.					

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
8. Walks slightly behind and to one side of client for a distance of ten (10) feet, while holding onto the transfer belt.					
9. Assists client to bed and removes transfer belt.					
10. Instruct client, "Please lie down under the sheet."					
11. END BLOCK <ul style="list-style-type: none"> • Places one hand on mattress, one hand on footboard, pushes and confirms, "Bed is low and locked." • Places call light in client's hand, verbalize: "Here is your call light." • Privacy is opened. • "Wash hands" • "Skill complete" 					

Peer Signature: _____

Instructor Signature: _____

Skill 4 Assists With Use of Bedpan

Student Name: _____

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
1. BEGINNING BLOCK <ul style="list-style-type: none"> • Knock • Introduce and Explain “Hello Miss Jones, my name is _____ and I am going to assist you with use of your bedpan.” Speaks clearly, slowly, directly, maintaining face-to-face contact as possible. • “Wash Hands” • Privacy is provided. • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” 					
SET UP: gathers and places supplies at bedside. <ul style="list-style-type: none"> • Bath towel- use as barrier on overbed table • Bedpan (gloves do not need to be worn while gathering bedpan) • Toilet paper • Hand wipes • Gloves 					
2. Lowers head of bed.					
3. Puts on clean gloves before touching bedpan. Picks up bedpan.					
4. Keeping client covered, directs client, “Please roll to your side.” Or “Can you please lift your hips”.					
5. Places bedpan correctly under client’s buttocks, positioning as a toilet seat. Checks bedpan placement by parting knees and carefully peeking under sheet between legs. Keeps client covered but corrects for exposure.					

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
6. Removes gloves: <ul style="list-style-type: none"> • With one gloved hand, grasps palm of other glove and removes it. • Slips 2 ungloved fingers underneath cuff of remaining glove, removes glove turning it inside out as it is removed. • Immediately disposes of gloves (without contaminating self) into trash. • Verbalize: “Wash hands” 					
7. Raises head of bed <i>after placing bedpan and removing gloves.</i>					
8. Places toilet paper within reach, instructs, “Please wipe with toilet paper when you’re finished”.					
9. Places hand wipes within reach, instructs, “Please clean hands with hand wipe when you’re finished”.					
10. Places call light in client’s hand and asks, “Would you please press the call light when you’re finished?”					
11. Lowers head of bed.					
12. Puts on clean gloves <i>before removing bedpan.</i> Keeps client covered throughout procedure.					
13. Empties imaginary urine from bedpan into toilet. Rinses bedpan and pours rinse into toilet.					
14. After rinsing bedpan, places bedpan in dirty supply area.					
15. Puts toilet paper and hand wipes in designated dirty area.					
16. Removes gloves: <ul style="list-style-type: none"> • With one gloved hand, grasps palm of other glove and removes it. • Slips 2 ungloved fingers underneath cuff of remaining glove, removes glove turning it inside out as it is removed. • Immediately disposes of gloves (without contaminating self) into trash. • Verbalize: “Wash hands” 					

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
17. END BLOCK <ul style="list-style-type: none"> • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” • Places call light in client’s hand, verbalize: “Here is your call light.” • Privacy is opened. • “Wash hands” • “Skill complete” 					

Peer Signature: _____

Instructor Signature: _____

Skill 5

Cleans Upper or Lower Denture

Student Name: _____

Steps (No Beginning or End Blocks)	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
1. Wash hands.					
2. Puts on clean gloves before handling denture.					
3. Lines sink with a paper towel, puts another paper towel down by sink to use as a clean barrier (before denture is held over the sink).					
4. Turns on water to moderate temp: 2 faucets turned on when present, if 1 faucet- turned on directly upwardly in middle.					
5. Rinses denture cup lid and places on barrier. Rises denture cup and fills with water and places on barrier.					
6. Rinses surfaces of denture under moderate temperature running water before brushing denture.					
7. Wets toothbrush and applies denture toothpaste to toothbrush.					
8. Brushes all surface of denture.					
9. Rinses denture under moderate temperature running water.					
10. Places denture in denture cup, places lid on cup and snaps closed.					
11. Rinses toothbrush and places it with denture toothpaste in designated toothbrush basin/container.					
12. Maintains clean technique with placement of toothbrush and denture (does not set toothbrush or denture on bare surface of sink or counter).					
13. Removes sink liner and disposes into trash.					

Steps (No Beginning or End Blocks)	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
13. Removes gloves: <ul style="list-style-type: none"> • With one gloved hand, grasps palm of other glove and removes it. • Slips 2 ungloved fingers underneath cuff of remaining glove, removes glove turning it inside out as it is removed. • Immediately disposes of gloves (without contaminating self) into trash. • Verbalize: “Wash hands” • “Skill complete” 					

Peer Signature: _____

Instructor Signature: _____

Skill 6 Counts and Records Radial Pulse

Student Name: _____

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
<p>1. BEGINNING BLOCK</p> <ul style="list-style-type: none"> • Knock • Introduce and Explain “Hello Miss Jones, my name is _____ and I am going take your radial pulse.” Speaks clearly, slowly, directly, maintaining face-to-face contact as possible. • “Wash Hands” • Privacy is provided. • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” 					
<p>2. Places fingertips on thumb side of client’s wrist to locate radial pulse.</p>					
<p>3. Verbalize: “Start.” Counts beats for one full minute. Verbalize: “Stop.”</p>					
<p>4. Before recording verbalizes: “Wash hands”.</p>					
<p>5. DOCUMENT: Records radial pulse rate within +/- 4 beats of evaluator’s results.</p> <p>Record in beats per min. Include site pulse was assessed (radial), the date, time, and your name. Specify if pulse was regular/irregular, and strong or weak.</p>					
<p>6. END BLOCK</p> <ul style="list-style-type: none"> • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” • Places call light in client’s hand, verbalize: “Here is your call light.” • Privacy is opened. • “Wash hands” • “Skill complete.” 					

Analog watch with sweeping second hand (no digital or smart watches) must be used.

Peer Signature: _____

Instructor Signature: _____

Skill 7 Counts and Records Respirations

Student Name: _____

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
<p>1. BEGINNING BLOCK</p> <ul style="list-style-type: none"> • Knock • Introduce and Explain “Hello Miss Jones, my name is _____ and I am going to count your respirations.” Speaks clearly, slowly, directly, maintaining face-to-face contact as possible. • “Wash Hands” • Privacy is provided. • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” 					
<p>2. Instructs client, “Please give yourself a hug.” –</p> <p>[This is not a step in the handbook, but is another technique that makes it easier for the candidate to visualize the respirations. Have the client in bed cross their arms.]</p>					
<p>3. Verbalize: “Start.” Counts respirations for one full minute. Verbalize: “Stop.”</p>					
<p>4. Before recording verbalizes: “Wash hands”.</p>					
<p>5. Document: records respiration rate within +/- 2 breaths of evaluator’s reading.</p> <p>Record in breaths per minute, or RR. Include date, time, and your name. Specify if breathing is labored or unlabored.</p>					

<p>6. END BLOCK</p> <ul style="list-style-type: none"> • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” • Places call light in client’s hand, verbalize: “Here is your call light.” • Privacy is opened. • “Wash hands” • “Skill complete.” 					
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Analog watch with sweeping second hand (no digital or smart watches) must be used.

Peer Signature: _____

Instructor Signature: _____

Skill 8 Donning and Removing PPE (*Gown and Gloves*)

Student Name: _____

Steps (No Beginning or End Blocks)	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
1. "Wash hands"					
2. Picks up gown and unfolds.					
3. Facing the back opening of the gown places arms through each sleeve.					
4. Fastens the neck opening (can tie gown in front and slip over head).					
5. Secures gown at waist making sure that back of clothing is covered by gown. [Gown must be secured (tied, bow, knot, Velcro) at back or side, not front.]					
6. Puts on gloves.					
7. Cuffs of gloves overlap cuffs of gown by 1 inch.					
8. Before removing gown, with one gloved hand, grasps palm of other glove and removes it.					
9. Slips 2 ungloved fingers underneath cuff of remaining glove, removes glove turning it inside out as it is removed.					
10. Immediately disposes of gloves (without contaminating self) into trash.					
11. After removing gloves, unfastens gown at neck and waist.					
12. After removing gloves, removes gown without touching outside of gown. [Carefully reaches into cuff, pulls inside edge of cuff over hand, grasps outside of opposite cuff using fingers from inside sleeve, and pulls opposite edge of cuff over hand. DOES NOT PULL HANDS THROUGH LENGTH OF SLEEVES]					
13. While removing gown, holds gown out from body without touching floor, turning gown inward, rolling up the gown, keeping it inside out. Stops rolling approximately 12 inches from bottom of gown.					

Steps (No Beginning or End Blocks)					
14. Disposes of gown into dirty linen container without contaminating self.					
15. "Wash hands, skill complete."					

Peer Signature: _____

Instructor Signature: _____

Skill 9 Dresses Client with Affected (Weak) Right Arm

Student Name: _____

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
1. BEGINNING BLOCK <ul style="list-style-type: none"> • Knock • Introduce and Explain “Hello Miss Jones, my name is _____ and I am going to assist you to get dressed.” Speaks clearly, slowly, directly, maintaining face-to-face contact as possible. • “Wash Hands” • Privacy is provided. • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” 					
2. Brings 2 shirts to bedside, asks, “Which shirt would you like to wear?” Sets shirt of choice beside client’s RIGHT arm.					
3. Using sheet, keeps client covered. Removes gown from LEFT arm first. Directs client, “Please hold the sheet up to your neck with your left hand” Removes gown from RIGHT arm and immediately puts into dirty linen container.					
4. Puts shirt on client, RIGHT (affected/weak) arm first, then LEFT (unaffected) arm (Client may help with left).					
5. While putting on shirt, moves body gently and naturally, avoiding force and over-extension of limbs and joints.					
6. Finishes with clothing in place: shirt straight, 1-2 buttons buttoned if possible. Pulls sheet out from under shirt.					

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
16. END BLOCK <ul style="list-style-type: none"> • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” • Places call light in client’s hand, verbalize: “Here is your call light.” • Privacy is opened. • “Wash hands” • “Skill complete.” 					

