NA STUDENT:

NA TRAINING PROGRAM:

PRIMARY INSTRUCTOR:

DATE OF NA TRAINING: FROM       TO

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| **CLINICAL SKILLS** | **DATE INITIAL DEMO. BY INSTR.** | **Instructor INITIALS** | **DATE FINAL**  **SUCCESSFUL RETURN DEMO. BY**  **STUDENT** | **Instructor INITIALS** | **COMMENTS** |
| **UNIT I. INTRODUCTORY CURRICULUM** | | | | | |
| 1. Hand washing |  |  |  |  |  |
| 2. Using an ABC fire extinguisher |  |  |  |  |  |
| 3. Heimlich maneuver |  |  |  |  |  |
| **UNIT II. BASIC NURSING SKILLS** | | | | | |
| 4. Measure / Record Respiration |  |  |  |  |  |
| 5. Measure / Record Oral Temp (Non-Digital Thermometer) |  |  |  |  |  |
| 6. Measure / Record Rectal Temp (Non-Digital Thermometer) |  |  |  |  |  |
| 7. Measure / Record Radial Pulse |  |  |  |  |  |
| 8. Measure / Record Height |  |  |  |  |  |
| 9. Measure / Record Weight (Balance Scale / Chair Scale) |  |  |  |  |  |
| 10. Make unoccupied bed |  |  |  |  |  |
| 11. Make occupied bed |  |  |  |  |  |
| 12. Use of Personal Protective Equipment (PPE) |  |  |  |  |  |
| a. gloves |  |  |  |  |  |
| b. gown |  |  |  |  |  |
| c. mask |  |  |  |  |  |
| d. goggles |  |  |  |  |  |
| 13. Follow isolation procedures in the disposal of soiled linen |  |  |  |  |  |
| 14. Provide post-mortem care |  |  |  |  |  |
| **UNIT III. PERSONAL CARE SKILLS** | | | | | |
| 15. Give complete bed bath |  |  |  |  |  |
| 16. Give partial bed bath |  |  |  |  |  |
| 17. Provide AM and PM care |  |  |  |  |  |
| 18. Give shower |  |  |  |  |  |
| 19. Give tub bath / whirlpool bath |  |  |  |  |  |
| 20. Provide hair care |  |  |  |  |  |
| a. shampoo resident |  |  |  |  |  |
| b. grooming, brushing, combing |  |  |  |  |  |
| 21. Provide mouth care (natural teeth) |  |  |  |  |  |
| 22. Provide mouth care (no teeth) |  |  |  |  |  |
| 23. Provide mouth care (unconscious) |  |  |  |  |  |
| 24. Provide denture care |  |  |  |  |  |
| 25. Shave resident |  |  |  |  |  |
| 26. Provide hand and nail care |  |  |  |  |  |
| 27. Provide foot care |  |  |  |  |  |
| 28. Dress resident |  |  |  |  |  |
| a. care of eyeglasses |  |  |  |  |  |
| b. care of hearing aides |  |  |  |  |  |
| 29. Perineal care – female |  |  |  |  |  |
| 30. Perineal care – male |  |  |  |  |  |
| 31. Perineal care – incontinent resident |  |  |  |  |  |
| 32. Assist with bedpan (offer / remove / clean) |  |  |  |  |  |
| 33. Assist with urinal (offer / remove / clean) |  |  |  |  |  |
| 34. Use bedside commode |  |  |  |  |  |

