



Nursing Education



Coordinator Handbook

2022-2023



Nursing Education

Primary Career Cluster:	Nursing Education
Course Contact:	CTE.Standards@tn.gov
Course Code(s):	C14H16
Prerequisite(s):	<i>Health Science (C14H14), Medical Therapeutics (C14H15), and Anatomy & Physiology (C14H09 or G03H31)</i>
Credit:	1
Grade Level:	11-12
Student-Teacher Ratio:	15:1
Focus Area Graduation Requirements:	This course satisfies one of three credits required for an elective focus when taken in conjunction with other Health Science courses.
POS Concentrator:	This course satisfies one out of two required courses to meet the Perkins V concentrator definition, when taken in sequence in the approved program of study.
Programs of Study and Sequence:	This is the final course in <i>Nursing Services</i> program of study.
Aligned Student Organization(s):	HOSA: http://www.tennesseehosa.org
Coordinating Work-Based Learning:	Students enrolled in this course who wish to pursue the CNA certification must spend a minimum of 40 hours in a clinical setting. Twenty-four of the 40 hours must be spent in a long-term care facility, and the remainder can take place in any setting that employs certified nursing assistants. Teachers must hold an active WBL Certificate provided by the Tennessee Department of Education. For more information, please visit https://www.tn.gov/education/career-and-technical-education/work-based-learning.html
Promoted Tennessee Student Industry Credentials:	Credentials are aligned with postsecondary and employment opportunities and with the competencies and skills that students acquire through their selected program of study. For a listing of promoted student industry credentials, visit https://www.tn.gov/education/career-and-technical-education/student-industry-certification.html
Teacher Endorsement(s):	577, 720
Required Teacher Certifications/Training:	This course can only be taught by Registered Nurses. First time teachers must also complete online training provided by the Department of Education. Additional training requirement: Work-Based Learning training and D&S Diversified training.
Teacher Resources:	https://www.tn.gov/education/career-and-technical-education/career-clusters/cte-cluster-health-science.html Best for All Central: https://bestforall.tnedu.gov/

Course at a Glance

CTE courses provide students with an opportunity to develop specific academic, technical, and 21st century skills necessary to be successful in career and in life. In pursuit of ensuring every student in Tennessee achieves this level of success, we begin with rigorous course standards which feed into intentionally designed programs of study.

Students engage in industry relevant content through general education integration and experiences such as career & technical student organizations (CTSO) and work-based learning (WBL). Through these experiences, students are immersed with industry standard content and technology, solve industry-based problems, meaningfully interact with industry professionals, and use/produce industry specific, informational texts.

Using a Career and Technical Student Organization (CTSO) in Your Classroom

CTSOs are a great resource to put classroom learning into real-life experiences for your students through classroom, regional, state, and national competitions, and leadership opportunities. Below are CTSO connections for this course, note this is not an exhaustive list.

- Participate in CTSO Fall Leadership Conference to engage with peers by demonstrating logical thought processes and developing industry specific skills that involve teamwork and project management
- Participate in contests that highlight job skill demonstration; interviewing skills; community service activities, extemporaneous speaking, and job interview
- Participate in leadership activities such as Organizational Leadership, Prepared Speaking, HOSA Service Project, Creative Problem Solving, and HOSA Service Project.

For more ideas and information, visit Tennessee HOSA at <http://www.tennesseehosa.org/>

Using Work-based Learning in Your Classroom

Sustained and coordinated activities that relate to the course content are the key to successful work-based learning. Possible activities for this course include the following. This is not an exhaustive list.

- The student's work in a nursing home to develop nursing assistant skills is an integral part of this course. Students must spend a minimum of 40 hours practicing skills and providing patient care in order to be eligible to sit for the Certified Nursing Assistant exam.

For more ideas and information, visit <https://www.tn.gov/education/career-and-technical-education/work-based-learning.html>.

Course Description

Nursing Education is a capstone course designed to prepare students to pursue careers in the field of nursing. Upon completion of this course, a proficient student will be able to implement communication and interpersonal skills, maintain residents' rights and independence, provide care safely, prevent emergency situations, prevent infection through infection control, and perform the skills required of a nursing assistant. At the conclusion of this course students may sit for the Certified Patient Care Technician (CPCT) exam, or if students have logged 40 hours of classroom instruction and 20 hours of classroom clinical instruction, and if they have completed 40 hours of site-based clinical with at least 24 of those hours spent in a long-term care facility through a Department of Health approved program, they are eligible to take the certification examination as a Certified Nursing Assistant (CNA).

Prior to beginning work at a clinical site, students must be certified in Basic Life Support (BLS) Cardiopulmonary Resuscitation (CPR), and deemed competent in basic first aid, body mechanics, Standard Precaution guidelines, and confidentiality.

Note: In order for students to qualify for the nursing assistant certification examination, the training program must be approved at least 30 days before the first day of class by the Tennessee Department of Health Nurse Aide Training program staff.

Work-Based Learning Framework

Clinical experiences must comply with the Work-Based Learning Framework guidelines established in SBE High School Policy 2.103. The TDOE provides a *Personalized Learning Plan* template to ensure compliance with the Work-Based Learning Framework, state and federal Child Labor Law, and Tennessee Department of Education policies, which must be used for students participating in WBL opportunities. Additionally, this course must be taught by a teacher with an active WBL Certificate issued by the Tennessee Department of Education and follow policies outlined in the Work-Based Learning Policy Guide available online at <https://www.tn.gov/education/career-and-technical-education/work-based-learning.html>.

Program of Study Application

This is the capstone course in the *Nursing Services* program of study. For more information on the benefits and requirements of implementing this program in full, please visit the Health Science website at <https://www.tn.gov/education/career-and-technical-education/career-clusters/cte-cluster-health-science.html>

Course Requirements

This capstone course aligns with the requirements of the Work-Based Learning Framework (established in Tennessee State Board High School Policy), with the Tennessee Department of Education's Work-Based Learning Policy Guide, and with state and federal Child Labor Law.

Course Standards

Work-Based Learning

- 1) A student will have a Personalized Learning Plan that identifies long term goals, demonstrates how the Work-Based Learning (WBL) experience aligns with the elective focus and/or high school plan of study, addresses how the student plans to meet and demonstrate the course standards, and addresses employability skill attainment in the following areas:
 - a. Application of academic and technical knowledge and skills (embedded in course standards)
 - b. Career knowledge and navigation skills
 - c. 21st Century learning and innovation skills
 - d. Personal and social skills

Role and Responsibility

- 2) Differentiate between the services and careers in a LTC setting identifying the careers within each service. Create an artifact to illustrate the interrelatedness of the care team members that includes the individual services each provide.
- 3) Distinguish personal and professional characteristics of an employee in a Long Term Care (LTC) facility. Explain the characteristics in the context of the nursing assistant's (CNA) role and relate them to common professionalism expectations, including expectations surrounding attire, accountability, chain of command, scope of practice, resident care plans, the nursing process, productivity and time management, performing duties as assigned while demonstrating ethical behavior.
- 4) Differentiate and explain professional ethics and legal responsibilities of a CNA in the clinical setting. Analyze legal and ethical issues related to practice in the LTC facility. Accurately explain personal and organizational liabilities associated with these legal and ethical issues. Summarize a CNA code of ethics to prepare for a class discussion on the significance of specific standards and how they relate to the LTC residents' bill of rights.

