State-Approved Curriculum
NURSE AIDE I TRAINING PROGRAM
July 2013

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Health Care Personnel Registry Section
Center for Aide Regulation and Education
NC DHHS is an equal opportunity provider and employer.

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Acknowledgements

The Omnibus Budget Reconciliation Act (OBRA) of 1987 and the 1989 Amendments direct states to specify those training and competency evaluation programs that the State approves for nurse aides employed by nursing facilities participating in Medicare and Medicaid programs on or after October 1, 1990. The following is a state-approved curriculum developed to meet North Carolina Nurse Aide I standards. Individuals can use this training program to prepare to complete a North Carolina State-approved competency evaluation program successfully and ultimately to be listed on the North Carolina Nurse Aide I Registry. This program prepares an individual to work in other practice settings after the employing agency teaches additional tasks not covered in the basic nurse aide training program. Health care institutions may request a copy of this State-approved curriculum for their use.

Many individuals, agencies, facilities, and colleges contributed to the new edition of The North Carolina Nurse Aide I State Curriculum over the last four years. The authors based curriculum content on data compiled from surveys completed by nursing home staff, program coordinators, and nurse aides; reviews of the literature; and a review of the most recent job analysis report by the National Council for State Boards of Nursing (www.ncsbn.org/10_JobAnalysis_NAs_web.pdf). Materials were presented to the Nurse Aide Advisory Committee in 2011.

Nurse Aide Advisory Committee (in alphabetical order)

- Teressa Banks - N.C. Center for Aide Regulation and Education Consultant
- Renee Batts - N.C. Community College System
- Barbara Branon Bissette - N.C. Center for Aide Regulation and Education Consultant
- Barbara Boyce - N.C. Community College System
- Jayne Bunn - Health Care Personnel Registry, Division of Health Service Regulation
- Bethany Burgon - N.C. Department of Justice
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- Susan Harmuth - N.C. Foundation for Advanced Health Programs
- Derek Hunter - N.C. Department of Justice
- Su Modlin Johnson, Nursing Educator
- LeRoy King - Friends of Residents of Long Term Care
- Bob Konrad - UNC Institute on Aging
- Agnes Moore - N.C. Department of Public Instruction
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- Gaynelle Rogers - N.C. Center for Aide Regulation and Education Consultant

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- Brenda Sanders - N.C. Center for Aide Regulation and Education
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- Donna White - N.C. Division of Aging and Adult Services
- Suzanne Williams - N.C. Community College Proprietary Schools

Beginning in September 2010, The North Carolina Department of Health and Human Services (N.C. DHHS) received a federal **Personal and Home Care Aide State Training (PHCAST)** grant to develop, evaluate and distribute a four-phase core competency-based training program that addresses the workforce challenges and training needs of direct care workers in this state. In order to carry out the goals and objectives established for the grant, the N.C. DHHS formed partnerships with various state agencies – the N.C. Foundation for Advanced Health Care Programs, the N.C. Community College System Office, the N.C. Department of Public Instruction, and the N.C. Institute of Aging, as well as a number of other agencies and businesses. A broad-based partner team identified the content of the comprehensive courses.

The proposed framework for North Carolina's PHCAST included two new pre-Nurse Aide I training courses, expanded core modules in the current Nurse Aide I program, and a new post-Nurse Aide I course that will lead to a new Home Care Nurse Aide specialty designation on the state's Nurse Aide Registry. With the additional support of this grant award, the new revised Nurse Aide I curriculum was drafted and later piloted in early 2012. State-approved programs will phase in the Nurse Aide I curriculum will occur during the 2012/2013 academic school year.

