

F. NURSING HOME NURSE AIDE TRAINING PROGRAM CLINICAL SKILLS PERFORMANCE RECORD EVALUATION CHECKLIST

NA TRAINEE: _____

NA TRAINING PROGRAM: _____

PRIMARY INSTRUCTOR: _____ CLINICAL SUPERVISOR _____

DATE OF NA TRAINING: FROM ____ / ____ / ____ TO ____ / ____ / ____

CLINICAL SKILL	DATE INITIAL DEMO. BY INSTR.	INST INITIALS	DATE FINAL SUCCESSFUL RETURN DEMO. BY TRAINEE	PC/PI 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					

CLINICAL SKILL	DATE INITIAL DEMO. BY INSTR.	INST INITIALS	DATE FINAL <u>SUCCESSFUL</u> RETURN DEMO. BY TRAINEE	PC/PI INITIALS	COMMENTS
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					
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 COGNITIVELY 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					

KNOWLEDGE PERFORMANCE EVALUATIONS	DATE	PC/PI INIT.	PASS OR FAIL?	If Failed, DATE OF SUCCESSFUL PERFORMANCE EVALUATION FOR UNIT	PC/PI INIT.
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: _____

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

Signature of NH Facility Administrator or NA Training Program Director:

_____ Date _____

Signature of NATP Primary Instructor: _____ Date _____

Signature of NATP Clinical Supervisor: _____ Date _____

Signature of Nurse Aide Trainee: _____ Date _____

DATE(S) OF STATE NURSING HOME NURSE AIDE CERTIFICATION COMPETENCY EXAMINATION:

	DATE	CLINICAL SKILLS TEST P/F	WRITTEN/ORAL TEST P/F
1 ST Attempt:	_____	_____	_____
2 ND Attempt:	_____	_____	_____
3 RD Attempt:	_____	_____	_____