

## Licensure Q&A / Best Practices

Q: Are there any guidelines or policy and procedure models pertaining to CNA skills validations and RN competencies? We have been told at recent survey that new hire skills competency should be demonstrated in a home for specific tasks, ie: hoyer lift, bowel and bladder training etc. before a CNA is able to be independent in a home. If this aide will not be in a home, for example, that does not have a hoyer lift, do all skills have to be demonstrated within a specific time frame before an aide can be placed in any home?

We are also looking for how often an RN should have a CNA demonstrate skills competency validation skills and how other agencies send out an RN with the aides to the home to complete the skills validations.

A:

CNA - the skills can be demonstrated on a pseudo-patient, so ...

Hoyer - the agency can borrow a hoyer and have a class day.

Bowel program it is on a real person for obvious reasons. Some agencies have patients that are willing to have one or two back-up staff trained and so the new CNA can go with an RN to check off on these patients. That said, there are a number of agencies that feel, as I do, that bowel programs are specific to patients and choose to delegate patient by patient.

Competency of skills - Several of these can be done in the office at orientation. The obvious exceptions are bowel/bladder care and tub/shower baths and shampoos. Some agencies rent a hotel room and train OR the new aide MUST be with an RN for competency prior to being assigned a patient with this task. It is difficult to maintain a list of tasks that require an RN to accompany the CNA vs the tasks each patient has need of -- for schedulers to know who to send to a last minute fill-in. REALLY watch this.

The competency skills validation is only at hire - prior to assignment of the aide to any case where each skill is required. Only once does each skill have to be observed. Again - think orientation for as many skills as possible to get the coordination problem down to the fewest "still need to be watched by an RN" cases as possible. .