

West Virginia Nurse Aide Training & Competency Evaluation Program

- GUIDELINES - Revised July 2002

I. Nurse Aide Instruction

Syllabus

All students must receive a syllabus and a calendar. The syllabus is the teachers contract with the students. It must be very specific in what is expected of the student and the rules of the class. In order to prevent future problems the following areas should be covered in your syllabus or agreement that is given to each student.:

1. Description of the course with the course outline.
2. Goals and objectives of the course
3. The book or teaching material used
4. A calendar of the exact subjects that will be covered. (You may copy the same calendar you send to the Nurse Aide Program for approval.
5. A detailed description of the uniform required and any dress and behavior policies of the school or clinical facility
6. Explanation of the ratio of students to instructors: one to twenty in the classroom and one to ten in the clinical setting.
7. Attendance policy, including how the student contacts the instructor if they will be absent. This must include the minimum number of absences and the method for making up the time. (If students are allowed to miss clinical and/or classroom days, there must be a make-up day scheduled on the calendar for both clinical and classroom for this number of days). If the make-up days are not needed they can be dropped. The make- up days cannot be counted in the total number of hours.
8. Minimum passing scores for clinical and classroom setting. The minimum required for passing the clinical part of the training must be specific, so the student can clearly understand what is expected of them.
9. Explanation of how each student will receive the lesson plans for each topic of the curriculum taught.

Teaching clinical skills

A. Skills training

When teaching nurse aide skills every effort must be made to simulate the skill. A mannequin is the best way of providing a lab and practice for skills. The Nurse Aide Training and Competency Evaluation Program does recommend that each program have a mannequin at their disposal, although this is not a requirement .

B. Supplies

Supplies for skills should be available for practice. Examples of this are dentures, ostomy supplies, catheters, urinary drainage bags, wheelchairs, walkers, transfer boards, hospital beds. If the facility has low beds, the student must learn to provide care and transfer from the low bed. In the lab, one way to simulate this is to put the bed mattress on the floor. It is highly recommended that some items, such as dentures and hearing aides, should be in the clinical setting . It is difficult to Apretend@ to clean dentures. When the student goes to the facility for clinicals, they must have the skills to care for residents in a safe manner.

C. Skills checklist

Students must have demonstrated in the lab and classroom any skills prior to the clinical experience as listed in the criteria. The instructor is to complete the skills task checklist as the student returns the demonstration. Watching a video will not suffice for a demonstration and return demonstration of a skill. A video can be part of the learning experience, but the instructor is still responsible for teaching the actual skill. N/A, not available, is not acceptable on a skills checklist. If you do not have the equipment to teach the skill, you must simulate it so that the student can return the demonstration to you. The instructor may document on the skills checklist that a skill was not available in the clinical setting, but re-demonstrated in the lab setting. For example : there is not a resident in the facility with a colostomy. The instructor cannot just skip this skill and put N/A. The nurse aide may go to work in a facility that has several colostomys . They must be prepared to care for these residents. Therefore, the instructor will again simulate the skill and allow the student to return the demonstration.

The time used to teach a skill in the clinical setting with the facility equipment, such as a mechanical lift, bed scales, whirlpool, etc. must be counted as classroom hours. This is not clinical hours because the student is not providing direct care.

II. Clinical setting

A. Facility Orientation

Students must attend a two (2) hour facility; orientation prior to the clinical rotation. (This can not be included in the total hours for the program.) This orientation should include fire and safety plan, general requirements of the facility and a tour of the facility.

B. Skills in the Clinical Setting

In the clinical setting, students are not to provide any resident care that they have not successfully demonstrated in the clinical setting in the presence of the instructor. The first time the student performs a skill, the instructor must observe and evaluate the proficiency of the students skills. The skills checklist is completed at the time the skill is performed by the student, not at the end of the day. The skills checklist should be kept with the instructor in the clinical setting. Students are not allowed to keep the original checklist, they get soiled and sometimes get lost. You may make them a copy to carry with them if necessary. Once the student has successfully performed the skill in front of the instructor, they may perform this skill in the clinical setting without direct observation from the instructor. The registered nurse instructor is responsible for students in the clinical setting at all times

Students must complete all skills on the skills checklist to complete the program.

