Curriculum Content for Certified Nursing Assistant (CNA) 2- Dementia Care Training Programs

Policy Summary, Statement of Purpose and Intent

This policy provides standards and guidance for developing and implementing a CNA 2-Dementia Care Training Program. Level 2 nursing assistant training is available to a CNA 1 to prepare them for a role in one or more of the Board approved category areas. A level 2 training program will have a Board approved standardized curriculum and competency evaluation. A CNA 2-Dementia Care Training Program shall consist of knowledge, skills, and abilities at a greater depth than a level 1 training program.

It is understood that a CNA 2-Dementia Care will hold a current, unencumbered Oregon CNA 1 certificate, have their name listed on the CNA Registry, and assist licensed nursing personnel in the provision of nursing care. A CNA 2-Dementia Care must be regularly supervised or monitored by a licensed nurse; all skills and tasks are to be performed at the direction of the licensed nurse. The CNA 2-Dementia Care will be able to provide opportunities for optimal personal independence and support behaviors that promote positive healing. A CNA 2-Dementia care will be able to demonstrate to peers, the correct methods and model behavior needed to address person-centered care needs on an individualized basis.

This curriculum uses the term "*person*" to describe a man or woman with dementia. The use of these terms instead of "resident" or "client" is to help promote the culture change of person-centered care in Oregon.

It shall be the policy of the Oregon State Board of Nursing that all approved CNA 2-Dementia Care Training Programs shall consist of the following curriculum content and competency evaluation (Each content area has been awarded a relative evaluation weight).

Curriculum

At least 48 hours of classroom and 22 hours of clinical instruction that incorporates throughout the training, the concepts of safety and preventing complications, communicating individual responses to the nurse, and documenting/recording outcomes of care:

I. Domain: Person-centered care

- (A) Outcomes of teaching. By the end of the course, the CNA 2-Dementia Care will be able to:
  - (1) Summarize applicable concepts behind the major models and how they apply to dementia care including but not limited to: Best Friends™ Approach, Making Oregon Vital for Elders (MOVE), Nurses Improving Care for Health System Elders (NICHE), Pioneer Network, The Eden Alternative™, and Wellspring;
  - (2) Articulate how to adjust care in response to individual scenario; and
  - (3) Summarize the contents of the Alzheimer's Bill of Rights.
- (B) Clinical competencies. By the end of the course, the CNA 2-Dementia Care will be able to:
  - (1) Demonstrate the ability to use Knack (Best Friends™ Approach);
  - (2) Demonstrate the ability to adjust care to meet specific individual preferences and unique needs;
  - (3) Demonstrate application of the Alzheimers' Bill of Rights; and
  - (4) Gather information on specific strengths, abilities, preferences of a *person* with dementia.
- (C) Evaluation (Weight: 11%):
  - (1) Knowledge post-test; and
  - (2) Return demonstration on new skills as evidenced by observation of at least three encounters with a variety of individuals in the clinical setting.

(D) Curriculum Content.

(1) Components of major models of care (Best Friends™, MOVE, NICHE, Pioneer Network, The Eden Alternative, and Wellspring) including, but not limited to:

(a) Know the *person*'s life story including values, past goals, dreams and what inspires them OR Know the *person's* strengths and preferences, including past and present occupations/interests, social supports, and spiritual orientation;

(b) Embrace friendship and relationship and treat the *person* like a good friend to help transform the culture of caregiving;

(c) Identify *person's* capabilities and set reasonable expectations for the *person*;

(d) Incorporate *person's* values and basic rights into everyday care;

(e) Put *person* before task;

(f) Make activities meaningful;

(g) Understand and accept that disease impact on the *person* is real;

(h) Avoid labeling by diagnosis;

(i) Have "The Knack", the art of doing difficult things with ease;

(j) Know that each *person* can and does make a difference;

(k) Understand that all people are entitled to self-determination wherever they live;

(l) Create a humane habitat;

(m) Shape and use the potential of the environment in all its aspects: physical, organizational, psycho/social/spiritual;

(n) Recognize that culture change and transformation are not destinations but a journey, always a work in progress; and

(o) Understand that care decisions need to take place closest to the *person*.

(2) Alzheimer's Disease Bill of Rights (Bell & Troxel, 1997). Every *person* diagnosed with Alzheimer's Disease or a related disorder deserves the following rights:

(a) To be informed of one's diagnosis;

(b) To have appropriate, ongoing medical care;

(c) To be productive in work and play for as long as possible;

(d) To be treated like an adult, not like a child;

(e) To have expressed feelings taken seriously;

(f) To be free from psychotropic medications, if possible;

(g) To enjoy meaningful activities that fill each day;

(h) To be outdoors on a regular basis;

(i) To have physical contact, including hugging, caressing, and hand-holding;

(j) To be with individuals who know one's life story, including cultural and religious traditions; and

(k) To be cared for by individuals who are well-trained in dementia care.