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| **CLINICAL SKILLS** | **DATE INITIAL DEMO. BY INSTR.** | **Instructor INITIALS** | **DATE FINAL**  **SUCCESSFUL RETURN DEMO. BY**  **STUDENT** | **Instructor INITIALS** | **COMMENTS** |
| 35. Urinary catheter care |  |  |  |  |  |
| 36. Care of / emptying of urinary drainage bag |  |  |  |  |  |
| 37. Measure / Record Food and Fluid Intake |  |  |  |  |  |
| 38. Measure / Record Urinary Output |  |  |  |  |  |
| 39. Provide ostomy care |  |  |  |  |  |
| 40. Collect urine specimen |  |  |  |  |  |
| 41. Collect stool specimen |  |  |  |  |  |
| 42. Feed resident |  |  |  |  |  |
| a. set-up tray |  |  |  |  |  |
| b. partial assistance |  |  |  |  |  |
| c. total assistance |  |  |  |  |  |
| d. adaptive devices |  |  |  |  |  |
| e. residents with dysphasia |  |  |  |  |  |
| f. alternative feeding methods |  |  |  |  |  |
| 43. Provide skin care |  |  |  |  |  |
| a. protective devices |  |  |  |  |  |
| b. give back rub |  |  |  |  |  |
| 44. Position resident in chair |  |  |  |  |  |
| 45. Move resident up in bed |  |  |  |  |  |
| 46. Position resident on side in bed |  |  |  |  |  |
| 47. Transfer resident |  |  |  |  |  |
| a. one assist |  |  |  |  |  |
| b. two assist |  |  |  |  |  |
| c. mechanical lift |  |  |  |  |  |
| d. transfer belt |  |  |  |  |  |
| e. lift sheets |  |  |  |  |  |
| **UNIT IV: MENTAL HEALTH AND SOCIAL SERVICE NEEDS** | | | | | |
| 48. Response with abusive resident |  |  |  |  |  |
| **UNIT V: CARE OF CONGITIVELY IMPAIRED RESIDENTS** | | | | | |
| 49. Communication skills |  |  |  |  |  |
| **UNIT VI: BASIC RESTORATIVE SERVICES** | | | | | |
| 50. Assist with ambulation using gait belt |  |  |  |  |  |
| 51. Easing resident (about to fall) to floor during ambulation |  |  |  |  |  |
| 52. Ambulation assistive devices |  |  |  |  |  |
| 53. Ambulation adaptive equipment |  |  |  |  |  |
| 54. Feeding adaptive equipment |  |  |  |  |  |
| 55. Range of motion to upper extremities |  |  |  |  |  |
| 56. Range of motion to lower extremities |  |  |  |  |  |
| 57. Use of positioning devices in bed |  |  |  |  |  |
| 58. Use of positioning devices in chair |  |  |  |  |  |
| 59. Use of prosthetic / orthotic devices |  |  |  |  |  |
| 60. Apply hand splint |  |  |  |  |  |
| **UNIT VII: RESIDENT’S RIGHTS** | | | | | |
| 61. Apply waist restraint |  |  |  |  |  |
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| **KNOWLEDGE PERFORMANCE** | **DATE** | **Instructor** | **PASS** | **If Failed,** | **Instructor** |
| **EVALUTIONS** |  | **Initials** | **OR** | **DATE OF SUCCESSFUL** | **Initials** |
|  |  |  | **FAIL?** | **PERFORMANCE** |  |
|  |  |  |  | **EVALUATION FOR UNIT** |  |
| UNIT I: INTRODUCTORY CURRICULUM |  |  |  |  |  |
| UNIT II: BASIC NURSING SKILLS |  |  |  |  |  |
| UNIT III: PERSONAL CARE SKILLS |  |  |  |  |  |
| UNIT IV: MENTAL HEALTH AND SOCIAL SERVICE NEEDS |  |  |  |  |  |
| UNIT V: CARE OF COGNITIVELY IMPAIRED RESIDENTS |  |  |  |  |  |
| UNIT VI: BASIC RESTORATIVE SERVICES |  |  |  |  |  |
| UNIT VII: RESIDENT’S RIGHTS |  |  |  |  |  |
| DATE OF FINAL NATP PERFORMANCE EVALUATION |  |  |  |  |  |
| ADMINISTRATION DATE OF STATE COMPETENCY EXAMINATIONS |  |  |  |  |  |

NOTES/COMMENTS:

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| Attestation Signature(s) |

We hereby certify that the clinical skills performance record evaluation checklist depicted above is true and correct and that the named Nurse Aide Student has successfully completed all skills. A copy of this completed evaluation checklist has been provided to the Nurse Aide student.

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| **Date** | **Name/Title of RN Instructor** | **Signature** | **Initials** |
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DATE(S) OF NEW YORK STATE DEPARTMENT OF HEALTH NURSE AIDE CERTIFICATION COMPETENCY EXAMINATION:

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| --- | --- | --- |
| DATE | CLINICAL SKILLS TEST P/F | WRITTEN/ORAL TEST P/F |
| 1st Attempt: |  |  |
| 2nd Attempt: |  |  |
| 3rd Attempt: |  |  |