

# Curriculum Content for Certified Nursing Assistant Level 2 (CNA 2) Education Programs

Policy Summary, Statement of Purpose and Intent

This policy provides standards and guidance for developing and implementing a CNA 2 education program. A CNA 2 education program will include a Board-approved standardized curriculum and competency evaluation. The CNA 2 education program shall consist of knowledge, skills, and abilities at a greater depth than a level 1 education program.

It is understood that a CNA 2 will: (1) hold a current, unencumbered Oregon CNA 1 certificate; (2) be listed by name on the CNA Registry; and (3) assist licensed nursing personnel in the provision of nursing care. A CNA 2 must be regularly supervised by a licensed nurse and all skills and tasks are to be performed only at the direction of the licensed nurse. The CNA 2 will be able to provide opportunities for a person's optimal independence and support behaviors that promote positive healing. A CNA 2 will be able to demonstrate to peers the correct methods and model behavior needed to address a person's care needs on an individualized basis.

All Oregon State Board of Nursing approved CNA 2 education programs shall provide the following curriculum content and competency evaluation. Each content area has been awarded a relative evaluation weight.

This curriculum uses the term "person(s)" to describe a "client", "patient", or "resident", to help promote the culture change of person-centered care in Oregon.

Curriculum

All curriculum content including skill return demonstrations in lab will be taught and competency validated prior to starting the clinical experience:

I. Domain: Collaboration with Health Care Team

- (A) Outcomes of teaching. By the end of the course, the CNA 2 will be able to select from a scenario essential information to pass on to other staff.
- (B) Clinical competencies. By the end of the course, the CNA 2 will be able to:
  - (1) Recall important information from report; and
  - (2) Give appropriate report.
- (C) Curriculum Content:
  - (1) Receiving report;
  - (2) Giving report to;
  - (3) Helping clients navigate the acute care system; and
  - (4) Working with medical translators:
    - (a) Recognizing when a translator is needed;
    - (b) Knowing how to work with a translator; and
    - (c) Understanding who is appropriate to be used as a translator.
- (D) Evaluation (Weight: 3 %):
  - (1) Knowledge post-test;
  - (2) Return demonstration on new skills as evidenced by role-playing a variety of scenarios in the lab setting; and

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- 1 (3) Return demonstration on new skills as evidenced by observation of at  
2 least three encounters in the clinical setting.  
3
- 4 II. Domain: Communication and Interpersonal Skills
- 5 (A) Outcomes of teaching. By the end of the course, the CNA 2 will be able to:
- 6 (1) Describe Personal Protection Skills;  
7 (2) Display ability to protect a person and self in a crisis situation;  
8 and  
9 (3) Demonstrate both verbal/non-verbal communication skills.
- 10 (B) Clinical competencies. By the end of the course, the CNA 2 will be able to:
- 11 (1) Observe and interpret possible explanation/reason(s) for specific  
12 behavior; and  
13 (2) Interpret non-verbal communication and appropriately intervene.
- 14 (C) Curriculum Content:
- 15 (1) Crisis Intervention:
- 16 (a) Identification of behavior levels;  
17 (b) Use of nonverbal behavior:  
18 (i) Personal space; and  
19 (ii) Body language.  
20 (c) Use of verbal communication:  
21 (i) Tone;  
22 (ii) Cadence; and  
23 (iii) Volume.  
24 (d) Maintaining safety:  
25 (i) Controlling anxiety and reducing tension;  
26 (ii) Physical intervention skills;  
27 (iii) Restraint risks; and  
28 (iv) Team intervention.
- 29 (D) Evaluation (Weight: 10%):
- 30 (1) Knowledge post-test;  
31 (2) Return demonstration on new skills as evidenced by role-playing a  
32 variety of scenarios in the lab setting; and  
33 (3) Return demonstration on new skills as evidenced by observation of at  
34 least three encounters with a variety of persons, family members, and  
35 team members in the clinical setting.  
36
- 37 III. Domain: Person-centered Care
- 38 (A) Outcomes of teaching. By the end of the course, the CNA 2 will be able to:
- 39 (1) Articulate how to adjust care in response to an individual scenario;  
40 (2) Explain techniques to encourage self-care, e.g., task segmentation,  
41 cuing, and coaching;  
42 (3) Explain the difference between cultural awareness, cultural knowledge,  
43 cultural skill, and cultural encounter; and  
44 (4) Summarize the outcome goals for Nurses Improving Care for  
45 Healthsystem Elders (N.I.C.H.E.).
- 46 (B) Clinical competencies. By the end of the course, the CNA 2 will be able to:
- 47 (1) Demonstrate the ability to meet the individual person's needs,  
48 preferences, and abilities;  
49 (2) Gather information on specific strengths, abilities, preferences of a  
50 person;