Peer Signature: _____

Instructor Signature: _____

Skill 10 Feeds Client Who Cannot Feed Self

Student Name: _____

Steps <i>Position the resident, Position the tray, Position yourself.</i>	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
1. BEGINNING BLOCK <ul style="list-style-type: none"> • Knock • Introduce and Explain “Hello Miss Jones, my name is _____ and I am going to assist you with your meal.” Speaks clearly, slowly, directly, maintaining face-to-face contact as possible. • “Wash Hands” • Privacy is provided. • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” 					
2. Setup overbed table with tray and chair.					
3. Before feeding client, raised head of the bed to 90°, so that client is in an upright sitting position.					
4. Before feeding, looks at (and touches) name card, “Would you please state your name?”					
5. Moves overbed table with tray in front of client.					
6. Positions chair next to the bed facing the client.					
7. Before feeding, cleans client’s hands with handwipes or wet washcloth.					
8. Verbalize: “I see you have a bite of [xxxxx] and [xxxx] and some [water]. What would you like to eat first?” [Only state names of food that is actually on the plate/tray. Do not make up food names.]					
9. Using spoon, offers first bite of food on tray, telling client content of spoonful. Asks, “Are you READY for a bite of [xxxx]? Here is a bite of [xxxx].”					

Steps <i>Position the resident, Position the tray, Position yourself.</i>	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
10. Using spoon, offers second bite of food on tray, telling client content of spoonful. Asks, “Are you READY for a bite of [xxxx]? Here is a bite of [xxxx].”					
11. Offers beverage at least once, “Are you READY for a sip? Here is a sip of [water].” Must hold the cup to client’s mouth.					
12. After feeding, wipes client’s mouth and hands with handwipes or wet wash cloth.					
13. Leaves client in an upright sitting position (90°).					
14. Places tray with contents in dirty supply area (do not remove anything from tray).					
17. END BLOCK <ul style="list-style-type: none"> • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” • Places call light in client’s hand, verbalize: “Here is your call light.” • Privacy is opened. • “Wash hands” • “Skill complete.” 					

Peer Signature: _____

Instructor Signature: _____

Skill 11 Gives Modified Bed Bath (Face, One Arm, Hand, and Underarm)

Student Name: _____

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
1. BEGINNING BLOCK <ul style="list-style-type: none"> • Knock • Introduce and Explain “Hello Miss Jones, my name is _____ and I am going give you a bed bath.” Speaks clearly, slowly, directly, maintaining face-to-face contact as possible. • “Wash Hands” • Privacy is provided. • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” 					
SET UP: gathers and places supplies at bedside. <ul style="list-style-type: none"> • Basin • Washcloths (3) • Bath towels (2)- use one as barrier • Gown • Soap • Gloves 					
2. Places barrier bath towel down on overbed table. Places soap and basin with washcloths on barrier towel. Places the gown across client’s lap and the bath towel by the shoulder and face.					
3. Using sheet keeps client covered. Removes gown from LEFT arm first. Directs client, “Please hold the sheet up to your neck with your left hand.” Removes gown from RIGHT arm and immediately puts into dirty linen container.					
4. Fill basin with "warm" water. At bedside, before washing, checks water temp and directs client, “Please check the comfort of this water.”					
5. Puts on clean gloves before washing client. Places towel on client’s chest.					

<p>6. Beginning with eyes, washes eyes from inner aspect to outer using wet washcloth (no soap), with one thorough stroke for each eye, using a new area of washcloth for each eye. Then washes left, right and middle sections of face, using a new area of the washcloth each time.</p>					
<p>7. Dries face with towel from chest.</p>					
<p>8. Exposes one arm and places chest towel underneath arm.</p>					
<p>9. Applies soap to wet washcloth.</p>					
<p>10. Keeping the rest of client’s body covered washes hand including each finger and thumb, going over the fingernails/fingertips. Washes arm and underarm. Underarm (armpit) is washed last.</p>					
<p>11. Rinses arm, hand, and underarm (armpit). Dries arm, hand, and underarm (armpit) with towel. [Moves body gently, naturally, avoiding force and over-extension of limbs, joints.]</p>					
<p>12. Puts clean gown on client: right arm first, then left.</p>					
CLEAN UP					
<p>13. Empties basin into toilet. Rinses basin and pours rinse into toilet. Dries basin. Places basin in dirty supply area.</p>					
<p>14. Disposes of linen into dirty linen container. [Avoids contact between clothing and used linens.]</p>					
<p>14. Removes gloves:</p> <ul style="list-style-type: none"> • With one gloved hand, grasps palm of other glove and removes it. • Slips 2 ungloved fingers underneath cuff of remaining glove, removes glove turning it inside out as it is removed. • Immediately disposes of gloves (without contaminating self) into trash. • Verbalize: “Wash hands” 					

<p>15. END BLOCK</p> <ul style="list-style-type: none"> • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” • Places call light in client’s hand, verbalize: “Here is your call light.” • Privacy is opened. • “Wash hands” • “Skill complete.” 					
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Peer Signature: _____

Instructor Signature: _____

Skill 12 Measures and Records Blood Pressure

Student Name: _____

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
1. BEGINNING BLOCK <ul style="list-style-type: none"> • Knock • Introduce and Explain “Hello Miss Jones, my name is _____ and I am going to take your blood pressure.” Speaks clearly, slowly, directly, maintaining face-to-face contact as possible. • “Wash Hands” • Privacy is provided. • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” 					
2. Before using stethoscope, wipes bell/diaphragm and earpieces of stethoscope with alcohol prep pads (3) or wipe.					
3. Exposes upper arm and positions with palm up, hyperextended. Places pillow under upper arm if needed.					
4. Feels for brachial artery on inner aspect of arm, at bend of elbow.					
5. Places blood pressure cuff snugly on client’s upper arm, with sensor arrow pointing to brachial artery site.					
6. Places earpieces of stethoscope in ears, taps bell to check for sound (adjust as needed) and places bell/diaphragm over brachial artery site.					
7. Inflates cuff to 170 mm Hg (160-180 ok). If beat is heard immediately upon deflation, deflates cuff completely. Re-inflates to no more than 200 mm Hg .					
8. Deflates cuff slowly, notes first sound (systolic), last sound (diastolic). If rounding needed, rounds UP to nearest 2 mm Hg.					
9. Removes cuff.					
10. Verbalize: “Wash hands” before recording.					

<p>11. DOCUMENT: After using BP cuff and stethoscope, records systolic and diastolic pressures each within +/- 8 mm of evaluator's results.</p> <p>[document on RECORDING SHEET FOR MEASUREMENT SKILLS]</p>					
<p>12. END BLOCK</p> <ul style="list-style-type: none"> • Places one hand on mattress, one hand on footboard, pushes and confirms, "Bed is low and locked." • Places call light in client's hand, verbalize: "Here is your call light." • Privacy is opened. • "Wash hands" • "Skill complete." 					

Peer Signature: _____

Instructor Signature: _____

Skill 13 Measures and Records Urinary Output

Student Name: _____

Steps (No Beginning or End Blocks)	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
1. Puts on clean gloves before handling bedpan.					
2. Pours contents of the bedpan into measuring container without spilling or splashing urine outside of container.					
3. Rinses bedpan and pours rinse into toilet.					
4. Places container on flat surface. Measures urine at eye level.					
5. After measuring urine, empties urine into toilet. Does not splash urine outside of toilet.					
6. Rinses measuring container and pours rinse into toilet without splashing.					
7. Removes gloves: <ul style="list-style-type: none"> • With one gloved hand, grasps palm of other glove and removes it. • Slips 2 ungloved fingers underneath cuff of remaining glove, removes glove turning it inside out as it is removed. • Immediately disposes of gloves (without contaminating self) into trash. • Verbalize: "Wash hands" 					
8. DOCUMENT Records urine amount within +/- 25 ml/cc of evaluator's results [document on RECORDING SHEET FOR MEASUREMENT SKILLS]					
9. Verbalize: "Wash hands, skill complete."					

Peer Signature: _____

Instructor Signature: _____

Skill 14 Measures and Records Weight of Ambulatory Client

Student Name: _____

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
1. BEGINNING BLOCK <ul style="list-style-type: none"> • Knock • Introduce and Explain “Hello Miss Jones, my name is _____ and I am going to assist you to the scale and weigh you.” Speaks clearly, slowly, directly, maintaining face-to-face contact as possible. • “Wash Hands” • Privacy is provided. • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” 					
2. Places client’s shoes within reach and directs client, “Please put on your shoes.” Before assisting to side of bed or standing.					
3. “On the count of three I’m going to assist you to the side of the bed.” Pulls sheet down. Places one hand on shoulder, one hand on leg. “One. Two. Three.” Assists to sitting keeping hand on shoulder until feet flat on floor.					
4. Assists client to stand and asks client to walk to the scale.					
5. Walks with client, verbalize: “Stop” before client steps onto scale. Moves large and small weights to far left (zero). Zeros scale.					
6. Places one hand on client’s back and assists client onto scale.					
7. Moves lower large weight to right, one notch at a time, until bar drops. Moves back to left one notch, making sure weight settles into notch.					
8. Moves upper small weight to right, until bar balances. Determines weight by adding values of both weights.					
9. Standing next to scale assists client off scale with hand on client’s back. Leaves weights in place.					

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
10. Walks client back to bed and instructs client, "Please remove your shoes and lie down under the sheet."					
11. Verbalize (before recording): "Wash hands".					
11. DOCUMENT: Records weight within +/- 2 lbs. of evaluator's results. (If scale is in kg units, records within +/- 0.9 kg) [document on RECORDING SHEET FOR MEASUREMENT SKILLS]					
12. END BLOCK <ul style="list-style-type: none"> • Places one hand on mattress, one hand on footboard, pushes and confirms, "Bed is low and locked." • Places call light in client's hand, verbalize: "Here is your call light." • Privacy is opened. • "Wash hands" • "Skill complete." 					