NC PHCAST Partner Team (in alphabetical order)

- Beth Barba - UNC-G School of Nursing
- Renee Batts - N.C. Community College System
- Barbara Boyce - N.C. Community College System
- Julie Budzinski - N.C. Division of Medical Assistance
- Linda Burhans - N.C. Board of Nursing
- Phyllis Daw - N.C. Foundation for Advanced Health Programs
- Teri Ferguson - N.C. State Operated Facilities
- Vickie Fore - N.C. Division of Health Service Regulation
- Jesse Goodman - N.C. Division of Health Service Regulation
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- Susan Harmuth - N.C. Foundation for Advanced Health Programs
- Betty Herbster - N.C. Department of Labor

NC PHCAST Partner Team (Continued)

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- LeRoy King – Friends of Residents of Long Term Care
- Tammy Koger – N.C. Assistive Technology
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- Agnes Moore – N.C. Department of Public Instruction
- Jennifer Craft Morgan – UNC Institute on Aging
- Jan Moxley – Office of Long Term Services & Supports
- Mary Palmer – UNC-CH School of Nursing
- Holly Riddle – N.C. Council on Developmental Disabilities
- Zulayka Santiago – N.C. Health & Wellness Trust Fund
- Kathie Smith – Association for Home and Hospice Care of N.C.
- Peggy Smith – N.C. Assisted Living Association
- Sandy Spillman – N.C. Association of Long Term Care Facilities
- Kathy Turner – N.C. Division of Health Service Regulation
- Alice Watkins – Alzheimer's North Carolina, Inc.
- Polly Welsh – N.C. Health Care Facilities Association
- Donna White – N.C. Division of Aging
- Lou Wilson NC Association of Long Term Care Facilities
- Paula Woodhouse – N.C. Department of Health and Human Services
- Susan Yaggy – N.C. Foundation for Advanced Health Programs

Pilot Sites

During January – May 2012, four North Carolina community colleges representing each of four regional areas of the state piloted the draft curriculum:

- Coastal: Roanoke-Chowan Community College, Ahoskie, North Carolina
- Triangle: Southeastern Community College, Whiteville, North Carolina
- Piedmont Triad: Forsyth Technical Community College, Winston-Salem, North Carolina
- Western: Asheville-Buncombe Technical Community College, Asheville, North Carolina

Their feedback and suggestions for change improved the quality of the curriculum.

Photo Shoots

Several community colleges provided lab use, equipment, materials, and/or supplies for photo shoots. Special thanks to administrators and program coordinators from the following:

- Beaufort County Community College, Washington, North Carolina
- Brunswick Community College, Supply, North Carolina
- Cape Fear Community College, Wilmington, North Carolina
- Halifax Community College, Weldon, North Carolina

Also special thanks to volunteers who participated in the various photo shoots:

- Christopher Banks
- Kaitlyn Banks
- Brittany Thompson

Minimum Requirements

To meet minimum requirements, a program must consist of at least 75 hours of combined classroom and practical (laboratory and clinical) instruction. A minimum of 16 hours of practical (combined laboratory and clinical) training must be accomplished.

Textbooks

Use of up-to-date textbooks is an important learning resource for students. We suggest that instructors review several textbooks and select one appropriate for the student. Supplemental reference books may be purchased depending on budget resources. Textbooks should not be more than five years old. Each section of the curriculum includes a blank section for listing relevant resources for student reading.

Grades

The individual program decides the method for derivation of grades for the theory component of the program. The State must pre-approve the chosen method. Derivation of grades may be based on a combination of the following components: quizzes, tests, projects, homework assignments, worksheets, and/or a final examination. Please note that when determining the method for derivation of grades, the curriculum provides multiple chances for providing individual grading opportunities, outside traditional testing options, such as activity participation, ideas for quizzes, presentations, homework assignments, collage presentations, and worksheets. A college/facility must require a minimum of 75 as the final theory grade.

Competency based education is based on the concept of mastery of behavioral objectives with sufficient time allotted for the individual to achieve mastery. To pass the practical (laboratory and clinical) portion of the Nurse Aide I Training Program, the individual must be proficient in demonstrating all skills. Proficiency is defined as the ability to perform a skill in a competent and safe manner. Each Nurse Aide I Training Program must define what proficiency is locally and use consistently with each student and each skill evaluated. Students must be evaluated and deemed, proficient in a skill prior to performing that skill in the clinical setting on a resident.

Laboratory Requirements

The laboratory portion of the Nurse Aide I Training Program consists of three separate and unique components – demonstration of skills by the instructor, student practice, and proficiency check-offs. The ultimate goal for the student is skill acquisition. Skill acquisition has several steps which mirror the components of Nurse Aide I Training lab experiences – demonstration, guided practice, independent practice, proficiency check-off, and then practice, practice, practice.

