

CERTIFIED NURSING ASSISTANT: COMPETENCY SKILLS EVALUATION

☐ Initial Competency ☐ Annual Competency

Instructions: Use the following guideline to complete each column:

Staff Member _____

Review Date ____/____/____ to ____/____/____

Facility _____

Position _____

- 1). Instruction – Skill demonstrated by instructor. (Instructor initials / date required) – *Required for Initial Competency*
- 2). Demonstration – Skill is satisfactorily demonstrated by staff member (Instructor initials/ date required)
- 3). Method: E = Written Exam I = Interview O = Observation
- 4). Competency: S = Satisfactory U = Unsatisfactory N/A = Not Applicable

	Instruction	Demonstration	Method	Competency
To be Completed by Nursing Supervisor /Unit Manager/ designee				
Care Routines/Skills				
1) Infection Control				
a. Handwashing				
b. How to handle Clean / Dirty Laundry				
c. Storage/ placement of Personal belongings				
d. Frequency change of disposable items				
2) ISOLATION TECHNIQUE				
a. Gown, Gloves, Mask				
b. Double Bagging				
c. Disposable glove usage				
d. Standard Precautions				
3) BED USAGE				
a. Height Adjustment				
b. Locking Wheels				
4) BEDMAKING				
a. Closed				
b. Unoccupied Bed				
c. Occupied Bed				
d. With Added Mattress (Air/Water)				
5) CALL LIGHT				
a. Placement				
b. Answering				
6) TOILETING RESIDENT				
a. Toilet/Commode				
b. Bedpan				

	Instruction	Demonstration	Method	Competency
c. Urinal				
d. Ostomy Care & Emptying Ostomy Bag				
7) COLLECTION OF SPECIMENS				
a. Stool				
b. Urine				
8) PERINEAL CARE/INCONTINENCE CARE				
a. Male				
b. Female				
9) CATHETER CARE				
a. Perineal Care — Male				
b. Perineal Care — Female				
c. Placement/Emptying Leg Bag				
d. Placement/Emptying Bed Bag				
e. Catheter straps/securing devices				
f. Dignity/Infection control covers for drainage bags				
10) DRESSING/UNDRESSING RESIDENT				
a. Ted/Support Stockings application/removal				
11) ORAL CARE				
a. Dentures				
b. Partials				
c. Dentulous Resident				
d. Unconscious				
12) HAIR CARE				
a. Combing/Brushing				
b. Shaving/Safety Razor				
c. Shaving/Electric Razor				
13) NAIL CARE				
14) FOOT CARE				
a. Washing				
b. Drying				
c. Applying Lotion				
15) EAR CARE				
a. hearing aides				
16) BATHING				

	Instruction	Demonstration	Method	Competency
a. Bedbath/Partial Bedbath				
b. Back Rub				
c. Tub Bath				
d. Shower				
e. Tub/Shower disinfection process				
17) Integumentary				
a. Reporting skin concerns				
18) FEEDING RESIDENT				
a. Total Care				
b. Partial Assistance				
c. Tray Placement/Removal				
d. Care Before and After Eating				
e. Acknowledges use of ETOH based hand sanitizers specifically: (between passing trays and assisting residents)				
f. Assistive Devices				
g. Diet Types / Consistencies				
h. Reading Meal Ticket / Documentation				
19) MEASUREMENT				
a. Resident Intake				
b. Resident Urinary Output				
20) MANAGEMENT OF CHOKING VICTIM				
a. Conscious (Heimlich)				
b. Notify Nurse after Heimlich				
21) PROTECTIVE/SUPPORTIVE DEVICES				
a. Sheepskin				
b. Transfer Bar				
c. Side Rail Pads				
d. Sliding board				
e. Pillow/Wedges				
f. Heel and Elbow Protectors				
g. Low bed vs. Standard Height of bed				
22) POSITIONING				
a. Side laying				

	Instruction	Demonstration	Method	Competency
b. Supine				
c. Upright — Chair/Wheelchair				
d. Reclining — Chair				
e. Moving the Resident in Bed				
f. Maxi -glide				
g. Side Rails / Assist Rails / Transfer bars				
23) RESTRAINTS				
a. Waist/Lap				
b. Mitts				
c. Full Side Rails				
d. Release and Exercise				
24) ADAPTIVE/ASSISTIVE EQUIPMENT				
a. Application of Splint				
b. Application of Sling				
c. Application of Glasses				
d. Application of Hearing Aide				
e. Other (resident specific)				
25) TRANSPORT				
a. Wheelchair / Foot pedal usage / storage				
b. Geri Chair/ recliner				
TILT in SPACE Wheelchair				
a. Positioning				
b. Tilt degree reading				
26) AMBULATION				
a. One Assist				
b. Two Assist				
c. Quad Cane				
d. Walker ('s)				
e. Gait Belt Usage (ambulation and transfers)				
27) TRANSFERS				
a. One Assist				
b. Two Assist				
c. Lift Sheet Transfer				
28) MECHANICAL LIFT				

