Curriculum Application Instructions

1. Complete and submit the Curriculum Application Form.
2. Complete and submit the Curriculum Evaluation Form.
4. If the curriculum is an online curriculum, provide a login and password so the curriculum can be viewed.
5. All data submitted with this form shall be public once approved.
6. Mail all materials to the address below.
7. Please email if questions.

Nursing Assistant Registry
Health Regulation Division
PO Box 64501
St Paul, MN  55164-0501
Health.nar.coord@state.mn.us
Information Line: 651-215-8705
Curriculum Application Form

Applicant Name ___________________________________________________

Address __________________________________________________________

Contact Person _______________________ Phone _______________________

Email ____________________________________________________________

Online curriculum, if applicable
Login _______________________________ Password ____________________
Policy

An approved nursing assistant curriculum must contain at least the federal minimum curriculum requirements. Federal regulations have specific training and testing requirements for nursing assistants in long-term care facilities. The State may also specify additional areas to be included.

Federal regulations may be found at:

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities (https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html)


Any substantive changes in the curriculum must be approved by Minnesota Department of Health prior to implementation.

Minnesota approved curriculums that meet the federal and state requirements can be found at Nursing Assistant Training Curriculum (http://www.health.state.mn.us/divs/fpc/profinfo/narinfo/aboutnar.html#Training)
Curriculum Evaluation Form

Requirements

Training before any direct resident contact

1. Core Curriculum
   a. Communication and interpersonal skills;
      Unit Number or Page ____________
   b. Infection prevention and control;
      Unit Number or Page ____________
   c. Safety and emergency procedures including clearing obstructed airway on conscious
      person;
      Unit Number or Page ____________
   d. Promoting resident independence;
      Unit Number or Page ____________
   e. Respecting resident’s rights and facility responsibilities;
      Unit Number or Page ____________
   f. Activities that constitute abuse, neglect and exploitation;
      Unit Number or Page ____________
   g. Procedures for reporting abuse, neglect, exploitation and misappropriation of resident
      property;
      Unit Number or Page ____________
   h. Dementia management and resident abuse prevention.
      Unit Number or Page ____________

Office Use:
☐ Meets Standards
☐ Parts not acceptable ____________

2. Basic Nursing Skills
   a. Hand hygiene;
      Unit Number or Page ____________
   b. Personal protective equipment;
      Unit Number or Page ____________
   c. Standard precautions;
      Unit Number or Page ____________
   d. Transmission based precautions;
      Unit Number or Page ____________
   e. Handling, storing and transporting of linens;
      Unit Number or Page ____________
f. Identification of changes in resident condition and the importance of reporting such changes to a supervisor. Must include but not limited to: shortness of breath, rapid respirations, fever, coughs, chills, chest pain, blue color to lips, abdominal pain, nausea, vomiting, drowsiness, excessive thirst, sweating, pus, blood or sediment in urine, difficulty in urinating, frequent urination in small amounts, pain or burning upon urination and urine has dark color or strong odor;
   Unit Number or Page ____________

g. Caring for resident when death is imminent;
   Unit Number or Page ____________

h. Measure and record routine vital signs;
   Unit Number or Page ____________

i. Pain recognition and management;
   Unit Number or Page ____________

j. Measure and record weight and height;
   Unit Number or Page ____________

k. Caring for the resident environment;
   Unit Number or Page ____________

l. Measuring and recording fluid and food intake and output.
   Unit Number or Page ____________

Office Use:
☐ Meets Standards
☐ Parts not acceptable_________________

3. Personal Care Skills
   a. Bathing;
      Unit Number or Page ____________
   b. Grooming, including mouth care;
      Unit Number or Page ____________
   c. Dressing;
      Unit Number or Page ____________
   d. Toileting;
      Unit Number or Page ____________
   e. Assisting with eating and hydration including proper feeding techniques;
      Unit Number or Page ____________
   f. Skin care;
      Unit Number or Page ____________
   g. Transfers, positioning, and turning;
      Unit Number or Page ____________
Office Use:
☐ Meets Standards
☐ Parts not acceptable

4. Behavioral Health and Social Service Needs
   a. Person centered care;
      Unit Number or Page __________
   b. Cultural competency;
      Unit Number or Page __________
   c. Modifying aide’s behavior in response to residents’ behavior;
      Unit Number or Page __________
   d. Awareness of developmental tasks associated with the aging process;
      Unit Number or Page __________
   e. How to respond to resident behavior;
      Unit Number or Page __________
   f. Allowing residents to make personal choices and receive services with reasonable
      accommodation of needs and preferences;
      Unit Number or Page __________
   g. Utilizing resident’s family as a source of emotional support.
      Unit Number or Page __________