(3) Individual medication rights, including the right to confidentiality and the right to know and refuse medication.

(4) How to adjust care in response to the *person's* preferences and unique needs.

(5) A substantial knowledge base of person-centered care empowers staff participation in decision-making for each *person*, improving client and staff satisfaction.

II. Domain: Responsive Observations

(A) Outcomes of teaching. By the end of the course, the CNA 2-Dementia Care will be able to:

(1) Summarize and report to class on different types of dementia and note the scientific information concerning the relation of organic changes with symptoms and/or behaviors;

(2) Explain how the diagnosis of dementia is made and the significance of the mini-mental exam;

(3) Summarize selected research and report to class;

(4) Articulate, using own words, the differences among delirium, dementia, and depression;

(5) Identify, from scenarios and lists, patterns and changes in findings related to a *person's* progression of dementia (difference between long and short term memory loss, recognizing cognitive differences in dementia from mild to severe, difference between reversible and irreversible changes, psychological and organic elements involved);

(6) Differentiate, through use of scenarios, signs/symptoms of depression (clinical/situational) from variable progression of dementia;

(7) Describe different manifestations of pain expressed by *persons* with dementia;

(8) Define and provide examples of ways to reduce excess disability; and

(9) Identify responses to interventions for problems and different signs and symptoms that indicate a change of condition in cognitively impaired individuals that need to be reported to the licensed nurse.

(B) Clinical competencies. By the end of the course, the CNA 2-Dementia Care will be able to:

(1) Identify findings, patterns, habits, and behaviors that deviate from usual in a *person* with dementia;

(2) Recognize changes in *persons* with dementia that should be reported to the licensed nurse;

(3) Observe *person's* response to medications and notify licensed nurse when necessary;

(4) Use accepted terminology to describe findings, patterns, habits, and behaviors of *persons* with dementia;

(5) Demonstrate appropriate use of pain scales for *persons* with dementia;

(6) Provide input to licensed nurse on the individual person's response to interventions for problems and care plan approaches;

(7) Notify the licensed nurse of all abnormal findings in a timely manner;

(8) Take action within designated responsibilities and as directed by the licensed nurse for abnormal findings, patterns, habits and behaviors of *persons* with dementia; and

(9) Articulate a rationale for action that is correct, given either a declining or improving individual situation.

(C) Evaluation (Weight: 16%): Knowledge post-test.

(D) Curriculum Content:

(1) Dementia is an umbrella term for a group of symptoms;

(a) Symptoms are not part of normal aging and may be managed or treated; and

(b) What is normal for one person is not necessarily normal for another.

(2) Types and progression of dementia:

(a) Non-linear progression of dementia;

(b) Psychological (or socially constructed) versus organic elements; and

(c) Reversible/irreversible changes.

(3) Diagnostic methods used by licensed independent practitioners:

(a) Medical examination;

(b) Family history;

(c) Clinical observation of behaviors;

(d) Evaluation Tools such as:

(i) Mini- Mental Status Exam (MMSE); and

(ii) Global Deterioration Scale.

(e) Scans:
(i) Magnetic Resonance Imaging (MRI);
(ii) Computed Tomography (CT); and
(iii) Positron Emission Tomography (PET).
(f) Autopsy.
(4) Role of research.
(5) Differences among delirium, dementia, and depression.
(6) Pain:
(a) Manifestations of pain:
(i) Physiological symptoms:
a. Dependence (physical signs of);
b. Diaphoretic;
c. Flushing;
d. Pale;
e. Sedation;
f. Shivering;
g. Tolerance; and
h. Vital signs.
(ii) Behavioral symptoms:
a. Anger;
b. Anxiety;
c. Depression; and
d. Withdrawal; etc.
(b) Factors influencing pain:
(i) Addiction beliefs;
(ii) Age;
(iii) Anxiety;
(iv) Attitude and pain thresholds;
(v) Awareness/distractions;
(vi) Use of complementary therapies;
(vii) Culture;
(viii) Fatigue;
(ix) Fear of pain;
(x) Past experiences with pain and medications; and
(xi) Support from others.
(c) Observing and collecting responses concerning the *person's* pain:
(i) What to observe-body responses and behavior;
(ii) When to collect responses; and
(iii) How to collect responses.
(d) Information to report to the nurse concerning the *person's* pain:
(i) Complaint of pain;
(ii) Observation of pain;
(iii) Location of pain; and
(iv) Intensity of pain.
(e) Actions a CNA can take to reduce the *person's* pain:

(i) Re-position the *person*;
(ii) Keep bed linens tight and wrinkle-free;
(iii) Make sure the *person* is not lying or sitting on drainage tubes or other objects;
(iv) Provide blankets for warmth and to prevent chilling;
(v) Use touch to provide comfort/massage of non-diseased tissue;
(vi) Provide a calm, quiet setting; and
(vii) Try to help relieve anxiety: Listening, supportive presence, and distractions.