Residents' Rights

- 5) Use a LTC residents' bill of rights document to analyze and discuss in a written, oral, or digital artifact**, the importance of maintaining a healthy, safe, and respectful environment that includes families and friends. Address at minimum the following components: obligation of staff to inform resident and their families of rights and services, right to privacy, right to participate in own care, right to independent choice, and informed consent. The following rights should be included for LTC residents: avenues for dealing with disputes and/or grievances, residents' environment and quality of life, and maintaining care and security of residents' personal possessions.
- 6) Summarize the Health Insurance Portability and Accountability Act (HIPAA). Create a digital or written artifact that differentiates the characteristics and rights of residents from advanced directives, living wills, durable power of attorney, and other legal directives governing medical treatment in a LTC setting. Discuss how the content of these legal documents influences residents' rights in a long-term care facility for all aspects of care.
- 7) Define the terms abuse and neglect, and differentiate among various types of abuse and neglect through an evaluation of scenarios. Document findings from the scenarios, including all suspicious findings and actual signs of abuse and/or neglect. Accurately summarize the findings, citing evidence from documentation.
- 8) Describe the purpose of the Omnibus Reconciliation Act (OBRA) and explain key concepts in an informational artifact that can be used when teaching new residents and/or their families. Key concepts can include, but are not limited to:
 - a. Importance of an individualized plan of care for each resident
 - b. Minimal requirements for nursing assistant training
 - c. Long Term Care Minimum Data Sets (MDS) guidelines

- d. Roles of Ombudsmen
- e. Purpose and importance of Patient Self-Determination Act

Safety

- 9) Accurately read and interpret policies and procedures for the following safety subjects aligned to the roles and responsibilities of a CNA. Participate in a facility safety training and apply the safety procedures in the classroom and clinical setting in order to prevent injury and provide safety for residents. Document completion of training topics on the appropriate work-based learning (WBL) and work site forms.
 - a. Proper identification of patient
 - b. Body mechanics
 - c. Fire and oxygen safety
 - d. Natural disasters
 - e. Chemical safety
 - f. Physical and mental restraints
 - g. BLS for Health Care Providers
 - h. Safe use of mechanical lift
- 10) Identify physical and mental changes in the elderly that increase their risk for accidents including falls. Create a chart that aligns types of risks with their signs and symptoms and the prevention guidelines that preserve LTC residents' rights. Use the chart as an observation tool for identifying risk situations in the clinical setting.

Infection Control/Medical Microbiology

- 11) Review infection control guidelines, Standard Precaution guidelines, Transmission-Based precautions, Personal Protective Equipment use, and infection control. Practice skills related to hand washing, donning and doffing a gown, masks, gloves and goggles, handling and cleaning spills, cleaning equipment, and handling laundry.
- 12) In a written or digital format, synthesize research into a coherent representation of the signs/symptoms (s/sx), causative agents, and precautions and preventive measures for the following infectious diseases frequently encountered in a LTC facility:
 - a. Tuberculosis
 - b. Hepatitis
 - c. Methicillin-resistant Staphylococcus aureus (MRSA)
 - d. Vancomycin-Resistant enterococcus (VRE)
 - e. Clostridium difficile or C. diff
 - f. Other nosocomial infections

Communication

- 13) Examine the skills needed to effectively and respectfully communicate with an LTC resident. Discuss the following facets of communication:
 - a. Integration of interpersonal skills,
 - b. Verbal and nonverbal communication,

- c. Barriers to communication,
- d. Special needs or cognitive impairments,
- e. Cultural diversity,
- f. How to respond to negative or changing behaviors,
- g. How to respond to grief, and
- h. How to handle discussions about death and dying.

Practice communication skills in the classroom and LTC setting with classmates, families, the elderly, and persons with special needs, obtaining objective and subjective patient information.

- 14) Research guidelines and formats pertaining to nursing assistant documentation in a LTC facility. Interpret domain-specific words and phrases that are used in documentation, especially in regards to legal requirements and correct medical terminology. Role-play giving and receiving a resident/patient status report using the documented information.

Personal Care, Data Collection, and Care Impaired

- 15) Understand principles of and successfully perform skills related to personal care. Incorporate guidelines for LTC residents' rights and utilize rubrics from textbooks, National HOSA guidelines, or other clinical standards of practice for the following:
 - a. Principles of self-care versus full care
 - b. Bathing/skin care/back rub
 - c. Grooming/shaving/hair care/nail care
 - d. Mouth care/denture care of conscious and comatose resident
 - e. Dressing
 - f. Transfers, positioning, turning in bed
 - g. Bed making, occupied and unoccupied
 - h. Care for resident/patient when death is imminent
- 16) Understand principles of and successfully perform skills related to toileting, intake and output, and bedpan or bedside commode use. Incorporate guidelines for LTC residents' rights and utilize rubrics from textbooks, National HOSA guidelines, or other clinical standards of practice for the following:
 - a. Urine characteristics, and abnormalities that should be reported to the charge nurse
 - b. Common disorders of bladder and bowels
 - c. Factors affecting elimination of urine or stool
 - d. Types of urine specimens obtained
 - e. Catheter care/emptying urinary bag
 - f. Procedure for collecting urine and stool specimens
 - g. Care guidelines for ostomy
 - h. Recording intake and output
- 17) Understand principles of and successfully perform skills related to basic restorative care. Incorporate guidelines of LTC residents' rights and utilize rubrics from textbooks, National HOSA guidelines, or other clinical standards of practice for the following:
 - a. Promoting self-care

- b. Range of Motion (ROM) exercises and maintenance
 - c. Ambulation with and without assistive devices
 - d. Use of assistive devices in transferring, eating, and dressing
 - e. Care and use of prosthetic/orthotic devices
- 18) Understand principles of and successfully perform skills related to proper feeding techniques to assist with eating and hydration. Incorporate guidelines of LTC residents' rights and utilize rubrics from textbooks, National HOSA guidelines, or other clinical standards of practice for the following:
- a. Nutritional needs of the elderly
 - b. Factors that influence food preference
 - c. Special diets
 - d. Thickened liquids
 - e. Swallowing issues and dysphagia
 - f. Abdominal thrust per American Heart Association or American Red Cross standards
 - g. Reporting food intake

Basic Nursing Skills and Disease Process

- 19) Assess vital signs to determine oral temperature, radial and apical pulse, respirations, blood pressure, height, and weight. Calculate body mass index (BMI). Identify acceptable ranges for adult and geriatric patients, as well as the measurements that must be reported to the nurse, including possible causes. Document assessment finding on a classmate or resident's chart at least ten times during the semester.
- 20) Articulate CNA standards for the care of a LTC resident who is receiving oxygen therapy. Be able to discuss the reasons for oxygen therapy, types of therapy, types of devices, and safety precautions. Demonstrate these standards of care in the classroom and clinical setting.
- 21) Compare and contrast the quality of life of LTC residents with and without pain. Discuss measures a CNA may use to reduce pain and signs/symptoms to report to the nurse including the use of a pain scale. Demonstrate pain reducing measures in the classroom and the clinical setting.
- 22) Outline the specific changes that occur in each system of the body with geriatric clientele. Create an easy access geriatric field guide with common disease/disorders including signs and symptoms for this population and key reportable information. Using a chosen geriatric patient or mock patient, create a nursing care plan with a nursing diagnosis, intervention and rationale for each of the following systems. Interventions should be appropriate for a CNA to use in a clinical setting.
- a. Integumentary systems
 - b. Nervous system with eye and ears
 - c. Musculoskeletal systems
 - d. Cardiovascular and respiratory systems
 - e. Digestive and urinary systems
 - f. Endocrine systems

- 23) Outline potential medical emergencies within an LTC facility, including but not limited to those related to shock, Myocardial Infarction (MI), bleeding, burns, fainting, diabetes, Cardiovascular Accident (CVA), and seizures. Generate a plan and/or guidelines of care for each of the areas previously listed, incorporating facility policies, national standards, and any other resource necessary.

Mental Health and the Aging Process

- 24) Investigate mental health diseases in the elderly and compare their challenges to those faced by middle adults in Erikson's psychosocial developmental stage. Create an artifact that includes signs and symptoms, incidence, how the disease/disorder affects the resident and/or family, how to modify staff behavior in response to residents' behavior, and possible treatments. Use this artifact to prepare for participation in a post-clinical conference.
- 25) Describe therapies or strategies for addressing the unique needs of cognitively impaired residents and modifying behavior in a positive manner. Model strategies in classroom role plays and in interactions with patients in the clinical setting for the following:
- Developmental task of aging,
 - Methods to reduce the effects of cognitive impairment,
 - Attitudes of staff caring for cognitively impaired residents,
 - Communication with cognitively impaired residents,
 - Methods to reduce effects of cognitive impairment
 - Acceptable interventions associated with cognitive disorders and behaviors.
 - Safe management of a combative resident
 - Acceptable interventions associated with sundowners and wandering

Portfolio

- 26) Compile and continually update a portfolio of artifacts completed in this course. If pursuing Nursing Assistant certification or dual enrollment/dual credit hours, document hours spent on activities such as clinical placement or classroom contact with an articulated institution. Upon completion of the course, prepare the portfolio in a professional style to present to an appropriate nursing audience.