- 1 (3) Demonstrate techniques to encourage self-care, e.g., task  
2 segmentation, cuing, and coaching; and  
3 (4) Recognize and support individual preferences and habits.  
4 (C) Curriculum Content.  
5 (1) Cultural Competence:  
6 Two components of cultural competence are:  
7 (a) Cultural Skill: The ability to deliver healthcare with relevant  
8 cultural specifics:  
9 (i) Awareness of cultural differences, especially as related  
10 to:  
11 (I) Religious differences about blood and blood-  
12 transfusions and modesty expectations;  
13 (II) Cultural differences about who should make  
14 healthcare decisions;  
15 (III) Cultural, religious or political attitudes about  
16 immunizations and other interventions;  
17 (IV) Cultural expectations about family presence and  
18 appropriate role; and  
19 (V) Cultural trust or mistrust of healthcare system;  
20 and  
21 (ii) Respect of cultural beliefs and rituals.  
22 (b) Cultural Encounters: Direct cross-cultural interactions between  
23 people from culturally diverse backgrounds:  
24 (i) Are essential for the development of cultural  
25 competency;  
26 (ii) Are facilitated by attending cultural events and seeking  
27 out opportunities to interact with predominant cultural  
28 groups; and  
29 (iii) Helps an individual learn about prominent cultural  
30 beliefs and practices.  
31 (2) Person-centered care:  
32 (a) Principles in providing person-centered ADL care in an acute  
33 care setting;  
34 (b) Strategies in providing person-centered ADL care, including:  
35 (i) Environmental considerations;  
36 (ii) Verbal prompts;  
37 (iii) Task segmentation;  
38 (iv) Modeling/Gesturing; and  
39 (v) Physical prompts/guidance.  
40 (c) Person-centered approach to activities;  
41 (3) N.I.C.H.E. mission and goals.  
42 (D) Evaluation (Weight: 10 %)  
43 (1) Knowledge post-test; and  
44 (2) Return demonstration on new skills as evidenced by observation of at  
45 least three encounters with a variety of individuals in the clinical  
46 setting.  
47  
48 IV. Domain: Infection Control and Prevention including Standard or Transmission Based  
49 Precautions  
50 (A) Outcomes and competencies. By the end of the course, the CNA 2 will be able  
51 to demonstrate proficiency with:

- 1 (1) Obtaining a throat swab;
- 2 (2) Obtaining a urine specimen from the port of a catheter; and
- 3 (3) Working in positive and negative airflow rooms.
- 4 (B) Curriculum Content:
- 5 (1) Medical (clean) versus sterile aseptic technique;
- 6 (2) Isolation Guidelines:
- 7 (a) Clostridium difficile;
- 8 (b) Coronavirus Disease 2019 (COVID-19);;
- 9 (c) Herpes Zoster (Shingles);
- 10 (d) Methicillin-resistant Staphylococcus Aureus (MRSA) Infections;
- 11 (e) Multi-Drug Resistant Organisms (MDRO);
- 12 (f) Norovirus;
- 13 (g) Pediculosis;
- 14 (h) Scabies; and
- 15 (i) Tuberculosis.
- 16 (3) Positive versus negative airflow environments;
- 17 (4) Designated Tasks:
- 18 (a) Obtaining a throat swab;
- 19 (b) Obtaining a urine specimen from the port of a catheter; and
- 20 (c) Working in positive and negative airflow rooms.
- 21 (C) Evaluation (Weight: 15 %):
- 22 (1) Knowledge post-test; and
- 23 (2) Return competency demonstration on designated tasks in the lab
- 24 setting.
- 25

26 V. Domain: Safety and Emergency Procedures

- 27 (A) Outcomes of teaching. By the end of the course, the CNA 2 will be able to:
- 28 (1) Articulate, using own words, the Joint Commission's National Patient
- 29 Safety Goals as they apply to CNA practice.
- 30 (2) Describe use of supportive/protective devices;
- 31 (B) Clinical competencies. By the end of the course, the CNA 2 will be able to:
- 32 (1) Utilize preventive and protective strategies;
- 33 (2) Recognizes safety risks; and
- 34 (3) Appropriately responds to at-risk behavior.
- 35 (C) Curriculum Content:
- 36 (1) Joint Commission's National Patient Safety Goals; and
- 37 (2) Safety risks:
- 38 (a) Active shooter;
- 39 (b) Elopement risk;
- 40 (c) Fall risks;
- 41 (d) Self-harm;
- 42 (e) Suicide risk; and
- 43 (f) Wandering.
- 44 (3) Preventive/Protective Strategies:
- 45 (a) Assess personal safety:
- 46 (i) Know care/service plan;
- 47 (ii) Be responsible for your own safety;
- 48 (iii) Remain conscious of your surroundings; and
- 49 (iv) Be aware of how your approach affects the person's
- 50 reaction.
- 51 (b) Use of supportive/assistive devices;

- 1 (4) Recognizing at-risk behavior;
- 2 (5) Responding to at-risk behavior; and
- 3 (6) Transporting a person.
- 4 (D) Evaluation (Weight: 10%):
- 5 (1) Knowledge post-test;
- 6 (2) Return demonstration on new skills as evidenced by role-playing a
- 7 variety of scenarios in the lab setting; and
- 8 (3) Return demonstration on new skills as evidenced by observation of at
- 9 least three encounters with a variety of persons in the clinical setting.