Office Use:
☐ Meets Standards
☐ Parts not acceptable

5. Care of Cognitively Impaired Residents
   a. Techniques for addressing the needs and behaviors of individuals with dementia
      (Alzheimer’s and others);
      Unit Number or Page __________
   b. Communicating with cognitively impaired residents;
      Unit Number or Page __________
   c. Understanding the behavior of cognitively impaired residents;
      Unit Number or Page __________
   d. Appropriate responses to the behavior of cognitively impaired residents,
      understanding that resident expressions or indications of distress are often attempts
      to communicate an unmet need, discomfort or need;
      Unit Number or Page __________
   e. Methods of reducing the effects of cognitive impairments.
      Unit Number or Page __________
6. Basic Restorative Services
   a. Training the resident in self-care according to the resident’s abilities;
      Unit Number or Page __________
   b. Use of assistive devices in ambulation, eating and dressing;
      Unit Number or Page __________
   c. Maintenance of range of motion;
      Unit Number or Page __________
   d. Proper turning and positioning both in bed and chair;
      Unit Number or Page __________
   e. Bowel and bladder incontinence, and restorative/management programs;
      Unit Number or Page __________
   f. Care and use of prosthetic and orthotic devices.
      Unit Number or Page __________

7. Residents’ Rights
   a. Providing privacy and maintenance of confidentiality;
      Unit Number or Page __________
   b. Promoting the resident’s right to make personal choices to accommodate their needs;
      Unit Number or Page __________
   c. Giving assistance in resolving grievances and disputes;
      Unit Number or Page __________
   d. Providing needed assistance in getting to and participating in resident and family groups and other activities;
      Unit Number or Page __________
   e. Maintaining care and security of the residents’ personal possessions;
      Unit Number or Page __________
   f. Providing care which maintains the resident free from abuse, neglect, exploitation or misappropriation of resident property and reporting any instances to appropriate facility staff;
      Unit Number or Page __________
g. Avoiding the need for restraints in accordance with professional standards.
   Unit Number or Page __________

Office Use:
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☐ Parts not acceptable ______________

Unit Objectives
1. Training program must have behaviorally stated objectives for each unit of instruction
   Unit Number or Page __________
2. Each objective must state measurable criteria which serve as the basis for competency evaluations
   Unit Number or Page __________

Office Use:
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☐ Parts not acceptable ______________

Integration of Psychosocial Concepts
1. Identify how the curriculum teaches students to integrate the following behaviors:
   a. Form a relationship, communicate and interact competently on a one-to-one basis with the residents;
      Unit Number or Page ______
   b. Demonstrate sensitivity to residents’ emotional, social and mental health needs through skillful, directed interactions;
      Unit Number or Page ______
   c. Assist residents in attaining and maintaining independence;
      Unit Number or Page ______
   d. Exhibit behavior to support and promote residents’ rights;
      Unit Number or Page ______
   e. Demonstrate observational and documenting skills needed in the assessment of residents’ health, physical condition and well-being.
      Unit Number or Page ______

Office Use:
☐ Meets Standards
☐ Parts not acceptable ______________

Minnesota Legislation
1. Health Care Bill of Rights (Minnesota Statute 144.651)
   Unit Number or Page __________
2. Bill of Rights Notice (Minnesota Statute 144.652)
   Unit Number or Page ____________
3. Reporting of Maltreatment (Minnesota Statute 626.557)
   Unit Number or Page ____________

   Office Use:
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**Program hours**

1. The program must be a total of at least 75 clock hours (classroom/lab/clinical)
   Unit Number or Page ____________
2. At least 16 clinical clock hours in a licensed nursing home
   Unit Number or Page ____________
3. At least 59 clock hours of combined classroom and lab
   Unit Number or Page ____________
4. Time allowed for meal breaks not included in clock hours
   Unit Number or Page ____________
5. Time allowed for clinical site orientation cannot be included in the minimum 16 hours of clinicals
   Unit Number or Page ____________

   Office Use:
   ☐ Meets Standards
   ☐ Parts not acceptable _____________

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Number of Hours Classroom</th>
<th>Number of Hours Lab</th>
<th>Number of Hours Clinical</th>
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<tbody>
<tr>
<td>Core Curriculum (minimum 16 hours)</td>
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<tr>
<td>Basic Nursing Skills</td>
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<td>Care of the Cognitively Impaired Residents</td>
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<tr>
<td>Total (Minimum 59 hours total)</td>
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</tbody>
</table>

The following general content must be covered in each training program:

- Nursing assistants will learn and practice skills competency in lab and clinicals with all persons regardless of gender identification.
- Each nursing assistant will learn about the use of the “team” approach to resident care and the nursing assistant’s role on the team.
- Each nursing assistant will learn about the use of individualized person centered resident care plan.
- Each nursing assistant will learn how to make observations of residents and learn when and how to report usual and unusual observations.
- Each nursing assistant will learn check list charting for basic nursing skills, personal care skills, and basic restorative services.

**Evaluation**

1. Individual performance record listing skills, satisfactory/unsatisfactory performance, date and instructor signature
   Unit Number or Page ____________

2. Reading ability determined for job related information
   Unit Number or Page ____________

3. Competency established by demonstration of skill, performance of knowledge objectives in written tests and implementation of person centered individualized care plan
   Unit Number or Page ____________

Office Use:
- ☐ Meets Standards
- ☐ Parts not acceptable ____________
Updating of Content

1. Identify plan for updating material
   Unit Number or Page ____________

   Office Use:
   ☐ Meets Standards
   ☐ Parts not acceptable ______________

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To obtain this information in a different format, call: 651-215-8705.