The following artifacts will reside in the student portfolio:

- Skills performance rubrics
- Documentation of long-term clinical hours
- Documentation of classroom clinical hours
- Examples of written, oral, or digital presentations
- Job applications
- Resumes
- Mock or actual job interviews

Standards Alignment Notes

*References to other standards include:

- P21: Partnership for 21st Century Skills [Framework for 21st Century Learning](#)

- Note: While not all standards are specifically aligned, teachers will find the framework helpful for setting expectations for student behavior in their classroom and practicing specific career readiness skills.
- Nurse Aide Training Program requirements for Tennessee
 - These are the [minimum requirements](#) that all programs must include in order for students to be eligible to take the competency evaluation to become a Certified Nursing Assistant.

Additional Notes

**Artifacts can include, but are not limited to, brochures, posters, fact sheets, narratives, essays, and presentations. Graphic illustrations can include, but are not limited to, charts, rubrics, drawings, and models.

Work-Based Learning: Clinical Internship & Nursing Education

Health Science Placements

Districts that are interested in operating a health science work-based learning (WBL) program through either the [Clinical Internship](#) or [Nursing Education](#) courses must comply with the [WBL Framework](#) guidelines established in the state board's [High School Policy 2.103](#). The standards for both courses are designed to be more specific to healthcare than the overall standards for the [WBL: Career Practicum](#) course. However, educators teaching both [Clinical Internship](#) and [Nursing Education](#) must have a current WBL certificate issued by the Tennessee Department of Education (the "department") and are responsible for following the rules and regulations governing WBL experiences.

The department provides a [Personalized Learning Plan](#) template to ensure compliance with the [WBL Framework](#), state and federal Child Labor Law, and department policies, which must be used for students participating in both [Clinical Internship](#) and [Nursing Education](#). Teachers of these courses are responsible for following policies outlined in the [WBL Policy Guide](#) and staying up-to-date with annual changes to these policies, which will continue to be posted to the department's website: http://tn.gov/education/cte/work_based_learning.shtml.

Required Documentation

In addition to the required WBL documentation outlined in the [WBL Policy Guide](#), the following documentation must also accompany any clinical internship student's paperwork. There may be additional requirements from a given clinical site (such as orientation documentation), which would be in addition to the requirements below, if deemed necessary for a given placement.

- Exposure Control Plan
 - There is not an official form for exposure control plans; however, a tool for covering exposures students may encounter can be found online at www.osha.gov.
 - [OSHA Sample Exposure Control Plan](#)
 - [OSHA Blood-Borne Pathogens Exposure Control Plan](#)
- Current Student Immunization Record
 - Up-to-date record of all immunizations
 - Hepatitis B (HBV) is required prior for placement for students expected to have patient contact.
 - Current Tuberculosis (TB) skin test results
- Documentation of Current Student Physical (conducted within the past year)
- Documentation of Student Insurance
 - Health insurance
 - Malpractice insurance: Students may be given an opportunity for individual or blanket malpractice insurance through the school district.
 - If they drive a car, they must have car insurance.
 - NOTE: WBL students are not eligible for unemployment insurance.

All required documentation must be kept on record, secured for confidentiality, either in physical form or digitally for seven (7) years.

Required Student Training

Safety trainings provided in the classroom, as well as any provided onsite, must be documented in the student's required [Safety Training Log](#), which is included in the [Personalized Learning Plan](#), per WBL policies. The below trainings must be completed, and documented, before entering a healthcare facility for placement.

- Universal Precautions and OSHA standards (at 100 percent accuracy)
- Basic Life Support (BLS) Cardiopulmonary Resuscitation (CPR) Certification
- Basic competency in the following:
 - Basic First Aid
 - Body Mechanics
 - Standard Precaution Guidelines
 - Confidentiality

Governing Regulations

Educators with students in healthcare WBL placements through *Clinical Internship* and *Nursing Education* must be familiar with the following governing rules, regulations, laws, and policies:

- [Tennessee State Board of Education's WBL Framework](#)
- [Tennessee Child Labor Laws](#)
- [Tennessee Standards for Hospitals](#)
- [Bureau of Health Licensure and Regulation Board for Licensing Health Care Facilities Division of Health Care Facilities](#)
- All State and Federal regulations for healthcare facilities and training programs including:
 - *Clinical Internship*:
 - [Health Insurance Portability and Accountability Act \(HIPAA\) including:](#)
 - [The Health Information Technology for Economic and Clinical Health Act \(HITECH\)](#)
 - [The Genetic Information Nondiscrimination Act of 2008 \(GINA\)](#)
 - [Patient Safety and Quality Improvement Act of 2005 \(PSQIA\)](#)
 - [Elder Justice Act](#)
 - [Occupational Safety and Health Administration \(OSHA\) regulations for healthcare facilities](#)
 - *Nursing Education*
 - [Omnibus Budget Reconciliation Act \(OBRA\) of 1987](#)
 - [Federal Nurse Aide Training and Competency Regulations](#)
 - [TN Department of Health Nurse Aide Training and Competency Evaluation Standards](#)
 - [Health Insurance Portability and Accountability Act \(HIPAA\) including:](#)
 - [The Health Information Technology for Economic and Clinical Health Act \(HITECH\)](#)
 - [The Genetic Information Nondiscrimination Act of 2008 \(GINA\)](#)
 - [Patient Safety and Quality Improvement Act of 2005 \(PSQIA\)](#)
 - [Patient Protection and Affordable Care Act \(PPACA\)](#) Subtitle H is titled Elder Justice Act, and the provisions found in U.S. Code § 6701-6703
 - [Elder Justice Act](#)
 - [Reporting Reasonable Suspicion of A Crime in a LTC Facility](#): Section 1150B of the Social Security Act
 - [Occupational Safety and Health Administration \(OSHA\) regulations for Long Term Care: Nursing Home e-Tool](#)

	Clinical Internship	Nursing Education
Teacher Licensure and Endorsement	577, 720	577 Must be a Registered Nurse with a minimum of 2 years of nursing experiences, at least 1 year of which must be in a long term care (LTC) facility.*
Required Training	<ul style="list-style-type: none"> Current WBL Certificate Prior to teaching first time, must attend Clinical Internship training provided by the department 	<ul style="list-style-type: none"> Current WBL Certificate Prior to teaching first time, must attend Nursing Education training provided by the department
Recommended Training & Resources	N/A	<ul style="list-style-type: none"> Certified Nursing Assistant (CNA) Instructor Workshop provided by D&S Diversified Technologies LLP CNA Handbook published by D&S Diversified Technologies LLP contains useful resources, equipment lists and skills lists
Student Teacher Ratio	15 to 1	15 to 1
Age Restrictions	Students must be 16 years of age	Students must be 16 years of age
Placements	Rotation thru various departments at a hospital or standalone clinical site to observe employees providing direct patient care	Long Term Care (LTC) clinical rotation at a Nursing Home or Hospital LTC unit
Credits	1 to 4	1
Programmatic Requirements	Same as outlined in the WBL Policy Guide .	In order for students to qualify for the nursing assistant certification examination, the training program must be approved at least 30 days before the first day of class by the Tennessee Department of Health Nurse Aide Training program staff. For a full list of program requirements, see Federal Law §483.152 Requirements for approval of a nurse aide training and competency evaluation program and State of Tennessee 1200-08-06-.15 Nurse Aide Training and Competency Evaluation . To become a training site, you will also need to complete the Test Site Agreement on D&S Diversified Technologies LLP website .
Required Hours	Same as outlined in the WBL Policy Guide .	<ul style="list-style-type: none"> Federal classroom hour requirement prior to patient contact: 16 Total Federal program hour requirement: 75 TDOE Classroom hour requirement: <ul style="list-style-type: none"> 40 clock hours of classroom instruction 20 hours of classroom practical training in a laboratory TDOE Clinical hour requirement: <ul style="list-style-type: none"> 40 clinical hours, 24 of which must be in a long-term care facility