10

11 VI. Domain: Activities of Daily Living (ADL)

- 12 (A) Outcomes of teaching. By the end of the course, the CNA 2 will be able to:
- 13 (1) Discuss nutrition, physiology, and complications associated with
- 14 eating.
- 15 (2) Apply knowledge of common disease processes and conditions that
- 16 affect body system functions and the person's functional ability:
- 17 Cardiovascular conditions, degenerative diseases, mental health,
- 18 neurological conditions, orthopedic conditions, respiratory diseases,
- 19 and trauma.
- 20 (B) Clinical competencies. By the end of the course, the CNA 2 will be able to:
- 21 (1) Demonstrate proficiency in techniques and skills associated with
- 22 meeting nutrition and hydration needs.
- 23 (2) Demonstrate proficiency in skills related to common disease processes
- 24 and conditions that affect body system functions and the functional
- 25 ability of a person;
- 26 (3) Adapt range of motion for specific conditions;
- 27 (4) Demonstrate proficiency in the use of adaptive/assistive and
- 28 therapeutic devices to achieve optimal independence in mobility;
- 29 (5) Demonstrate proficiency in therapeutic exercise; and
- 30 (6) Identify, take steps to correct, and communicate positioning issues
- 31 utilizing knowledge base.
- 32 (C) Curriculum Content:
- 33 (1) Assisting with nutrition and hydration of infants and children:
- 34 (a) Assisting with breastfeeding by supporting and reinforcing
- 35 instructions;
- 36 (b) Assisting with human breast milk pumping;
- 37 (c) Handling, storing, and transporting breast milk;
- 38 (d) Preparing infant formula or breast milk for feeding; and
- 39 (e) Assisting with and feeding infants by bottle.
- 40 (2) Assistance with eating:
- 41 (f) Advanced principles; and
- 42 (g) Strategies in providing person-centered nutrition;
- 43 (i) Environmental considerations;
- 44 (ii) Comfort measures;
- 45 (iii) Activities that enhance nutrition; and
- 46 (iv) Assisting with breastfeeding by supporting and
- 47 reinforcing instructions;
- 48 (3) Swallowing problems;
- 49 (4) Adaptive equipment;
- 50 (5) Behavioral challenges, i.e., spitting and clamping jaw, etc.;
- 51 (6) Jaw support;

- 1 (7) Musculoskeletal ability; and
- 2 (8) Implications for/importance of therapeutic positioning.
- 3 (9) Designated Tasks:
  - 4 (a) Adding fluid to established post pyloric, jejunostomy and
  - 5 gastrostomy tube feedings;
  - 6 (b) Changing post pyloric, jejunostomy and gastrostomy
  - 7 established tube feeding bags; and
  - 8 (c) Pausing and resuming established post pyloric, jejunostomy
  - 9 and gastrostomy tube feedings to provide personal care.
- 10 (10) Manifestations of common disease processes and conditions that affect
- 11 body system functions and functional ability of a person including but
- 12 not limited to:
  - 13 (a) Balance;
  - 14 (b) Contractures;
  - 15 (c) Neuropathy;
  - 16 (d) Sensory and perceptual deficits;
  - 17 (e) Shortness of breath;
  - 18 (f) Spasticity;
  - 19 (g) Paralysis; and
  - 20 (h) Range of motion.
- 21 (11) Risk factors and complications of immobility related to impaired
- 22 function; and
- 23 (12) Designated Tasks:
  - 24 (a) Discontinuing a urethrally inserted catheter;
  - 25 (b) Performing range of motion on persons with complex medical
  - 26 problems: fragile skin, at risk for pathological fractures; and
  - 27 spasticity, and contractures;
  - 28 (c) Therapeutic positioning in a variety of situations and
  - 29 considering a person's condition including but not limited to
  - 30 bridging and proning; and
  - 31 (d) Use of adaptive, assistive and therapeutic equipment:
    - 32 (i) Ankle and foot orthotics;
    - 33 (ii) Braces;
    - 34 (iii) Established traction equipment: remove and re-apply;
    - 35 (iv) Foot lifter;
    - 36 (v) Splints.
- 37 (D) Evaluation (Weight: 10%):
  - 38 (1) Knowledge post-test; and
  - 39 (2) Return demonstration on new skills in the lab setting.

41 VII. Domain: Mental Health and Social Service Needs

- 42 (A) Outcomes and competencies. By the end of the course, the CNA 2 will be
- 43 able to:
  - 44 (1) Recognize and report relevant observations of mental illness or
  - 45 substance abuse;
  - 46 (2) Protect client, self, and other individuals when in a situation where an
  - 47 individual's behavior is escalating out of control;
  - 48 (3) Provide trauma-informed care;
  - 49 (4) Appropriately execute tools for behavior management; and
  - 50 (5) Utilize appropriate harmless release techniques.
- 51 (B) Curriculum Content:

- 1 (1) Relevant observations and signs and symptoms related to:
  - 2 (a) Common mental illnesses;
  - 3 (b) Alcohol and drug withdrawal;
  - 4 (c) Anxiety;
  - 5 (d) Delirium;
  - 6 (e) Depression;
  - 7 (f) Eating Disorders:
    - 8 (i) Anorexia Nervosa; and
    - 9 (ii) Bulimia;
  - 10 (g) Personality Disorders;
  - 11 (h) Post Traumatic Stress Disorder; and
  - 12 (i) Psychoses.
- 13 (2) Reporting relevant observations;
- 14 (3) Strategies for protecting client, self, and other individuals when in a
- 15 situation where an individual's behavior is escalating out of control;
- 16 (4) Trauma-informed care:
  - 17 (a) Widespread impact of trauma;
  - 18 (b) Recognizing the signs and symptoms of trauma;
  - 19 (c) Strategies for minimizing effects of trauma; and
  - 20 (d) Avoiding re-traumatization.
- 21 (5) Behavioral management strategies; and
- 22 (6) Harmless release techniques.
- 23 (C) Evaluation (Weight: 8 %):
  - 24 (1) Knowledge post-test;
  - 25 (2) Return demonstration on new skills as evidenced by role-playing a
  - 26 variety of scenarios in the lab setting; and
  - 27 (3) Return demonstration on new skills as evidenced by observation of at
  - 28 least three encounters in the clinical setting.
  - 29
- 30 VIII. Domain: Technical Skills
  - 31 (A) Outcomes and competencies. By the end of the course, the CNA 2 will be able
  - 32 to:
    - 33 (1) Demonstrate proficiency in skills and tasks which affect body system
    - 34 functions and are assigned by the licensed nurse:
      - 35 (a) Data gathering skills; and
      - 36 (b) Designated tasks.
  - 37 (B) Curriculum Content:
    - 38 (1) Data gathering skills (To be performed only at the direction of the
    - 39 licensed nurse):
      - 40 (a) Attaining transcutaneous bilirubin meter reading;
      - 41 (b) Measuring arm and leg circumference;
      - 42 (c) Measuring blood pressure with a Doppler;
      - 43 (d) Performing newborn critical congenital heart disease screening
      - 44 utilizing pulse oximetry;
      - 45 (e) Performing dipstick urine test;
      - 46 (f) Placing electrodes/leads and run electrocardiogram (EKG);
      - 47 (g) Placing electrodes/leads for telemetry;
      - 48 (h) Scanning bladder;
      - 49 (i) Screening newborn hearing; and
      - 50 (j) Testing stool for occult blood.

