

Curriculum Content for Certified Nursing Assistant Level 2 (CNA 2) Training Programs

Policy Summary, Statement of Purpose and Intent

This policy provides standards and guidance for developing and implementing a CNA 2 training program. A CNA 2 training program will include a Board-approved standardized curriculum and competency evaluation. The CNA 2 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 will: (1) hold a current, unencumbered Oregon CNA 1 certificate; (2) be listed by name on the CNA Registry; and (3) assist licensed nursing personnel in the provision of nursing care. A CNA 2 must be regularly supervised by a licensed nurse and all skills and tasks are to be performed only at the direction of the licensed nurse. The CNA 2 will be able to provide opportunities for a *person's* optimal independence and support behaviors that promote positive healing. A CNA 2 will be able to demonstrate to peers the correct methods and model behavior needed to address a *person's* care needs on an individualized basis.

It shall be the policy of the Oregon State Board of Nursing that all approved CNA 2 training programs shall provide the following curriculum content and competency evaluation. (Each content area has been awarded a relative evaluation weight.)

This curriculum uses the term "*person(s)*" to describe a "client", "patient", or "resident", to help promote the culture change of *person-centered* care in Oregon.

Curriculum

At least 60 hours of classroom/lab and 28 hours of clinical that incorporates throughout the training the concepts of safety and preventing complications, communicating a *person's* responses to the nurse, and documenting/recording outcomes of a *person's* care:

I. Domain: Communication/Interpersonal Skills

- (A) Outcomes of teaching. By the end of the course, the CNA 2 will be able to:
 - (1) Demonstrate ability to share knowledge and skills with others;
 - (2) Describe Personal Protection Skills;
 - (3) Demonstrate both verbal/non-verbal communication skills; and
 - (4) Observe and interpret possible explanation/reason(s) for specific behavior.
- (B) Clinical competencies. By the end of the course, the CNA 2 will be able to:
 - (1) Describe situation, behavior, and consequence in responding to a specific behavior;
 - (2) Demonstrate ability to protect a *person* and self in a crisis situation;
 - (3) Construct a dialogue with a *person* that supports the *person's* reality; and
 - (4) Practice active listening techniques with regard to a *person's* spontaneous or solicited reminiscence(s).
- (C) Evaluation (Weight: 16 %):
 - (1) Knowledge post-test;
 - (2) Return demonstration on new skills as evidenced by role-playing a variety of scenarios in the lab setting; and
 - (3) Return demonstration on new skills as evidenced by observation of at least three encounters with a variety of *persons*, family members, and team members in the clinical setting.

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(D) Curriculum Content:

(1) Effective communication:

- (a) Reinforce the basics, including tone, eye contact, simple language, and acknowledging feelings;
- (b) Treat the *person* appropriate to age;
- (c) Acknowledge own feelings;
- (d) Understand that behavior can be a form of communication of an unmet need;
- (e) Manage the environment for effective communication;
- (f) Assist the *person* struggling to find the words only after allowing them some time to find the words first;
- (g) Reassure or distract if necessary;
- (h) Replace the "don'ts" with positive language;
- (i) Use the *person's* life story to build trust and a sense of security;
- (j) Realize that arguing, confronting, or correcting is not an effective way of addressing the behavior;
- (k) Avoid quizzing or asking questions that require too many facts or give too many choices;
- (l) Ask opinions and involve the *person* in daily decisions as much as possible;
- (m) Give compliments and praise; and
- (n) Use tools/skills of communication such as paraphrasing and visual/written aids.

(2) Coaching and mentoring peers:

(a) Skills of a peer mentor:

- (i) Models good care-giving skills;
- (ii) Demonstrates good problem-solving skills;
- (iii) Demonstrates a *person*-centered focus;
- (iv) Helps mentee develop problem-solving skills.
- (v) Supports mentees;
- (vi) Provides information about job responsibilities and the workplace culture;
- (vii) Gives constructive feedback that is specific, encouraging, and focused on behavior, not personalities, to help mentees succeed:
 - a. Feedback: Providing useful information about someone's approach, skills, or actions, in order to encourage professional development;
 - b. Constructive feedback: Talking about both what the mentee is doing correctly and what the mentee needs to improve. Providing constructive feedback:
 - i. Is one of the key roles of the peer mentor in order to help the mentee succeed;
 - ii. Should be based on facts and observations (not *assumptions and opinions*);
 - iii. Addresses what a mentee is doing well (mentee's strengths) and what the mentee needs to improve in order to provide quality care; and
 - iv. In a safe environment.

