



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Long Term Care Residents Protection

**APPLICATION
NURSE AIDE TRAINING PROGRAM**

RETURN 5 COPIES TO:

DIVISION OF LONG TERM CARE RESIDENTS PROTECTION
3 MILL ROAD SUITE # 308
WILMINGTON, DE 19806

Applicant Name _____

Address _____

Contact Person _____ Telephone # _____

E-mail Address _____

Date of Application _____

List Training Site(s) and Type of Training at Each Site: **(Fill in each row; put N/A if not applicable for a row.)**

Initial Start Date Requested _____ (Must allow the Division 90 days to act on the request for approval.)

Pre-Approval Obtained from the Department of Education?

_____ Yes (attach documentation) _____ No, not a private school

Please note: Program approval by the Division of Long Term Care Residents Protection (DLTCRP) is required prior to starting your CNA training program.

The State of Delaware does not discriminate in program funding of services to participants on basis of race, color, religion, sex, national origin, age handicap, or political affiliation or belief.

REQUESTS FOR APPROVAL OF NURSE AIDE TRAINING PROGRAMS MUST INCLUDE ALL OF THE FOLLOWING:

I. BRIEF DESCRIPTION OF PROPOSED PROGRAM ACTIVITY TO BE OFFERED:

- A. Description of course with goals and objectives.
- B. Name of textbook with edition and year noted.
- C. Breakdown of program hours for theory and clinical
- D. Instructor to student ratios for both clinical and classroom.
- E. Proposed funding for the course.

II. TRAINING & CURRICULUM DESIGN:

- A. Attach a training outline of your curriculum for your entire course including the amount of time (weeks, hours) devoted to both academic and /or skill development and a brief description of your teaching and evaluation methods (see Appendix page 10).
 - 1. The curriculum content for the nurse aide training program must include material that will provide a basic level of both knowledge and demonstrable skills for each individual completing the program.
 - 2. The program must be a minimum of 150 clock hours divided equally between clinical and classroom instruction.
 - 3. Additional clock hours may be provided as required.
 - 4. Indicate when clinical at a facility will take place.
- B. Include behaviorally stated objectives for each unit of instruction (see Appendix page 11).
 - 1. Each objective must state performance criteria which are measurable and which serve as the basis for competency evaluations.
 - 2. The unit objective must be reviewed with the trainee at the beginning of each unit so that each trainee will know what is expected.
- C. Provide a daily classroom and clinical schedule/agenda showing days and hours of course, subjects and required reading (see Appendix page 9).
 - 1. Indicate when tests and quizzes will be administered.
 - 2. Indicate when lunch and break times are given (**lunch and break times are subtracted from total program hours**).
 - 3. Indicate when students will receive CPR certification.

4. Maintain a classroom and clinical schedule for each class offered once approved.
- D. Attach a list of Equipment and Supplies to be used during the training as required in the State of Delaware CNA Training Regulations as well as all supplies required for the state competency test.
- E. Submit a sample lesson plan for one unit of instruction that includes behavioral objectives, teaching materials/handouts and post test.

III. PROGRAM LOCATION

- A. Complete a Clinical Facility Request Form (see Appendix page 6) for each site used by the program providers. NOTE: Check with the Division before you obtain a contract, to make sure that the facility can be used as a clinical site.
- B. Please attach a copy of an affiliation agreement(s)/contract(s) for clinical instruction/training if you are not a facility-based program.
 1. Affiliation agreement(s)/contract(s) must specify the terms of the agreement and the responsibilities of both parties.
- C. Attach clinical objectives and rationale for the selection of the facility.

IV. ENROLLMENT

Indicate how many students can be handled during any one training period and how often you plan to offer the training in any given year.