(7) Excess disability means loss of ability greater than can be explained by the effect of the disease process alone. This may increase the amount of care required and diminish the quality of life for the *person.* Causes of excess disability include but are not limited to:
(a) Neglect of the *person's* continuing need to socialize;
(b) Treatable medical conditions such as infections, pain, effects of medication, hearing and vision problems:
(c) Environmental factors such as poor lighting, ambient noise, clutter, lack of contrast, long corridors and hard to find bedrooms and bathrooms; and
(d) Inadequate staff or insufficiently trained staff.

(8) Recognizing reportable observations including but not limited to side effects of medications.

III. Domain: Interpersonal Skills/Communication

(A) Outcomes of teaching. By the end of the course, the CNA 2-Dementia Care will be able to:
(1) Demonstrate initial skill in mirroring, pacing, and leading in a variety of clinical situations;
(2) Rehearse appropriate responses and interventions to behaviors in which a *person* rebuffs, is angry, etc., e.g., Oregon Technical Personal Protection Skills;
(3) Demonstrate competency in de-escalation of problem behaviors;
(4) Demonstrate both verbal/non-verbal communication skills for *persons* with dementia; and
(5) Observe and interpret possible explanation/reason for specific behavior.

(B) Clinical competencies. By the end of the course, the CNA 2-Dementia Care will be able to:
(1) Demonstrate initial skill in mirroring, pacing, and leading in a variety of clinical situations;
(2) Demonstrate competency in de-escalation;
(3) Employ antecedent, behavior, and consequence in responding to a specific behavior;
(4) Demonstrate ability to protect a *person* with dementia and self in a crisis situation;
(5) Construct a dialogue with a *person* with dementia that supports the *person's* reality; and
(6) Practice active listening techniques with regard to a *person* with dementia's spontaneous or solicited reminiscence(s).

(C) Evaluation (Weight: 9%):
(1) Knowledge post-test; and
(2) Return demonstration on new skills as evidenced by observation of at least three encounters with a variety of *persons* with dementia, family members, and team members in the clinical setting.

(D) Curriculum Content:
(1) Effective communication enhances quality of life:
(a) Remember the basics;
(i) Fit your voice, tone and mood to that of the *person* speaking;
(ii) Listen, giving the speaker your full attention;
(iii) Use eye contact;
(iv) Encourage the *person* to express themselves;

(v) Confirm what the *person* stated;
(vi) Keep language simple;
(vii) Use appropriate volume and tone;
(viii) Use specific, descriptive language;
(ix) Acknowledge spoken and unspoken feelings;

(b) Use the *person's* preferred name;
(c) Treat the *person* as an adult;
(d) Validate the *person's* feelings;
(e) Observe the *person's* emotional status and formulate appropriate responses to meet emotional needs;
(f) Support the *person* in their reality;
(g) Acknowledge own feelings;
(h) Understand that behavior can be a form of communication of an unmet need;
(i) Understand the *person's* desire to communicate;
(j) Manage the environment for effective communication;
(k) Assist the *person* struggling to find the words only after allowing them some time to find the words first;
(l) Repeat if necessary, using short phrases or sentences;
(m) Reassure or distract from troubling news if necessary;
(n) Replace the "don'ts" with positive language;
(o) Use the *person's* life story to build trust and a sense of security;
(p) Realize that arguing, confronting, or correcting is not an effective way of addressing the behavior;
(q) Avoid quizzing or asking questions that require too many facts or give too many choices;
(r) Ask opinions and involve the *person* in daily decisions as much as possible;
(s) Avoid using baby talk or condescending language;
(t) Give compliments and praise;
(u) Use tools/skills of communication such as mirroring, pacing, paraphrasing, leading, and visual/written aids;
(v) Adjust communication style/technique based on the individual *person* even while working with multiple *persons* at a time;
(w) "Check the daily traffic"; and
(x) Include humor as a vital part of the day.