- **Demonstration of Skills.** Each skill (both starred and non-starred) listed on the Skill Performance Checklists Summary must be demonstrated by the instructor. Prior to demonstration of the skill(s), the instructor reviews and discusses the appropriate Threads of Care Sheet with students. In some cases, teaching tips and activities to enhance instruction are also included on the Threads of Care Sheets. As the instructor demonstrates each skill, the students should have an unobstructed view of the process and have skill check sheets available to refer to and follow along as the instructor proceeds through the steps of the skill.

- **Student Practice.** Guided student practice and independent student practice are vital components of skill acquisition.

  Muscle memory, also known as motor learning, is a form of procedural memory that involves consolidating a specific motor task into memory through repetition. Research has shown that after reaching a high level of performance during an initial training period, additional training that has little effect on performance can lead to substantial improvements in long-term retention. This additional repetitive training is called over-learning. When a movement is repeated over time, a long-term muscle memory is created for that task, eventually allowing it to be performed without conscious effort. This process decreases the need for attention and creates maximum efficiency with the motor and memory systems.

  Guided student practice is best done right after skill demonstration. During this type of student practice, the educator observes the practice sessions and provides descriptive feedback. The educator must be astute and correct errors during guided practice to prevent the repetition of errors. If a student continually performs a skill incorrectly, the muscles will remember the incorrect performance. To perform correctly, the student's muscles must unlearn the incorrect moves.

  Independent practice involves student practice of skills with limited educator supervision. Independent practice may occur either in the lab or at home. It is important that the student independently practices using correct technique. During independent practice, peers may provide descriptive feedback to each other in the lab setting. Students should be self-directed enough to evaluate self in terms of personal strengths and weaknesses and develop their own strategies for learning. Students should refer to the skill check sheets for self-analysis and then make adjustments in performance.

  When students use muscle memory during a skill, none or very little conscious effort is required, time is saved, they are not easily distracted, and most likely to pass proficiency check-offs and the NNAAP skills exam. By using mental processing to perform a skill, students typically get confused over the order of steps, start over, require time to stop and think about steps, roll eyes, repeat steps previously done, waste time doing non-essential movements, and exhibit a high level of anxiety. Mental processing makes performance of a task difficult resulting in the student not doing well with proficiency check-offs and the NNAAP skills exam.

- **Proficiency Check-offs.** Proficiency check-offs, also known as skill check-offs, are held after demonstration and student practice have taken place. At a minimum, students must be evaluated as proficient in each of the starred skills listed on the Skill Performance Checklists Summary in order to pass lab. At this time, the instructor's role changes and the instructor becomes an evaluator. As evaluator, the instructor uses the appropriate skill check sheet, observes a student's performance of the skill, and then actively checks-off each skill step on the sheet. The instructor (evaluator) does not prompt, cue, or assist the student. Based on the program's definition of proficiency, the student either passes the skill and is evaluated as proficient, or does not pass the skill. Students who pass the skill must continue to independently practice the skill correctly over-and-over in order to achieve long-term retention of skill performance. Students who fail proficiency check-offs should repeat guided practice and independent practice, and then be checked-off again, per program policy. Per federal regulations, students may not perform a skill on a resident, in the clinical setting, **until** the student is deemed proficient in that specific skill.

Clinical Requirements

In order to complete and pass clinical, the student must perform at a minimum fifteen (15) starred skills listed on the Skill Performance Checklists Summary in a proficient manner, with instructor supervision, **following** demonstration of proficiency by the student in a laboratory setting.

Documentation

The instructor is responsible for maintaining documentation on two different sheets – The Skill Performance Checklists Summary and skill check sheets for each skill listed on The Skill Performance Checklists Summary.

The Skill Performance Checklists Summary is in Appendix A. The instructor completes this document for each student as directed and maintains the completed document in the student's record for a minimum of (3) three years. A completed Skill Performance Checklists Summary implies proficiency of skills demonstration both in the laboratory and in the clinical settings.

Each Nurse Aide I Training Program is responsible for developing its own skill check sheets. A skill check sheet must be created for each skill listed on the Skill Performance Checklists Summary.

