

# Curriculum Content for Certified Nursing Assistant (CNA) 2 Restorative Care Training Programs

## Policy Summary, Statement of Purpose and Intent

This policy provides standards and guidance for developing and implementing a CNA 2-Restorative Care Training Program. Level 2 nursing assistant training is available to a CNA 1 to prepare them for a role in one or more of the Board approved category areas. A level 2 training program will have a Board approved standardized curriculum and competency evaluation. A CNA 2-Restorative Care Training Program shall consist of knowledge, skills, and abilities at a greater depth than a level 1 training program.

It is understood that a CNA 2-Restorative Care will hold a current, unencumbered Oregon CNA 1 certificate, have their name listed on the CNA Registry, and assist licensed nursing personnel in the provision of nursing care. A CNA 2- Restorative Care must be regularly supervised by either a licensed nurse or work in a community-based care setting or other setting where there is no regularly scheduled presence of a licensed nurse provided there is periodic supervision and evaluation of clients under the provisions of OAR 851-047-0000 through OAR 851-047-0040. The CNA 2- Restorative Care will be able to provide opportunities for optimal client independence and support behaviors which promote positive adaptation to illness and disability. A CNA 2-Restorative Care will be able to demonstrate to peers the correct methods and model behavior needed to address client care needs on an individualized basis.

It shall be the policy of the Oregon State Board of Nursing that all approved CNA 2-Restorative Care Training Programs shall consist of the following curriculum content and competency evaluation (Each content area has been awarded a relative evaluation weight.).

## Curriculum

At least 40 hours of classroom and 40 hours of clinical instruction that incorporates throughout the training, the concepts of safety and preventing complications, communicating client responses to the nurse, and documenting/recording outcomes of client care:

- 1) Content on performing and reinforcing functional steps of Activities of Daily Living (ADLs).
  - a) Competencies: By the end of the course, the CNA 2-Restorative Care will be able to:
    - A) Reinforce client performance of ADL functional steps, giving attention to optimal client independence;
    - B) Communicate to the nurse needed care plan changes; and
    - C) Demonstrate proficient use of adaptive/assistive and therapeutic devices to achieve optimal independence in performing ADLs.
  - b) Evaluation (Weight: 30%):
    - A) Knowledge post-test; and
    - B) Return demonstration on new skills including using communication to encourage optimal independence of client.
  - c) Curriculum Content:
    - A) Task segmentation;
    - B) Providing holistic care;
    - C) Promoting optimal independence and function:
      - i) Reinforcement vs. teaching;
      - ii) Motivational techniques;
      - iii) Positive reinforcement vs. negative reinforcement;
      - iv) Stress ability vs. disability;
      - v) Provide structured environment; and
      - vi) Promote physical activity.
    - D) Therapeutic dining;
    - E) Skills:
      - i) Use of adaptive, assistive and therapeutic equipment:

- a. Abductor wedges;
  - b. Arm troughs;
  - c. Built up eating utensils;
  - d. Electric toothbrush;
  - e. Half tray;
  - f. Hand rolls;
  - g. Long handled bath sponge;
  - h. Long handled brush and comb;
  - i. Long handled shoehorn;
  - j. Nosey cups;
  - k. Plate guard;
  - l. Plates with lips;
  - m. Sock aids;
  - n. Toilet paper holder; and
  - o. Raised toilet seats.
  - ii) Ostomy care (cleaning, changing appliances/devices and dressings for established, non-acute ostomies);
  - iii) Application of non-prescription topical creams and ointments for prophylactic treatment of skin conditions; and
  - iv) Discontinuing indwelling catheters.
- 2) Content on pain
- a) Competencies: By the end of the course, the CNA 2-Restorative Care will be able to:
    - A) Identify and apply concepts of pain, factors influencing discomfort and pain, types of pain, and manifestations of pain;
    - B) Schedule restorative activities when client is most comfortable; and
    - C) Perform comfort and pain relief measures according to care plan.
  - b) Evaluation (Weight: 10%):
    - A) Knowledge post-test; and
    - B) Return demonstration on new skills.
  - c) Curriculum Content:
    - A) Concepts of pain:
      - i) Pain is as severe as a client says it is;
      - ii) Chronic versus acute; and
      - iii) Subjective versus objective.
    - B) Types of pain:
      - i) Idiopathic;
      - ii) Limb;
      - iii) Phantom;
      - iv) Referred;
      - v) Spasms;
      - vi) Emotional;
      - vii) Physical; and
      - viii) Social.
    - C) Negative consequences of pain:
      - i) Atrophy;
      - ii) Bone loss;
      - iii) Contractures;
      - iv) Decrease of bowel and bladder activity;
      - v) Depression;
      - vi) Failure to thrive;
      - vii) Irritability;
      - viii) Loss of appetite;
      - ix) Loss of functional ability;
      - x) Loss of self esteem; and
      - xi) Pneumonia.
    - D) Manifestations of pain:

- i) Behavioral manifestations; and
    - ii) Physiological symptoms.
  - E) Factors influencing pain:
    - i) Addiction beliefs;
    - ii) Age;
    - iii) Attitude and pain thresholds;
    - iv) Awareness;
    - v) Use of complementary therapies;
    - vi) Culture;
    - vii) Fear of pain; and
    - viii) Past experiences with pain and medications.
  - F) Planning activities in relation to pain:
    - i) Appropriate rest;
    - ii) Time of day;
    - iii) Client preference;
    - iv) Coordinate care with pain management techniques and equipment (medication, K-pads, etc.);
    - v) Address emotional needs as designated in care plan;
    - vi) Meet food and fluid needs; and
    - vii) Provide opportunity for elimination.
  - G) Language of pain:
    - i) Cultural; and
    - ii) Generational.
  - H) Assisting with complementary therapies as ordered by the nurse including using pre-recorded audio/visuals for guided imagery.
  - I) Skills:
    - i) Warm and cold compresses;
    - ii) Ice bag, ice collar, ice glove, or dry cold pack; and
    - iii) heated soaks and whirlpool baths.
- 3) Content on dysphagia
  - a) Competencies: By the end of the course, the CNA 2-Restorative Care will be able to:
    - A) Discuss nutrition, physiology, and complications associated with eating.
    - B) Demonstrate proficiency in techniques and skills associated with eating.
  - b) Evaluation (Weight: 15%):
    - A) Knowledge post-test; and
    - B) Return demonstration on new skills.
  - c) Curriculum Content:
    - A) Anatomy and physiology;
    - B) Swallowing problems;
    - C) Adaptive equipment;
    - D) Behavioral challenges, i.e., spitting, clamping jaw, etc;
    - E) Jaw support;
    - F) Musculoskeletal ability of client;
    - G) Implications for/importance of therapeutic positioning;
    - H) Textural requirements of client;
    - I) Thickening agents; and
    - J) Skill: Adding fluid to established gastrostomy or jejunostomy tube feedings and change established tube-feeding bags.
- 4) Content on mobility
  - a) Competencies: By the end of the course, the CNA 2-Restorative Care will be able to:
    - A) Perform passive range of motion including abduction, adduction, flexion, rotation, internal & external rotation, dorsi-flexion, and extension;
    - B) Use medical terminology related to mobility, transfer techniques and positioning;
    - C) Recognize deviations from normal in the musculoskeletal system;
    - D) Adapt range of motion for specific conditions;
    - E) Explain risk factors related to impaired function and limited mobility;