(2) De-escalation skills:

(a) Five "R"s:
(i) Remain calm;
(ii) Reassure;
(iii) Redirect;
(iv) Remove yourself; and
(v) Reapproach.

(b) De-escalation phase:
(i) With decreasing intensity of event, muscles become more relaxed and serious physical behaviors become less frequent (body seeking baseline);
(ii) Individual is not yet stable and is vulnerable to re-escalation, especially if trigger events are still a factor;

(iii) During de-escalation phase, crisis communication should be maintained to ensure that individual does not re-escalate (not time for discussing consequences/intense dialogue);
(iv) Voluntary quiet and increased personal space is helpful in recovery; and
(v) During de-escalation, close personal supervision should be provided.

IV. Domain: Activities of Daily Living (ADL)

(A) Outcomes of teaching. By the end of the course, the CNA 2-Dementia Care will be able to demonstrate proficiency with the following skills:
(1) Verbalize common nutritional and sleep issues found in a *person* with dementia and how to deal with them;
(2) Articulate creative ways to encourage a *person* with dementia to participate in their ADL care;
(3) Explain techniques to encourage self care, e.g., task segmentation, cuing, and coaching; and
(4) Describe specialized feeding skills for a *person* with dementia.

(B) Clinical competencies. By the end of the course, the CNA 2-Dementia Care will be able to:
(1) Demonstrate techniques to encourage self care, e.g., task segmentation, cuing, and coaching;
(2) Demonstrate specialized feeding skills for a *person* with dementia;
(3) Demonstrate ability to bathe a *person* with dementia without conflict;
(4) Recognize and respond to a *person* with dementia's cues/patterns for toileting;
(5) Demonstrate specialized toileting skills for a *person* with dementia; and
(6) Coordinate ADL approaches with a *person* with dementia's own patterns/habits.

(C) Evaluation (Weight: 9%):
(1) Knowledge post-test; and
(2) Return demonstration on new skills.

(D) Curriculum Content:
(1) Basic principles in providing person-centered ADL care:
(a) Focus on the *person* and not the task;
(b) Use information from the *person's* life story and daily routine to assist with ADL care (gather information from care plan, family members, and other caregivers);
(c) Know the correct amount of assistance to provide (What are their abilities and what areas do they need support with?); and
(d) Know how the *person* wants to be supported with their care.
(2) Strategies in providing person-centered ADL care:
(a) Environmental considerations:
(i) Ensure privacy during ADLs;
(ii) Ensure there is adequate lighting;
(iii) Maintain low noise levels;
(iv) Set up area where the activity will take place;
(v) Arrange and hand items to the *person* in the order that they will be used; and
(vi) Limit options to two only.
(b) Verbal prompts:
(i) Use the *person's* name throughout the task;
(ii) Introduce items one at a time, saying the name of the item;
(iii) Provide brief, simple verbal directions, repeat if needed; and

(iv) Use praise and encouragement after each step and completion of the entire task.

(c) Modeling/Gesturing:

(i) Show the *person* what to do (Point to the item or show the *person* how to do the step).

(d) Physical prompts/guidance:

(i) Use physical touch to show the *person* which body part to use;

(ii) Use physical guidance to start the *person* in doing the task, and then have the *person* complete the action without help;

(iii) Provide minimal physical guidance to start/restart a task only until the *person* resumes the task without help. If needed, perform all body movements while guiding the *person* through the steps of the task; and

(iv) Use graduated physical guidance by having the *person* finish the step; decrease help as the *person* is able.

(3) Assistance with eating:

(a) Basic principles:

(i) Focus on the *person* not the task;

(ii) Know the *person's* prescribed diet, food allergies, preferred foods, mealtimes (take into account cultural and religious information); and

(iii) Know the *person's* ability to eat and how they will be supported with their nutrition.

(b) Strategies in providing person-centered nutrition:

(i) Environmental considerations:

a. Low noise;

b. Adequate lighting;

c. Room temperature;

d. Contrast between food, plate, and table;

e. Use of specialized eating utensils;

f. Allow enough time for the *person* to eat;

g. Have caregiver eat with the *person* when permissible to model eating and engage in conversation; and

h. Benefits of restaurant or family style dining.

(ii) Comfort measures:

a. Assist with cleaning the *person's* face and hands before and after meal;

b. Ensure teeth and mouth are clean and pain-free; and

c. Seat in appropriate seating.

(iii) Activities that enhance nutrition:

a. Use of alternate dining utensils and/or food textures;

b. Provide home-like odors such as bread or cookie baking, coffee brewing, or soup in a crockpot;

c. Conduct tea parties/happy hours; and

d. Allow to walk while eating.