V. STAFFING

- A. Submit an organizational chart showing all program positions (administrative, instructional and support) and their relationship to the overall administrative structure of the agency including the names of staff under each indicated category.
- B. Provide job descriptions for all staff.
- C. Complete Qualification sheets for all Nursing Instructors and other instructional staff/guest speakers (see Appendix pages 7 and 8).
 1. The training of CNAs must be by or under the supervision of an RN with two years of nursing experience as an RN and one year of full time experience as an RN working in a skilled nursing home.

2. All instructors are required to have: teaching experience with adults in a classroom or clinical setting; or, completed a teaching course or a train the trainer course; or, possess a state high school teaching license (for high school programs only).

VI. EVALUATION AND MONITORING

Under this heading, describe how you will evaluate and monitor your training program.

- A. Describe what will be done to determine how your program goals and objectives are being met?
- B. Describe what will be done to determine that the trainee goals and objectives are being met?

VII. PERFORMANCE STANDARDS

A. Levels of Proficiency

1. What are expected theory and practice competency levels?
2. Submit a skills competency checklist (see Appendix pages 12-14) showing skills that each trainee will be required to demonstrate.
3. The skills checklist must provide space to record:
 - a) The date of skill performance.
 - b) The level of proficiency (i.e., satisfactory/unsatisfactory).
 - c) The signature of instructor supervising performance.
 - d) The checklist must be comprehensive and include all manual skills noted in the State and Federal regulations. (NOTE: Two copies of the completed skills checklist must be given to each trainee at the completion of the course.)
4. Submit a description of how the theory content of the curriculum is measured.

Note: Approval may be refused, withdrawn or suspended when it is determined that the program does not comply with any of the requirements mandated by the Omnibus Reconciliation Act and State regulations.

APPENDICES

CLINICAL FACILITY REQUEST FORM

For an initial request to use a new clinical facility, the following information is needed to determine the adequacy of the facility before approval can be given. You must also attach a copy of your contract with the clinical facility.

Name of Provider Initiating Request _____

Name of Facility to be used _____

Address _____

Telephone Number _____ State License Date _____

Total Bed Capacity _____ Average Daily Census _____

Facility Administrator _____

Director of Nursing _____

<u>NAME(S) OF UNIT(S) TO BE USED</u>	<u>AVERAGE CENSUS PER UNIT</u>

(Fill in each row for unit name and census; put N/A if not applicable for a row.)

Provisions for Faculty & Students:

Instructor Office Space: Yes ___ No ___ Size _____ Location _____

Library: Yes ___ No ___ Size _____ Location _____

Conference Rooms: Yes ___ No ___ Size _____ Location _____

Classrooms: Yes ___ No ___ Size _____ Location _____

Locker Rooms and/or dressing rooms: Yes ___ No ___ Size _____

Location _____

Instructional aids and equipment: Yes ___ No ___ Size _____

Location _____

CNA INSTRUCTOR QUALIFICATIONS

Name: _____ Position: _____

Address: _____

Full Time _____ Part Time/Hours _____ Job Responsibilities: Classroom ____ Clinical ____

Attach Copy of Current Nursing License.

School/Agency Address: _____

Attach a Résumé which includes all of the following:

Nursing School(s) Degree(s) Major(s) Dates of Attendance

Membership in Professional Organizations Employment History

RN Supervisor/primary instructor: Attach a letter(s) from your employer(s) showing one year of full-time nursing home work experience as an RN.

All instructors: Provide a letter(s) from past employer(s) verifying experience teaching groups of adults in a classroom or clinical setting or successful completion of a teaching course or a state teaching certificate if teaching in a high school setting.

Attended the "Train the Trainer" Program: Yes _____ No _____ (Attach Proof of Completion.)

Place: _____

Sponsoring Agency: _____ Date: _____

I certify that the above information is correct. I give permission to the Division to contact my current/past employers to verify the accuracy of this information.

Signature and Title _____ Date _____

PROGRAM TRAINER QUALIFICATIONS (GUEST SPEAKERS) (If applicable)

Name: _____ Position: _____

Address: _____

Full Time _____ Part Time/Hours _____ Job Responsibilities: Classroom ____ Clinical ____

Attach Copy of Current Nursing License if applicable.