- 1 (2) Designated tasks (To be performed only at the direction of the licensed
- 2 nurse):
- 3 (a) Adjusting oxygen rate of flow;
- 4 (b) Discontinuing a saline lock;
- 5 (c) Interrupting and re-establishing nasogastric (NG) suction;
- 6 (d) Irrigating ears;
- 7 (e) Removing casts in non-emergent situations;
- 8 (f) Setting up traction equipment; and
- 9 (g) Suctioning nose or oral pharynx.
- 10 (C) Evaluation (Weight: 9 %):
- 11 (1) Knowledge post-test; and
- 12 (2) Return competency demonstration of data gathering skills and
- 13 designated tasks in the lab setting.
- 14
- 15 IX. Domain: Observation and Reporting
- 16 (A) Outcomes and competencies. By end of the course, the CNA 2 will be able to:
- 17 (1) Identify, from scenarios and lists, normal and abnormal patterns and
- 18 changes in findings related to an individual person. Descriptors
- 19 include: mental status (orientation, psychosocial responses, and level
- 20 of consciousness), vital signs, mobility, skin, pain level, bowel and
- 21 bladder function, appetite, and activities of daily living;
- 22 (2) Articulate at 85% level correct rationale(s) for action given in various
- 23 clinical scenarios and situations;
- 24 (3) Identify different manifestations of pain;
- 25 (4) Verbalize a report indicating a person's discomforts or pain that always
- 26 includes location and intensity, and may include onset, duration,
- 27 characteristics, what helps and what relieves pain and discomfort in a
- 28 variety of situations;
- 29 (5) Describe different manifestations of pain expressed by persons with
- 30 dementia;
- 31 (6) Define and provide examples of ways to reduce excess disability; and
- 32 (7) Identify responses to interventions for problems and different signs
- 33 and symptoms that indicate a change of condition in cognitively
- 34 impaired individuals that need to be reported to the licensed nurse.
- 35 (B) Clinical competencies. By the end of the course, the CNA 2 will be able to:
- 36 (1) Identify findings, patterns, habits, and behaviors that deviate from a
- 37 person's normal;
- 38 (2) Articulate a rationale for action that is correct, given either a person's
- 39 declining or improving individual situation;
- 40 (3) Recognize changes in a person that should be reported to the licensed
- 41 nurse;
- 42 (4) Report and record abnormal findings, patterns, habits, and behaviors
- 43 of a person in a timely manner;
- 44 (5) Use accepted terminology to describe findings, patterns, habits, and
- 45 behaviors of a person;
- 46 (6) Demonstrate appropriate use of pain scales for persons with dementia;
- 47 (7) Identify change in pain pattern from usual pattern.
- 48 (8) Perform comfort and pain relief measures within the designated scope
- 49 of responsibility according to care plan;
- 50 (9) Observe effects of pain treatment and report to licensed nurse;



- 1 (10) Consistently report change of vital signs, orientation, mobility and  
2 behavior following pain treatment;  
3 (11) Consistently demonstrate scheduling of activities when the person is  
4 comfortable;  
5 (12) Provide input to licensed nurse on the individual person's response to  
6 interventions for problems and care plan approaches; and  
7 (13) Take action within designated responsibilities and as directed by the  
8 licensed nurse for abnormal findings, patterns, habits and behaviors of  
9 a person;
- 10 (C) Curriculum Content:  
11 (1) Overview of Anatomy and Physiology:  
12 (a) Cardiovascular System:  
13 (i) Common condition/disorder(s) and related  
14 sign/symptom(s) to observe and report:  
15 (I) Angina;  
16 (II) Coronary Artery Disease/Acute Coronary  
17 Syndrome;  
18 (III) Deep Vein Thrombosis;  
19 (IV) Dysrhythmias;  
20 (V) Heart Failure;  
21 (VI) Hypertension;  
22 (VII) Hypotension; and  
23 (VIII) Myocardial Infarction.  
24 (b) Endocrine System:  
25 (i) Common condition/disorder(s) and related  
26 sign/symptom(s) to observe and report:  
27 (I) Cushing's Syndrome;  
28 (II) Diabetes Mellitus: type 1, type 2, Gestational;  
29 (III) Diabetic Ketoacidosis;  
30 (IV) Hypoglycemia; and  
31 (V) Hypo/Hyperthyroidism.  
32 (c) Gastrointestinal System:  
33 (i) Common condition/disorder(s) and related  
34 sign/symptom(s) to observe and report:  
35 (I) Bowel Diversion;  
36 (II) Bowel Obstruction;  
37 (III) Cholelithiasis;  
38 (IV) Colitis;  
39 (V) Cirrhosis;  
40 (VI) Constipation;  
41 (VII) Crohn's Disease;  
42 (VIII) Diverticulosis;  
43 (IX) Dysphagia;  
44 (X) Gastritis/Gastroenteritis;  
45 (XI) Gastroesophageal Reflux Disease;  
46 (XII) Hemorrhoids;  
47 (XIII) Pancreatitis; and  
48 (XIV) Ulcers.  
49 (d) Immune System:  
50 (i) Common condition/disorder(s) and related  
51 sign/symptom(s) to observe and report:

- 1 (I) Acquired Immunodeficiency Syndrome;
- 2 (II) Cancer;
- 3 (III) Hepatitis;
- 4 (IV) Hypersensitivity; and
- 5 (V) Rheumatoid Arthritis.
- 6 (e) Integumentary System:
- 7 (i) Common condition/disorder(s) and related
- 8 sign/symptom(s) to observe and report:
- 9 (I) Autoimmune:
- 10 (A) Dermatitis; and
- 11 (B) Psoriasis.
- 12 (II) Disease Associated:
- 13 (A) Cellulitis; and
- 14 (B) Petechiae/Purpura.
- 15 (f) Musculoskeletal System:
- 16 (i) Common condition/disorder(s) and related
- 17 sign/symptom(s) to observe and report:
- 18 (I) Amputation;
- 19 (II) Arthritis;
- 20 (III) Atrophy;
- 21 (IV) Contractures;
- 22 (V) Fractures;
- 23 (VI) Gout;
- 24 (VII) Osteoarthritis/Degenerative Joint Disease: Total
- 25 joint replacement; and
- 26 (VIII) Osteoporosis.
- 27 (g) Nervous System:
- 28 (i) Common condition/disorder(s) and related
- 29 sign/symptom(s) to observe and report:
- 30 (I) Alzheimer's Disease;
- 31 (II) Autonomic Dysreflexia;
- 32 (III) Cerebrovascular accident;
- 33 (IV) Cerebral Palsy;
- 34 (V) Epilepsy;
- 35 (VI) Head injuries;
- 36 (VII) Multiple Sclerosis;
- 37 (VIII) Parkinson's Disease; and
- 38 (IX) Spinal Cord injuries.
- 39 (h) Reproductive System:
- 40 (i) Common condition/disorder(s) and related
- 41 sign/symptom(s) to observe and report:
- 42 (I) Care of peripartum woman, newborn, and family;
- 43 (II) Breast augmentation/reduction;
- 44 (III) Lumpectomy;
- 45 (IV) Hysterectomy;
- 46 (V) Mastectomy;
- 47 (VI) Prolapse;
- 48 (VII) Prostatectomy; and
- 49 (VIII) Sexually transmitted infections.
- 50 (i) Respiratory System: and

- 1 (i) Common condition/disorder(s) and related  
2 sign/symptom(s) to observe and report:  
3 (I) Atelectasis;  
4 (II) Asthma;  
5 (III) Bronchitis;  
6 (IV) Chronic Obstructive Pulmonary Disease;  
7 (V) Emphysema;  
8 (VI) Influenza;  
9 (VII) Pneumonia;  
10 (VIII) Pneumothorax;  
11 (IX) Pulmonary Embolism; and  
12 (X) Tuberculosis.
- 13 (j) Urinary System:  
14 (i) Common condition/disorder(s) and related  
15 sign/symptom(s) to observe and report:  
16 (I) Bladder Diversions;  
17 (II) Cystitis;  
18 (III) Prolapse;  
19 (IV) Pyelonephritis;  
20 (V) Renal calculi; and  
21 (VI) Renal failure.
- 22 (2) Discomfort or pain:  
23 (a) Overview of Anatomy and Physiology:  
24 (i) Transmission;  
25 (ii) Perception; and  
26 (iii) Recognition.
- 27 (b) Awareness of a person's perception of pain and discomfort:  
28 (i) Physical (objective and subjective):  
29 (I) Acute;  
30 (II) Chronic;  
31 (III) Neuropathic/neurogenic;  
32 (IV) Phantom;  
33 (V) Somatic;  
34 (VI) Terminal; and  
35 (VII) Visceral.
- 36 (ii) Psychological (objective and subjective):  
37 (I) Expected pain versus unexpected pain;  
38 (II) Pain differs for each person; and  
39 (III) Pain can influence discomfort and vice versa.
- 40 (iii) Discomfort:  
41 (I) Can sometimes be missed because the focus is  
42 on the person's pain level;  
43 (II) Going beyond just pain management and  
44 relieving discomfort;  
45 (III) Goal of achieving comfort includes managing  
46 symptoms not only of pain but discomforts as  
47 well, such as anxiety, dyspnea, insomnia, itching,  
48 nausea, and vomiting, etc.  
49 (IV) Comfort theory (Kolcaba's):  
50 (A) Relief- discomfort is gone (e.g. nausea  
51 relieved after receiving medication);