V. Domain: Activities

(A) Outcomes of teaching. By the end of the course, the CNA 2-Dementia Care will be able to: Plan activities that demonstrate enhancement of quality of life.

(B) Clinical competencies: By the end of the course, the CNA 2-Dementia Care will be able to:

(1) Consistently demonstrate the ability to make meaningful moments for the *person*; and

(2) Recognize and support individual preferences and habits.

(C) Evaluation (Weight: 9%):

(1) Knowledge post-test; and

(2) Return demonstration on new skills.

(D) Curriculum Content:

(1) Best Friends Approach to activities: (Bell & Troxel, 2001)

(a) The art of activities is not what is done, it is the doing;

(b) Activities should be individualized and tap into past interest skills;

(c) Activities should be adult in nature;

(d) Activities should recall a *person's* work related past;

(e) Activities should stimulate all five senses;

(f) Doing nothing may be actually doing something;

(g) Activities should tap into a *person's* remaining mental and physical skills;

(h) Activities may be initiated by *person* or staff;

(i) Activities should be voluntary;

(j) Intergenerational activities are especially desirable;

(k) Activities you think will never work sometimes do;

(l) Personal care is an activity;

(m) Activities can be short;

(n) Activities are everywhere; and

(o) Activities should fulfill religious and spiritual needs.

(2) Outings: (Forest Pharmaceuticals, 2005)

(a) Primary concern with outings is the safety and security of the *person;*

(b) The *person's* activity must be visually monitored at all times.

(3) Crafts and Hobbies: (Forest Pharmaceuticals, 2005)

(a) Helping to create something can be rewarding.

(b) Examples of crafts and hobbies for the *person* with dementia:

(i) Arranging flowers;

(ii) Making a picture frame; and

(iii) Creating holiday cards.

(4) Music: (Forest Pharmaceuticals, 2005)

(a) Music can stimulate memory and help increase verbal and visual skills.

(b) Musical rhythm can stimulate timing processes in the brain, which may improve the timing of motor actions, such as walking or swinging arms.

(c) Examples of musical activities for the *person* with dementia:

(i) Dancing;

(ii) Sing-a-longs to songs popular in the *person's* era; and

(iii) Playing a musical instrument.

(5) Nature: (Forest Pharmaceuticals, 2005)

(a) Contact with the outdoors offers recognizable natural elements such as changes in daylight, weather, seasonal changes in trees and plants, and native birds and animals;

(b) Indoor-outdoor wandering loops allows the *person* to expend excess energy and to move about without feeling confined.

(c) Examples of nature activities for the *person* with dementia:

(i) Gardening;

(ii) Nature walks; and

(iii) Feeding birds and animals.

(6) In the home: (Forest Pharmaceuticals, 2005)

(a) Helping with household tasks may exercise motor skills and facilitate feelings of being useful and productive.

(b) Examples of household activities for the *person* with dementia:

(i) Folding laundry;

(ii) Shining shoes; and

(iii) Washing fruits and vegetables.

(7) Verbal skills: (Forest Pharmaceuticals, 2005)

(a) Doing activities that stimulate verbal skills may help the *person* reconnect with people.

(b) Examples of verbal skill activities for the *person* with dementia:

(i) Reading stories aloud;

(ii) Finding countries on a globe; and

(iii) Talking about historical events.

(8) Games: (Forest Pharmaceuticals, 2005)

(a) Playing games can reinforce social skills and behavior.

(b) Examples of games for the *person* with dementia:

(i) Jigsaw puzzles;

(ii) Word games: Start a phrase and have the *person* finish the phrase, e.g., "A bird in the hand is worth…"; and

(iii) Ball/beanbag toss.

(9) Reminiscing: (Forest Pharmaceuticals, 2005)

(a) Thinking and talking about the past can be comforting and enjoyable for the *person* with dementia.

(b) Examples of reminiscing activities for the *person* with dementia:

(i) Putting photos in an album;

(ii) Talking about childhood or the *person's* former occupation; and

(iii) Celebrating birthday/holiday(s).

VI. Domain: Safety

(A) Outcomes of teaching. By the end of the course, the CNA 2-Dementia Care will be able to:

(1) Identify safety risks for a *person* with dementia;

(2) Explain effective preventive/protective strategies when working with a *person* with dementia; and

(3) Describe use of supportive/protective devices.

(4) Discuss reasons for medications, effects and potential side-effects of medications;

(B) Clinical competencies. By the end of the course, the CNA 2-Dementia Care will be able to: Consistently apply preventive/supportive/protective strategies or devices when working with *persons* with dementia.

(C) Evaluation (Weight: 6%):

(1) Knowledge post-test; and

(2) Return demonstration on new skills.

(D) Curriculum Content:

(1) Safety risks for the *person* with dementia:

(a) Security of hazardous substances and medications;
(b) Effect of medications on body systems;
(c) Wandering; and
(d) Sundowning.

(2) Preventive/Protective Strategies when working with *persons* with dementia:
(a) Assess personal safety:
(i) Know care/service plan for the *person* with dementia;
(ii) Be responsible for your own safety;
(iii) Remain conscious of your surroundings; and
(iv) Be aware of how your approach affects the *person*'s reaction.
(b) Use of supportive/assistive devices.

VII. Domain: Environment

(A) Outcomes of teaching. By the end of the course, the CNA 2-Dementia Care will be able to: Identify elements of safe, calm, stable, home-like environment for *persons* with dementia.
(B) Clinical competencies. By the end of the course, the CNA 2-Dementia Care will be able to: Contribute to safe, calm, stable, home-like environment for *person* with dementia.
(C) Evaluation (Weight: 4%):
(1) Knowledge post-test; and
(2) Return demonstration on new skills.
(D) Curriculum Content:
(1) The environment has the capability for being either a significant barrier or a major help to the *person* with dementia:
(2) Physical environment (Coons). Importance of:
(a) Having both private and public living spaces so that the *person* with dementia can match the environment to their mood and preference;
(b) Keeping areas illuminated at all times;
(c) Using contrasting colors and textures for caregivers' clothing, linens, plates, doors, steps, walls, and toilet seats, etc.;
(d) Keeping passage areas clearly marked and free from obstructions;
(e) Maintaining a comfortable temperature for the individual *person;*
(f) Providing pleasant fragrances;
(g) Maintaining ventilation;
(h) Providing music according to the *person's* preference;
(i) Encouraging a home-like environment;
(j) Maintaining an environment that the person can relate to, e.g., old cars, tractors, records, etc.;
(k) Preventing falls for the *person* with dementia; and
(l) Maintaining security of hazardous substances and medications.
(3) Social environment. CNA is part of the environment: The behavior, manner, attitude, personality, role, and methods of communication of the CNA play a role in the person with dementia's behavior and level of functioning.
(4) Emotional environment: Importance of a sense of continuity with the past for the *person* with dementia.
(5) Cognitive environment: There is a need for increased concreteness of cues as the disease progresses.

VIII. Domain: Technical Skills

(A) Outcomes of teaching.
By the end of the course, the CNA 2-Dementia Care will be able to: Demonstrate proficiency in skills and tasks, assigned by the licensed nurse, which affect body system functions:
- (1) Data gathering skills; and
- (2) Designated tasks.

(B) Clinical competencies. By the end of the course, the CNA 2-Dementia Care will be able to: Demonstrate proficiency in skills and tasks which affect body system functions and are consistent with the facility's policy:
- (1) Data gathering skills; and
- (2) Designated tasks.

(C) Evaluation (Weight: 24%):
- (1) Knowledge post-test; and
- (2) Return demonstration on new skills.

(D) Curriculum Content:
- (1) Data gathering skills:
  - (a) Collect clean-catch urine specimen;
  - (b) Perform tests on urine specimens;
  - (c) Empty, measure and record output from drainage devices;
  - (d) Perform hemocult test for occult blood;
  - (e) Perform capillary blood glucose (CBGs); and
  - (f) Bladder scanning.
- (2) Designated tasks:
  - (a) Apply pediculicides;
  - (b) Turn oxygen on and off at predetermined, established flow rate;
  - (c) Change simple, nonsterile dressings using aseptic technique when no wound debridement or packing is involved;
  - (d) Clean ostomy sites and change dressings or appliances for established, non-acute ostomies;
  - (e) Apply topical over-the-counter creams and ointments for prophylactic treatment of skin conditions;
  - (f) Discontinue foley catheters;
  - (g) Perform clean intermittent straight urinary catheterization for chronic conditions;
  - (h) Insert over-the-counter vaginal suppositories and vaginal creams;
  - (i) Assist with incentive spirometer;
  - (j) Suction oral pharynx;
  - (k) Interrupt and re-establish suction (with the exception of chest tubes); and
  - (l) Add fluid to established jejunostomy and gastrostomy tube feedings and change established tube feeding bags.

IX. Domain: End of Life Care

(A) Outcomes of teaching. By the end of the course, the CNA 2- Dementia Care will be able to:
- (1) Articulate the eligibility criteria for the *person* to receive hospice care.
- (2) List several care methods used for *people* at the end-of-life.