(3) Crisis Intervention:

- (a) Identification of behavior levels;
- (b) Use of nonverbal behavior:

- (i) Personal space; and
- (ii) Body language.
- (c) Use of verbal communication:
 - (i) Tone;
 - (ii) Cadence; and
 - (iii) Volume.
- (d) Maintaining safety:
 - (i) Controlling anxiety and reducing tension;
 - (ii) Physical intervention skills;
 - (iii) Restraint risks; and
 - (iv) Team intervention.

II. Domain: Observation and Reporting

- (A) Outcomes and competencies. By end of the course, the CNA 2 will be able to:
 - (1) Identify, from scenarios and lists, normal and abnormal patterns and changes in findings related to an individual *person*. Descriptors include: mental status (orientation, psychosocial responses, and level of consciousness), vital signs, mobility, skin, pain level, bowel and bladder function, appetite, and activities of daily living;
 - (2) Articulate at 85% level correct rationale(s) for action given in various clinical scenarios and situations;
 - (3) Identify different manifestations of pain;
 - (4) Verbalize a report indicating a *person's* discomforts or pain that always includes location and intensity, and may include onset, duration, characteristics, what helps and what relieves pain and discomfort in a variety of situations;
 - (5) Describe the different types and progression of dementia;
 - (6) Explain how the diagnosis of dementia is made and the significance of the mini-mental;
 - (7) Explain the differences among delirium, dementia, and depression;
 - (8) Identify, from scenarios and lists, patterns and changes in findings related to a *person's* progression of dementia (difference between long and short term; difference between reversible and irreversible changes);
 - (9) Differentiate, through use of scenarios, signs/symptoms of depression (clinical/situational) from variable progression of dementia;
 - (10) Describe different manifestations of pain expressed by *persons* with dementia;
 - (11) Define and provide examples of ways to reduce excess disability; and
 - (12) 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 will be able to:
 - (1) Identify findings, patterns, habits, and behaviors that deviate from a *person's* normal;
 - (2) Articulate a rationale for action that is correct, given either a *person's* declining or improving individual situation;
 - (3) Recognize changes in a *person* that should be reported to the licensed nurse;
 - (4) Report and record abnormal findings, patterns, habits, and behaviors of a *person* in a timely manner;
 - (5) Use accepted terminology to describe findings, patterns, habits, and behaviors of a *person*;
 - (6) Demonstrate appropriate use of pain scales for *persons* with dementia;
 - (7) Identify change in pain pattern from usual pattern.

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- (8) Perform comfort and pain relief measures within the designated scope of responsibility according to care plan;
 - (9) Observe effects of pain treatment and report to licensed nurse;
 - (10) Consistently report change of vital signs, orientation, mobility and behavior following pain treatment;
 - (11) Consistently demonstrate scheduling of activities when the *person* is comfortable;
 - (12) Provide input to licensed nurse on the individual *person's* response to interventions for problems and care plan approaches; and
 - (13) Take action within designated responsibilities and as directed by the licensed nurse for abnormal findings, patterns, habits and behaviors of a *person*;
- (C) Evaluation (Weight: 20 %): Knowledge post-test.
- (D) Curriculum Content:
- (1) Overview of Anatomy and Physiology:
 - (a) Cardiovascular System:
 - (i) Common condition/disorder(s) and related sign/symptom(s) to observe and report:
 - a. Angina;
 - b. Coronary Artery Disease/Acute Coronary Syndrome;
 - c. Deep Vein Thrombosis;
 - d. Dysrhythmias;
 - e. Heart Failure;
 - f. Hypertension;
 - g. Hypotension; and
 - h. Myocardial Infarction.
 - (b) Endocrine System:
 - (i) Common condition/disorder(s) and related sign/symptom(s) to observe and report:
 - a. Cushing's Syndrome;
 - b. Diabetes Mellitus: type 1, type 2, Gestational;
 - c. Diabetic Ketoacidosis;
 - d. Hypoglycemia; and
 - e. Hypo/Hyperthyroidism.
 - (c) Gastrointestinal System:
 - (i) Common condition/disorder(s) and related sign/symptom(s) to observe and report:
 - a. Bowel Diversion;
 - b. Bowel Obstruction;
 - c. Cholelithiasis;
 - d. Colitis;
 - e. Cirrhosis;
 - f. Constipation;
 - g. Crohn's Disease;
 - h. Diverticulosis;
 - i. Dysphagia;
 - j. Gastritis/Gastroenteritis;
 - k. Gastroesophageal Reflux Disease;
 - l. Hemorrhoids;
 - m. Pancreatitis; and
 - n. Ulcers.
 - (d) Immune System:
 - (i) Common condition/disorder(s) and related