Nursing Education * Curriculum Map/Pacing Guide
Semester_____ Year_____

Day/hours	Classroom Topic	Skill Practice	Federal Regulation Code	TN State Standard
1/3 hours Professional Qualities EXAM	CH. 1&2: The Health Care Setting/Nursing Assistant and The Care Team	*Legal Documentation and use of the policy and procedure manual *Assessment Skills	7i	2.2,3.2
2/3 hours Abuse EXAM	CH 3: Legal and Ethical Patient Rights/Abuse Registry/Adapting Communication to Individual needs	*Restraints	1iv-1v, 7i-7vii	1.4,1.5,3.6,5.4
3/3 hours HIPAA Exam	CH. 4: Communication and Cultural Diversity	*Proper Communication *Charting		

4/3 hours	Communication and Interpersonal Skills and the role of the Health Care Team	Grooming: Skill 4 Backrub Skill 12 Hair Care Skill 18 Nail Care	1i, 3ii	1.1,3.1,3.3
5-6/6 hours OSHA EXAM	CH 5: Preventing Infection	Skill 1 Hand washing Skill 13 Isolation Gown and Gloves	1ii	1.2
7-8/6 hours Safety EXAM	CH. 6: Safety, Body Mechanics CH. 10: Positioning, Transfers, and Ambulation	Skill 24 Stand, Pivot, Transfer Skill 2 Ambulation with a Gait Belt Skill 3 Ambulation with a walker Skill 21 Position on Side	1iii, 3viii 6i-6ii 6iii	1.3,5.1,5.2
9-10/3 hours	CH 8: Human Needs/Dev'lp	Skill 19 Partial Bed Bath Skill 20 Perineal Care	2iv,3i	4.1

	CH 9: The Healthy Human Body <i>Recognizing abnormal changes and reporting</i>			
11-12/6 hours Day 13/3hours	CH.7 Emergency Care EXAM 1 ch 1-10	*CPR / First Aid		
14-15/6 hours	CH. 11: Admitting Transferring, and Discharging CH. 12: The Resident's Unit <i>Assessment Skills and Caring for the Residents Environment</i>	Skill 27 Weighing an ambulatory patient Skill 14 Occupied Bed making Skill 15 Unoccupied Bed	2ii-2iii	3.5
16/3 hours	CH.13: Personal Care Skills	Skill 8 Denture Care Skill 9 Dressing Skill 16 Mouth Care Skill 17 Mouth Care-Comatose	3ii 4i-4v	2.4 4.2

17-18/6 hours	CH. 14: Basic Nursing Skills	Skills 25 /26 Vital Signs Skill 6 Blood Pressure	2i	3.5
19/3 hours	CH.15: Nutrition and Hydration	Skill 11 Feeding a Dependent Resident	3v, 3vi	
20/3 hours	Ch. 16: Urinary Elimination	Skill 5 Bedpan and output Skill 7 Cath Care Skill 10 Emptying a Urinary Drainage Bag	3iv, 6v	2.4
21/3 hours Day 22/3 hours Day 23/3hours	CH. 17 Bowel Elimination EXAM 2 Ch: 11-17 Skill Practice	*Enema		
24/3 hours	CH. 18 Common Chronic and Acute Conditions <i>Interventions for common disorders</i>		3vii	4.3

25/3 hours	CH. 19: Confusion, Dementia, and Alzheimer's Disease <i>Care of cognitive impaired residents</i>		5i-5v	4.2
26/3 hours	CH. 20: Mental Health and Mental Illness			
27/3 hours	CH. 21: Rehabilitation and Restorative Care	Skill 22 ROM Hip and Knee Skill 23 ROM Shoulder	6iii-6vi, 7iv	
Day 28/3hours	Skill Practice			
29/3 hours	CH. 22: Special Care Skills			
30/3 hours	CH. 23: Dying, Death, and Hospice	Postmortem Care	2v	5.5
31/3 hours	Skill Exam	Skill Exam	Comprehensive	Comprehensive

32/3 hours	Exam 3 Ch: 18-23			
Days 33-46/ 42 hours	Clinical Rotation	Comprehensive		
Day 47	End of Course Exam	March 15	Comprehensive	Comprehensive

Classroom hours: 93 hours

Clinical hours: 42 hours

Total hours: 135 hours



Nursing Education Forms

_____ High School



**Nursing Education
Student File Checklist**

STUDENT NAME: _____ **SEMESTER:** _____

- ___1. Copy of up-to-date immunization record.
- ___2. TB test (as requested by LTCF)
- ___3. Proof of Hepatitis B Series
- ___4. Proof of influenza vaccination (if required by facility)
- ___5. Copy of valid driver's license
- ___6. Copy of car insurance coverage
- ___7. Copy of health insurance coverage
- ___8. Current Physical form cleared by Physician (within a year not to expire during experience)
- ___9. Copy of current CPR card
- ___10. Make sure students have a hard copy of their social security card (they will need to provide this during CNA testing)
- ___12. All WBL forms completed; copy on file at school, copy to CTE facilitator and LTCF.
- ___13. All required tests completed with 100% accuracy.

***** THIS FORM IS FOR THE USE OF THE TEACHER ONLY*****

_____ High School

Nursing Education Checklist

___1. Attend required Nursing Ed Training, D&S Diversified Training and Clinical Internship Training (Summer Institute for CTE Educators, typically held in July)

___2. Receive WBL Training

1. Attend WBL session provided by TDOE
2. WBL Certification must be maintained by attending a 1 day session every other year (certification expires 2 years from date of issue).

***See Knox County CTE website for WBL Guidebook for more information.**

___3. Secure Long Term Care Facility location & Program Coordinator (must have the site secured prior to scheduling the course)

- Contracts signed by Long Term Care Facility (LTCF)
 - KCS Clinical Student Affiliation Agreement (*obtain from Knox County CTE Facilitator*)
 - Tennessee Department of Health contract (*this document will be used to obtain state approval*)
- LTCF program coordinator identified (usually Director of Nursing)
 - *note the coordinator must be a RN with at least one year LTCF work experience; if you have these qualifications you may serve as coordinator*
- Schedule meeting with facility coordinator
 - Facility must provide a minimum of 40 hours clinical experience for students.
 - Ask about facility orientation & other facility specific requirements (forms, tour, etc.)
 - Obtain program coordinator's resume and copy of nursing license (if not the teacher). *Coordinator resume and copy of nursing license must accompany the state application.*
 - Discuss facility supervision and types of experiences, provide LTCF coordinator with Skill Guideline Sheet*
 - Take copy of WBL forms for LTCF coordinator to sign (sign 1 of each then copy for student packet)

___4. Submit application to state (TDOH) (*must be resubmitted every 2 years*)

- TN Dept. of Health Teri James 615-253-6085 teri.james@tn.gov
- Process:
 - See Nurse Aide Training requirement from TDOH.
 - [Nurse Aide Program Training Requirements](#).
- Application must include the following:
 - ___ Name of Instructor and TN License # (this is you!)

- ____ Name of LTCF coordinator and TN License # and resume (if not you)
- ____ Textbook information; include copyright date
- ____ Curriculum Map or course objectives
- ____ Physical Location (School Address) of Classroom
- ____ Physical Location (LTCF Address) of Clinical Site
- ____ List Classroom Ratio and Clinical Ratio (*this will always be 15:1*)
- ____ Copy of TN Dept. of Health Agreement between LTCF

____ 5. Student Selection:

Student application process: See Knox County website Clinical Internship Coordinator Handbook "*Clinical Application*"

- a. Identify students interested; applications should be completed the year prior to the class.
- b. Must be at least 16 years old.
- c. Complete student application
- d. Maximum 15 students per class
- e. Students with minimal discipline issues i.e. ISS/OSS (at discretion of teacher and administration on case by case basis)
- f. Attendance 90% minimum
- g. Prerequisites met : Health Science, Medical Therapeutics, and A&P

Clinical Paperwork to be completed by parent to include:

- a. WBL Paperwork
- b. Required Clinical Paperwork
- c. In addition, the following items must be attached to student file:
 - Copy of Driver's license
 - Copy of Car insurance
 - Copy of Health insurance
 - Completed Physical Exam (*must be on Knox county form*)
 - Flu Vaccine if required by facility
 - Copy of BLS Certification
 - 100% on the following tests kept on file for 7 years: (See Knox County CTE website *Clinical Internship Handbook*)
 - OSHA
 - Safety, Body Mechanics and Fire Safety
 - HIPAA and Confidentiality
 - Personal and Professional Qualities of the HCW
 - Abuse

***Helpful tip:** Provide paperwork to students and parent prior to the start of the semester so they can begin working on it early. Set a firm deadline for completion. Typically, within the first 2-4 weeks of the course.