(B) Clinical competencies. By the end of the course, the CNA 2-Dementia Care will be able to:
- (1) Demonstrate proficiency on recognizing symptoms for a *person* reaching the end of life.
- (2) Demonstrate methods of providing compassionate end-of-life care.

(C) Evaluation (Weight: 3%):
- (1) Knowledge post-test; and
- (2) Return demonstration on new skills.

(D) Curriculum Content:
- (1) Criteria for eligibility for Medicare hospice benefits for *person* with dementia:
  - (a) Stage 7 or beyond according to the Functional Assessment Staging (FAST) scale;
  - (b) Inability to ambulate without assistance;
  - (c) Inability to dress without assistance;
  - (d) Inability to bathe without assistance;
  - (e) Urinary or fecal incontinence, intermittent or constant;
  - (f) No meaningful verbal communication, stereotypical phrases only, or ability to speak limited to six or fewer intelligible words;
  - (g) Plus one of the following within the past 12 months:
    - (i) Aspiration pneumonia;
    - (ii) Pyelonephritis or other upper UTI;
    - (iii) Septicemia;
    - (iv) Multiple stage 3 or 4 pressure sores;
    - (v) Fever that reoccurs after antibiotic therapy;
    - (vi) Inability to maintain sufficient fluid and calorie intake, with 10 percent weight loss during the previous six months or serum albumin level less that 2.5 g per dL (25 g per L).
- (2) Some methods to use for end of life care:
  - (a) Pain management;
  - (b) Music; and
  - (c) Touch.

X. Domain: Documentation

(A) Outcomes of teaching. By the end of the course, the CNA 2-Dementia Care will be able to:
- (1) Provide one example of charting with appropriate descriptive language and abbreviations;
- (2) Provide charting which is in conformity with charting do’s and don’ts; and
- (3) Demonstrate ability to chart in exception-based charting and computer charting systems.

(B) Clinical competencies. By the end of the course, the CNA 2-Dementia Care will be able to: Use terms and abbreviations accurately and appropriately to describe people, procedures, and other aspects of dementia care.

(C) Evaluation (Weight: 3%):
- (1) Knowledge post-test; and
- (2) Return demonstration on new skills.

(D) Curriculum Content:
- (1) Terminology and abbreviations related to dementia care; and
- (2) Reporting and recording of care.

XI. Domain: Caregiver Self Care

(A) Outcomes of teaching. By the end of the course, the CNA 2-Dementia Care will be able to:
- (1) Describe several positive outcomes for caregiver self-care;
- (2) Manage self-care;
- (3) Set goals and work toward them; and

(4) Explain techniques to reduce stress.

(B) Evaluation (Weight: 6%):

(1) Knowledge post-test; and

(2) Return demonstration on new skills.

(C) Curriculum Content:

(1) Positive aspects of self-care: (Schmall, Cleland, & Sturdevant, 2000)

(a) Maintains personal well-being and health;

(b) Increases likelihood of providing quality care to *person* with dementia;

(c) Promotes seeking positive solutions to problems;

(d) Decreases feelings of failure, resentment, guilt, irritability, and depression;

(e) Increases energy;

(f) Develops personal strength and positive self esteem; and

(g) Increases ability to communicate effectively with others so caregiver’s needs are met.

(2) Manage self-care: (Schmall, Cleland, & Sturdevant, 2000)

(a) Take responsibility for personal well- being through meaningful activities and relationships;

(b) Have realistic expectations:

(i) Of the *person* being cared for, in what he/she can and cannot do; and

(ii) Role of the caregiver;

(c) Focus on what can be done:

(i) Cannot change the *person* being cared for;

(ii) Can control individual response to the *person*;

(iii) Seek solutions to what can be changed; and

(iv) “Let go” of the things that cannot be changed.

(d) Communicate effectively with other staff. Let them know what is needed in a positive way.

(e) Get help when needed- “A sign of personal strength”:

(i) Community resources;

(ii) Family and friends; and

(iii) Professionals.

(3) How to develop a personal action plan: (Schmall, Cleland, & Sturdevant, 2000)

(a) Set realistic goals- Specific actions that can be accomplished in the next week and are:

(i) Desired;

(ii) Reachable/attainable/realistic; and

(iii) Have a high confidence level (On a scale of 0-10, ten being very confident).

(b) Answer the four questions:

(i) What;

(ii) How much;

(iii) When; and

(iv) How often.

(c) Seek solutions to problems encountered:

(i) Clearly identify the problem

(ii) List ideas to solve the problem (Brainstorm);

(iii) Select one to try; and

(iv) Assess the results:
a. Substitute another idea if the first one doesn't work;
b. Utilize other resources; and
c. Accept that the problem may not be solvable right now.

