

**APPLICATION FOR APPROVAL UNDER THE OMNIBUS BUDGET
RECONCILIATION ACT FOR NURSE AIDE TRAINING PROGRAM**

RETURN 5 COPIES TO:

**DELAWARE DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF HEALTH CARE QUALITY
OFFICE OF LONG TERM CARE RESIDENTS PROTECTION
ATTN: ERLEASE FREEMAN, BSN, RN
CNA COMPLIANCE NURSE
3 MILL ROAD SUITE # 308
WILMINGTON, DE 19806**

Notice of Non-Discriminatory Policy

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.

Applicant Name _____

Address _____

Training Sites _____	Type of Training _____
_____	_____
_____	_____
_____	_____

Contact Person _____ Telephone # _____

Initial Start Date Requested _____
*Please allow **at least** 90 days for processing

Was Pre-Approval Obtained By the Department of Education?
*Required by all private schools. Please attach documentation (Approval Certification)

To Be Completed By Division:

Approval Date: _____ Program ID #: _____ Pin #: _____

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

- A. Description of course with goals and objectives
- B. Name of textbook with edition noted
*Should not be older than five (5) years
- 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. 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. The program must be a minimum of 150 hours divided equally between clinical and classroom instruction. Additional hours may be in either of these areas or both. (See Appendix page 11)
- B. Include behaviorally stated objectives for each unit of instruction. Each objective must state performance criteria which are measurable and which serve as the basis for competency evaluations. The unit objective must be reviewed with the trainee at the beginning of each unit so that each trainee will know what is expected. (See Appendix page 12)
- C. Provide a classroom and clinical schedule showing days and hours of course, subjects and required reading. Please indicate when tests and quizzes will be administered, lunch and break times are given and when students will receive CPR certification. Please note that lunch and break times are subtracted from total program hours. Please maintain a classroom and clinical schedule for each class offered once approved. (See Appendix page 10)

- D. Attach a list of Equipment and Supplies to be used during the training as required in the State of Delaware CNA Training Regulations (16, Del.C. §3220).
- E. Submit a sample lesson plan for one unit of instruction that includes behavioral objectives, content and learning activities, including evaluation.

III. PROGRAM LOCATION

- A. Complete a Clinical Facility Request Form for each site used by the program providers. (See Appendix-page 7)
- B. Please attach a copy of an affiliation agreement (s)/contract for clinical instruction/training if you are not a facility-based program. Please 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 the Primary Instructor (Program Coordinator and other instructional staff.)
- C. Complete Qualification sheets for all Nursing Instructors and other instructional staff/guest speakers. (See Appendix-pages 8 and 9)

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 two (2) skills competency checklists that each trainee will be required to receive (Lab and Clinical). The skills checklists should provide a space to record the date of successful performance, level of proficiency (satisfactory/unsatisfactory) performance by trainee, and signature (or initials) of instructor supervising performance. The checklists should be comprehensive and should include all manual skills noted in the State and Federal regulations. Both copies of the completed skills checklist must be given to each trainee at the completion of the course. (See Appendix pages 13 and 14)
3. 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 OBRA and State regulations.

APPENDIX

CLINICAL FACILITY REQUEST FORM

For an initial request to utilize a (licensed) long-term care facility as a clinical site, 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. Please contact erlease.freeman@state.de.us for a current list of restricted facilities.

Name of Provider Initiating Request _____
Name of Facility to be used _____
Address _____ Telephone Number _____
Facility Administrator _____ State License Date _____
Director of Nursing _____ Total Bed Capacity _____
Daily Patient Average or No. of Patients Served _____

Clinical Area(s) to be used:

<u>TYPE</u>	<u>NO. OF UNIT(S)</u>	<u>AVERAGE CENSUS PER UNIT</u>
Long Term Care	_____	_____
	_____	_____
Home Care	_____	_____
Acute Care	_____	_____
Psychiatric Care	_____	_____
Other	_____	_____

Describe size, location and availability of offices and equipment available for the nursing instructors:

- Provisions for faculty and students: (Describe size, location and availability)
- a. Library _____
 - b. Conference Rooms _____
 - c. Classrooms _____
 - d. Locker Rooms and/or dressing rooms for faculty/students _____
 - e. Instructional aids and equipment _____

Nursing Assistant Course (Sample Only) Class and Clinical Schedule

Textbook required readings are listed on the right side of each lecture/clinical topic. All readings are from Name of Textbook. 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, 2007	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, 2007	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 Unit II: Physical Needs of the Patient	Chapter 11, p. 227-247
1430-1600	Food and Nutrition	Chapter 21, p. 443-455	
Wednesday June 6, 2007	0830-0930	Feeding Special Needs Patients- 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, 2007	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 CONTENT	TIME FRAME	TEACHING METHOD	EVALUATION METHOD
<p>Unit I Introduction to the Nursing Assistant Course</p> <p>A. The Health Care System</p> <ol style="list-style-type: none"> 1. The Health Care Environment <ol style="list-style-type: none"> a. Purpose of Health care delivery system b. Diagnosis-related groups c. Manage care 2. Health Care Delivery sites <ol style="list-style-type: none"> a. Services available b. Organizational structure <ol style="list-style-type: none"> 1) Hospital 2) Nursing Service 3) Organization of the Health Care Team <p>B. Role of the Nursing Assistant</p> <ol style="list-style-type: none"> 1. Job Description 2. Roles and Responsibilities 3. Personal Qualities 4. Managing Time and Resources 5. Ethical Behavior <ol style="list-style-type: none"> A. Confidentiality B. Accuracy C. Dependability 6. Legal Aspects of patient Care <ol style="list-style-type: none"> a. The Resident’s Bill of Rights b. Standards of Care c. Consent d. Abandonment 7. Incidents 	<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 patients 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 CLINICAL SKILLS CHECKLIST

(Please note this is not a complete list, this may be organized in any fashion but must contain at least all the manual skills listed in the State and Federal regulations.)

Demonstrate appropriate techniques when performing basic clinical skills while caring for residents.	S	U	N/A	Date Observed	Date of Proficiency	Instructor's Initials
Complete Bed Bath						
Partial Bed Bath						
Perineal Care for a male resident						
Perineal Care for a female resident						
Mouth Care						
Denture Care						
Hair Care						
Nail Care						
Shave a resident						
Tub bath						
Showers						
Provides total or assistive care in dressing residents						
Encourages client independence						
Dresses resident with an affected (weak or disabled) extremity						
Applies knee high stockings appropriately						
Provides privacy						
Accurately documents all elements of client care						
Make occupied bed						
Make unoccupied bed						

Accurately evaluate client's vital signs.	S	U	N/A	Date Observed	Date of Proficiency	Instructor's Initials
Measure oral and axillary temperatures						
Use of glass thermometer						
Report rate and rhythm of the pulse accurately						
Accurately count client's respirations						
Determines if residents breathing is labored or abnormal						
Accurately check resident's blood pressure						
Recognize the normal adult ranges & identify abnormalities						
Properly document & report information						

Performs nursing care following the principles of infection Control.	S	U	N/A	Date Observed	Date of Proficiency	Instructor's Initials
Proper hand washing technique						
Proper handling of soiled linens						
Practices Standard Precautions						
Proper donning of gown and gloves						
Proper use of gloves						

Key: S=satisfactory; U= unsatisfactory; N/A= not applicable; if N/A is used please note in comment section reason such as done in lab setting only-not performed at the facility.

Instructor Signature: _____

Student Signature: _____

Instructor Comments: