

**Division of Health Service Regulation**

**State-approved Curriculum**

**Nurse Aide I Training Program**

**Guidance**

July 2024

# Nurse Aide I Training Program – Guidance

1. **Federal and State Regulations**

It is the responsibility of each training program to review, understand, and implement all federal and state regulations and requirements.

1. **State-Approved Competency Evaluation (Examination)**
* Credentia is the state-approved testing vendor and administers the National Nurse Assistant Assessment Program (NNAAP) examination. The examination tests minimal competency.
* Refer to Credentia’s [website](https://credentia.com/test-takers/ncna/) and Candidate Handbook for more information.
1. **Clock Hours of Instruction**

Refer to your training program’s approved Nurse Aide I application to determine the clock hours of instruction approved by the Division of Health Service Regulation.

1. **Internet Access**

The use of the internet is an important component of instruction.

1. **Faculty Requirements**
* Includes the role of the Instructor and Program Coordinator.
* Review federal regulation [42 CFR § 483.152](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.152).
* Review the [Faculty Approval Requirements Form](https://info.ncdhhs.gov/dhsr/hcpr/nat.html#TP) for new and existing training programs to ensure all faculty meet the requirements for their specified role.
* Each faculty member must be approved by the Division of Health Service regulation prior to the enrollment of students.
1. **Theory Requirements of Training**
* Students must achieve a minimum passing grade of 75.
* Each training program determines the derivation of grades. The training program must receive approval from the Division of Health Service Regulation prior to the enrollment of students.
1. **Laboratory Requirements of Training**
* The laboratory portion of the Nurse Aide I Training Program consists of three separate and unique components:
	+ Instructor demonstration
	+ Student practice
	+ Proficiency assessment
* Each training program must define the steps deemed for proficiency and use the steps consistently with each student.
* The laboratory component of the course is graded as pass/fail, based on the training program’s definition of proficiency and the student performance on skills per Appendix A in the state-approved curriculum.
* Instructor Demonstration:
	+ - Each skill (both starred and non-starred) listed on Appendix A in the state-approved curriculum must be demonstrated live (in-person) by the Instructor.
		- A video cannot be a substitute for a live demonstration.
		- Prior to the demonstration of each skill, the Instructor should review and discuss the related Threads of Care found in Module Z.
* In some instances, teaching tips and activities to enhance instruction are also included in the Threads of Care.
* As the Instructor demonstrates each skill, the students should have an unobstructed view of the process and have available the skill check-off sheets to review as the Instructor proceeds through each step. Each student should receive copies of all skill check-off sheets at the beginning of the course.
* Student Practice:
	+ Guided student practice and independent student practice are vital components of skill acquisition.
	+ Guided Student Practice:
		- * Should be completed right after skill demonstration.
			* The Instructor should observe the practice sessions and provide descriptive feedback.
			* The Instructor must be astute and correct errors during guided practice to prevent the repetition of errors.
	+ Independent Student Practice:
		- * Involves student practice of skills with limited Instructor supervision.
			* Independent practice may occur either in the laboratory or at home.
			* It is important that the student independently practices using correct technique.
			* Peers may provide descriptive feedback to each other in the laboratory setting.
			* Students should be self-directed enough to evaluate personal strengths and weaknesses and develop their own strategies for learning.
			* Students should refer to the skill check-off sheets for self-analysis and then adjust to improve performance.
* Proficiency Assessment:
* Proficiency is defined as the ability to perform a skill in a competent and safe manner.
* Proficiency assessment, known as the skill check-off, should occur after Instructor demonstrations and student practice sessions.
* Each training program is responsible for developing skill check-off sheets from Appendix A in the state-approved curriculum.
* The Instructor must use the skill check-off sheets to evaluate proficiency of skill demonstration by each student.
* At a minimum, students must be deemed proficient in each starred skill listed in Appendix A in the state-approved curriculum.
* During the proficiency assessment, the Instructor's role changes. The Instructor becomes an Evaluator.
* As an Evaluator, the Instructor uses the appropriate skill check-off sheet, observes a student's performance of the skill, and then actively checks off each skill step in the sheet and in the student copy. The Instructor must also date and initial Appendix A in the state-approved curriculum.
* As an Evaluator, the Instructor should not prompt, cue, or assist the student. Based on the training program's definition of proficiency, the student either passes the skill and is deemed proficient or does not pass the skill.
* After successful completion, it is recommended that students continue to independently practice the skill to achieve long-term retention of skill performance.
* Students who fail proficiency checkoffs should repeat guided practice and independent practice again. Upon completion, the Evaluator (Instructor) should complete the proficiency again.
1. **Clinical Requirements of Training:**
* Per federal regulation [42 CFR § 483.152](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.152), students may not perform a skill on a resident, in the clinical setting, until the student is deemed proficient in that specific skill.
* Proficiency is defined as the ability to perform a skill in a competent and safe manner.
* The clinical component of the course is graded as pass/fail, based on the training program’s definition of proficiency and the student performance on skills per Appendix A in the state-approved curriculum.
* Each student must maintain the minimum approved numerical passing grade in the theory component of the course prior to admission to clinical.
* Each student must be deemed proficient in the laboratory for each skill prior to admission to clinical.
* In order to successfully pass clinical, the student must proficiently perform, at a minimum, 15 starred skills listed in Appendix A in the state-approved curriculum.
* At all times, the student must be supervised and evaluated by the Instructor while participating in clinical.
1. **Curriculum – Overview**
* While the curriculum is specific to the needs of residents living in nursing homes, it is also applicable to other settings in which nurse aide I skills are required.