Peer Signature: _____

Instructor Signature: _____

Skill 15 Performs Modified Passive Range of Motion (PROM) for One Knee and One Ankle

Student Name: _____

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
<p>1. BEGINNING BLOCK</p> <ul style="list-style-type: none"> • Knock • Introduce and Explain “Hello Miss Jones, my name is _____ and I am going to do range of motion exercises for your knee and ankle.” Speaks clearly, slowly, directly, maintaining face-to-face contact as possible. • “Wash Hands” • Privacy is provided. • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” 					
<p>2. Verbalize: “Please tell me immediately if you experience any pain during this exercise and I will stop.”</p>					
<p>3. Supports leg at knee and ankle, by placing hands UNDERNEATH knee and ankle, while exercising knee.</p>					
<p>4. Bends the knee and returns leg to normal position (extension/flexion) 3 times unless pain is verbalized.</p>					
<p>5. Supports foot and ankle close to bed, by placing hands UNDERNEATH foot and ankle, while exercising ankle.</p>					
<p>6. Pushes foot toward head (dorsiflexion), and pushes foot down, toes point down (plantar flexion) 3 times unless pain is verbalized, while supporting UNDERNEATH foot and ankle, close to bed.</p>					
<p>7. While supporting the limb, moves joints gently, slowly, smoothly through the range of motion, stopping immediately if client verbalizes pain.</p>					

<p>8. END BLOCK</p> <ul style="list-style-type: none"> • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” • Places call light in client’s hand, verbalize: “Here is your call light.” • Privacy is opened. • “Wash hands” • “Skill complete.” 					
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Peer Signature: _____

Instructor Signature: _____

Skill 16 Performs Modified Passive Range of Motion (PROM) for One Shoulder

Student Name: _____

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
<p>1. BEGINNING BLOCK</p> <ul style="list-style-type: none"> • Knock • Introduce and Explain “Hello Miss Jones, my name is _____ and I am going to do range of motion exercises for your shoulder.” Speaks clearly, slowly, directly, maintaining face-to-face contact as possible. • “Wash Hands” • Privacy is provided. • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” 					
<p>2. Verbalize: “Please tell me immediately if you experience any pain during this exercise and I will stop.”</p>					
<p>3. Supports client’s upper and lower arm, by placing hands UNDERNEATH upper arm (elbow) and lower arm (wrist, staying away from the hand), throughout performing range of motion for the shoulder.</p>					
<p>4. Raises client’s straightened arm from side position upward toward head to ear level and returns arm down to side of body (flexion/extension), 3 times, stopping immediately if pain is verbalized. Supporting the limb, underneath upper and lower arm, moves joint gently, slowly, smoothly through the range of motion.</p>					
<p>5. Moves client’s straightened arm away from side position to shoulder level and returns to side of body (abduction/adduction), 3 times, stopping immediately if pain is verbalized. Supporting the limb, underneath upper and lower arm, moves joint gently, slowly, smoothly through the range of motion. Does not extend above shoulder.</p>					

<p>6. END BLOCK</p> <ul style="list-style-type: none"> • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” • Places call light in client’s hand, verbalize: “Here is your call light.” • Privacy is opened. • “Wash hands” • “Skill complete.” 					
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Peer Signature: _____

Instructor Signature: _____

Skill 17 Positions on Side

Student Name: _____

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
1. BEGINNING BLOCK <ul style="list-style-type: none"> • Knock • Introduce and Explain “Hello Miss Jones, my name is _____ and I am going to position you on your side.” Speaks clearly, slowly, directly, maintaining face-to-face contact as possible. • “Wash Hands” • Privacy is provided. • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” 					
2. Lowers head of bed before turning client.					
3. Raises side rail on side to which body will be turned.					
4. Tells clients, “On the count of three I am going to roll you to your side and I want you to grab the rail with your top arm”. Then slowly rolls client onto side as one unit (logroll) toward raised side rail.					
5. Places pillow behind client’s back.					
6. Places pillow between legs with top knee flexed; knee and ankle supported.					
7. Positions client so client is not lying on arm. Must touch the arm and/or shoulder to assure client is not lying on arm or shoulder.					
8. Supports top arm, wrist and elbow with pillow.					
9. Turns over pillow under head, positions pillow to support head.					

<p>10. END BLOCK</p> <ul style="list-style-type: none"> • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” • Places call light in client’s hand, verbalize: “Here is your call light.” • Privacy is opened. • “Wash hands” • “Skill complete.” 					
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Peer Signature: _____

Instructor Signature: _____

Skill 18 Provides Catheter Care for Female

Student Name: _____

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
1. BEGINNING BLOCK <ul style="list-style-type: none"> • Knock • Introduce and Explain “Hello Miss Jones, my name is _____ and I am going to provide you catheter care.” Speaks clearly, slowly, directly, maintaining face-to-face contact as possible. • Privacy is provided. • “Wash Hands” • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” 					
SET UP: gathers and places supplies at bedside and puts “warm” water in basin. <ul style="list-style-type: none"> • Basin • Washcloths (2) • Hand towel (1) • Bath towels (2)- one to be used as barrier • Soap • Gloves 					
2. Places one bath towel on overbed table as a barrier. Places soap, washcloths, hand towel, bath towel, basin, and gloves on barrier towel. Fills basin with water.					
3. At bedside, before washing, checks water temp and directs client, “Please check the comfort of this water.”					
4. Puts on clean gloves before washing.					
5. Places towel (as a linen protector) between legs underneath perineal area before washing. Assures that barrier is under buttocks.					
6. Exposes area surrounding catheter (pubic bone to mid-thigh) while avoiding overexposure of client.					
7. Wets washcloth and applies soap to washcloth.					

<p>8. While holding catheter as close to meatus as possible, without tugging, cleans at least 4 inches of catheter from meatus, moving only away from body. If more strokes needed, uses clean area of cloth for each stroke.</p>					
<p>9. While holding catheter as close to meatus as possible, without tugging, rinses at least 4 inches of catheter from meatus, moving only away from body. If more strokes needed, uses clean area of cloth for each stroke.</p>					
<p>10. While holding catheter as close to meatus as possible, without tugging, using a hand towel, dries at least four inches of catheter, moving only away from body. If more strokes needed, uses clean area of towel for each stroke.</p>					
CLEAN UP					
<p>11. Empties basin into toilet. Rinses basin and pours rinse into toilet. Dries basin.</p>					
<p>12. Places basin in designated dirty supply area.</p>					
<p>13. Disposes of used linen into dirty linen container and disposes of linen protector appropriately. [Avoids contact between clothing and used linens.]</p>					
<p>14. Removes gloves:</p> <ul style="list-style-type: none"> • With one gloved hand, grasps palm of other glove and removes it. • Slips 2 ungloved fingers underneath cuff of remaining glove, removes glove turning it inside out as it is removed. • Immediately disposes of gloves (without contaminating self) into trash. • Verbalize: “Wash hands” 					

<p>15. END BLOCK</p> <ul style="list-style-type: none"> • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” • Places call light in client’s hand, verbalize: “Here is your call light.” • Privacy is opened. • “Wash hands” • “Skill complete.” 					
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Peer Signature: _____

Instructor Signature: _____

Skill 19 Provides Foot Care on One Foot

Student Name: _____

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
1. BEGINNING BLOCK <ul style="list-style-type: none"> • Knock • Introduce and Explain “Hello Miss Jones, my name is _____ and I am going to provide your foot care.” Speaks clearly, slowly, directly, maintaining face-to-face contact as possible • “Wash Hands” • Privacy is provided. • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” 					
SET UP: gathers and places supplies at bedside and puts “warm” water in basin. <ul style="list-style-type: none"> • Basin • Washcloth(s) • Bath towels (2) • Soap • Lotion • Gloves 					
2. Places barrier towel down on overbed table and places soap, lotion, basin, towel and washcloth on table.					
3. At bedside, before washing, checks water temp and directs client, “Please check the comfort of this water.”					
4. Puts on clean gloves before washing foot.					
5. Places towel down on bed, places basin on towel.					
6. Lifts client’s bare foot into the water – If necessary raise the head of bed slightly for client comfort.					
7. Applies soap to wet washcloth.					
8. Lifts foot from water, washes foot and with a single layer of washcloth. Cleans between toes. Keeps foot, ankle supported. Disposes of washcloth.					
9. Puts foot back into water and rinses foot using gloved hands including rinsing between toes.					

<p>10. Lifts foot from water and places on towel. Removes basin and puts on overbed table barrier. Dries foot with towel, using single layer of towel. Drapes towel over toes to dry between toes. Keeps foot, ankle supported.</p>					
<p>11. Applies small amount lotion to top & sole of foot (not between toes). Removes excess with towel. Keeps foot, ankle supported.</p> <p>[Lotion is used only if performed on a person and not a manikin.]</p>					
<p>12. Verbalize: “Please put your sock back on, replace your pant leg and lie down under the sheet.”</p>					
CLEAN UP					
<p>13. Empties basin into toilet. Rinses basin and pours rinse into toilet. Dries basin.</p>					
<p>14. After rinsing and drying basin, places basin in dirty supply area.</p>					
<p>15. Disposes of used linen, including towel barrier, into dirty linen container.</p> <p>[Avoids contact between clothing and used linens.]</p>					
<p>16. Removes gloves:</p> <ul style="list-style-type: none"> • With one gloved hand, grasps palm of other glove and removes it. • Slips 2 ungloved fingers underneath cuff of remaining glove, removes glove turning it inside out as it is removed. • Immediately disposes of gloves (without contaminating self) into trash. • Verbalize: “Wash hands” 					
<p>17. END BLOCK</p> <ul style="list-style-type: none"> • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” • Places call light in client’s hand, verbalize: “Here is your call light.” • Privacy is opened. • “Wash hands” • “Skill complete.” 					

Peer Signature: _____

Instructor Signature: _____

Skill 20 Provides Mouth Care

Student Name: _____

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
1. BEGINNING BLOCK <ul style="list-style-type: none"> • Knock • Introduce and Explain “Hello Miss Jones, my name is _____ and I am going to provide you with mouth care.” Speaks clearly, slowly, directly, maintaining face-to-face contact as possible. • “Wash Hands” • Privacy is provided. • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” 					
SET UP: gathers and places supplies at bedside. <ul style="list-style-type: none"> • Emesis basin • Cup • Bath towels (2) • Toothpaste • Toothbrush • Gloves 					
2. Places barrier towel on overbed table and places filled cup, emesis basin with toothbrush and toothpaste inside, and gloves on towel.					
3. Assists client to an upright sitting position (75°-90°) in a chair or bed.					
4. Puts on clean gloves.					
5. Places clothing protector (bath towel) across chest.					
6. Gets a cup of water and moistens toothbrush by dipping in cup of water.					
7. Applies toothpaste to moistened toothbrush.					
8. Cleans all sides of the teeth (cheek, top and tongue side) using gentle motions. “Please stick out your tongue.” Cleans tongue using a combing motion.					
9. Maintains clean technique with placement of toothbrush. May set down on barrier towel on overbed table.					
10. Holds emesis basin to chin while client rinses mouth.					

11. Wipes client’s mouth with clothing protector (towel) from chest and removes when finished.					
12. Assists client to lie down under the sheet.					
CLEAN UP					
13. Puts a paper towel down next to sink and places emesis basin (still containing spit!) onto paper towel and rinses toothbrush FIRST. [Toothbrush must be rinsed before rinsing basin.]					
14. After rinsing toothbrush places toothbrush down on paper towel barrier and empties emesis basin into toilet. Rinses emesis basin and pours rinse into toilet. Dries emesis basin.					
15. Places used toothbrush and toothpaste into emesis basin and places emesis basin in the designated area.					
16. Disposes of used linen in dirty linen container and paper towels into trash can. [Avoids contact between clothing and used linens.]					
17. Removes gloves: <ul style="list-style-type: none"> • With one gloved hand, grasps palm of other glove and removes it. • Slips 2 ungloved fingers underneath cuff of remaining glove, removes glove turning it inside out as it is removed. • Immediately disposes of gloves (without contaminating self) into trash. • Verbalize: “Wash hands” 					
18. END BLOCK <ul style="list-style-type: none"> • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” • Places call light in client’s hand, verbalize: “Here is your call light.” • Privacy is opened. • “Wash hands” • “Skill complete.” 					