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- sign/symptom(s) to observe and report:
 - a. Acquired Immunodeficiency Syndrome;
 - b. Cancer;
 - c. Hepatitis;
 - d. Hypersensitivity; and
 - e. Rheumatoid Arthritis.
- (e) Integumentary System:
 - (i) Common condition/disorder(s) and related sign/symptom(s) to observe and report:
 - a. Autoimmune:
 - i. Dermatitis; and
 - ii. Psoriasis.
 - b. Disease Associated:
 - i. Cellulitis; and
 - ii. Petechiae/Purpura.
- (f) Musculoskeletal System:
 - (i) Common condition/disorder(s) and related sign/symptom(s) to observe and report:
 - a. Amputation;
 - b. Arthritis;
 - c. Atrophy;
 - d. Contractures;
 - e. Fractures;
 - f. Gout;
 - g. Osteoarthritis/Degenerative Joint Disease:
Total joint replacement; and
 - h. Osteoporosis.
- (g) Nervous System:
 - (i) Common condition/disorder(s) and related sign/symptom(s) to observe and report:
 - a. Alzheimer's Disease;
 - b. Autonomic Dysreflexia;
 - c. Cerebrovascular accident;
 - d. Cerebral Palsy;
 - e. Epilepsy;
 - f. Head injuries;
 - g. Multiple Sclerosis;
 - h. Parkinson's Disease; and
 - i. Spinal Cord injuries.
- (h) Reproductive System:
 - (i) Common condition/disorder(s) and related sign/symptom(s) to observe and report:
 - a. Care of peripartum woman, newborn, and family;
 - b. Breast augmentation/reduction;
 - c. Lumpectomy;
 - d. Hysterectomy;
 - e. Mastectomy;
 - f. Prolapse;
 - g. Prostatectomy; and
 - h. Sexually transmitted infections.
- (i) Respiratory System: and
 - (i) Common condition/disorder(s) and related sign/symptom(s) to observe and report:

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- a. Atelectasis;
 - b. Asthma;
 - c. Bronchitis;
 - d. Chronic Obstructive Pulmonary Disease;
 - e. Emphysema;
 - f. Influenza;
 - g. Pneumonia;
 - h. Pneumothorax;
 - i. Pulmonary Embolism; and
 - j. Tuberculosis.
- (j) Urinary System:
- (i) Common condition/disorder(s) and related sign/symptom(s) to observe and report:
 - a. Bladder Diversions;
 - b. Cystitis;
 - c. Prolapse;
 - d. Pyelonephritis;
 - e. Renal calculi; and
 - f. Renal failure.
- (2) Discomfort or pain:
- (a) Overview of Anatomy and Physiology:
 - (i) Transmission;
 - (ii) Perception; and
 - (iii) Recognition.
 - (b) Awareness of a *person's* perception of pain and discomfort:
 - (i) Physical (objective and subjective):
 - a. Acute;
 - b. Chronic;
 - c. Neuropathic/neurogenic;
 - d. Phantom;
 - e. Somatic;
 - f. Terminal; and
 - g. Visceral.
 - (ii) Psychological (objective and subjective):
 - a. Expected pain versus unexpected pain;
 - b. Pain differs for each *person*; and
 - c. Pain can influence discomfort and vice versa.
 - (iii) Discomfort:
 - a. Can sometimes be missed because the focus is on the *person's pain level*;
 - b. Going beyond just pain management and relieving discomfort;
 - c. Goal of achieving comfort includes managing symptoms not only of pain but discomforts as well, such as anxiety, dyspnea, insomnia, itching, nausea, and vomiting, etc.
 - d. Comfort theory (Kolcaba's):
 - i. Relief- discomfort is gone (e.g. nausea relieved after receiving medication);
 - ii. Ease- discomfort is bearable (e.g. pain is lessened after being repositioned); and
 - iii. Transcendence- discomfort is effectively tolerated (e.g. using distraction or relaxation

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- techniques to deal with chronic pain or labor).
- (c) Manifestations of pain and discomfort:
 - (i) Physiological symptoms:
 - a. Diaphoresis;
 - b. Flushing;
 - c. Pale;
 - d. Sedation;
 - e. Shivering;
 - f. Tolerance; and
 - g. Vital signs.
 - (ii) Behavioral symptoms:
 - a. Anger;
 - b. Anxiety;
 - c. Depression;
 - d. Withdrawal; and
 - e. etc.
 - (d) Factors influencing pain or discomfort:
 - (i) Addiction, addiction beliefs, and dependence;
 - (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.
 - (e) Observing and collecting responses concerning a *person's* pain or discomfort:
 - (i) What to observe: body responses and behavior;
 - (ii) When to collect responses; and
 - (iii) How to collect responses.
 - (f) Planning activities in relation to pain or discomfort:
 - (i) Appropriate rest;
 - (ii) Time of day;
 - (iii) *Person's* preference;
 - (iv) Coordinate care with pain management techniques and equipment (medication, K-pads, etc.);
 - (v) Address emotional needs as designated in care plan;
 - (vi) Meet food and fluid needs; and
 - (vii) Provide opportunity for elimination.
 - (g) Information to report to the nurse concerning a *person's* pain or discomfort:
 - (i) Complaint of pain;
 - (ii) Observation of pain;
 - (iii) Location of pain; and
 - (iv) Intensity of pain.
 - (h) Actions a CNA 2 can take to reduce a *person's* pain or discomfort:
 - (i) Re-position the *person*;
 - (ii) Keep bed linens tight and wrinkle-free;
 - (iii) Make sure the *person* is not lying on a drainage tube or other objects;

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- (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;
 - (vii) Try to help relieve anxiety: Listening, supportive presence, and distractions; and
 - (viii) Assist with complementary therapies as ordered by the nurse such as using pre-recorded audio/visuals for guided imagery for deep relaxation.
- (3) Care of the *person* before and after surgery:
- (a) Normal:
 - (i) Healing process; and
 - (ii) Nutrition.
 - (b) Preventing complications:
 - (i) Cardiovascular System;
 - (ii) Endocrine System: glycemic control;
 - (iii) Gastrointestinal System: motility;
 - (iv) Genitourinary System;
 - (v) Integumentary System; and
 - (vi) Pulmonary System: coughing and deep breathing.
- (4) Dementia:
- (a) Dementia is an umbrella term for a group of symptoms;
 - (b) Differences among delirium, dementia, and depression;
 - (c) Manifestations of pain by a *person* with dementia;
 - (d) Use of pain scales with a *person* with dementia; and
 - (e) Support the *person* with dementia in their reality.
- (5) Excess Disability:
- (a) Excess disability means loss of ability greater than can be explained by the effect of the disease process alone (Bender, 2003). This may increase the amount of care required and diminish the quality of life for a *person*.
 - (b) Causes of excess disability include but are not limited to:
 - (i) Neglect of the *person's* continuing need to socialize;
 - (ii) Treatable medical conditions such as infections, pain, effects of medication, hearing and vision problems;
 - (iii) Environmental factors such as poor lighting, ambient noise, clutter, lack of contrast, long corridors and hard to find bedrooms and bathrooms; and
 - (iv) Inadequate staff or insufficiently trained staff.
 - (c) Recognizing reportable observations including but not limited to side effects of medications.
- (6) Hazards of immobility;
- (7) Mental Health:
- (a) Common condition/disorder(s) and related sign/symptom(s) to observe and report:
 - (i) Alcohol and drug withdrawal;
 - (ii) Anxiety and Post Traumatic Stress Disorder;
 - (iii) Delirium;
 - (iv) Eating Disorders:
 - a. Anorexia Nervosa; and
 - b. Bulimia.
 - (v) Depression/Suicide;