_____6. Hold parent/student meeting (do this early in the semester or the semester before course if possible)

- Topics:
 - Fees
 - Review required paperwork; attempt to get signatures at this time if possible.
 - Course requirements and required documents
 - Dress code: *Scrubs, closed-toed shoes, name tag (teacher provides), hair back/off neck, no acrylic nails, no facial piercings and no visible tattoos.*
 - Ensure parents are aware of clinical expectations and the type of experiences students will have at the nursing home, *i.e., bathing, peri-care, etc.*

_____7. After getting program State approved, log in to D&S Diversified

- Open account (follow instructions received from Nursing Education training or contact D&S Diversified directly at 877-201-0758)
- Load all students into the D&S system within 48 hours of the start of class.
Helpful Tip: *provide a copy of the CNA Candidate Information Form on first day of class to collect information you will need to load students into the D&S system*
- Get copy of skills book for all students (you must request these directly from D&S to be mailed to you)

_____8. Student Files:

- Make each student a permanent folder; file all clinical and WBL paperwork here (*must be kept on file for 7 years*)
- Make a skills/clinical Nursing Assistant Student file to keep track of hours. (D&S Diversified Training Center Log in)

_____9. Preparing students for CNA testing

*Contact CTE Facilitator to set up payment at least one month before test date.

* Students will complete a scholarship application to have the exam paid by the Knox County CTE Department (see Knox County CTE website *Industry Certification Teacher Guide* for application)

*Contact D&S Diversified for a list of Testing Observers, schedule test date with them Testing Observer, then notify D&S Diversified of the date.

*Teacher must log in to D&S Diversified www.hdmaster.com to enter student completed hours and verify that students qualify to test.

*Collaborate with CTE Facilitator to register students for testing (registration will depend on whether your school is a flexible testing site or not and to request payment for test).

*To become a Flexible Testing site (*which is ideal and will be easier for you and your students*) complete forms found on D&S Diversified under the TEST SITE FORMS tab (this needs to be done at the beginning of the course).

*If students do not take advantage of the CTE scholarship you can print TN Scheduling Directions for them from the D&S site.

___ **11. Make WBL portfolio for students**-see *Knox County CTE website, Clinical Internship Handbook - "Clinical Internship Portfolio"*. Can use electronic portfolios on Google Sites

___ **12. Inventory Supplies for Skills**-see *hdmaster.com Tennessee Test Site Equipment list*.

___ **13. Once students test, report passes to CTE facilitator.**

**students qualify to wear a purple industry certification cord at graduation if they pass the exam. Each school supplies graduation cords.*

(Rule 1200-08-06-.15, continued)

1. Every nursing home, unless exempted due to its limited scope of clinical services, shall have a plan that provides for the reception and treatment, within its capabilities, of medical emergencies resulting from a disaster within its usual service area. The plan should consider the probability of the types of disasters which might occur, both natural and "man-made".
2. The plan must provide for additional staffing, medical supplies, blood and other resources which would probably be needed. The plan must also provide for the deferral of elective admission patients and also for the early transfer or discharge of some current patients if it appears that the number of casualties will exceed available staffed beds.
3. Copies of the plan(s), either complete or outlines, including specific emergency telephone numbers related to that type of disaster, shall be available to staff who would be assigned non-routine duties during these types of emergencies. Familiarization information shall be included in employee orientation sessions and more detailed instruction must be included in continuing education programs. Records of orientation and education must be maintained for at least three (3) years.
4. At least one drill shall be conducted each year for the purpose of educating staff, resource determination, and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.
5. As soon as possible, actual community emergency situations that result in the treatment of more than twenty (20) patients, or fifteen percent (15%) of the licensed bed capacity, whichever is less, must be documented. Actual situations that had education and training value may be substituted for a drill. This includes documented actual plan activation during community emergencies, even if no patients are received.

(c) Emergency Planning with Local Government Authorities.

1. All nursing homes shall establish and maintain communications with the county Emergency Management Agency. This includes the provision of the information and procedures that are needed for the local comprehensive emergency plan. The facility shall cooperate, to the extent possible, in area disaster drills and local emergency situations.
2. Each nursing home must rehearse both the Physical Facility and Community Emergency plan as required in this rule, even if the local Emergency Management Agency is unable to participate.
3. A file of documents demonstrating communications and cooperation with the local agency must be maintained.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 68-11-202, 68-11-204, 68-11-206, 68-11-209, and 68-11-216.

Administrative History: Original rule filed February 9, 1998; effective April 25, 1998. Repeal and new rule filed January 31, 2000; effective April 15, 2000. Amendment filed September 21, 2005; effective December 5, 2005.

1200-08-06-.15 NURSE AIDE TRAINING AND COMPETENCY EVALUATION. All nurse aide training programs must comply with the federal nurse aide training and competency regulations, promulgated

(Rule 1200-08-06-.15, continued)

pursuant to the Omnibus Budget Reconciliation Act of 1987, and with federal labor laws, including but not limited to minimum age requirements. Copies of these regulations may be obtained from the department.

(1) Testing service.

- (a) The Department shall provide or contract for the provision of nurse aide testing services as follows:
 - 1. Annual publication of testing schedules and sites.
 - 2. Test sites shall be located so that no individual is required to drive farther than thirty (30) miles to reach a test site.
 - 3. Scheduled tests shall be administered, except when no individual is scheduled to test at a particular test site.
 - 4. The number of individuals passing and failing shall be published following each test.
 - 5. The minimum passing grade for each test shall be seventy-five percent (75%) for the written or oral component. The performance demonstration portion of the test shall consist, at minimum, of five performance tasks, which shall be selected randomly for each registrant from a pool of skills evaluation tasks ranked according to degree of difficulty, with at least one task selected from each degree of difficulty. Registrants are required to pass a minimum of five (5) performance tasks.
 - 6. Individuals who fail any portion of the test three (3) consecutive times shall repeat training prior to taking the test again.
- (b) Applications to take the test shall be sent by the program coordinator to the appropriate testing agency postmarked no later than thirty (30) days prior to the test date. Requests for special testing needs shall be made to the testing agency at this time.
- (c) The department shall provide the board with quarterly reports on the number of individuals passing and failing each test.
- (d) A practical and written test will be developed to reflect that a trainee has acquired the minimum competency skills necessary to become a competent and qualified nurse aide. The Nurse Aide Advisory Committee, composed of twelve (12) members with at least three (3) members nominated by the Tennessee Health Care Association, will periodically review testing materials and set criteria for survey visits of the nurse aide programs.
- (e) The test will be developed from a pool of questions, only a portion of which is to be used for grading purposes in any one test, not to exceed one hundred (100) questions. A system must be developed which prevents the disclosure of the pool of questions and of the performance demonstration portion of the test.

(2) Training program.