The following components must be included on each skill check sheet:
- Student name
- Skill title
- Numbered steps needed to perform the skill
- Blanks at each step to use for check-off
- Proficiency requirement(s) – numbers of steps performed correctly, or starred critical steps, or both

When a skill is introduced in class and/or lab, then demonstrated in lab by the instructor, the skill check sheet will serve as a valuable resource for the student. The skill check sheet also serves as a

reference for the student during practice. The instructor must use skill check sheets to evaluate proficiency of skills demonstration by the student. When instructors evaluate students as proficient with a particular skill using the skill check sheet, they date and initial the Skill Performance Checklists Summary. It is optional that skill performance checklists be maintained in the student record.

Each student must receive copies of these documents at the beginning of the course.

<u>**Directions for Use of the Nurse Aide I State-approved Curriculum**</u>

This curriculum has been prepared for two groups of people. First, the students, for whom we wish to provide the knowledge and the clinical skills necessary to become proficient nurse aides; and second, the instructors, for whom we wish to provide a curriculum that can be used to complement teaching skills and help educate individuals to become knowledgeable, efficient, caring nurse aides.

<u>**Curriculum Content**</u>

The curriculum has been divided into twenty-three (23) self-contained modules, lettered A through W. Each of the modules represents core content considered to be foundations of knowledge that all nurse aide students must know. In addition, the curriculum content is consistent with requirements specified by federal regulations.

Each module includes a teacher guide, a definitions list, curriculum pages, handouts (when applicable), activities (when applicable), and Power Point presentations. Because each module is independently paginated, the instructor has the latitude to vary the sequence of the modules.

Modules A. through G. include content that meets the federal regulation requiring a minimum of sixteen (16) hours of training <u>prior</u> to any direct contact with a resident in the following areas:

1. Communication and interpersonal skills
2. Infection control
3. Safety/emergency procedures, including Relief of Choking
4. Promoting residents' independence
5. Respecting residents' rights

<u>**Teaching Guide**</u>

Each module begins with a teaching guide that serves as a resource to prepare the instructor to teach the module. It lists the objectives to cover, handouts and activity sheets to duplicate, and supplies to gather. In addition, the teacher guide includes advanced preparation in general and for specific teaching tips, activities, and Internet resources.

<u>**Definitions List**</u>

Useful terms used in the module, along with definitions, are included in each module. The list may be duplicated for student use and reference. It may also be used by the educator to develop tests and/or to develop puzzles, such as word searches or crosswords to complement instruction. The educator may choose to add additional terms and definitions to the list, or possibly include facility-specific and module-specific abbreviations.

<u>**Curriculum Pages**</u>

Curriculum pages are provided in a portrait layout with objectives introduced first, followed by instructional content divided into two columns – Content and Notes the first column, titled *Content*,

is all-inclusive and provides information to be covered in the classroom setting in order to meet the objectives for the module. The *Content* column includes:

- **Power Point Reference Numbers.** The Power Point reference number tells the educator which Power Point slide corresponds with the block of content included within the confines of the independent borders. Example: **(S-2)** represents slide number 2 on the Power Point for the specific module.

- **Blocks of Content.** The blocks of content are included within the confines of the independent borders and specify what is to be at a minimum, verbally conveyed to the students during classroom instruction.

- **Teaching Tips.** Numbered teaching tips are included that complement the content and provide the educator with ideas and suggestions to clarify information, involve students in discussion, and engage students with varied learning styles strategies. It is an expectation that the instructor will consistently incorporate teaching tips during the teaching of the content. Each teaching tip is numerically ordered including module letter followed by a brief title of the teaching tip and designated with an enlarged, bold font. Example: **TEACHING TIP #1B: Respiratory Infection Symptoms** represents the first teaching tip in Module B and deals with respiratory infection symptoms.