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- (vi) Personality Disorders; and
 - (vii) Psychoses.
- (8) Understanding the concept of SBARR (Situation, Background, Assessment (Observation), Recommendation, and Read-back/Review):
- (a) Situation: What is happening now? Chief complaints, acute changes;
 - (b) Background: What factors led to event? Vital signs, history;
 - (c) Assessment (Observation): What do you see? What do you think is going on?;
 - (d) Recommendation: What action can be taken?; and
 - (e) Read-back/Review: Opportunity to ask clarifying questions 1:1, What things do you want or need to know?(How often does the nurse want vital signs?, When does the nurse want to be notified?, What else does the nurse want you to be looking for?).

III. Domain: Person-centered Care

- (A) Outcomes of teaching. By the end of the course, the CNA 2 will be able to:
- (1) Articulate how to adjust care in response to an individual scenario;
 - (2) Articulate creative ways to encourage a *person* with dementia to participate in their ADL care;
 - (3) Describe specialized feeding skills for a *person* with dementia;
 - (4) Explain how the diagnosis of dementia is made and the significance of the mini-mental;
 - (5) Explain techniques to encourage self care, e.g., task segmentation, cuing, and coaching;
 - (6) Explain the difference between cultural awareness, cultural knowledge, cultural skill, and cultural encounter;
 - (7) Plan activities that demonstrate enhancement of quality of life;
 - (8) Identify elements of safe, calm, stable, home-like environment for *persons* with dementia;
 - (9) Summarize the goals for care for *persons* with dementia utilizing various models/programs of care, e.g., Alzheimer's Association Foundations of Dementia Care, Best Friends™ Approach, Making Oregon Vital for Elders (MOVE), Pioneer Network, The Eden Alternative™, and The Green House Project and how they relate to caring for *persons* with dementia and incorporate culture change;
 - (10) Summarize the outcome goals for Nurses Improving Care for Healthsystem Elders (N.I.C.H.E.); and
 - (11) Verbalize common nutritional and sleep issues found in a *person* with dementia and how to deal with them.
- (B) Clinical competencies. By the end of the course, the CNA 2 will be able to:
- (1) Demonstrate the ability to meet the individual *person's* needs, preferences, and abilities;
 - (2) Demonstrate how to apply the Patient and Resident Bill of Rights;
 - (3) Gather information on specific strengths, abilities, preferences of a *person*;
 - (4) Demonstrate techniques to encourage self-care, e.g., task segmentation, cuing, and coaching;
 - (5) Demonstrate specialized feeding skills for a *person* with dementia;
 - (6) Demonstrate ability to bathe a *person* with dementia without conflict;
 - (7) Recognize and respond to a *person* with dementia's cues/patterns for toileting;
 - (8) Demonstrate specialized toileting skills for a *person* with dementia;

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- (9) Coordinate ADL approaches for a *person* with dementia using their own pattern/habit(s);
 - (10) Consistently demonstrate the ability to make meaningful moments for a *person*;
 - (11) Recognize and support individual preferences and habits; and
 - (12) Contribute to the safe, calm, stable, home-like environment for *persons* with dementia.
- (C) Evaluation (Weight: 14 %):
- (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) Dementia:
 - (a) Current models/programs of care, e.g., Alzheimer's Association Foundations of Dementia Care, Best Friends™ Approach, Making Oregon Vital for Elders (MOVE), Pioneer Network, The Eden Alternative™, The Green House Project and how they relate to caring for *persons* with dementia and incorporate culture change;
 - (b) Define 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.
 - (c) Embrace the friendship philosophy of care:
 - (i) Identify *person's* capabilities and set reasonable expectations for a *person*;
 - (ii) Incorporate *person's* values and basic rights into everyday care;
 - (iii) Put *person* before tasks;
 - (iv) Make activities meaningful;
 - (v) Understand and accept that disease impact on the *person* is real;
 - (vi) Avoid labeling by diagnosis;
 - (vii) Explain the art of doing difficult things with ease;
 - (viii) Understand that all people are entitled to self-determination wherever they live;
 - (ix) Shape and use the environment in all its aspects;
 - (x) Understand that care decisions need to take place closest to the *person*; and
 - (xi) Recognize that *person* centered care empowers staff participation in decision-making for each *person*, improving *person* and staff satisfaction.
 - (d) Importance of the physical environment for the *person with dementia*, (Coons) including but not limited to:
 - (i) Keeping areas illuminated at all times;
 - (ii) Using contrasting colors and textures for caregivers' clothing, linens, plates, doors, steps, walls, and toilet seats, etc.;
 - (iii) Keeping passage areas clearly marked and free from obstructions;
 - (iv) Maintaining a comfortable temperature for the individual *person*;
 - (v) Providing pleasant fragrances;
 - (vi) Maintaining ventilation;