* The term "resident" is used throughout the curriculum to designate the individual receiving care. Other possible descriptors may be *patient, client, person, or individual* depending on the clinical and practice setting.
* Curriculum updates are based on feedback from state-approved training programs and reviews of current medical publications that discuss the role of a nurse aide in a health care setting.
1. **Curriculum – Modules**
* The curriculum is divided into 24 self-contained modules, lettered AA through W that represent the fundamentals of nurse aide knowledge.
* Modules A through G meet the federal regulation [42 CFR § 483.152](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.152) requirements specific to requiring a minimum of sixteen (16) hours of training prior to any direct contact with a resident.
* Module Z expands on the foundational concepts taught in Modules AA through W.
* Threads of Care sheets are concepts interwoven within skills steps and are meant to expand upon the foundation concepts taught in Modules AA through W.
* The Instructor should include the concepts when the corresponding skills are introduced and demonstrated in the laboratory or with any module.
* The Instructor may add additional information to the Threads of Care sheets.
* The Threads of Care Sheets should not be used as a replacement for skill check-off sheets.
* Each module includes:
	+ Teaching guide
	+ Definition list
	+ PowerPoint presentations and Instructor script
	+ Handouts, teaching tips, and activities (when applicable)
* The Program Coordinator has the option to vary the sequence of the modules in the training program.
1. **Curriculum – Teaching Guide**
* Each module begins with a teaching guide that serves as a resource for Instructors.
* Included are the objectives to cover, handouts, activity sheets, and any necessary supplies and resources.
1. **Curriculum – Definition List**
* Includes useful terms referenced in the module.
* The list may be given to students to refer to throughout the training course.
* The Instructor may develop tests or puzzles (such as word searches or crossword puzzles) to complement instruction.
* The Instructor may choose to add additional terms and definitions to the list.
1. **Curriculum – PowerPoint Presentations**
* It is strongly recommended that the PowerPoint presentation be used as a visual aid during classroom instruction.
* The use of the PowerPoint presentations to accompany instruction is an effective teaching strategy for visual learners.
1. **Curriculum – Instructor Script**
* Divided into two columns with objectives introduced first, followed by instructional content divided into two columns (Content and Notes).
	+ Content:
* Provides information to be covered in the classroom setting in order to meet the objectives for the module.
* The PowerPoint reference number informs the Instructor which PowerPoint slide corresponds with the content.
* Training programs are encouraged to add additional content that addresses the needs of the community as needed.
* Notes:
	+ Is a blank area of the curriculum page dedicated to the uniqueness and creativity of each Instructor.
	+ The Instructor may include examples, page numbers, web sites, ideas, videos, additional teaching tips, activities and life-experiences that will be used in the classroom.
	+ The Instructor may also include reminders such as, what worked, what did not work, and how much time an activity or teaching tip took.
1. **Curriculum – Handouts**
* The Instructor will be directed on how to use the handout during the instructional process, typically in the form of a corresponding teaching tip or activity.
* Handouts may be resource materials or examples gathered from local health care facilities.
* Each handout is identified with the module letter followed by the slide number associated with the use of the handout.
1. **Curriculum – Teaching Tips**
* Teaching tips are optional, but are encouraged to complement the content and provide the Instructor with additional ideas and suggestions to clarify information, involve students in discussion, and engage students with varied learning styles.
* Each teaching tip is identified with the module letter first followed by the slide number associated with the teaching tip.
1. **Curriculum – Activities**
* Are a required component of the curriculum and complement the content.
* Are organized into either individual activities or group activities.
* The use of activities promotes student-centered learning and actively engages the student. In addition, activities provide students with opportunities to practice what they learn in class in a variety of methods and formats.
* Each activity is identified with the module letter followed by the slide number associated with the activity.
* Instructors are encouraged to develop additional activities, such as research projects, presentations, and simple games (such as "Nurse Aide Jeopardy" or "Nurse Aide Cranium") to add to the curriculum.
1. **Student Record Requirements**
* Training programs are required to maintain student records for a minimum of 3 years.
* Student records must be kept onsite.
* Student records must be kept in a locked file cabinet and in a locked area.
* Per federal regulation [42 CFR §483.151](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.151), student records must be made available for review by the North Carolina Division of Health Service Regulation upon request.
* Documents to be completed and maintained in the student record include:
* Appendix A in the state-approved curriculum.
* Once completed it is optional for the skill check-off sheets to be maintained in the student record after the completion of class.
* Skill Check-Off Sheets:
	+ The following information must be included:
		- Student name
		- Skill title per Appendix A in the state-approved curriculum
		- Skill number per Appendix A in the state-approved curriculum
		- Numbered steps needed to perform the skill
		- Blanks at each step to use for checkoff
		- Proficiency requirements including the number of required steps performed correctly, or starred critical steps, or both
* Attendance Records:
	+ Start date and end date of class
	+ Training program number issued by the Division of Health Service Regulation
	+ Instructor information (First and Last Name and RN licensed number)
* Missed Instruction:
	+ - When – date of missed instruction
		- How much time missed – hours/minutes
		- What was missed – class (content), lab (demo, practice, checkoffs), and/or clinical (hours/minutes)
		- What was assigned for makeup – worksheet, paper, lab (demo, practice, checkoffs)

and/or hour-for-hour clinical

* + - When missed instruction was completed – completion date
* Test scores
* Tests and answer sheets
	+ - Labeled with the version of test and the date given to students
* Student Identification
	+ - Copies of identifications or a student ID verification statement must be kept in their student record