- 1 (B) Ease- discomfort is bearable (e.g. pain is  
2 lessened after being repositioned); and  
3 (C) Transcendence-discomfort is effectively  
4 tolerated (e.g. using distraction or  
5 relaxation techniques to deal with chronic  
6 pain or labor).
- 7 (c) Manifestations of pain and discomfort:  
8 (i) Physiological symptoms:  
9 (I) Diaphoresis;  
10 (II) Flushing;  
11 (III) Pale;  
12 (IV) Sedation;  
13 (V) Shivering;  
14 (VI) Tolerance; and  
15 (VII) Vital signs.  
16 (ii) Behavioral symptoms:  
17 (I) Anger;  
18 (II) Anxiety;  
19 (III) Depression;  
20 (IV) Withdrawal; and  
21 (V) etc.
- 22 (d) Factors influencing pain or discomfort:  
23 (i) Addiction, addiction beliefs, and dependence;  
24 (ii) Age;  
25 (iii) Anxiety;  
26 (iv) Attitude and pain thresholds;  
27 (v) Awareness/distractions;  
28 (vi) Use of complementary therapies;  
29 (vii) Culture;  
30 (viii) Fatigue;  
31 (ix) Fear of pain;  
32 (x) Past experiences with pain and medications; and  
33 (xi) Support from others.
- 34 (e) Observing and collecting responses concerning a person's pain  
35 or discomfort:  
36 (i) What to observe: body responses and behavior;  
37 (ii) When to collect responses; and  
38 (iii) How to collect responses.
- 39 (f) Planning activities in relation to pain or discomfort:  
40 (i) Appropriate rest;  
41 (ii) Time of day;  
42 (iii) Person's preference;  
43 (iv) Coordinate care with pain management techniques and  
44 equipment (medication, K-pads, etc.);  
45 (v) Address emotional needs as designated in care plan;  
46 (vi) Meet food and fluid needs; and  
47 (vii) Provide opportunity for elimination.
- 48 (g) Information to report to the nurse concerning a person's pain or  
49 discomfort:  
50 (i) Complaint of pain;  
51 (ii) Observation of pain;

- 1 (iii) Location of pain; and  
2 (iv) Intensity of pain.  
3 (h) Actions a CNA 2 can take to reduce a person's pain or  
4 discomfort:  
5 (i) Re-position the person;  
6 (ii) Keep bed linens tight and wrinkle-free;  
7 (iii) Make sure the person is not lying on a drainage tube or  
8 other objects;  
9 (iv) Provide blankets for warmth and to prevent chilling;  
10 (v) Use touch to provide comfort/massage of non-diseased  
11 tissue;  
12 (vi) Provide a calm, quiet setting;  
13 (vii) Try to help relieve anxiety: Listening, supportive  
14 presence, and distractions; and  
15 (viii) Assist with complementary therapies as ordered by the  
16 nurse such as using pre-recorded audio/visuals for  
17 guided imagery for deep relaxation.  
18 (3) Care of the person before and after surgery:  
19 (a) Normal:  
20 (i) Healing process; and  
21 (ii) Nutrition.  
22 (b) Preventing complications:  
23 (i) Cardiovascular System;  
24 (ii) Endocrine System: glycemic control;  
25 (iii) Gastrointestinal System: motility;  
26 (iv) Genitourinary System;  
27 (v) Integumentary System; and  
28 (vi) Pulmonary System: coughing and deep breathing.  
29 (4) Dementia:  
30 (a) Dementia is an umbrella term for a group of symptoms;  
31 (b) Differences among delirium, dementia, and depression;  
32 (c) Manifestations of pain by a person with dementia;  
33 (d) Use of pain scales with a person with dementia; and  
34 (e) Support the person with dementia in their reality.  
35 (5) Excess Disability:  
36 (a) Excess disability means loss of ability greater than can be  
37 explained by the effect of the disease process alone (Bender,  
38 2003). This may increase the amount of care required and  
39 diminish the quality of life for a person.  
40 (b) Causes of excess disability include but are not limited to:  
41 (i) Neglect of the person's continuing need to socialize;  
42 (ii) Treatable medical conditions such as infections, pain,  
43 effects of medication, hearing and vision problems:  
44 (iii) Environmental factors such as poor lighting, ambient  
45 noise, clutter, lack of contrast, long corridors and hard  
46 to find bedrooms and bathrooms; and  
47 (iv) Inadequate staff or insufficiently trained staff.  
48 (c) Recognizing reportable observations including but not limited to  
49 side effects of medications.  
50 (6) Hazards of immobility;  
51 (D) Evaluation (Weight: 15 %): Knowledge post-test.