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- (vii) Providing music according to a *person's* preference;
- (viii) Preventing falls for a *person* with dementia; and
- (ix) Maintaining security of hazardous substances and medications.
- (e) Social environment: The CNA is part of the environment. The behavior, manner, attitude, personality, and methods of communication of the CNA plays a role in the behavior and functioning level of *person's* with dementia.
- (f) Emotional environment: Importance of a sense of continuity with the past for a *person* with dementia.
- (g) Cognitive environment: There is a need for increased concreteness of cues as the disease progresses.
- (2) Cultural Competence:
Two components of cultural competence are:
 - (a) Cultural Skill: The ability to deliver healthcare with relevant cultural specifics:
 - (i) Alertness for unexpected responses, especially as related to cultural issues;
 - (ii) Awareness of cultural differences; and
 - (iii) Respect of cultural beliefs and rituals.
 - (b) Cultural Encounters: Direct cross-cultural interactions between people from culturally diverse backgrounds:
 - (i) Are essential for the development of cultural competency;
 - (ii) Are facilitated by attending cultural events and seeking out opportunities to interact with predominant cultural groups; and
 - (iii) Helps an individual learn about prominent cultural beliefs and practices.
- (3) Person-centered care:
 - (a) Basic principles in providing *person-centered* ADL care;
 - (b) Strategies in providing *person-centered* ADL care, including:
 - (i) Environmental considerations;
 - (ii) Verbal prompts;
 - (iii) Modeling/Gesturing; and
 - (iv) Physical prompts/guidance.
 - (c) *Person-centered* approach to activities;
- (4) N.I.C.H.E. mission and goals.

IV. Domain: Technical Skills

- (A) Outcomes and competencies. By the end of the course, the CNA 2 will be able to:
 - (1) Demonstrate proficiency in skills and tasks which affect body system functions and are assigned by the licensed nurse:
 - (a) Data gathering skills; and
 - (b) Designated tasks.
- (B) Evaluation (Weight: 12 %):
 - (1) Knowledge post-test; and
 - (2) Return competency demonstration in the lab setting on:
 - (a) Adjusting oxygen rate of flow;
 - (b) Bladder scanning;
 - (c) Discontinuing saline lock;
 - (d) Fingerstick capillary blood testing;

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- (e) Interrupting and re-establishing nasogastric (NG) suction;
 - (f) Obtaining nasal or rectal swab;
 - (g) Placing electrodes/leads for telemetry;
 - (h) Suctioning nose or oral pharynx;
 - (i) Testing stool for occult blood; and
 - (j) Urine dip-stick testing.
- (3) Return competency demonstration in the lab or clinical setting on:
- (a) Applying and removing delivery device and turning continuous positive airway pressure (CPAP) or bilevel positive airway (BiPAP) devices on and off; and
 - (b) Discontinuing saline lock.
- (4) Return competency demonstration in the clinical setting on:
- (a) Adjusting oxygen rate of flow; and
 - (b) Fingerstick capillary blood testing.
- (C) Curriculum Content:
- (1) Data gathering skills (To be performed only at the direction of the licensed nurse):
- (a) Bladder scanning;
 - (b) Fingerstick capillary blood testing;
 - (c) Obtaining nasal or rectal swab;
 - (d) Placing electrodes/leads and run electrocardiogram (EKG);
 - (e) Placing electrodes/leads for telemetry;
 - (f) Screening newborn hearing;
 - (g) Testing stool for occult blood; and
 - (h) Urine dip-stick testing.
- (2) Designated tasks (To be performed only at the direction of the licensed nurse):
- (a) Adjusting oxygen rate of flow;
 - (b) Applying and removing delivery device and turning continuous positive airway pressure (CPAP) or bilevel positive airway (BiPAP) devices on and off.
 - (c) Clipping hair in preparation for surgical procedure;
 - (d) Discontinuing saline lock;
 - (e) Establishing and maintaining a sterile field;
 - (f) Interrupting and re-establishing nasogastric (NG) suction;
 - (g) Removing casts in non-emergent situations;
 - (h) Setting up traction equipment; and
 - (i) Suctioning oral pharynx.