	Instruction	Demonstration	Method	Competency
a. Total Body Lift				
b. Sit to Stand				
c. Ceiling Lift				
d. Sling Sizes				
29) Acknowledge ADL Verbiages				
a. Independent				
b. Supervision				
c. Limited assistance				
d. Extensive assistance				
e. Total				
30) RANGE OF MOTION				
a. Upper Extremities				
b. Lower Extremities				
d. Demo Passive range of motion (PROM)				
e. Demo Active range of motion (AROM)				
31) VITAL SIGNS				
a. Temperature — Oral				
b. Temperature — Rectal				
c. Tympanic				
d. Pulse — Radial				
e. Respirations				
f. Electronic Vital Sign Machine				
32) WEIGHT				
a. Standing				
b. Wheelchair				
c. Bed				
d. Mechanical Lift				
33) HEIGHT				
a. Standing				
b. In Bed				
34) POSTMORTEM CARE				
35) POC DOCUMENTATION				
a. Resident Care (ADL's)				
b. Ambulation				

	Instruction	Demonstration	Method	Competency
c. Toileting Schedule				
d. Range of Motion				
e. Review Mood/Behavior Monitoring icon and process				
f. Stop and Watch Alerts				
g. Kardex /Profile of Care (reading/location)				
h. Quick entry				
i. Dashboard alerts				
j. Demonstrates proper use of electronic equipment/ and cleaning (iPad, iPod, kiosks)				
36) Educational Resources				
a. Demonstrates how to sign into Relias				
b. SDS Resources location				
c. Acknowledges correct identification of residents & their personal belongings				
d. How to handle unsafe/unclean equipment				
e. Common /appropriate abbreviations				
f. Review Enhanced Supervision policy				
Unsatisfactory Competency / Remediation <i>(List Skill that required remediation)</i>				
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Unsatisfactory competency requires additional instruction and re-demonstration before the staff member is determined to be competent and able to perform this skill independently. See additional comments below.

Evaluator's Signature: _____ Title _____ Date _____

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Evaluator's Signature: _____ Title _____ Date _____

Staff Member Signature: _____ Title _____ Date _____

CNA: ORIENTATION CLASSROOM INSTRUCTION

Staff Member _____ Review Date ____/____/____ to ____/____/____

Facility _____ Position _____

Certified Nursing Assistant Orientation Schedule – Nurse Educator Instruction Guide

	Instruction Content	Date	Initials
8:00am	<ul style="list-style-type: none"> Electronic introduction to: iPad, iPod, kiosks How to navigate and use passwords, POC, Dashboard, Quick entry, Relias demonstration (Practice session for all) 		
9:00am	<ul style="list-style-type: none"> Demonstrate: Hand washing, how to handle clean & dirty laundry Oral /denture care & storage How to make a bed, Perineal care, Catheter care PROM Review weights & scales Review Call light system with iPhone (take on floor for practice) Review where to store equipment in resident room, where to locate supplies 		
10:00am - Break			
10:15	<ul style="list-style-type: none"> Review Tub and Shower cleaning & how to secure cleaners Process for weekly skin assessments. Review routine skin care expectations and products available Tour unit: Nurses station, locate SDS Review how to use the phone & how to page 		
10:45	<ul style="list-style-type: none"> Review Vital signs equipment Review Isolation process PPE/ double bagging (practice) 		
11:00am	<ul style="list-style-type: none"> Review dining service (Serving & Caddy systems) Heimlich (practice) 		
11:30 – Lunch			
Noon	<ul style="list-style-type: none"> Instruct Interact and practice working with STOP and WATCH POC documentation, (review language partial, limited, extensive etc.) Review A&I process, emergency care Practice Kardex reading /location 		
2:00pm	<ul style="list-style-type: none"> PT review equipment: Lifts, Transfers, Gait belts, Maxi glide(practice) General equipment storage/ cleaning requirements Review Customer service & How to deal with complaints / family behavior Review In-service requirements & expectations 		
3:30pm	<ul style="list-style-type: none"> Questions / Remediation as needed Instructor to sign off on competencies verified 		

Instructor's Signature: _____ Title _____ Date _____