Peer Signature: _____

Instructor Signature: _____

Skill 21 Provides Perineal Care (Peri-Care) for Female

Student Name: _____

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
1. BEGINNING BLOCK <ul style="list-style-type: none"> • Knock • Introduce and Explain “Hello Miss Jones, my name is _____ and I am going to provide you perineal care.” Speaks clearly, slowly, directly, maintaining face-to-face contact as possible. • “Wash Hands” • Privacy is provided. • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” 					
SET UP: gathers and places supplies at bedside and puts “warm” water in basin. <ul style="list-style-type: none"> • Basin • Washcloths (4) • Hand towels (2) • Bath towels (2)- use one as barrier • Soap • Gloves 					
2. Places barrier towel on overbed table and places soap, basin, bath towel and washcloths on table.					
3. At bedside, before washing, checks water temp and directs client, “Please check the comfort of this water.”					
4. Puts on clean gloves before washing perineal area.					
5. Exposes perineal area while avoiding overexposure of client: from pubic bone to mid-thigh.					
6. Places towel underneath perineal area before washing. Assures that barrier is under buttocks.					
7. Applies soap to wet washcloth.					

<p>8. Washes genital area, moving from front to back, in one thorough stroke (if all areas of the genital area covered). If additional strokes needed, uses clean area of washcloth for each stroke.</p>					
<p>9. Using a new washcloth, rinses genital area, moving from front to back, in one thorough stroke (if all areas of the genital area covered). If additional strokes needed, uses clean area of washcloth for each stroke.</p>					
<p>10. Dries genital area moving from front to back in one thorough stroke (if all areas of the genital area covered) with towel. If additional strokes needed, uses clean area of towel for each stroke.</p>					
<p>11. After washing genital area, turns to side, washes rectal area, moving from front to back, in one thorough stroke (if all areas of the genital area covered). If additional strokes needed, uses clean area of washcloth for each stroke.</p>					
<p>12. Rinses rectal area moving from front to back in one thorough stroke (if all areas of the genital area covered). If additional strokes needed, uses clean area of washcloth for each stroke. Dries with towel moving from front to back, in one thorough stroke. If additional strokes needed, uses clean area of towel for each stroke.</p>					
<p>13. Repositions client.</p>					
<p>CLEAN UP</p>					
<p>14. Empties basin into toilet. Rinses basin and pours rinse into toilet. Dries basin and places in dirty supply area.</p>					
<p>15. Disposes of used linen, including linen protector towel, into dirty linen container. [Avoids contact between clothing and used linens.]</p>					

<p>16. Removes gloves:</p> <ul style="list-style-type: none"> • With one gloved hand, grasps palm of other glove and removes it. • Slips 2 ungloved fingers underneath cuff of remaining glove, removes glove turning it inside out as it is removed. • Immediately disposes of gloves (without contaminating self) into trash. • Verbalize: “Wash hands” 					
<p>17. END BLOCK</p> <ul style="list-style-type: none"> • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” • Places call light in client’s hand, verbalize: “Here is your call light.” • Privacy is opened. • “Wash hands” • “Skill complete.” 					

Peer Signature: _____

Instructor Signature: _____

Skill 22 Transfers from Bed to Wheelchair Using Transfer Belt

Student Name: _____

Steps	Peer Evaluation		Instructor Evaluation		Comments
	Yes	No	Yes	No	
1. BEGINNING BLOCK <ul style="list-style-type: none"> • Knock • Introduce and Explain “Hello Miss Jones, my name is _____ and I am going to assist you to transfer from your bed to your wheelchair.” Speaks clearly, slowly, directly, maintaining face-to-face contact as possible. • “Wash Hands” • Privacy is provided. • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” 					
2. Positions wheelchair parallel to and close beside bed, at head of bed, facing foot of bed.					
3. Folds up or removes wheelchair footrests.					
4. Locks both wheelchair wheels.					
5. Places client’s shoes within reach and directs client, “Please put on your shoes.”					
6. Verbalize: “On the count of three I’m going to assist you to the side of the bed.” Pulls sheet down. Places one hand on shoulder, one hand on leg. “One. Two. Three.” Assists to sitting keeping hand on shoulder until feet flat on floor.					
6. Touching feet verbalize: “Feet are flat on the floor.”					
7. Applies transfer belt securely at waist over clothing. Assures wheelchair is close enough to allow for pivot transfer.					
8. Verbalize: “On the count of three I will help you stand. Please put your hands on the bed to help push off.”					

<p>9. Stands facing client and assists client to stand by grasping transfer belt on both sides with upward grasps (hands in upward positions), using toe to toe, knee to knee or one client knees trapped between candidate’s knees, to keep client’s legs stable.</p>					
<p>10. Pivot client to stand in front of wheelchair. Verbalize “Let me know when your legs touch the wheelchair.”</p>					
<p>11. Verbalize as client is slowly lowered to wheelchair: “Please reach back with your hands and grasp the arms of wheelchair.”</p>					
<p>12. Moves hands to client’s back to make sure hips are touching back of wheelchair. Verbalize “Oh good, your hips are touching the back.” Removes transfer belt.</p>					
<p>13. Positions feet on wheelchair footrests.</p>					
<p>14. END BLOCK</p> <ul style="list-style-type: none"> • Places one hand on mattress, one hand on footboard, pushes and confirms, “Bed is low and locked.” • Unlock wheelchair brakes. • Places call light in client’s hand, verbalize: “Here is your call light.” • Privacy is opened. • “Wash hands” • “Skill complete.” 					

Peer Signature: _____

Instructor Signature: _____

LAB SKILLS EVALUATION

Students are required to demonstrate satisfactory performance of all nursing assistant skills in the lab setting and receive a “Pass” on the Lab Skills Evaluation prior to performance of these skills on clients in the clinical setting. Satisfactory performance is defined as **Meeting** or **Exceeding Expectations** on all skills. Students who **Do Not Meet Expectations** on one or more skills will receive a “No Pass” and if unsuccessful after remediation and reevaluation will not be allowed to attend clinical.

Student Name: _____

Rubric:

Exceeds Expectations	Meets Expectations	Does Not Meet Expectations
Student performs skill safely and with confidence every time, all critical steps are performed, steps are always in correct order, no mistakes need to be corrected, completes skill successfully in less time than required.	Student performs skill safely, all critical steps are performed, steps are mostly in correct order, corrects mistakes in acceptable manner, completes skill successfully within time limit.	Student is unable to perform skill safely, critical steps are missed, steps are not in order or steps are missing, mistakes are not recognized and corrected, time to complete skill exceeds time limit.

Skill	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Date	Instructor Initials
1. Hand Hygiene (Hand Washing)					
2. Applies One Knee-High Elastic Stocking					
3. Assists to Ambulate Using Transfer Belt					
4. Assists with Use of the Bedpan					
5. Cleans Upper and Lower Denture					
6. Counts and Records Radial Pulse					
7. Counts and Records Respirations					
8. Donning and Removing PPE (Gown & Gloves)					
9. Dresses Client with Affected Right (weak) Arm					
10. Feeds Client Who Cannot Feed Self					
11. Gives Modified Bed bath					

Skill	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Date	Instructor Initials
12. Measures and Records Blood Pressure					
13. Measures and Records Urinary Output					
14. Measures and Records Weight of Ambulatory Client					
15. Performs Passive Range of Motion (PROM) for One Knee and One Ankle					
16. Performs Passive Range of Motion (PROM) for One Shoulder					
17. Positions on Side					
18. Provides Catheter Care for Female					
19. Provides Foot Care on One Foot					
20. Provides Mouth Care					
21. Provides Perineal (Peri-Care) for Female					
22. Transfers From Bed to Wheelchair Using Transfer Belt					

PASS NO PASS

If remediation and reevaluation required indicate below:

Remediation completed: ___Yes ___No Comments:		
Retake 1 list skills to be reevaluated below:		
Date:	PASS	NO PASS
Retake 2 list skills to be reevaluated below:		
Date:	PASS	NO PASS

Instructor Name(s): _____

Instructor Signature(s): _____

Date: _____

CLINICAL EVALUATION

Student Name: _____

Successful completion of the NA102 clinical course is defined as **Exceeds Expectations** or **Meets Expectations** in all course competencies. Receiving a **Does Not Meet Expectations** in one or more course competency may result in a grade of No Pass.

Rubric:

Exceeds Expectations (E)	Meets Expectations (M)	Does Not Meet Expectations (D)
Student performance reflects successful attainment of knowledge, skills and attitudes required of an entry level nursing assistant. Provides safe client care. Needs minimal supervision. Self-directed and seeks out learning opportunities.	Student performance reflects progress towards successful attainment of knowledge, skills and attitudes required of an entry level nursing assistant. Provides safe client care. Needs limited supervision. Occasional physical & verbal direction.	Student performance does not meet minimum standards of knowledge, skills and attitudes required of an entry level nursing assistant. Unsafe client care observed. Requires close supervision. Continuous physical &/or verbal direction.

COURSE COMPETENCY	E	M	D
INTERPERSONAL RELATIONSHIPS			
Identifies responsibilities and role as Nursing Assistant.			
Demonstrates acceptable work relationships.			
Identifies members of the health team.			
Demonstrates a positive attitude toward the nursing assistant role, co-workers, supervisors, and residents.			
WORK ETHICS			
Punctual on duty and breaks.			
Informs staff if late or absent.			
Exhibits good personal hygiene and appearance.			
Open to learning new techniques, and acts upon suggestions for improvement.			
SAFETY			
Functions safely and legally as a member of the health team.			
Develops skill in using body mechanics and in use of gait belt.			
Assists in providing a clean, safe, pleasant environment for the residents.			

COURSE COMPETENCY	E	M	D
Demonstrates skill in practicing basic principles and techniques in the prevention and control of infection, i.e., hand washing and use of gloves.			
HUMAN NEEDS			
Applies knowledge of basic needs in providing resident care.			
Applies knowledge of the aging and dying process in providing resident care.			
Assists in providing for the resident’s emotional, social, physical, spiritual, recreational, and sexual needs, including modifications for the mentally and physically disabled person.			
Applies understanding of client’s rights and responsibilities.			
COMMUNICATION			
Demonstrates ability to communicate appropriately with the residents and staff verbally, non-verbally and in writing.			
Demonstrates empathy for residents.			
Utilizes appropriate medical terminology and abbreviations orally and in writing in the health care setting.			
Demonstrates skills in observation and reporting.			