V. Domain: Infection Prevention and Control

- (A) Outcomes and competencies. By the end of the course, the CNA 2 will be able to demonstrate proficiency with the following skills:
- (1) Obtain urine specimen from port of catheter;
 - (2) Discontinue Foley catheter; and
 - (3) Measure, record and empty output from drainage devices and closed drainage systems.
- (B) Evaluation (Weight: 12 %):
- (1) Knowledge post-test; and
 - (2) Return competency demonstration in the lab setting on:
 - (a) Establishing and maintaining a sterile field;
 - (a) Obtaining urine specimen from port of catheter;
 - (b) Discontinuing Foley catheter;

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- (c) Measuring, recording and emptying output from drainage devices and closed drainage systems; and
- (C) Curriculum Content:
 - (1) Medical (clean) versus sterile aseptic technique;
 - (2) Isolation Guidelines:
 - (a) Clostridium difficile;
 - (b) Herpes Zoster (Shingles);
 - (c) Methicillin-resistant Staphylococcus Aureus (MRSA) Infections;
 - (d) Multi-Drug Resistant Organisms (MDRO);
 - (e) Norovirus;
 - (f) Pediculosis; and
 - (g) Scabies.
 - (3) Designated Tasks:
 - (a) Establishing and maintaining a sterile field;
 - (b) Obtaining urine specimen from port of catheter;
 - (c) Discontinuing Foley catheters;
 - (d) Measuring, recording and emptying output from drainage devices and closed drainage systems; and
 - (e) Changing wound vac canisters.

VI. Domain: Safety

- (A) Outcomes of teaching. By the end of the course, the CNA 2 will be able to:
 - (1) Articulate, using own words, the Joint Commission's National Patient Safety Goals as they apply to CNA practice.
 - (2) Identify safety risks for a *person* with dementia;
 - (3) Explain effective preventive/protective strategies when working with a *person* with dementia; and
 - (4) Describe use of supportive/protective devices;
- (B) Clinical competencies. By the end of the course, the CNA 2 will be able to:
 - (1) Consistently apply preventive/supportive/protective strategies or devices when working with *persons* with dementia.
- (C) Evaluation (Weight: 8%):
 - (1) Knowledge post-test; and
 - (2) Return demonstration on new skills.
- (D) Curriculum Content:
 - (1) Joint Commission's National Patient Safety Goals; and
 - (2) Safety risks:
 - (a) Awareness of fall risks;
 - (b) Sundowning; and
 - (c) Wandering.
 - (3) Preventive/Protective Strategies:
 - (a) Assess personal safety:
 - (i) Know care/service plan;
 - (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; and
 - (4) Recognizing at-risk behavior.

VII. Domain: Promoting Nutrition and Hydration

- (A) Outcomes and clinical competencies. By the end of the course, the CNA 2 will be

- able to:
- (1) Discuss nutrition, physiology, and complications associated with eating.
 - (2) Demonstrate proficiency in techniques and skills associated with eating.
- (B) Evaluation (Weight: 4%):
- (1) Knowledge post-test; and
 - (2) Return demonstration on new skills.
- (C) Curriculum Content:
- (1) Assistance with eating:
 - (a) Basic principles; and
 - (b) Strategies in providing *person*-centered nutrition;
 - (i) Environmental considerations;
 - (ii) Comfort measures; and
 - (iii) Activities that enhance nutrition.
 - (2) Swallowing problems;
 - (3) Adaptive equipment;
 - (4) Behavioral challenges, i.e., spitting and clamping jaw, etc.;
 - (5) Jaw support;
 - (6) Musculoskeletal ability; and
 - (7) Implications for/importance of therapeutic positioning.
 - (8) Designated Tasks:
 - (a) Adding fluid to established post pyloric, jejunostomy and gastrostomy tube feedings;
 - (b) Changing established tube feeding bags; and
 - (c) Pausing and resuming established post pyloric, jejunostomy and gastrostomy tube feedings to provide personal care.