- F) Discuss the importance of positioning;
  - G) Demonstrate proficiency in the use of adaptive, assistive, and therapeutic devices to achieve optimal positioning and independent mobility;
  - H) Apply advanced transfer techniques;
  - I) Perform range of motion safely for clients with complex medical problems as specified in care plan, i.e., fragile skin, at risk for pathological fractures, spascity, contractures;
  - J) Demonstrate proficiency in the use of adaptive/assistive and therapeutic devices to achieve optimal independence in mobility;
  - K) Demonstrate proficiency in therapeutic exercise; and
  - L) Identify, take steps to correct, and communicate positioning issues utilizing rehabilitation knowledge base.
- b) Evaluation (Weight: 20%):
- A) Knowledge post-test; and
  - B) Return demonstration on new skills.
- c) Curriculum Content:
- A) Musculoskeletal functions;
  - B) Medical terminology related to mobility;
  - C) Risk factors and complications of immobility related to impaired function;
  - D) Methods of patterning or modeling behavior to peers; and
  - E) Skills:
    - i) Range of motion on clients with complex medical problems: fragile skin, at risk for pathological fractures, spascity, contractures;
    - ii) Advanced transfer techniques—Refer to 2003 “OSHA Guidelines for Nursing Homes: Ergonomics for the Prevention of Musculoskeletal Disorders”;
    - iii) Assisting with ambulation: Recognizing ability and degree in which a client can ambulate and when functional loss has occurred;
    - iv) Therapeutic positioning in a variety of situations and client conditions including but not limited to bridging and proning; and
    - v) Use of adaptive, assistive and therapeutic equipment:
      - a. Ankle and foot orthotics;
      - b. Braces;
      - c. Canes: Quad and single-point;
      - d. Continuous Passive Motion (CPM) machines;
      - e. Established traction equipment: remove and re-apply;
      - f. Foot lifter;
      - g. Splints;
      - h. Walkers and hemi-walkers;
      - i. Wheelchair brake extensions; and
      - j. Wheelchair removable arm rests.
- 5) Content on knowledge of conditions that affect functional ability
- a) Competencies: By the end of the course, the CNA 2-Restorative Care will be able to:
    - A) Apply knowledge of common disease processes and conditions that affect body system functions and the client’s functional ability to succeed in restorative care: Cardiovascular conditions, degenerative diseases, mental health, neurological conditions, orthopedic conditions, respiratory diseases, and trauma.
    - B) Demonstrate proficiency in skills related to common disease processes and conditions that affect body system functions and the functional ability of client.
  - b) Evaluation (Weight: 15%):
    - A) Knowledge post-test; and
    - B) Return demonstration on new skills by demonstrating ability to apply knowledge of common disease processes that affect the functional ability of client in restorative care as evidenced by observation of at least five client encounters in the clinical setting.
  - c) Curriculum Content:
    - A) Manifestations of common disease processes and conditions that affect body system functions and functional ability of client including but not limited to:
      - i) Balance;

- ii) Contractures;
  - iii) Neuropathy;
  - iv) Sensory and perceptual deficits;
  - v) Shortness of breath;
  - vi) Spascity;
  - vii) Paralysis; and
  - viii) Range of motion.
- B) Skills:
- i) Turning oxygen on and off at predetermined, established flow rate;
  - ii) Changing simple, nonsterile dressings using aseptic technique when no wound debridement or packing is involved;
  - iii) Performing clean intermittent straight urinary catheterization for chronic conditions;
  - iv) Clean-catch urine specimen collection;
  - v) Empty, measure and record output from other drainage devices;
  - vi) Urine specimen tests;
  - vii) Hemocult test for occult blood;
  - viii) Capillary blood glucose (CBGs);
  - ix) Assist with incentive spirometer;
  - x) Suction oral pharynx; and
  - xi) Apply pediculicides.
- 6) Content on therapy terminology and documentation
- a) Competencies: By the end of the course, the CNA 2-Restorative Care will be able to:
    - A) Define terminology and abbreviations related to restorative care and terms used in occupational, physical and speech therapy; and
    - B) Document in client's medical record using standardized accurate terminology.
  - b) Evaluation (Weight: 10%): Knowledge post-test requiring a minimum score of 90%.
  - c) Curriculum Content:
    - A) Minimum Data Set (MDS)—Read and understand; and
    - B) Terminology and abbreviations related to restorative care.