FINAL CLINICAL EVALUATION: PASS NO PASS

Comments:

Clinical Instructor Signature

Date

MOCK SKILLS EVALUATION

Students are required to demonstrate satisfactory performance of nursing assistant skills in a “mock testing” setting and receive a “Pass” on the Mock Skills Evaluation prior to completion of the program. Each student will perform five (5) skills in 30 minutes or less in accordance with the NNAAP standards. Satisfactory performance is defined as **Meeting or Exceeding Expectations**. Students who **Do Not Meet Expectations** on one or more skills will receive a “No Pass” and if unsuccessful after remediation and reevaluation will not complete the program.

Student Name: _____

Rubric:

Exceeds Expectations	Meets Expectations	Does Not Meet Expectations
Student performs skill safely and with confidence every time, all critical steps are performed, steps are always in correct order, no mistakes need to be corrected, completes skill successfully in less time than required.	Student performs skill safely, all critical steps are performed, steps are mostly in correct order, corrects mistakes in acceptable manner, completes skill successfully within time limit.	Student is unable to perform skill safely, critical steps are missed, steps are not in order or steps are missing, mistakes are not recognized and corrected, time to complete skill exceeds time limit.

Skill	Exceeds Expectations	Meets Expectations	Does Not Meet Expectations	Date	Instructor Initials
Washes Hands					
Measurement skill:					

PASS NO PASS

If remediation and reevaluation required indicate below:

Remediation completed: ___Yes ___No Comments:		
Retake 1 list skills to be reevaluated below:		
Date:	PASS	NO PASS
Retake 2 list skills to be reevaluated below:		
Date:	PASS	NO PASS

Instructor Name: _____

Instructor Signature: _____

Date: _____

CONTRACTS & AGREEMENTS



MEDICAL POLICY STATEMENT OF AGREEMENT

I am aware that during clinical lab experience in which I am participating user the arrangements of Bellingham Technical College certain dangers may occur, including, *but not limited to*, the following:

Abrasions and cuts, back strain, infectious conditions (e.g. Hepatitis, HIV, and TB), allergic reactions, complications of pregnancy, physical violence by clients.

In consideration of and as part payment for the right to participate in this clinical laboratory experience and the other services of Bellingham Technical College, I have and do hereby assume all the risks involved and will hold the Bellingham Technical College, it's employees, agents, and assigns, harmless from any and all liability actions, causes of action, debts, claims, and demands of every kind and nature whatsoever that may arise from or in connection with participation in any activities arranged for me by Bellingham Technical College. The terms thereof shall serve as a release and assumption of risk for the heirs, executors, administrators, and members of my family, including minors.

By my signature on this document, I acknowledge that I have been informed and further that I understand that I should have either personal health insurance prior to enrolling in this program or that I should enroll in student health insurance. I understand I do not qualify for Worker's Compensation if I am injured while at clinical. My preference is shown by the choices below.

Personal Health Insurance

Student Health Insurance

Date

Print Name

Signature

Original: Student File

Copy: Student



AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL MEDICAL AND CRIMINAL RECORDS

I, the undersigned authorize Bellingham Technical College (BTC) to release the results of my TB screening test to organizations having clinical affiliation with BTC as a requirement to my being able to participate in the clinical education program.

I further authorize BTC to release my criminal history/background check results to the organization having clinical affiliation with BTC as a requirement to my being able to participate in the clinical education program.

I understand and agree that these results will be used to evaluate my eligibility to participate in the clinical education program, and that positive or dilute urinalysis results and/or certain convictions may disqualify me from being able to participate in the clinical education program, and may also affect my ability to pursue a career in my chosen field.

This authorization will be valid as long as I remain enrolled as a student at BTC.

Date

Print Name

Signature

Original: Student File

Copy: Student



CONFIDENTIALITY AGREEMENT

The Nursing Assistant student has access to information regarding clients in the assigned healthcare facility. The systems employed for confidential communication are verbal, paper, and computer. In order to maintain access to information, it is essential that students obey all rules regarding confidential information. Violations of this policy may include, but are not limited to:

- Discussing privileged client information outside the practicum or classroom setting;
- Accessing information that is not within your scope as a student;
- Misusing, disclosing without proper authorization, or altering patient information;
- Leaving client data in an unsecured area;
- Removing copies of legal documents from the clinical facility.

Furthermore I have received information on HIPPA legislation and identification of the impact in all areas of healthcare including privacy principles and practices.

My signature below acknowledges that I will maintain the client's right to privacy and that failure to comply could be grounds for dismissal from the program in accordance with the Student Code of Conduct.

Date

Print Name

Signature

Original: Student File

Copy: Student



INFORMED CONSENT FOR COURSEWORK REQUIRING HUMAN SUBJECTS

The use of human subjects for educational purposes carries with it the responsibility to protect the rights, well-being, and personal privacy of individuals; to assure a favorable climate for the acquisition of skills and the conduct of academically-oriented inquiry; and to protect the interests of Bellingham Technical College. This course involves classroom or laboratory activities where learning by students requires the use of fellow students as part of training procedures and/or demonstrations.

Course/Programs: *Health Occupations Courses and Programs*

I am aware that in and during the classroom and lab experience, in which I am participating under the arrangement of Bellingham Technical College, certain risks may occur. These risks may include, *but are not limited to*, the following:

- Mild discomfort
- Allergic reactions
- Back strain

Benefits Analysis:

I fully understand that in order to be successful in my field of study, I must practice the required procedures for that area. In doing so, I fully accept responsibility for my actions. I also understand that in using fellow students as “human subjects,” as well as allowing myself to be used in the same manner, I am participating in a learning experience that is an integral part of my course work, in order to show proficiency of necessary skills and to gain an understanding of empathy for future patients undergoing these procedures.

Important:

Proper infection control guidelines and safety measures will be observed during the practice and performance of all procedures. Any questions you may have concerning these procedures can be directed to the course instructor. You are free to withdraw from participation at any time. Students who choose not to participate as a human subject, nor accept an alternative activity, will not be able to complete the coursework successfully.

As a participant in a Bellingham Technical College Health Occupations course or program, I am aware of the possible risks and discomforts, benefits, and appropriate alternative incident to my voluntary participation. I agree to abide by the policies and procedures of **Bellingham Technical College** and the instructor of the course as it relates to my participation in this course/program. I have made the instructor aware of any pre-existing condition (e.g., seizure disorder, diabetes, hemophilia, physical limitations, etc.) that may put myself or others at risk through my participation. I further agree that I have read and understood the terms of the agreement, and that I sign the agreement as of my own free act.

Print Name

Signature

Date

Original: Student File

Copy: Student

RELEASE OF RECORDS FOR REFERENCE OR RECOMMENDATION



STUDENT RELEASE OF RECORDS FOR REFERENCE OR RECOMMENDATION

(Family Educational Rights and Privacy Act of 1974)

TO BE FILLED OUT BY THE STUDENT ONLY

I, _____ hereby authorize Bellingham Technical College to release my educational record to prospective employers.

(PLEASE PRINT FULL NAME)

This release allows the following individual(s) to provide any and all information which pertains to my performance at Bellingham Technical College unless otherwise stated below.

PLEASE PRINT FULL NAME

BTC Instructor/Staff _____

I understand that this release of information remains in effect until I revoke my consent in writing.

Signature of Student _____

Date _____

SID # _____

Copy: Instructor (keep on file)

Copy: Student (optional)

h:Verpa 2 intranet release 4/17/12



CLASSROOM RECORDING AGREEMENT

The creation of a safe learning environment is important to us at Bellingham Technical College. To help students feel secure in the midst of emerging technology, a policy for electronic recordings is necessary. During your time studying at Bellingham Technical College's Nursing Assistant Program, you will have access to various learning and teaching events and materials which may, in some way, be protected by privacy, copyright and data protection laws. It is essential that you understand that you will need to observe the law when using these resources.

The student must sign the pledge before lectures can be recorded. It is the responsibility of the student to notify faculty that they may be recording the lectures.

SUMMARY OF KEY POINTS

- Student must ask permission of faculty before each occurrence of recording in classroom or lab occurs.
- All students in the class as well as guest speakers will be informed by the instructor that permission was granted for recording to occur.
- Recordings are to be used solely to facilitate student learning.
- No recording may be shared or posted on publicly accessible web environments (Facebook/YouTube/other online groups, etc.), published, sold or used in any way other than for private study purposes.
- Students must destroy recordings at the end of each course.
- Public distribution of such materials may constitute copyright infringement in violation of federal or state law, or College policy.
- Violation of this agreement may subject a student to disciplinary action.
- Students are encouraged to ask faculty or dean for clarification of this policy.

Student Name (print): _____

Student Signature: _____ Date: _____

Original: Student File

Copy: Student



CONTACT INFORMATION

NAME: _____

MAILING ADDRESS: _____

Street Number

City

State

Zip Code

TELEPHONE: _____

EMAIL: _____

The College may use this information to publish a class contact list for use by other nursing assistant students and nursing faculty only.

YES NO

EMERGENCY CONTACT INFORMATION:

Name of emergency contact: _____

Relationship: _____

Phone: _____

Text okay? Yes No

Email: _____

Original: Student File

Copy: Student



STATEMENT OF UNDERSTANDING

I certify that I have read and understand the Bellingham Technical College (BTC) Nursing Assistant Handbook.

I understand that it is my responsibility to comply with all the policies contained within the Bellingham Technical College Nursing Assistant Handbook and any revisions made to it. I understand that my failure to comply with the policies contained within this handbook may result in my dismissal from the BTC Nursing Assistant Program.

I understand that my instructor will provide a detailed syllabus on the first day of class that may include minor updates and/or more detailed information than is provided in the program handbook.

Students accepted to the BTC Nursing Assistant Program are required to sign this statement, any questions should be directed to the Dean of Nursing.

Date

Print Name

Signature

Original: Student File

Copy: Student

NURSING ASSISTANT
PROGRAM WORKBOOK

CHAPTER 1: HEALTHCARE AGENCIES

1. What are the purposes of healthcare?
 -
 -
 -
 -
2. Give an example of a disease prevention strategy:
3. What is the difference between a chronic illness and an acute illness?
4. What is hospice and what kind of illness is it focused on?
5. What is the primary difference between inpatient and outpatient care?
6. Give some examples of inpatient care facilities:
7. Give some examples of outpatient care facilities:
8. Briefly state what each of the following members of the healthcare team do:
 - RN
 - Physician
 - Nurse practitioner
 - PA
 - Pharmacist
 - RT
 - PT
 - OT
 - ST
 - SW / Care Management

9. What are the 6 categories of the social determinants of health?

-
-
-
-
-
-

10. How is healthcare equity different from healthcare equality?

11. Give an example of a situation in which healthcare equality may result in poorer patient outcomes than healthcare equity:

12. Who qualifies for Medicare vs Medicaid?

- **Medicare:**

- **Medicaid:**

13. What is a survey and why are they performed?

14. Who determines the standards that healthcare facilities must meet?

CHAPTER 2: THE PERSON'S RIGHTS

1. Why do long-term care residents have a different set of rights than hospital patients?

2. What document did the American Hospital Association create to outline patient rights and expectations?

3. What information should be provided to patients so that they can make informed decisions?
 -
 -
 -
 -
 -
 -
 -
4. What federal law established resident rights in all 50 states?