School/Agency Address: _____

Attach a Résumé which includes all of the following:

Nursing School(s) Degree(s) Major(s) Dates of Attendance

Membership in Professional Organizations Employment History

Attended the "Train the Trainer" Program: Yes _____ No _____ (Attach Proof of Completion.)

Place: _____

Sponsoring Agency: _____ Date: _____

I certify that the above information is correct. I give permission to the Division to contact my current/past employers to verify the accuracy of this information.

Signature and Title _____

Date _____

Nursing Assistant Course (Sample Only)

Class and Clinical Schedule

Summer, 20xx

Textbook required readings are listed on the right side of each lecture/clinical topic. All readings are from Name of Textbook (Year). Students are encouraged to perform required reading prior to attending class in order to facilitate the material presented.

DATE	TIME	SUBJECT	REQUIRED READING
Monday, June 4, 20xx	0830-1030	Orientation to the Nursing Assistant Course Unit I: Introduction to the Nursing Assistant Course	
	1030-1130	The Health Care System	Chapter 1, p. 1-12
	1130-1230	Lunch	
	1230-1400	Role of the Nursing Assistant	Chapter 2, p. 13-31
Tuesday June 5, 20xx	0830-1000	Patients, Residents, and Clients	Chapter 4, p. 62-74
	1000-1130	Working with People	
	1130-1230	Lunch	
	1230-1330	Understanding Basic Human Needs	
	1330-1430	Home Health Care	Chapter 11, p. 227-247
	1430-1600	Unit II: Physical Needs of the Resident Food and Nutrition	Chapter 21, p. 443-455
Wednesday June 6, 20xx	0830-0930	Feeding Special Needs Residents- Guest Speaker	
	0930-1130	Observing Body Functions	Chapter 19, p. 382-408
	1130-1230	Lunch	
	1230-1530	Vital Signs Practice Lab- Mandatory	
Thursday June 7, 20xx	0830-0930	Exam: Unit 1	
	0930-1230	Body Systems	Chapters 14, 16, 17, 18, 20
	1230-1330	Lunch	
	1330-1500	Vital Signs Practice Lab- Mandatory	

EXAMPLE OF TRAINING OUTLINE OF CURRICULUM	TIME FRAME	TEACHING METHOD	EVALUATION METHOD
<p>Unit I Introduction to the Nursing Assistant Course</p> <p>A. The Health Care System</p> <p>1. The Health Care Environment</p> <p>a. Purpose of Health care delivery system</p> <p>b, Diagnosis-related groups</p> <p>c. Manage care</p> <p>2. Health Care Delivery sites</p> <p>a. Services available</p> <p>b. Organizational structure</p> <p>1) Hospital</p> <p>2) Nursing Service</p> <p>3) Organization of the Health Care Team</p> <p>B. Role of the Nursing Assistant</p> <p>1. Job Description</p> <p>2. Roles and Responsibilities</p> <p>3. Personal Qualities</p> <p>4. Managing Time and Resources</p> <p>5. Ethical Behavior</p> <p>a. Confidentiality</p> <p>b. Accuracy</p> <p>c. Dependability</p> <p>6. Legal Aspects of Resident Care</p> <p>a. The Resident’s Bill of Rights</p> <p>b. Standards of Care</p> <p>c. Consent</p> <p>d. Abandonment</p> <p>7. Incidents</p>	<p>7.5 hours</p> <p>1 hour</p> <p>1.5 hours</p>	<p>Lecture/Discussion/ Handouts</p> <p>Organization Charts</p> <p>Lecture/Discussion Job Description for a nursing assistant</p> <p>Video-“Well Shut My Mouth”</p>	<p>Quiz # 1</p>

NURSING ASSISTANT TRAINING COURSE

UNIT 1: INTRODUCTION TO THE NURSING ASSISTANT COURSE

EXAMPLE OF UNIT OBJECTIVES:

At the completion of this unit, the student will:

1. Describe how agencies make services available to residents and families.
2. Explain the purposes and goals of the nursing assistant services.
3. Discuss the roles of the nursing assistant in the hospital, long-term care facility, and in the home.
4. Explain why nursing assistants do NOT administer medications.
5. Identify ways to manage time and conserve resources.
6. Identify resources within the family and the community.
7. Identify ways in which people communicate with each other.
8. Describe the difference between verbal and non-verbal communication.
9. Describe methods for achieving therapeutic communication.
10. Describes basic human needs which nursing assistant services help to meet.
11. Identify ways in which individuals and families may differ.
12. Describe how people may feel and behave when needs are unmet.

SAMPLE SKILLS COMPETENCY CHECKLIST

SKILLS	DATE OF INSTRUCTION	RETURN DEMO DATE	PROFICIENCY LEVEL Satisfactory(S)/Unsatisfactory (U)	INSTRUCTOR INITIALS
1. Wash hands				
2. Take and record temperature				
3. Take and Record Pulse				
4. Count and Record Respirations				
5. Take and Record Blood Pressure				
6. Measure and Record Height				
7 Measure and Record Weight				
8. Measure and Record Fluid Intake				
9. Measure and Record Fluid Output				
10. Provide Mouth Care				
11. Clean and Store Dentures				
12. Heimlich Maneuver				
13. Assist with Bedpan				
14. Assist with Urinal				
15. Provide Perineal care for incontinent resident				
16. Provide Foley catheter care				
17. Apply Condom Catheter				
18. Measure Water Temperature				
19. Provide Foot Care				

SAMPLE SKILLS COMPETENCY CHECKLIST

SKILLS	DATE OF INSTRUCTION	RETURN DEMO DATE	PROFICENCY LEVEL Satisfactory (S)/ Unsatisfactory (U)	INSTRUCTOR INITIALS
20. Provide Bed Bath: a. Complete b. Modified				
21. Groom/shave and Shampoo Hair in Bed				
22. Provide Hand and Nail Care				
23. Put Elastic Stockings on Resident				
24. Dress & Undress Resident: a. Who is able to assist b. With Affected Right Arm				
25. Feed Resident Who Cannot Feed Self				
26. Make a Bed: a. Unoccupied B. Occupied				
27. Turn and Position Resident: a. On side b. On back				
28. Assist with Ambulation a. Without Gait Belt b. With Gait Belt				
29. Transfer Resident from Bed to Wheelchair				
30. Perform Passive Range of Motion: a. Shoulder, Elbow, Wrist and Hand b. Hip, Knee, Ankle and Foot				
31. Collect non-sterile specimen a. Stool b. Urine				
32. Perform Ostomy Care				

SAMPLE SKILLS COMPETENCY CHECKLIST

SKILLS	DATE OF INSTRUCTION	RETURN DEMO DATE	PROFICIENCY LEVEL	INSTRUCTOR INITIALS
33. Provide Hot/Cold Application				
34. Perform Isolation Precautions				
35. Use a Mechanical Lift				
36. Monitor Oxygen Flow Rate				
37. Provide Backrub/PM Care				
38. Perform Admission Process				
39. Perform Discharge Process				
40. Provide Post Mortem Care				
41. Tub Bath/Showers				

Instructor's Printed Name & Signature:

Date:

Initials:

Student's Printed Name & Signature:

Date:



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Long Term Care Residents Protection

**DIVISION APPROVAL
NURSE AIDE TRAINING PROGRAM**

NOTE: This page is completed by DLTCRP.

Program Approved: _____Yes _____No

If no, state reason: _____

Names of Reviewers:

Date Reviewed: _____

Program ID #: _____

Pin #: _____

Individual Completing Form: _____

Please Print

Signature of Individual Completing Form: _____

Date: _____