- **Activities.** Numbered activities are a required component of the curriculum and complement the content. Use of activities, when directed to do so, promotes student-centered learning and actively engages the students in the learning process. Activities provide the students with opportunities to practice what they have learned in class in a variety of methods and formats. The use of activities energizes the classroom, breaks-up the monotony of passive receipt of information through lecture, fosters teamwork during group activities, and provides a deeper understanding of content by the students. Activities are designated as either individual or group. Some activities involve the duplication of activity sheets, while others are as simple as role-plays. Some activities correspond with a specific Power Point slide and others do not. Each activity is numerically ordered including module letter followed by a brief title of the activity and designated with an enlarged, bold font. Example: **(S-46) ACTIVITY #1A: Go Team Worksheet (Individual)** represents the first activity in Module A and deals with a Go Team Worksheet to be completed by each student individually. Slide 46 of the Power Point presentation corresponds with Activity #1A. Instructors are encouraged to develop additional activities, such as research projects, presentations, and simple games (such as "Nurse Aide Jeopardy" or "Nurse Aide Cranium") to add to the curriculum.

- **Handouts.** Handouts are included in some modules. Handouts may be resource materials or examples gathered from local health care facilities or may be documents that order and present content in a meaningful manner. The instructor will be directed on how to use the handout during the instructional process, typically in the form of a corresponding teaching tip. Handouts are meant to be distributed to the students at that point in the curriculum when the material will be discussed. Passing out handouts as they are used in the curriculum focuses the student on the information being conveyed at that moment, rather than reading pre-distributed materials while the instructor is talking about a different topic. Each handout is numerically ordered including module letter followed by the title of the handout and designated with an enlarged, bold font. Example: **HANDOUT #1E: Mistreatment of the**

Vulnerable Adult represents the first handout in Module E and is titled, Mistreatment of the Vulnerable Adult.

The second column, titled *Notes*, is a blank area of the curriculum page dedicated to the uniqueness and creativity of the individual instructor. This is the place where the educator jots down examples, page numbers, Web sites, ideas, videos, additional teaching tips, activities and life-experiences that he/she will use in the classroom. The instructor may also jot down reminders, such as what worked, what did not work, and how much time an activity or teaching tip took.

Threads of Care Sheets

Threads of Care Skill Sheets are included in the latest edition of the North Carolina Nurse Aide I Training Program Curriculum and located In Module X. Threads of care are those concepts that are interwoven within skills steps and are meant to expand upon and build upon the foundation concepts taught in Modules A through W. The educator should teach content from the individual Threads of Care Sheets when the corresponding skill(s) is introduced and demonstrated in lab. The instructor may add additional information to these sheets. In some cases, a thread in a Thread of Care Sheet may not initially include content, but the instructor is at liberty to add content to those bare threads. These resource sheets are not to be treated as replacements for skill check sheets, but as an accompaniment to them. The instructor may locate and teach Threads of Care Sheets, along with the corresponding skill check sheet(s) anywhere within the curriculum, in any module.

Power Point Presentations

Each curriculum module includes a Power Point presentation. Clip art pictures, photographs, and documents enhance slide content. Numbered Power Point slides correspond to blocks of content included in the left-hand column (titled Content) located on the curriculum pages for each module. Use of Power Point presentations to accompany instruction is an effective teaching strategy for students who are visual learners and is considered an important modality used in concert with the curriculum.

Internet

Access to the Internet in the classroom is an important component of instruction. A vast amount of up-to-the-minute information is always available to the instructor and accessed with a few keystrokes of the computer – information that may not be available in a textbook for years. As a complement to the content, the curriculum references several key Web sites, such as the N.C. Board of Nursing, the Division of Health Service Regulation, the Centers for Disease Control and Prevention, and the U.S. Food and Drug Administration. In addition, instructors are encouraged to navigate the World Wide Web and add additional images, videos, and links from reputable Web sites to the notes section of the curriculum, for use while teaching.

Internet usage enhances classroom instruction, provides additional teaching strategies targeting the visual learner, and adds pizzazz to traditional lecture format. Modeling the computer use in the classroom by the instructor may also spark a curiosity among the students and encourage them to use the Internet both as a tool for current learning needs and life-long use.

Comfort level with computer use in the classroom may vary from instructor to instructor. It may beneficial to provide in-service instruction on computer use in the classroom to instructors. The instructor is encouraged to familiarize self with specific Web sites when directed to do so by the curriculum, beforehand.

Appendix A

Appendix A contains The Skill Performance Checklists Summary. The instructor completes this document for each student as directed and maintains the completed document in the student's record for a minimum of (3) three years. A completed Skill Performance Checklists Summary implies proficiency of skills demonstration both in the laboratory and in the clinical settings.