5. Define each of the “Resident’s Rights”:
 - **Information:**

 - **Refusing treatment:**

 - **Privacy and confidentiality:**

 - **Personal choices:**

 - **Grievances:**

 - **Work:**

- **Taking part in resident groups:**

- **Personal items:**

- **Freedom from abuse, mistreatment, and neglect:**

- **Freedom from restraint:**

- **Quality of life:**

- **Activities:**

- **Environment:**

6. What is an ombudsman and when should they be contacted?

CHAPTER 3: THE NURSING ASSISTANT

1. Define **Scope of Practice**:

2. Who can delegate to the CNA?

3. List the things CNA's **cannot** do:
 - o **NEVER**

4. What are some tasks that CNA's must be able to do?

5. When deciding which tasks to do first, which kind of situation should you always make your **first priority**?

6. Which governing body issues nursing assistant certifications in WA state?

7. What is the difference between an NAC and an NAR?

8. What is involved in training and certification of NAC's in WA state?

9. The **National Council of State Boards of Nursing (NCSBN)** lists reasons that a nursing assistant may have their certification denied, revoked, or suspended. List them:

- o
- o
- o
- o
- o
- o
- o
- o
- o
- o
- o
- o
- o

10. How many hours of continuing education are required per year?

11. What is one of the **most important** roles a nursing assistant has?

12. When may a nursing assistant refuse to complete a delegated task?

CHAPTER 5: ETHICS AND LAWS

1. Define **ethics**:

2. Define **professionalism**:

3. Give some examples of **professional behaviors**:
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.
 - g.
 - h.
 - i.

4. Define the term **professional boundaries**:

5. How do boundaries help you and the client?
 -
 -
 -
 -
 -

6. Define the following terms:
 - o **Malpractice**:

 - o **Negligence**:

 - o **Fraud**:

 - o **Assault**:

- o **Battery:**

- o **Defamation:**

- o **Libel:**

- o **Slander:**

- o **False Imprisonment:**

- o **Invasion of Privacy:**

7. What is the purpose of **HIPAA**?

8. To avoid HIPPA violations:

- o
- o
- o
- o
- o
- o

9. Provide an example for each of the following:

- o **Physical Abuse:**

- o **Neglect:**

- o **Verbal Abuse:**

- o **Involuntary Seclusion:**

- o **Financial Exploitation or Misappropriation:**

- o **Emotional or Mental Abuse:**

- o **Sexual Abuse:**

- o **Abandonment:**

10. What are some common signs of elder abuse?

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.
- j.
- k.

11. What is a **mandatory reporter**?

12. What is a **vulnerable person**?

CHAPTER 7: COMMUNICATING WITH THE PERSON

13. Define **holism** and how this concept applies to healthcare:
14. According to Abraham Maslow, basic needs must be met for a person to survive and function. Give an example in each of the following:
- o **Physical needs:**

 - o **Safety and security needs:**

 - o **Love and belonging needs:**

 - o **Self-esteem needs:**

 - o **The need for self-actualization:**
15. Define **culture**:
16. What are some cultural and religious practices we may need to accommodate?

17. Why is it important to use an official medical translator rather than a family member or friend when communicating with patients who have difficulty understanding English?

18. Define the following communication methods:

o **Paraphrasing:**

o **Direct Questions:**

o **Open-Ended Questions:**

o **Clarifying:**

o **Focusing:**

o **Silence:**

19. Identify **communication barriers:**

20. Provide example for the following behavior issues:

o **Anger:**

o **Demanding:**

o **Self-centered:**

o **Aggressive:**

o **Withdrawal:**

o **Inappropriate sexual behaviors:**

CHAPTER 8: HEALTH TEAM COMMUNICATION

1. What are some important elements of communication on a healthcare team?
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.
 - g.
2. Describe **closed loop communication** and why it is the best form of communication for healthcare professionals:
3. The Nursing Assistant reports care and observations to the nurse. Report to the nurse at these times:
4. What information should be included in the **End-of-Shift Report**?
5. What are some legal and ethical aspects of charting?
6. Identify some strategies to deal with conflict:
7. Define the difference between the terms **Sign** and **Symptom** and give an example of each.

Sign

Example

Symptom

Example

CHAPTER 9: MEDICAL TERMINOLOGY

1. Describe the difference between prefix, root and suffix. Give several examples of each.

2. Use the table on page 105 to give your best guess at the definition of each term based on the meaning of the prefixes, roots and suffixes:
 - Tachycardia

 - Intercostal

 - Craniotomy

 - Arthroscopy

 - Colectomy

 - Hematuria

 - Apnea

 - Angioplasty

 - Encephalopathy

 - Necrosis

 - Ileostomy

 - Oophorectomy

 - Hepatitis

 - Hyperemesis

 - Cystoscopy

 - Nephropathy

 - Cardiomegaly

 - Pericardium

 - Bradypnea

CHAPTER 10: BODY STRUCTURE AND FUNCTION

1. What are the components of the integumentary system?

2. What is the integumentary system's functions?

3. What are the 3 main components of the musculo-skeletal system?
 -
 -
 -

4. How are voluntary and involuntary muscles different? Give an example of each.

5. What are the 2 main divisions of the nervous system? Which division is the brain a part of?

6. What is the difference between the sympathetic and parasympathetic nervous systems?

7. What anatomical structures/components make up the circulatory system?
 -
 -
 -

8. What is the difference between arteries, veins and capillaries?

9. What is lymph?

10. How does the lymphatic system help protect the body against disease?

11. What is the function of the respiratory system?

12. Describe the path of air through the respiratory tract, naming any relevant anatomical structures:

13. What is the function of the digestive system?

14. Describe the path of food through the digestive system, naming any relevant anatomical structures:

15. Define **peristalsis**:

16. What are the primary functions of the urinary system?
 -
 -
 -
 -

17. What anatomical structures are associated with the urinary system?

18. What is the function of the reproductive system?

19. What anatomical structures are associated with the male reproductive system?

20. What anatomical structures are associated with the female reproductive system?

21. What is the function of the immune system?

22. Give some examples of how the body's immune system fights off diseases:

23. What is the function of the endocrine system?

24. What anatomical structures are associated with the endocrine system and what processes are they involved with?

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CHAPTER 11: GROWTH AND DEVELOPMENT

1. What is the difference between growth and development?

2. When do growth and development begin and end?

3. At what ages do the life stages generally occur:

- Infancy:
- Toddlerhood:
- Preschool:
- School age:
- Late childhood:
- Adolescence:
- Young adulthood:
- Middle adulthood:
- Late adulthood:

4. What milestones happen during the **infancy stage**?

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-
-
-
-

5. What milestones happen during **toddlerhood**?

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-
-
-

6. What milestones happen during **preschool**?

-
-
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-
-
-

7. What milestones happen during **school ages**?

-
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8. What milestones happen during **late childhood**?

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9. What milestones happen during **adolescence**?

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10. What milestones happen during **young adulthood**?

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11. What milestones happen during **middle adulthood**?

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-

12. What milestones happen during **late adulthood**?

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-

7. What might cause an elderly person to need to move into a nursing center?

8. How does the nervous system change with age?

9. How does the integumentary system change with age?

10. How does the musculo-skeletal system change with age?

11. How does the circulatory system change with age?

12. How does the respiratory system change with age?

13. How does the digestive system change with age?

14. How does the urinary system change with age?

15. How does the reproductive system change with age?

CHAPTER 13: SAFETY

1. Identify accident risk factors:

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2. List three ways of identifying a client:

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-

3. Identify causes and risk factors for burns in the elderly:

4. List safety measures to prevent accidental poisoning:

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-
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-
-

5. What information is included in the Material Safety Data Sheets (MSDS)?

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-
-
-
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-
-
-

6. Which of the following information is found in the Material Safety Data Sheets?
(choose all that apply)
- Chemical name and any common names
 - Ingredients in the substance
 - Health hazards including signs and symptoms
 - Protective measures e) Instructions on how to induce vomiting
 - How to clean up a spill or leak
 - Instructions on how to fill out an occurrence/incident report if you are exposed
7. List the common causes of suffocation:
- -
 -
 -
 -
8. Describe the steps of RACE:
- R
A
C
E
9. Describe the steps of PASS:
- P
A
S
S
10. Define the term Elopement:
11. Define the following terms:
- Disaster:
 - Hazard:
 - Incident:
 - Suffocation:
12. What are some common causes of burns?

13. What are some measures you can take to prevent poisonings from occurring in the home setting?

14. What are the most common causes of choking in adults?

15. What are some strategies for caring for aggressive and agitated patients?

8. Restraints should be removed or released every four hours.
 - True
 - False

13. You can apply a restraint whenever you think they are needed.
 - a. True
 - b. False

14. You don't need an order for the use of restraints until it has been 24 hours.
 - a. True
 - b. False

CHAPTER 16: PREVENTING INFECTION

1. Define the following terms:

- o **Infection:**
- o **Pathogen:**
- o **Virus:**
- o **Sterilization:**
- o **Disinfection:**
- o **Spores:**
- o **Germicide:**
- o **Communicable disease:**
- o **Nosocomial:**
- o **Antibodies:**
- o **Microbe:**
- o **Normal flora:**

2. How are microbes spread?

3. What is the difference between clean and sterile?

4. The supplies you will be using a CNA are expected to be **clean/sterile** (circle one)

5. What is the term for an infection that develops in a person while admitted to a healthcare setting?

CHAPTER 17: ISOLATION PRECAUTIONS

1. In what order do you apply (don) your PPE? Include gloves, gown, mask and eye protection.
2. In what order do you remove (doff) your PPE? Include gloves, gown, mask & eye protection.
3. What level of PPE is required for standard precautions? Which clients should you use standard precautions with?
4. What kinds of PPE are required for contact precautions? Give some examples of when you would need contact precautions.
5. What is the difference between contact precautions and contact enteric precautions? Name one infection that requires contact enteric precautions.
6. How should you clean equipment that has been in a contact enteric room?