C. Student Identifying Component

Students must be dressed in the uniform or attire that is outlined in your syllabus. They must have a name tag designating them as a student. The uniform, or attire must be different from the other staff in the facility. This needs to be documented and reported to the Nurse Aide Program when there is a change. If a surveyor walks into your clinical setting to complete a survey, the students must be attired in the uniform last reported to the Nurse Aide Program. This description must be specific. It must include the color and style (for example, blue aprons) and note that this attire is specific to the nurse aide in training.

D. Instructor Availability

While students are in the clinical setting, the instructor must be accessible. Students can not provide care in different parts of a facility without an instructor. For example, if the students are feeding in the dining room, the instructor should be in the dining room. Students should not be in a separate wing, floor or part of the building away from the

instructor. If for any reason the instructor must leave the clinical area, the students must also leave the clinical area. Instructors are responsible for an action of their students.

E. Program and Clinical Instruction

CNAs or nurses that are not approved instructors, in the facilities **cannot at any time** supervise or teach the students clinical skills. CNAs cannot be used as resource instructors except in specific, timed presentations, such as demonstrating the flow sheets or specific documentation to that facility. They must have prior approval from the NATCEP office. All instructors, including resource instructors must be pre-approved, by submitting form WVNAECEP-2, revised 2-8-01, Faculty Data Form, and/or WVNAECP-3, Resource Instructor Data Form.

When submitting an application for a new instructor, a detailed resume must be attached with work history designated in months and years. (Such as 9/99 to 1/01). Coordinators, clinical and classroom instructors are required to have two (2) years of experience as a registered nurse with at least one of those years in a certified long term care facility or distinct part of a hospital. LPN or CNA long term care experience does not count. This is a federal regulation and cannot be waived.

Anytime an instructor is terminated or resigns this information must be reported to the NATCEP office. You may use the original Faculty Data Form used to approve the instructor and complete the section on the bottom of the page designated for this use. If you do not have the original form, you may complete a new Faculty Data Form for this purpose.

The classroom instructor is required to complete the Educate the Educator training or obtain a vocational teaching certificate within six (6) months of approval as an instructor. If the instructor has not completed this program, the Nurse Aide Program will require the instructor to terminate teaching until the Educate the Educator is completed. Information about the available dates and locations for Educate the Educator can be obtained from Denise Cihy, R.N., Professional Healthcare Development, L.L.C. at (304) 733- 6145.

II. Rosters and Completion of Education Form

A. Class Rosters

Please send rosters so they are received one week prior to start date. Any revisions should be faxed no later than the end of the first day of class. Any revisions to the class roster must be submitted in its entirety listing **all** students in the class. **No Exceptions!** If the revised roster is not faxed to the Nurse Aide Program by the end of the first day of class, the class time prior to the receipt of the roster will have to be made up. Rosters must be received with the Calendar in the NATCEP office one week prior to start date with the roster. Any revisions requested should be resubmitted as soon as possible.

For the Class Roster, please use the correct form WVNAECEP-4a. Revised 9-17-98. Please be sure social security numbers and names are **correct and legible**. Any other form used will be returned to instructor. Please use the correct name of the program and the program number. If the class roster is not legible, it will be returned.

B. Completion of education

Completion of education form WVNAECEP-4 must be sent to the Nurse Aide Program no later than 30 days following completion of the class. Remember, your students cannot test until this is received in the office and entered into the data base. **Please** make sure it is legible and the social security numbers and names are correct and match the numbers on the class roster. If the social security numbers do not match the roster, a complete revised roster must be submitted to support the social security number on the completion form. The NATCEP office has the right to request documentation to verify social security numbers. **Do not use nick names .**

If the completion of education is not legible or if the social security numbers and names do not match the roster, it will be returned for correction.