VIII. Domain: Promoting Functional Abilities

- (A) Outcomes and clinical competencies. By the end of the course, the CNA 2 will be able to:
- (1) Apply knowledge of common disease processes and conditions that affect body system functions and the *person's* functional ability to succeed in long term care: Cardiovascular conditions, degenerative diseases, mental health, neurological conditions, orthopedic conditions, respiratory diseases, and trauma;
 - (2) Demonstrate proficiency in skills related to common disease processes and conditions that affect body system functions and the functional ability of a *person*;
 - (3) Adapt range of motion for specific conditions;
 - (4) Demonstrate proficiency in the use of adaptive/assistive and therapeutic devices to achieve optimal independence in mobility;
 - (5) Demonstrate proficiency in therapeutic exercise; and
 - (6) Identify, take steps to correct, and communicate positioning issues utilizing knowledge base.
- (B) Evaluation (Weight: 8%):
- (1) Knowledge post-test;
 - (2) Return competency demonstration in the lab setting on new skills; and
 - (3) Demonstrating ability to apply knowledge of common disease processes that affect the functional ability of a person in long term care as evidenced by observation of at least five encounters of people in the clinical setting.
- (C) Curriculum Content:
- (1) Manifestations of common disease processes and conditions that affect body system functions and functional ability of a

person including but not limited to:

- (a) Balance;
 - (b) Contractures;
 - (c) Neuropathy;
 - (d) Sensory and perceptual deficits;
 - (e) Shortness of breath;
 - (f) Spasticity;
 - (g) Paralysis; and
 - (h) Range of motion.
- (2) Risk factors and complications of immobility related to impaired function; and
- (3) Designated Tasks:
- (a) Assisting *persons* in and out of Continuous Passive Motion (CPM) machines;
 - (b) Performing range of motion on *persons* with complex medical problems: fragile skin, at risk for pathological fractures; and spasticity, and contractures;
 - (c) Therapeutic positioning in a variety of situations and considering a *person's* condition including but not limited to bridging and proning; and
 - (d) Use of adaptive, assistive and therapeutic equipment:
 - (i) Ankle and foot orthotics;
 - (ii) Braces;
 - (iii) Established traction equipment: remove and re-apply;
 - (iv) Foot lifter;
 - (v) Splints.

IX. Domain: End-of-Life Care

- (A) Outcomes of teaching. By the end of the course, the CNA 2 will be able to:
- (1) Describe the types of services available to *persons* in need of end-of-life care; and
 - (2) List several comfort care methods used for people at the end-of-life.
- (B) Clinical competencies. By the end of the course, the CNA 2 will be able to:
- (1) Describe the physical changes in a *person* at the end-of-life; and
 - (2) Demonstrate methods of providing compassionate end-of-life care.
- (C) Evaluation (Weight: 4%):
- (1) Knowledge post-test; and
 - (2) Return demonstration on new skills.
- (D) Curriculum Content:
- (1) Comfort measures a CNA 2 can provide for a *person* and their family when a *person* is at the end-of-life or on hospice care;
 - (2) Methods to use for end-of-life care including but not limited to:
 - (a) Pain management;
 - (b) Music; and
 - (c) Touch;
 - (3) Supportive presence;
 - (4) Removal of non-surgically inserted tubes and devices from post-mortem *persons*; and
 - (5) Organ and tissue donor care needs.

X. Domain: Documentation

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

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- (1) Provide one example of charting with appropriate descriptive language and abbreviations; and
 - (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 system.
 - (4) Use terms and abbreviations accurately and appropriately to describe persons, procedures, and other aspects of care.
- (B) Clinical competencies. By the end of the course, the CNA 2 will be able to use terms and abbreviations accurately and appropriately to describe persons, procedures, and other aspects of care.
- (C) Evaluation (Weight: 2%):
- (1) Knowledge post-test; and
 - (2) Return demonstration on new skills.
- (D) Curriculum Content:
- (1) Terminology and abbreviations related to care; and
 - (2) Reporting and recording of care.