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:

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