When a calendar or roster is revised, please plainly indicate on the first page of the calendar with notation Arevised, change, update, amended, etc.@ If there is a calendar change which would require sending new calendar, please circle or note the changes that are made. It is very difficult for this office to pull the original calendar to compare. This allows the NATCEP office to identify this as a revision and not an original calendar. This saves time and confusion. When mailing or faxing a calendar, NATCEP office only needs one legible copy. If you fax the calendar and you have verification that it was received, there is no need to mail the original. The NATCEP office only needs one copy of the Calendar, Roster, Completion of Education, Faculty Data forms, etc. if there are no revisions requested.

If you are simply changing a class or clinical day or hours for a particular day, you may send a letter or memo with the changes. Remember, if you cancel a class or clinical, you must indicate when this time will be made up. Always put the name of the program and the program approval number on any correspondence.

III. Calendars:

Calendars must be complete. Please use the calendar and curriculum checklists when preparing the calendar. This eliminates any extra time that is spent sending calendars back and forth. It is also a deficiency on your survey if the calendars are not completed correctly or within the required time frames.

Please use the correct calendar checklist to complete your calendars. There is a checklist for facility based programs, adult education and secondary education programs. Unless your program has permission to use a different format, these checklists must be used. Each square of the calendar, or each day if you are using a narrative form, must include the total number of classroom or clinical hours for the day. Add the number of hours in each day. The total must equal the total number of hours of clinical and classroom submitted on the calendar and the total number of hours approved by the NATCEP office.

Note: vocational secondary education programs are required to submit a clinical calendar only. Adult vocational programs are required to submit a complete calendar with the classroom and clinical information.

When adding total clinical hours, travel time to and from the facility, lunch breaks, in-services, pre and post conference, etc. cannot be counted. A two (2) hour orientation to the facility is required, but not included in the total hours. If for any reason, a class or student leave clinicals early, this time must be made up. The 55 hours of clinical is the actual time spent providing direct care to residents. A presentation by physical therapy, for example, would be counted under the classroom, or theory.

All topics listed on the curriculum checklist must be included on the calendar. To save time and future problems please use the checklist to make sure all topics are included. The two (2) hours of orientation to the facility must also be on the calendar, but cannot be included in total hours.

Number of approved hours: if you are approved for 70 hours of classroom and 70 hours of clinical, this is what has to be taught. The calendar and/or the original approval is the training programs contract with the nurse aide program that the documented curriculum and hours will be taught. If there is a change from the original approved hours, a WVNAECEP -1, must be completed for approval. A program cannot drop a clinical day because you have over the minimum requirement of 55 clinical hours. The program must complete the number of hours for which they were approved and documented on the calendar.

IV. Changes in programs.

Any changes in the program should be reported to the Nurse Aide Program on the following forms

WVNAECEP-1 :

1. Any change in program hours from the originally submitted hours or a change in the last program approval.
2. Changes in site of clinical or classroom. Clinical site change must be accompanied by a contract with the facility.

WVNAECEP-9:

Changes in instructional material, including video and books. Please include the program name and number which is not designated on the current form. It will be revised to include this information

WVNAECEP-2:

Any changes in director, coordinator, clinical and /or classroom instructor. This includes resignation or termination or back up instructors.

WVNAECEP-3:

Any changes in resource instructors, including resignation and termination. Included on this form, you must be specific concerning the subject matter to be taught and the amount of time used to teach.

V. State examination, skills and written

Testing will now be done statewide by:

PHD
Professional Healthcare Development, L.L.C.
PO Box 399
Ona , WV 25545
Phone: (304) 733-6145 Fax: (304) 733-6146
email: info@profhd.com

Some of the testing changes that will occur in 2002:

1. Testing will be done twice per month, dividing the locations throughout the state.
2. Written tests will be changed on a routine basis.
3. The written test questions will be divided into categories, so that there is a consistent number of questions in each area.
4. Starting in 2002, a specific date has not been determined, a report will be sent to each instructor quarterly to identify the areas of the curriculum in which your students need improvement. This is a tool that will allow you to revise your program according to the required curriculum.
5. The NATCEP office will still be looking at failure rates. Any program that has a consistently high failure rate on the state testing may be suspended or terminated. The criteria for loss of program approval is AA competency evaluation failure rate in any class of 40% or more and/or a pattern of frequent failures.
6. Raters at the testing sites will not be allowed to test their own students. In the event that this is reported to you, please contact the Nurse Aide Program immediately.
7. All tests, skills and written will be evaluated and scored by PHD registered nurses.
8. Skills tests will be broken down into steps with numerical value assigned to each step. Critical steps will be given a higher numerical value. A student may have enough points to pass , but if the number of critical steps missed indicate that this candidate is not ready to work independently, they can fail the skills portion of the test. The instructor of any student failing the skills portion of the test will receive an actual copy of the sheet used to rate the student on the skills they failed.

9. A complete set of skills from the skills checklist will be developed by the NATCEP with the assistance of PHD to be sent to all approved programs. The instructors should use these as a guideline to teach skills. You may add any steps you feel necessary, but these will be the basic steps required to pass the skills portion of the state approved test. The critical steps will be highlighted. The set of skills will be completed by October and sent to all programs.
10. All complaints and concerns about the state testing, should be sent in writing to the NATCEP office for review.
11. Test scores will not be released to the Nurse Aide Registry by PHD until all fees are paid.
12. In order to develop a more comprehensive written test, the reading level has been advanced to fifth and sixth grade level, excluding medical terms relevant to long term care. Any students that would have difficulty reading on this level should be recommended for the oral version of the test.

Note: Any facility programs or vocational schools using books covering allied health may not have all of the curriculum topics in their books. Some of the books reviewed by the NATCEP office did not contain: restorative procedures, prosthetic devices, abuse, neglect, care of the body after death in long-term care. These programs must have training materials to cover all topics in the curriculum.

VI. Helpful hints for surveys:

1. A file review is completed in the office prior to the survey. At this time, the surveyor will be looking for the proper documentation for changes in a program. The program changes, calendars, rosters, completion of education forms are reviewed. If these have been late during the previous two years, you will receive a deficiency.
2. During this review, the surveyor will also be looking for the documentation for approval of instructors and educate the educator verification. New instructors have six months to complete educate the educator or obtain a vocational teaching certificate.
3. Classroom and clinical settings will be surveyed. They are usually done on the same day. If you are unable to be in the classroom setting when the surveyor arrives, you must make prior arrangements for someone to allow the surveyor access to the classroom and all of the records requested. You may not leave your students in the clinical area unsupervised to accompany the surveyor to the classroom. You must pull your students off of the clinical area if you are the only person available to access the classroom.
4. During the survey, the surveyor will be observing students providing care and interacting with residents. The students will be asked questions about their program and their training. Skills checklists will be reviewed as students are providing care. Some of the important areas the surveyor is looking at are privacy, safety, infection control, resident rights, and proper techniques. The surveyor understands that the student is nervous. Every effort will be made to put the students at ease.
5. The surveyor has the authority to remove the students from the clinical setting if the safety of the residents is jeopardized.
6. Remember the survey process is a learning experience. This is a tool used to correct deficiencies which will improve the nurse aide training programs.
7. You will be required to produce specific documentation for the surveyor.

VII. Teaching abuse, neglect and resident=s rights

- * Please include in this section the actual process if the nurse aide is accused of abuse or neglect. The investigators with the Nurse Aide Program talk to many nurse aides that do not understand the process nor do they realize what constitutes abuse and neglect. The Nurse Aide Program has completed an inservice which will be helpful in teaching this section of the course. Nurse aides that have completed a class and are test eligible can still be placed on the abuse register if an allegation is substantiated.

Summary:

The NATCEP office has made every effort to make the process of approving and maintaining nurse aide training programs as efficient as possible while still staying in compliance with the federal guidelines. The NATCEP office requests that all forms and documentation be proofread before submitting to the office. This will save time and money. Please use the proper form for the change or information to be submitted. If the proper form is not used, the documentation will be returned. Please review the [Criteria for Approval of Education Programs and Guidelines For the Training and Employment of Long Term Nurse Aides in West Virginia.](#)

All forms and the criteria are available on the OHFLAC web page at www.ohflac.org