(d) Take time for rewards—Find healthy pleasures that are enjoyable:
(i) Take time out for personal pleasure;
(ii) Do activities that are enjoyable;
(iii) Take a break from care-giving;
(iv) Do something for personal pleasure everyday; and
(v) Decide on a date, time, and activity and follow-through.

(4) Reduce personal stress: (Schmall, Cleland, & Sturdevant, 2000)
(a) Recognize own warning signs of stress: How does stress affect you?
(i) Anger;
(ii) Fatigue and lack of energy;
(iii) Increased irritability;
(iv) Insomnia;
(v) Physical discomfort/pain; and
(vi) Etc.

(b) Identify sources of stress:
(i) Demands on time, energy or money;
(ii) Conflicting responsibilities;
(iii) Differences in expectations between self and others;
(iv) Others don't understand;
(v) Lack of resources;
(vi) Loss of freedom;
(vii) Others aren't "doing their share";
(viii) Difficult to see care receiver's decline; and
(ix) Other demands such as children, marriage, finances and health.

(c) Take action to manage stress. Manage thoughts, beliefs, and perceptions:
(i) Re-framing: Finding something positive in a difficult situation; and
(ii) Positive self-talk talk affirmations: "I am doing my best right now."

(d) Practice self care:
(i) Learn and use stress reduction techniques:
a. Participate in physical activity at least three times a week;
b. Get enough sleep daily;
c. Eat balanced, nutritious meals; and sit down to eat meals.
d. Take care of health: get regular checkups and take care of self when ill.
e. Participate in recreational and leisure activities.
f. Limit alcohol, medications, drugs, and cigarettes.
g. Strive to maintain a healthy weight;
h. Breathing for relaxation;
i. Meditation;
j. Music;
k. Humor;
l. Develop action plans; and

m. Find hope and meaning (helps make sense of circumstances).

(ii) Ask questions like, “Is there anything I can learn from this?”;

(iii) Reflect—periods of quiet reflection offer opportunities to learn from the experience;

(iv) Talk with a trusted person- helps to clarify thoughts and feelings;

(v) Write- helps to clarify thoughts and feelings which leads to finding understanding and meaning; and

(vi) Seek spiritual renewal- Faith, Prayer, Retreat, and Reading.

(e) Accept the reality of unchangeable situations:

(i) We may deny things that are difficult or hurtful; and

(ii) Each *person* may take different lengths of time to accept reality.

(f) Learn about *person* being cared for and their disease processes:

(i) Health professionals;

(ii) Libraries and books;

(iii) Internet research; and

(iv) Associations specific to the disease.

(g) Identify unrealistic expectations:

(i) Learn to accept limitations (Do you feel anxious because you expect more of yourself than you can achieve?); and

(ii) Listening to “shoulds” causes feelings of guilt and depression.

(h) Seek and accept support:

(i) Allow others to help; and

(ii) Seeking and accepting support may be the simple most important factor in making constructive changes.

(i) Identify what is available rather than focusing on what is not available:

(i) May find an unexpected gift in personal growth; and

(ii) May become more understanding, patient, caring, and sensitive to the needs and pains of others.

(j) Let go of what cannot be changed:

(i) Accept the situation as it is;

(ii) Learn to live in the present by letting go of the past and how things used to be;

(iii) Let go of the “what ifs” and “if onlys” and accept what is; and

(iv) In letting go, may find peace of mind and acceptance.

(5) Learn from own emotions: (Schmall, Cleland, & Sturdevant, 2000)

(a) There will be emotional ups and downs:

(i) Anger;

(ii) Anxiety;

(iii) Denial;

(iv) Depression;

(v) Fear;

(vi) Guilt;

(vii) Regrets;

(viii) Resentment;

(b) Identify and acknowledge personal feelings/ emotions:

(i) Write them down;

(ii) Discuss them with trusted friend;

(c) Individuals are in control of their emotions; emotions do not control individuals:
  (i) Use relaxation techniques;
  (ii) Participate in activities that are enjoyable; and
  (iii) Get social support.
(d) Get help when needed:
  (i) Community resources;
  (ii) Family and friends; and
  (iii) Professionals.

(6) Identify what can and cannot be changed: (Schmall, Cleland, & Sturdevant, 2000)
  (a) Other people cannot be controlled or changed;
  (b) Individuals can control themselves:
    (i) Look at people/situation realistically;
    (ii) Positive self talk; and
    (iii) Reframe situation.
  (c) May be able to change the situation: Access resources.

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