- (a) Requests for approval of a nurse aide training program shall be submitted to the department and shall include the following:
 - 1. Name, address and telephone number of the facility, institution or agency offering the program;

(Rule 1200-08-06-.15, continued)

2. The program coordinator's name, address, license number and verification of a minimum of two (2) years nursing experience, at least one of which must be in the provision of long-term care facility services;
 3. Statement of course objectives;
 4. Description of course content specifying the number of hours to be spent in the classroom and in clinical settings; and,
 5. In lieu of (3) and (4) above, the fact that the curriculum is previously department-approved.
- (b) Notification of any change to any one of the above five (5) items or termination of the program must be submitted to the department within 30 days.
- (c) Each training program shall have a pass rate on both written and performance exams of at least 70%. Annual reviews of Nurse Aide Training Programs shall include:
1. Letter of commendation for exceptional pass rate as evaluated by the department;
 2. Letter of concern for programs having one year of test pass rates below 70%;
 3. Request for plan of program improvement for programs with two consecutive years of test pass rates below 70%;
 4. After the third year of consecutive test pass rates below seventy-percent (70%), the program shall be closed for no less than twenty-four (24) months. All students enrolled in the program shall be allowed to complete the course. Any program closed may appeal the closure to the Board pursuant to the Uniform Administrative Procedures Act compiled in Title 4, Chapter 5, Part 3.
- (d) Each program coordinator shall be responsible for ensuring that the following requirements are met:
1. Course objectives are accomplished;
 2. Only persons having appropriate skills and knowledge are selected to conduct any part of the training;
 3. The provision of direct individual care to residents by a trainee is limited to appropriately supervised clinical experiences; a program instructor must be present or readily available on-site during all clinical training hours including direct patient care for the seventy-five (75) hour training program. All activities of daily living (ADL) skills, including but not limited to bathing, feeding, toileting, grooming, oral care, and perineal care, must be taught prior to student performing direct patient care;
 4. The area used for training is well-lighted, well-ventilated and provides for privacy for instruction. Such requirements are not to exceed the requirements for physical space in a nursing facility;
 5. Each trainee demonstrates competence in clinical skills and fundamental principles of resident care;

(Rule 1200-08-06-.15, continued)

6. Records are kept to verify the participation and performance of each trainee in each phase of the training program. The satisfactory completion of the training program by each trainee shall be attested to on each trainee's record;
 7. Each trainee is issued a certificate of completion which includes at least the name of the program, the date of issuance, the trainee's name and the signature of the program coordinator.
 8. The program coordinator shall be responsible for the completion, signing and submission to the department of all required documentation.
- (e) Student to teacher ratio must be as follows: 25:1 in classroom and 15:1 for direct patient care training.
- (3) Nurse Aide Registry. A nursing home must not use any individual working in a facility as a nurse aide for more than four (4) months unless that individual's name is included on the Nurse Aide Registry. A facility must not use on a temporary, per diem, leased or any basis other than permanent, any individual who does not meet the requirements of training and competency testing.
- (a) The nurse aide registry shall include:
1. The individual's full name, including a maiden name and any other surnames used;
 2. The individual's last known home address;
 3. The individual's date of birth; and,
 4. The date that the individual passed the competency test and the expiration date of the individual's current registration.
- (b) The name of any individual who has not performed nursing or nursing related services for a period of twenty-four (24) consecutive months shall be removed from the Nurse Aide Registry.
- (4) Continued Competency. The facility must complete a performance review of each nurse aide employee at least once every 12 months and must provide regular in-service education based on the outcome of these reviews.

Authority: T.C.A. §§ 4-5-202, 4-5-204, 68-11-202, 68-11-204, 68-11-206, 68-11-207, 68-11-209, 68-11-210, 68-11-211, 68-11-213, and 68-11-804. Administrative History: Original rule filed September 4, 2003; effective November 18, 2003. Amendment filed March 27, 2015; effective June 25, 2015.

1200-08-06-.16 APPENDIX I

- (1) Physician Orders for Scope of Treatment (POST) Form



**TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH CARE FACILITIES
665 Mainstream Drive
Second Floor
Nashville, TN 37243
Telephone (615) 532-5171
Fax (615) 248-3601**

AGREEMENT BETWEEN LONG-TERM CARE FACILITY AND PRIVATE ENTITY PROGRAM

Name of Approved Program _____

Name of Program Coordinator _____

Physical Address and Phone Number of Program: _____

Guidelines:

-A long term health care facility which is approved by the Nurse Aide Training Program must be utilized as the clinical site for teaching the Nurse Aide program. Hospitals can only be utilized when they have a long term care unit.

-The private entity applicant will be responsible for securing signed agreements with the long term health care facility and providing copies to the Nurse Aide Training Program.

-Students must meet all requirements of the health care facility, i.e. health screenings.

-The agreement must be submitted with the application package.

The students from _____ (Program)

Will complete the Nurse Aide Clinical hours at _____

_____ (Long Term Care Facility.)

SIGNED:

Nursing Home Administrator

Print Name

Nurse Aide Training Program Coordinator

Date:

High School Principal Signature (if applicable)

CNA Candidate Information



First, Middle, Last Name _____
(This information MUST match exactly the name on your Social Security Card)

Social Security # _____

Maiden/Formal Names _____

Complete Address _____

Home/Work phone numbers _____

Email Address _____

Date of Birth _____

Eye Color _____ Height _____ Gender _____

Training program start date _____

Nursing Education/Clinical Internship Teacher Recommendation

Student Name _____

In Nursing Education/Clinical Internship, students will be observing and working with healthcare professionals in a wide variety of fields while representing _____ School. Eligibility for a clinical intern is based on their excellence in attendance/tardiness, discipline record, scholastic success and a teacher recommendation. The above student is applying for this opportunity. This recommendation is part of the application process.

Please check the appropriate space and return to teacher's _____ mailbox
by _____ (date). Please do not allow students to deliver.

Please rate the student (5=Excellent and 1=Poor) for each section below:

Personal characteristics: relates well with students, instructors, and others, shows respect and is cooperative.

5 4 3 2 1 Comments _____

Dependability: demonstrates regular attendance, punctuality, adherence to schedules and deadlines.

5 4 3 2 1 Comments _____

Work attitude: demonstrates willingness to learn, willingness to accept and profit from evaluation, enthusiastic, takes pride in work.

5 4 3 2 1 Comments _____

Communication: demonstrates listening, speaking and non-verbal skills, communicates effectively with teachers, students and others.

5 4 3 2 1 Comments _____

Personal Hygiene and Grooming: attends to personal health and cleanliness, dresses and maintains self appropriately.

5 4 3 2 1 Comments _____

Teacher's Signature/Date _____

Recommendations will be from 3 current teachers (2 academic, 1 elective).

Nursing Education/Clinical Internship Essay: In addition to completing the basic clinical internship application, students are required to compose an essay and submit it to their instructor. Failure to turn in the completed essay in a timely manner will result in the student being eliminated from the application process.

(print essay instructions and give to students)

Nursing Education/Clinical Internship Essay Requirements

(School Name)
Nursing Education/Clinical Internship
(Year)
(Instructor Name)
(Room #)

Who: Potential Nursing Education/Clinical Internship Students

What: Clinical Paper – Two typed pages, MLA format, 12 point Times New Roman font
(will not accept written paper)

When: (insert date _____) *late papers will **not** be accepted

Why: Completed application on file reflecting an interest in the program for
(semester/year _____)

Each student is required to write a two page paper as part of their Nursing Education/Clinical Internship application. Your paper should be in MLA format. In no other part of the paper should your name appear. The following information should be addressed in the paper:

- Why do you desire to take the Nursing Education class?
- Do you think this class would benefit you? How?
- What medical careers are you considering? Why?
- What Colleges/Universities are you considering? Why?
- Do you have family members who work in a career related to medicine? Family friend? (remember, no names)
- Is there anyone in the field of medicine whom you admire? Why?

Application for Nursing Assistant Program

1. **Program Name:** _____

2. **School Address:** _____

2. **Program Coordinator:** _____

Title: _____

TN License # _____

3. **Instructor Name:** _____

TN License # _____

4. **Course Objectives, Methodology, and Evaluation:** Please see TN State Standards for Nursing Education, attached

5. **Course Content Outline:** Please see Curriculum Map, attached

6. **Breakdown of Hours/Classroom/Supervised Clinical,** included on Curriculum Map, attached

7. **CNA Textbook:** _____

8. **Clinical Facility:** _____

Address: _____

9. **Classroom/Clinical Ratio:**

Classroom: **15:1**

Clinical: At least 15:1, teacher will be on site at all times.

***Students will shadow CNA's at facility; ratio will depend on daily staffing.**

*Complete and email with all required attachments to Teri James: Teri.James@tn.gov

STATE OF TENNESSEE DEPARTMENT OF EDUCATION
HEALTH SCIENCE EDUCATION

Students who choose to participate in any part of the clinical rotation, will do the rotation at their own risk. The Department of Education, Division of Career and Technical Education, Knox County Schools,

School _____

Teacher/Instructor _____

Will not be responsible for the rotation and the possible risks. When participating in a clinical rotation, students will be responsible for following the Universal Standard Precautions as mandated by the Centers for Disease Control and Prevention.