7. What kinds of PPE should you wear for droplet precautions? Give one example of a disease that requires you to wear droplet precautions.

8. What is the difference between droplet precautions and droplet contact precautions?

9. What type of PPE should you wear for a client on airborne or airborne droplet precautions? What type of room should that client be in?

10. Where should you remove your PPE for all types of precautions except airborne precautions?

11. Where do you remove your PPE for airborne precautions?

CHAPTER 18: BODY MECHANICS

1. Define **Body Mechanics**:

2. Define **Body Alignment**:

3. Define **Base of Support**:

4. Identify the strongest and largest muscles of your body:

5. Describe some principles of using good body mechanics:

6. Identify tasks that are known to be high risks for work-related musculo-skeletal disorders (MSDs):

7. Signs and symptoms of a musculoskeletal injury include:

8. Where do healthcare workers most commonly get work related MSD's?

9. What can you do to protect yourself from work related MSD's?

CHAPTER 19: MOVING THE PERSON

1. Define **Friction**:
2. Define **Shearing**:
3. How can you reduce friction and shearing forces when moving clients around?
4. Describe fowler's position
5. What type of client would most benefit from being positioned in a fowler's position?
6. Describe the supine position.
7. Describe the lateral position.
8. What positions are easier on clients who have respiratory issues?
9. How frequently should a client be turned or repositioned?

CHAPTER 20: TRANSFERRING THE PERSON

1. What should you **always** ensure the client is wearing when your client gets out of bed?
2. What is a stand/pivot transfer? How far should you walk a client who is a stand/pivot transfer?
3. When assisting a client to stand and pivot who has one sided weakness, which side do you stand on?
4. **Prior** to using a transfer/gait belt, the nursing assistant should ask the nurse if the client has:
 - o
 - o
 - o
 - o
 - o
 - o
 - o
5. When assisting a client to walk who has right sided weakness using a cane or crutch which side should you place the cane or crutch?
6. Who is appropriate for a slide-board transfer?
7. When transferring a client from bed to a wheelchair, which of the following are necessary?
(choose all that apply)
 - a) Bed wheels are locked
 - b) Wheelchair is locked
 - c) Non-skid footwear has been placed on the client's feet
 - d) A transfer/gait belt has been properly applied to the client
 - e) The client's transfer status has been confirmed
 - f) A mechanical lift is available in the hallway
8. Describe how to tell if a walker is the correct size and fit for a client.

9. When moving a wheelchair up and down ramps safely a nursing assistant should:

-
-

10. When moving a wheelchair **up** a curb safely a nursing assistant should:

-
-
-
-

11. When moving a wheelchair **down** a curb a nursing assistant should:

-
-
-

12. True or false: You can use a mechanical lift independently.

13. Describe how you would get someone on hip precautions from the lying to the standing position:

14. Describe how you would get someone on spinal precautions from the lying to the standing position.

1. What are the required supplies in a client's room?
2. What are some important safety features in a client's bathroom?
3. Who is at risk of entrapment in hospital beds?
4. What parts of a hospital bed can entrap a patient?
5. What features of hospital beds make your job safer and easier?

CHAPTER 23: ORAL HYGIENE

1. What can happen if clients do not have good oral care?
2. Describe good toothbrushing technique:
3. How would you perform oral care on a comatose client?
4. How often should dentures be cleaned?
5. Describe how you would provide denture care:
6. What are some signs of oral disease or injury that should be reported to the nurse?

CHAPTER 24: DAILY HYGIENE & BATHING

1. Why is hygiene care important?
2. What kinds of clients may need more frequent hygiene cares?
3. How should you approach clients who are needing hygiene cares but refusing it?
4. What hygiene cares will you usually perform in the morning?
5. What hygiene cares should you provide to your clients before they go to bed?
6. What is the appropriate technique to dry people's skin?
7. How often do older people need to bathe?
8. What kinds of things do you need to plan for when bathing a client?
9. What can happen if skin folds are left too moist?
10. What are some complications that can occur if perineal care is not performed correctly?
11. What are some alterations to skin tissue that need to be reported to the nurse?

CHAPTER 27: URINARY ELIMINATION

1. How much urine should a client with healthy kidneys produce?
2. What are some reasons a client may have decreased urine production?
3. What should normal urine look like?
4. What qualities of urine should be charted?
5. What are some common urinary abnormalities that need to be reported to the nurse?
6. Define the following terms: (definitions can be found in the textbook and on the powerpoint)
 - a. Dysuria
 - b. Nocturia
 - c. Oliguria
 - d. Polyuria
 - e. Anuria
 - f. Urinary retention
 - g. Stress incontinence

- h. Urge incontinence

 - i. Mixed incontinence

 - j. Functional incontinence

 - k. Reflex incontinence

 - l. Transient incontinence
7. Which type of urinal is preferable for clients who have issues with dribbling? Why?
8. How do you decide whether to use pull-ups or a brief?
9. What is a Purewick catheter?
10. What should you NOT do when applying a condom catheter?
11. What are some signs that your client has a UTI? How do UTI's sometimes present differently in older clients?

12. Describe why a client might need bladder training and how you would assist them with that.

CHAPTER 28: URINARY CATHETERS

1. What is the difference between a straight catheter and an indwelling catheter (i.e. a Foley catheter)? Which is a higher infection risk? Why?
2. What are you not allowed to do with an indwelling catheter?
3. What are some reasons a client may have an indwelling catheter?
4. When caring for a client with an indwelling catheter, what should you check before you leave the room?
5. When should you provide catheter care?

6. What do you do when performing catheter care?

- Female:

- Male

7. What are some abnormalities associated with the catheter that you should report to the nurse?

CHAPTER 29: BOWEL ELIMINATION

1. What can you do to help promote bowel health in your clients?

2. Label the types of stool. Which are considered healthy/normal stools?



3. What stool qualities should you chart when you are charting bowel movements?

4. Do you still need to chart BM's on a client who toilets themselves independently?

5. What are some abnormalities of stool that need to be reported to the nurse?

6. What factors increase the risk of constipation?

7. What can you do to help constipated clients have a BM?

8. What is a complication of prolonged constipation?

9. What are some complications of prolonged diarrhea?

10. What can you do to decrease the complications of prolonged diarrhea?

11. What are the signs and symptoms of C.diff infections?

12. Why are facilities so concerned about containing the spread of C.diff?

6. What are the benefits of eating vegetables? What are some of the most healthy vegetables? Which vegetables may need to be eaten in moderation?

7. What are the benefits of eating fruits?

8. Is drinking fruit juice nutritionally comparable to eating a piece of fruit? Why or why not?

9. What forms of dairy are not considered part of a healthy diet? Why?

10. What is a complete protein? Are there vegetarian complete proteins?

11. What are some healthy sources of protein?

12. What is usually considered an appropriate serving size for a piece of meat?

13. Why might a client be on a sodium-controlled diet? What foods should they avoid?

14. Describe the most important features of a diabetic diet and what you need to consider before serving a diabetic.

15. Who might benefit from a high protein diet?

16. What are the features of a heart-healthy diet? What kinds of clients would be placed on this diet?

17. What are the features of a renal diet? What foods should be avoided?

18. What different consistencies of food and fluids might be prescribed for clients on aspiration precautions?

19. If you make a honey thick liquid for your client on aspiration precautions, can you give them their beverage immediately after mixing in the thickener?

20. What are some strategies that can be used to help prevent clients from choking if they are an aspiration risk?

CHAPTER 31: FLUID NEEDS

1. What is fluid balance?
2. How much fluid does the average person need each day to maintain normal fluid balance?
3. What is an NPO diet? Why might a client be NPO?
4. If your client is NPO after midnight, what should you remember to do at midnight?
5. What does it mean if there is an order to ADAT? Who is in charge of doing this?
6. What is allowed on a clear liquid (CL) diet?
7. What is allowed on a full liquid (FL) diet?
8. Why is it so important to accurately measure I's & O's if there is an order to measure these?

CHAPTER 32: NUTRITION SUPPORT & IV THERAPY

1. What is the difference between enteral and parenteral nutrition?
2. Give an example of enteral nutritional support therapy:
3. What is **very important** for you to remember when you are repositioning clients on tube feeding?
4. What are some signs of complications of tube feeding that you should report immediately?
5. What is TPN?
6. What should you report to the RN about a client's TPN?
7. What should you do if a client's IV pump is alarming?
8. What issues with an IV or a central line should you report right away?

CHAPTER 33: VITAL SIGNS

1. What measurements will you be expected to collect when getting vital signs on a patient?
2. What is a pulse? How do you measure it?
3. What pulse site is most commonly used by CNA's to check a pulse?
4. What is considered a normal pulse rate?
5. What pieces of information should you include when recording a pulse?
6. What can make the pulse speed up or slow down?
7. What terms are used to describe a fast heart rate and a slow heart rate?
8. What are some things that you might notice when taking a pulse that would need to be reported to the nurse?
9. What is the respiratory rate?
10. What is considered a normal respiratory rate?
11. What are some strategies you can use to get an accurate respiratory rate?

12. What pieces of information should you include when recording a respiratory rate?
13. What can make the respiratory rate speed up or slow down?
14. What terms are used to describe a fast respiratory rate and a slow respiratory rate?
15. What are some respiratory abnormalities that need to be reported to the nurse?
16. What does a pulse oximeter measure?
17. What is a normal measurement on a pulse oximeter? What is the maximum value you can get on a pulse oximeter?
18. What does it mean if a person has a lower than normal number when you are measuring pulse oximetry? What should you do about it?
19. What is the top number and what is the lower number in a blood pressure? What are they each measuring?
20. Which artery is most often used when we check blood pressure?
21. What are some reasons you might need to change which arm you are checking blood pressure on?
22. How should you position the client when you check blood pressure?
23. How long should someone be at rest before you check blood pressure?

24. What range of values is considered normal for blood pressure?

25. True or false: A person's blood pressure does not change very often.

26. What is the medical term for high blood pressure? Low blood pressure?

27. What can happen if someone's blood pressure is very high? What about if it's very low?

28. At what value does blood pressure indicate a risk of stroke?

29. How do you record a blood pressure? What units do you use and what additional information do you need to include?

30. What are orthostatic vital signs? What is the procedure for measuring them?

31. Fill in the box below:

Temperature Site:	Where Thermometer Goes:	Normal Range of Temperatures:
Oral		
Axillary		
Tympanic		
Temporal		
Rectal		

32. What is the medical term for having a fever? For not having a fever?
33. Taking a rectal temperature is the most accurate way to get a temperature, but it is only done in very specific situations. Why is this the case?
34. If someone has a high fever, what should you not do?