- 1  
2 X. Domain: Documentation  
3 (A) Outcomes of teaching. By the end of the course, the CNA 2 will be able to:  
4 (1) Provide one example of charting with appropriate descriptive language  
5 and abbreviations; and  
6 (2) Provide charting which is in conformity with charting do's and don'ts;  
7 and  
8 (3) Chart in exception based charting and computer charting system.  
9 (4) Use terms and abbreviations accurately and appropriately to describe  
10 persons, procedures, and other aspects of care.  
11 (B) Clinical competencies. By the end of the course, the CNA 2 will be able to:  
12 (1) Use terms and abbreviations accurately and appropriately to describe  
13 persons, procedures, and other aspects of care; and  
14 (2) Appropriately chart in electronic chart.  
15 (C) Curriculum Content:  
16 (1) Terminology and abbreviations related to care; and  
17 (2) Reporting and recording of care.  
18 (D) Evaluation (Weight: 8%):  
19 (1) Knowledge post-test; and  
20 (2) Return demonstration on new skills in lab setting.  
21  
22 XI. Domain: End-of-Life Care  
23 (A) Outcomes of teaching. By the end of the course, the CNA 2 will be able to:  
24 (1) Describe the types of services available to persons in need of end-of-  
25 life care; and  
26 (2) List several comfort care methods used for people at the end-of-life.  
27 (B) Clinical competency. By the end of the course, the CNA 2 will be able to  
28 demonstrate methods of providing compassionate end-of-life care.  
29 (C) Curriculum Content:  
30 (1) Comfort measures a CNA 2 can provide for a person and their family  
31 when a person is at the end-of-life or on hospice care;  
32 (2) Methods to use for end-of-life care including but not limited to:  
33 (a) Pain management;  
34 (b) Music; and  
35 (c) Touch;  
36 (3) Supportive presence;  
37 (4) Supporting palliative and hospice care;  
38 (5) Removal of non-surgically inserted tubes and devices from post-  
39 mortem persons; and  
40 (6) Organ and tissue donor care needs.  
41 (D) Evaluation (Weight: 2%):  
42 (1) Knowledge post-test; and  
43 (2) Return demonstration on new skills in lab setting.  
44

45 In addition, prior to being permitted to give direct care to a person, the nursing assistant  
46 student must successfully complete a skills checklist. Each student must practice each skill  
47 on the skills checklist prior to any clinical experience/client contact.  
48

49 Competency Evaluation

- 50 (A) Lab:

- 1 (1) This practice must be under the supervision, of a Board-approved faculty  
2 member of the education program, in the skills lab on a mannequin or  
3 another person;
- 4 (2) The student must demonstrate basic competence in the following skill areas:
  - 5 (a) Collaborates with Health Care Team:
    - 6 (i) Recalls important information from report given; and
    - 7 (ii) Demonstrates ability to give appropriate report.
  - 8 (b) Communication and Interpersonal Skills:
    - 9 (i) Describes situation, behavior, and consequence in responding  
10 to a specific behavior;
    - 11 (ii) Articulates ability to protect a person and self in a crisis  
12 situation;
    - 13 (iii) Observes and interprets possible explanation/reason(s) for  
14 specific behavior; and
    - 15 (iv) Interprets non-verbal communication and appropriately  
16 intervenes.
  - 17 (c) Person-centered Care:
    - 18 (i) Demonstrates the ability to meet the individual person's needs,  
19 preferences, and abilities;
    - 20 (ii) Gathers information on specific strengths, abilities, preferences  
21 of a person;
    - 22 (iii) Demonstrates techniques to encourage self-care, e.g., task  
23 segmentation, cuing, and coaching; and
    - 24 (iv) Recognizes and supports individual preferences and habits.
  - 25 (d) Infection Control and Prevention including Standard or Transmission  
26 Based Precautions:
    - 27 (i) Obtains a throat swab; and
    - 28 (ii) Obtains a urine specimen from the port of a catheter.
  - 29 (e) Safety and Emergency Procedures:
    - 30 (i) Utilizes preventive and protective strategies;
    - 31 (ii) Recognizes safety risks; and
    - 32 (iii) Appropriately responds to at-risk behavior.
  - 33 (f) Activities of daily living (ADL):
    - 34 (i) Assists with breastfeeding;
    - 35 (ii) Assists with human breast milk pumping;
    - 36 (iii) Prepares infant formula;
    - 37 (iv) Prepares breast milk for feeding;
    - 38 (v) Feeds infant by bottle;
    - 39 (vi) Adds fluid to established post pyloric, jejunostomy or  
40 gastrostomy tube feeding;
    - 41 (vii) Changes established post pyloric, jejunostomy or gastrostomy  
42 tube feeding bag;
    - 43 (viii) Pauses and resumes established post pyloric, jejunostomy or  
44 gastrostomy tube feeding;
    - 45 (ix) Discontinues a urethrally inserted catheter;
    - 46 (x) Performs range of motion on person with complex medical  
47 problem;
    - 48 (xi) Adapts range of motion for specific conditions;
    - 49 (xii) Demonstrates proficiency in the use of adaptive/assistive and  
50 therapeutic devices to achieve optimal independence in  
51 mobility;