I have read and I fully understand my responsibilities in a clinical rotation. If I elect to participate in a clinical rotation, I will follow the guidelines as stated above.

_____ Student Signature _____ Date

_____ Parent/Guardian Signature _____ Date

This form is to be signed by every student in Clinical Internship/Nursing Education and placed in his/her cumulative record.

STATE OF TENNESSEE
DEPARTMENT OF EDUCATION-HEALTH SCIENCE EDUCATION
NASHVILLE, TN 37219

TO BE COMPLETED BY THE APPLICANT:

1. Name:

Last First Middle

2. Date of Birth:

Month Day Year

TO BE COMPLETED BY ONE OF THE FOLLOWING: (please check one):

___ PHYSICIAN ___ PHYSICIAN ASSISTANT ___ NURSE PRACTITIONER

1. TB skin test: Date Read: _____ Results: _____

2. Hepatitis B Vaccine: 1. _____ (Date) 2. _____ (Date)

3. _____ (Date) 3. Does applicant have a history of:

a. Drug abuse? ___ No ___ Yes b. Mental and/or emotional illness? ___ No ___ Yes

c. Alcohol abuse? ___ No ___ Yes

Practitioner's Signature (Physician, Physician Assistant, or Nurse Practitioner)

Practitioner's Name (printed)

Address: _____

Phone
Number: _____

Date: _____

CONFIDENTIALITY AGREEMENT

As part of my clinical rotation, I may come into contact with patient information that must not be shared with any other person, including family members, classmates, and/or my instructor. I understand the importance of maintaining this confidentiality and agree to abide by the confidentiality rules of the agency in which I am placed for clinical internship.

By my signature below, I acknowledge that if I breach the confidentiality rules of any agency to which I am assigned, I will be removed from that agency immediately; and I will receive an "F" in the course. I understand that I may be subject to legal action which could result in my, or my parent/guardian, having to pay a fine. I may also be prohibited from attending a post-secondary school in the health care area.

Student Name (printed)_____

Student Signature_____

Date:_____

Parent Signature_____

Date_____

UNDERSTANDING OF CONSEQUENCES

By my signature below, I acknowledge that in the event I am terminated from my Work-Based Learning (clinical internship/co-operative education) site by the affiliating agency for participating in activities that violate school rules or the rules of that site, I will receive an "F" in all Work-Based Learning related courses. I understand that this penalty also applies in the event that I am employed independently at that site and the misbehavior occurs during non-Work-Based Learning time. I understand that Knox County Schools will not assign me to another Work-Based Learning site if I have been terminated from a Work-Based Learning site for participating in activities that violate school rules or the rules of that site. In the event of a termination that is not a result of misbehavior or violation of school or Work-Based Learning site rules, I will not receive an "F" and the Knox County Schools will make reasonable efforts to place me in another clinical site.

Student Signature_____Date_____

By my signature below, I acknowledge that I have read and understand the Confidentiality Agreement and Understanding of Consequences paragraphs above.

Parent Signature_____Date_____

CLINICAL EXPERIENCE CONTRACT

I give my permission for my son/daughter, _____ to participate in the scheduled clinical experiences which are a part of the Health Science Education curriculum offered by Knox County Schools from now until he/she completes the program. **Parent/Guardian Initials**_____

I understand that the clinical internship is an optional course and that it is not necessary to take the clinical internship course to receive credit for the introductory course, nor does the internship earn college credit toward a degree in Health Science Education. **Parent/Guardian Initials**_____

I acknowledge and understand that I have full responsibility for the conduct of my son/daughter during these experiences. I will not hold the clinical affiliate or Knox County Schools responsible for any accident, injury, or other problem which might occur during or as a result of these experiences. **Parent/Guardian Initials**_____

I understand that during my son's/daughter's clinical internship he/she may be exposed to infectious material and may be at risk of acquiring Hepatitis B virus (HBV), a serious liver disease. I have been given the information necessary to decide whether or not to have my son/daughter vaccinated with the HBV vaccine at my expense. I understand that my son/daughter can receive the HBV vaccine at the Knox County Public Health Department or from my private physician. If I choose not to have my son/daughter vaccinated with the HBV vaccine, I understand that I assume all responsibility for the cost of treatment associated with HBV exposure as a result of his/her clinical internship duties.

I agree to HBV vaccination at own expense for son/daughter.

Parent/Guardian Initials_____

I decline HBV vaccination for son/daughter.

Parent/Guardian Initials_____

I agree to provide transportation for my son/daughter to and from his/her assigned Work-Based Learning site. In accordance with Knox County Schools policy, I understand that if my child chooses to drive to the clinical site, no other student will be allowed in the vehicle to or from the Work-Based Learning site. **Parent/ Guardian Initials**_____

Parent/Guardian Signature_____ Date_____

Application for Clinical Internship/Nursing Education/Capstone Courses

Name: _____ Grade: _____

Phone: _____ Email: _____

Check which clinical experience you are applying for:

Nursing Education _____ Clinical Internship _____ EMS _____

Other Capstone Course _____

Academic Information - GPA: _____

Please list all Health Science classes that you have completed and grade in each:

Have you ever been involved in a disciplinary action? Yes___ No___

*If yes, please explain in detail the nature of the action, teacher involved and intervention taken.

____ Please read over the Clinical/Nursing Education Information sheet with your parent(s).

____ Please complete essay and attach to application.

____ Please complete Teacher Recommendation Sheet and attach to application.

I am applying for a position in Nursing Education/Clinical Internship/Capstone Course and I understand and the expectations and requirement of the course.

Student Signature _____ Date: _____

Parent Signature _____ Date: _____



Work Based Learning Forms



TENNESSEE DEPARTMENT OF

EDUCATION
FIRST TO THE TOP

**Work-Based Learning
Personalized Learning Plan**

Student Name:

Placement Date:

Placement Site:

WBL Coordinator:

List the 2 (or more) courses the student has completed within their Program of Study:

1. _____

3. _____

2. _____

4. _____

Name of Elective Focus or CTE Program of Study:

Verification of Worker's Compensation: ____ Yes ____ No

If the student is in a PAID experience, he/she must be covered by the employer's Worker's Compensation plan. In instances where Worker's Compensation is not provided, the student MUST supply evidence of a personal accident insurance policy.

Up-to-date copies of the Safety Training Log and the Work-Based Learning Agreement must be kept on file both at the work site and at the school for all WBL placements as required by Tennessee Child Labor Law and consistent with the Department of Education's WBL Policy Guide.

This packet is required for students earning credit through the *Work-Based Learning: Career Practicum* course or other practicum courses for credit. It is recommended that students use this packet for all credit-bearing WBL experiences to ensure compliance with the State Board of Education's WBL Framework, with federal and state child labor laws, and with the Department of Education's WBL Policy Guide:

Personalized Learning Plan Part A: Long-term Goals and Learning Objectives

PLANNING FOR WORK-BASED LEARNING

Consider your past experiences, interests, and future career and education goals to answer the questions below.

What is your area of elective focus in high school?

What are your plans for after high school?

Describe your future career goals:

What kind(s) of education or training might you need after you graduate from high school?

What placement or capstone work-based learning experience do you hope to get?

ONCE YOU HAVE IDENTIFIED A POSSIBLE PLACEMENT

How is this work-based learning experience aligned with your career goals?

What do you want to learn through this experience that will help you progress toward your long-term goal?

What special projects or activities will help you practice important skills?

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

Below is a list of skills that employers seek from their employees. Complete this section during the WBL experience. Work with your teacher and/or employer to document the ways you practice these skills through your experience. Also write down what evidence you can add to your portfolio after the experience to show your skills!

(You can learn more about what kinds of activities and learning opportunities are available at the workplace by doing an internet search and interviewing the employer if that is possible. See the *Pre-Experience Research Checklist and Informational Interview Guide*.)