9. Where should the client position their walker in relation to their feet?

10. The client should hold their cane on which side of the body?

11. What should you monitor for when your client uses an orthotic?

CHAPTER 35: COMFORT, REST AND SLEEP

1. What factors can affect comfort levels?
2. True or false: If you suspect your client is exaggerating their pain or just trying to get more medication, you do not have to report their pain to the nurse.
3. What factors can affect perceptions of pain?
4. What are some physical signs that your client is in pain?
5. What is acute pain?
6. What is chronic pain?
7. What is radiating pain?
8. What is referred pain?
9. What is phantom pain?

10. What are some things you can do to help relieve your client's pain?

11. Give some examples of restful activities:

12. What is sleep?

13. What is the circadian rhythm? What factors can impact your client's circadian rhythm?

14. What are some factors that can impact how much sleep your client needs?

15. What are some factors that can make it difficult for your clients to get enough sleep?

16. What are the stages of sleep?

17. What is insomnia?

18. Describe the rules of good sleep hygiene:

CHAPTER 36: ADMISSIONS, TRANSFERS AND DISCHARGES

1. What does it mean to “admit” a client?
2. What is “transferring” a client?
3. What is “discharging” a client?
4. What should you do to prepare for admitting a client?
5. What do you need to do when your client arrives?
6. What do you need to do when transferring a client?
7. What do you need to do when discharging a client?

CHAPTER 38: SPECIMEN COLLECTION

1. What must you do when you collect any specimen on a client?

2. What types of specimens will you be responsible for collecting?

3. When you collect urine, it is very important that the collection vessel is _____

4. What are urine specimens usually screened for?

5. What is a clean catch? What is the purpose of collecting urine this way?

6. What would require you to restart a 24-hour urine collection?

7. What are stool specimens usually screened for?

8. How do you ensure that stool and urine do not mix in a specimen?

9. How do you collect a stool specimen on an incontinent client?

10. What is sputum? How do you collect it?

11. What are sputum specimens usually screened for?

12. What are the steps in collecting a blood sugar?

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CHAPTER 41: PRESSURE INJURIES

1. Where are pressure ulcers most likely to form?
2. How long does it take for a pressure ulcer to form?
3. List the most common sites for pressure injuries:
4. Define friction:
5. Define shearing:
6. In what situations might a pressure ulcer be unavoidable?
7. What are some risk factors associated with pressure injuries?
8. Define slough:
9. Define erythema:
10. Define granulation tissue:
11. Define eschar:
12. Define necrosis:

13. Describe a stage 1 pressure ulcer:

14. Describe a stage 2 pressure ulcer:

15. Describe a stage 3 pressure ulcer:

16. Describe a stage 4 pressure ulcer:

17. Describe an unstageable pressure ulcer:

18. What can you do to help prevent pressure ulcers?

CHAPTER 42: HEAT AND COLD APPLICATIONS

1. What is the purpose of applying heat?
2. How long should heat be applied?
3. Why should you never apply heat over an implant?
4. What is the purpose of applying cold?
5. How long should cold be applied?
6. Why should you avoid applying a cold pack directly to the skin?

7. What is the flow rate for the following:

- a. Nasal cannula:
- b. Simple mask:
- c. Non-rebreather mask:

8. Why is it so important that you have the correct O₂ rate on a mask?

CHAPTER 44: RESPIRATORY SUPPORT AND THERAPIES

1. What is an artificial airway?

2. Define intubation:

3. What is a tracheostomy? Why might a client have a tracheostomy?

4. Do CNA's perform tracheostomy care?

5. What are some safety concerns associated with tracheostomies?

6. Define pneumothorax:

7. Define hemothorax:

8. Define pleural effusion:

9. What is the purpose of a chest tube?

10. How should you care for a client with a chest tube? What should be reported immediately if observed?

CHAPTER 46: HEARING, SPEECH AND VISION PROBLEMS

1. What is otitis media?
2. Why is it so important that elderly people with hearing loss have it corrected?
3. Define aphasia:
4. Define apraxia:
5. Define dysarthria:
6. What is the difference between expressive and receptive aphasia?
7. What are cataracts? How do they affect the vision? Are they treatable?

8. What is age-related macular degeneration? How does it affect the vision? Is it treatable?

9. What is glaucoma? How does it affect the vision? Is it treatable?

10. What is diabetic retinopathy? How does it affect the vision? Is it treatable?

11. What should CNA's do when caring for a visually impaired client to keep them safe?

CHAPTER 47: CANCER, IMMUNE SYSTEM AND ENDOCRINE DISORDERS

1. What is cancer?
2. What is the difference between a benign tumor and a malignant tumor?
3. Why is it a bad sign when cancer has metastasized?
4. What are some of the biggest risk factors for all types of cancer?
5. How do most cases of brain cancer occur?
6. What is the primary cause of cervical cancer?
7. What are some signs of breast cancer?
8. At what age should people start getting colonoscopies? Why?

9. What is the number one cause of lung cancer?

10. What are some signs and symptoms of lung cancer?

11. What is lymphoma?

12. What are some signs and symptoms of lymphoma?

13. What are some signs and symptoms of prostate cancer?

14. What is the most common type of cancer?

15. What are the ABCDEs of moles and melanomas?
 - a.
 - b.
 - c.
 - d.
 - e.

16. How is radiation therapy delivered? What are the side effects?

17. How is chemotherapy delivered? What are the side effects?

18. What is celiac disease? What are the symptoms?

19. What is lupus? Who is most likely to get it?

20. Which autoimmune disease can mimic a stroke?

21. How is HIV/AIDS transmitted?

22. Which skin disorder also can cause issues in the joints?

23. How long are shingles lesions considered infectious?

CHAPTER 48: NERVOUS SYSTEM AND MUSCULO-SKELETAL DISORDERS

1. What are the two types of strokes?
2. What is the medical term for a “temporary stroke” and why is it bad to have one?
3. What are the risk factors for stroke?
4. What are the signs and symptoms of stroke?
B
E

F
A
S
T
5. What are some long-term effects that can occur after a stroke?
6. What is Parkinson’s disease? What are the signs and symptoms?
7. What is multiple sclerosis? What are the signs and symptoms?

CHAPTER 49: CARDIOVASCULAR, RESPIRATORY AND LYMPHATIC DISORDERS

1. What is hypertension? Why is it so dangerous?
2. What is coronary artery disease? What are the major complications that can occur?
3. What is angina?
4. What should you do if a client reports chest pain **regardless of what you think the source of the pain is?**
5. What is an MI?
6. What are the signs and symptoms of a heart attack?
7. What is a dysrhythmia? What can cause them?
8. What 2 disorders are included in the COPD diagnosis? What are they?

9. What is asthma?

10. What should you do if your client is having an asthma attack?

11. What is sleep apnea? How is it usually treated?

12. When is flu season?

13. How can you avoid spreading the flu?

14. If you have latent TB can you transmit it to others?

CHAPTER 50 DIGESTIVE AND ENDOCRINE DISORDERS

1. What is GERD?
2. What lifestyle changes can improve symptoms of GERD?
3. What is diverticulosis? How does it turn into diverticulitis?
4. What are the signs and symptoms of inflammatory bowel disease?
5. What are gallstones? What are the signs and symptoms?
6. Which types of hepatitis are bloodborne?
7. What is cirrhosis? What are the signs and symptoms?

8. What is diabetes? What is the difference between type I and type II?

9. What are the signs and symptoms of diabetes?

10. How is diabetes treated?

11. What is hypoglycemia? What are the signs and symptoms?

12. What is hyperglycemia? What are the signs and symptoms?

CHAPTER 52: MENTAL HEALTH DISORDERS

1. Define the term **stress**:

2. Define the term **mental health**:

3. Define the term **mental disorder**:

4. Identify the signs and symptoms of **anxiety**:

5. Define the term **defense mechanism**:

Define the following defense mechanisms:

- Denial

- Displacement

- Rationalization

- Reaction formation

- Regression

- Repression

10. Define the following terms:

- o Psychosis:
- o Delusion:
- o Hallucination:
- o Paranoia:
- o Phobia:
- o Panic:

11. Identify the difference between **obsession** and **compulsion**:

12. Define **flashback**:

13. In which disorder would you expect to see a client suffering from a flashback?

14. Define **suicide contagion** and identify client's at risk:

15. Define **delusion of grandeur**:

16. Define **delusion of persecution**:

17. A disorder in which the individual has severe extremes in mood, energy, and ability to function is best defined as....

18. In which personality disorder would you expect to see aggression, self-injury and drug or alcohol abuse occur?

19. In which personality disorder would you expect to see thinking and behaviors with no regard for right or wrong?

20. What are the signs and symptoms of alcoholism?

24. If a client makes a suicidal statement, what should you do?

25. Risk factors for **suicide** include:

26. When dealing with a potentially violent client, what should you do?

CHAPTER 53: CONFUSION AND DEMENTIA

1. What is the difference between **delirium** and **dementia**?
2. What are some causes of delirium?
3. What strategies can be taken to reduce the likelihood of a client developing delirium?
4. What are some causes of dementia?
5. Identify common behaviors and changes associated with dementia:
6. How should you make the environment safer for clients who rummage through things?
7. Describe what occurs in the client experiencing a **catastrophic reaction**:
8. What should you do to reduce your client's "**sundowning**" behaviors?

16. What are some changes you might need to make to the home environment to make it safe for dementia clients?

17. What can you do to prevent or reduce repetitive questions and phone calls?

CHAPTER 54: INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

1. Define the term **disability**:
2. Define the term **birth defect**:
3. Define the term **intellectual disability**:
4. Down Syndrome is caused by what genetic change?
5. What health issues are individuals with DS at higher risk for?
6. Define **fragile X syndrome**:
7. Why do we refer to autism as a spectrum?
8. What types of behaviors are commonly associated with **autism spectrum disorder**?

9. What type of environment and care plan are most beneficial to individuals with ASD?

10. Define **cerebral palsy**:

11. What are some causes of cerebral palsy?

12. Problems that can occur with Cerebral Palsy include:

CHAPTER 58: EMERGENCY CARE

1. How should you get help if you're working in the hospital?
2. How should you get help in an emergency if you're working in LTC?
3. How should you get help in an emergency if you're working in home health?
4. When is it appropriate to go to the emergency room?
5. When is appropriate to go to urgent care?
6. When is it appropriate to schedule an appointment with the client's primary care provider?
7. What are some signs of a medical emergency?
8. What should you do if your client faints?

9. What should you do if your client has a seizure?

10. What should you do if your client hits their head?

11. What should you do if your client is hemorrhaging?

12. What should you do if your client is choking?

7. Describe what each of the following types of advanced directive are:
a. Living will:

b. Power of attorney for healthcare:

c. POLST

d. DNR order

8. What is included in post-mortem care?