- 1 (xiii) Demonstrates proficiency in therapeutic exercise;
- 2 (xiv) Demonstrates bridging position;
- 3 (xv) Places person in prone position; and
- 4 (xvi) Identifies, take steps to correct, and communicates positioning
- 5 issues utilizing knowledge base.
- 6 (g) Mental Health and Social Service Needs:
- 7 (i) Recognizes and reports relevant observations of mental illness
- 8 or substance abuse;
- 9 (ii) Protects client, self, and other individuals when in a situation
- 10 where an individual's behavior is escalating out of control;
- 11 (iii) Provides trauma-informed care;
- 12 (iv) Appropriately executes tools for behavior management; and
- 13 (v) Utilizes appropriate harmless release techniques.
- 14 (h) Technical Skills:
- 15 (i) Data gathering skills:
- 16 (I) Attains transcutaneous bilirubin meter reading;
- 17 (II) Measures arm and leg circumference;
- 18 (III) Measures blood pressure with a Doppler;
- 19 (IV) Performs newborn critical congenital heart disease
- 20 screening utilizing pulse oximetry;
- 21 (V) Performs dipstick urine test;
- 22 (VI) Places electrodes/leads and run electrocardiogram
- 23 (EKG);
- 24 (VII) Places electrodes/leads for telemetry;
- 25 (VIII) Scans bladder;
- 26 (IX) Screens newborn hearing; and
- 27 (X) Tests stool for occult blood.
- 28 (ii) Designated tasks:
- 29 (I) Adjusts oxygen rate of flow;
- 30 (II) Discontinues a saline lock;
- 31 (III) Interrupts and re-establishes nasogastric (NG) suction;
- 32 (IV) Irrigates ears;
- 33 (V) Removes cast in non-emergent situations;
- 34 (VI) Sets up traction equipment; and
- 35 (VII) Suctions nose or oral pharynx.
- 36 (i) Observation and Reporting:
- 37 (i) Identifies findings, patterns, habits, and behaviors that deviate
- 38 from a person's normal;
- 39 (ii) Articulates a rationale for action that is correct, given either a
- 40 person's declining or improving individual situation;
- 41 (iii) Recognizes changes in a person that should be reported to the
- 42 licensed nurse;
- 43 (iv) Reports and records abnormal findings, patterns, habits, and
- 44 behaviors of a person in a timely manner;
- 45 (v) Uses accepted terminology to describe findings, patterns,
- 46 habits, and behaviors of a person;
- 47 (vi) Demonstrates appropriate use of pain scales for persons with
- 48 dementia;
- 49 (vii) Identifies change in pain pattern from usual pattern.
- 50 (viii) Performs comfort and pain relief measures within the
- 51 designated scope of responsibility according to care plan;



- 1 (ix) Observes effects of pain treatment and reports to licensed
- 2 nurse;
- 3 (x) Consistently reports change of vital signs, orientation, mobility
- 4 and behavior following pain treatment;
- 5 (xi) Consistently demonstrates scheduling of activities when the
- 6 person is comfortable;
- 7 (xii) Provides input to licensed nurse on the individual person's
- 8 response to interventions for problems and care plan
- 9 approaches; and
- 10 (xiii) Takes action within designated responsibilities and as directed
- 11 by the licensed nurse for abnormal findings, patterns, habits
- 12 and behaviors of a person;
- 13 (j) Documentation:
- 14 (i) Uses terms and abbreviations accurately and appropriately to
- 15 describe persons, procedures, and other aspects of care; and
- 16 (ii) Appropriately charts in electronic chart.
- 17 (k) End-of-Life Care:
- 18 (i) Recognizes the physical changes in a person at the end-of-life;
- 19 and
- 20 (ii) Demonstrates methods of providing compassionate end-of-life
- 21 care.
- 22
- 23
- 24 (B) Clinical:
- 25 (1) During the course of clinical training, the student must successfully
- 26 demonstrate the following skills to a Board approved faculty member of the
- 27 education program:
- 28 (a) Collaboration with Health Care Team:
- 29 (i) Recalls important information from report; and
- 30 (ii) Demonstrates ability to give appropriate report.
- 31 (b) Communication and Interpersonal Skills:
- 32 (i) Observes and interpret possible explanation/reason(s) for
- 33 specific behavior; and
- 34 (ii) Interprets non-verbal communication and appropriately
- 35 intervenes.
- 36 (c) Person-centered Care;
- 37 (i) Demonstrates the ability to meet the individual person's needs,
- 38 preferences, and abilities;
- 39 (ii) Gathers information on specific strengths, abilities, preferences
- 40 of a person;
- 41 (iii) Demonstrates techniques to encourage self-care, e.g., task
- 42 segmentation, cuing, and coaching; and
- 43 (iv) Recognizes and supports individual preferences and habits.
- 44 (d) Infection Control and Prevention including Standard or Transmission
- 45 Based Precautions;
- 46 (e) Safety and Emergency Procedures:
- 47 (i) Utilizes preventive and protective strategies;
- 48 (ii) Recognizes safety risks; and
- 49 (f) Activities of daily living (ADL);
- 50 (g) Mental Health and Social Service Needs;
- 51 (h) Technical Skills;

- 1 (i) Observation and Reporting:
- 2 (i) Recognizes changes in a person that should be reported to the
- 3 licensed nurse;
- 4 (ii) Reports and records abnormal findings, patterns, habits, and
- 5 behaviors of a person in a timely manner;
- 6 (iii) Uses accepted terminology to describe findings, patterns,
- 7 habits, and behaviors of a person;
- 8 (iv) Demonstrates appropriate use of pain scales;
- 9 (v) Identifies change in pain pattern from usual pattern.
- 10 (vi) Performs comfort and pain relief measures within the
- 11 designated scope of responsibility according to care plan;
- 12 (vii) Observes effects of pain treatment and report to licensed
- 13 nurse;
- 14 (viii) Consistently reports change of vital signs, orientation, mobility
- 15 and behavior following pain treatment;
- 16 (ix) Provides input to licensed nurse on the individual person's
- 17 response to interventions for problems and care plan
- 18 approaches; and
- 19 (x) Takes action within designated responsibilities and as directed
- 20 by the licensed nurse for abnormal findings, patterns, habits
- 21 and behaviors of a person;
- 22 (j) Documentation:
- 23 (i) Uses terms and abbreviations accurately and appropriately to
- 24 describe persons, procedures, and other aspects of care; and
- 25 (ii) Appropriately charts in electronic chart.
- 26 (k) End-of-Life Care.