APPLICATION OF ACADEMIC AND TECHNICAL KNOWLEDGE AND SKILLS
LITERACY: Read and comprehend relevant academic and technical texts <i>Example: Read and understand a procedure manual on handling hazardous materials in a laboratory; explain instructions to supervisor and document understanding.</i>
My Experience:
My Evidence:
MATH: Select and apply relevant mathematical concepts to solve problems and perform expected tasks <i>Example: Close out cash registers by hand and compare to electronic results.</i>
My Experience:
My Evidence:

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

APPLICATION OF ACADEMIC AND TECHNICAL KNOWLEDGE AND SKILLS (cont'd)

INDUSTRY-SPECIFIC TECHNICAL SKILLS: Demonstrate industry-specific technical skills

Example: Correctly weld metal parts, in accordance with quality requirements.

My Experience:

My Evidence:

INDUSTRY-SPECIFIC SAFETY SKILLS: Demonstrate adherence to industry-specific safety regulations

Example: Use safety goggles when required and document when they were used and why.

My Experience:

My Evidence:

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

CAREER KNOWLEDGE AND NAVIGATION SKILLS

UNDERSTANDING PATHS AND OPTIONS: Plan and navigate education and career paths aligned with personal goals

Example: Interview franchise supervisor about education needed; document what is heard and analyze to student's own plans.

My Experience:

My Evidence:

REFLECTION: Reflect on experiences through creation of a personal portfolio

Example: Document and gather information (using text, photos) about skills and accomplishments, such as a business plan written to improve non-profit organization's services; complete an assessment of the quality of the products included.

My Experience:

My Evidence:

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

21ST CENTURY LEARNING AND INNOVATION SKILLS

CREATIVITY AND INNOVATION: Use imagination and insight to develop original ideas for products, including physical products, services, and solutions to problems, among others

Example: Document participation in a brain-storming session and the ideas generated related to a new marketing brochure.

My Experience:

My Evidence:

COMMUNICATION: Articulate ideas effectively in both oral and written communications; listen effectively

Example: Orally present the results of a survey of students about their interest in a new app.

My Experience:

My Evidence:

INFORMATION LITERACY: Access and evaluate information, manage information accurately and ethically

Example: Conduct an internet search about competitors in the youth clothing industry in the community, documenting sources and rating each for credibility.

My Experience:

My Evidence:

Personalized Learning Plan Part B: Tennessee Work-Based Learning Skills

PERSONAL AND SOCIAL SKILLS

INITIATIVE AND SELF-DIRECTION: Work independently; demonstrate agency, curiosity, and the ability to learn
Example: Take the initiative to find out more about the science behind a process at the manufacturing plant and write up what was learned.

My Experience:

My Evidence:

CUTURAL AND GLOBAL COMPETENCE: Exhibit interpersonal and social skills that are respectful of cultural differences
Example: Identify staff of differing cultural origins and document conversations about cultural differences in expected workplace behavior.

My Experience:

My Evidence:

PRODUCTIVITY AND ACCOUNTABILITY: Set goals and priorities and manage time and projects; exhibit punctuality, persistence, and precision and accuracy; complete projects to agreed-upon standards
Example: Verify (and document verification of) the sums on a spreadsheet of donations before turning it in on time.

My Experience:

My Evidence:

WBL Safety Training Log

The following safety training log should reflect the training requirements appropriate for the student's job description and align with the required trainings of the business. According to Tennessee Child Labor Law and WBL Policies, this form must be kept up-to-date in the personnel file at the workplace and at the school. Copies of the Safety Training Log and the WBL Agreement must be kept on file at the school for five years after placement.

Student Name:	Work Site:
Address:	Address:
City/Zip:	City/Zip:
Phone:	Phone:
DOB:	Supervisor:

Student's Responsibilities/Job Description: _____

Safety Training Topics*	Trainer's Name	Location	Date Provided
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**If additional space is needed, attach an extra sheet of paper.*

SIGNATURES

Student:	Date:
Parent or Guardian:	Date:
Endorsed Teacher: <i>(When not the WBL Coordinator)</i>	Date:
WBL Coordinator:	Date:
Principal: School:	Date:
CTE Director: <i>(or designated WBL Coordinator)</i>	Date:
Work Site Supervisor:	Date:

Note: It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, disability, or disadvantage should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity. This form is subject to monitoring by TDOE and/or TDOL&WD.

Work-Based Learning Agreement

According to Tennessee Child Labor Law and WBL Policies, this form must be kept up-to-date in the personnel file at the workplace and at the school. Copies of the Safety Training Log and the WBL Agreement must be kept on file at the school for five years after placement.

Student Name:	Work Site:
Address:	Supervisor:
City/Zip:	Address:
Phone: DOB:	City/Zip:
Area of Elective Focus:	Phone:
High School:	Start Date:

Typical Weekly Work Schedule: *Hours for credit-bearing experiences must equate to a full-time equivalent course.*

Day	Time of Work		Total Work Hours
	From	To	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
	Total		

Type of WBL Experience

<input type="checkbox"/> Apprenticeship (Registered)
<input type="checkbox"/> Clinical
<input type="checkbox"/> Cooperative Education
<input type="checkbox"/> Internship
<input type="checkbox"/> Transition (paid or unpaid)
<input type="checkbox"/> School-Based Enterprise
<input type="checkbox"/> Service Learning

Employability Skills: *This student is participating in work-based learning for credit and will have the opportunity to practice employability skills appropriate to the placement to prepare them for postsecondary education, future careers, and life:*

- **Application of academic and technical knowledge and skills**
- **Career knowledge and navigation skills**
- **21st Century learning and innovation skills**
- **Personal and social skills**

Verification: We, the undersigned, give permission for the above-named student to participate in the WBL program, and we understand and agree to meet the requirements of the WBL Framework as provided in State Board of Education policy and in the WBL Policy Guide provided by the Tennessee Department of Education. We verify the above information is correct and is consistent with federal and state guidelines for work-based learning experiences.

Student:	Date:
Parent or Guardian:	Date:
Endorsed Teacher: <i>(When not the WBL Coordinator)</i>	Date:
WBL Coordinator:	Date:
Principal: School:	Date:
CTE Director: <i>(or designated WBL Coordinator)</i>	Date:
Work Site Supervisor:	Date:

Note: It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, disability, or disadvantage should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity. This form is subject to monitoring by TDOE and/or TDOL&WD.

VERIFY WORKERS' COMPENSATION COVERAGE: ____YES ____NO **Employer Signature** _____

Work-Based Learning Insurance and Emergency Information

Student Name:	Work Site:
Address:	Address:
City: Zip:	City: Zip:
Phone:	Phone:
DOB: Grade:	WBL Coordinator:

Allergic to Medication? ☐ No ☐ Yes If yes: list medication(s):

List any other allergies or medical problems:

Medical Alert: ☐ No ☐ Yes, If yes: additional explanation:

Insurance Company: Policy #:

Parent/Guardian	Home Phone: Work Phone: Cell Phone:
Parent/Guardian	Home Phone: Work Phone: Cell Phone:
Additional Emergency Contact	Home Phone: Work Phone: Cell Phone:

I consent for my child to receive medical treatment in case of injury or illness. The information provided is accurate to the best of my knowledge.

Parent or Guardian	Date
Student	Date
WBL Coordinator	Date
Principal	Date
Supervisor	Date

Note: It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, disability, or disadvantage should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity. This form is subject to monitoring by TDOE and/or TDOL&WD.

Student Name: _____ Teacher Name: _____ Date: _____

Portfolio Rubric for Work-Based Learning

Skills	Approaching Proficiency	Proficient	Approaching Expertise	Insufficient Evidence
Application of Academic Knowledge and Skills	<input type="checkbox"/> Shows gaps in comprehension of academic and technical texts or in application of mathematical concepts to solve problems and perform expected tasks. Frequent spelling and grammar errors.	<input type="checkbox"/> Shows comprehension of relevant academic and technical texts and applies relevant mathematical concepts to solve problems and perform expected tasks	<input type="checkbox"/> Shows advanced understanding of academic and technical texts and/or superior abilities in mathematical reasoning in performing expected tasks. Only minor spelling and grammar errors.	<input type="checkbox"/>
Application of Industry-Focused Knowledge and Technical Skills	<input type="checkbox"/> Shows gaps in demonstration of industry-specific technical skills and/or adherence to industry-specific safety regulations	<input type="checkbox"/> Demonstrates industry specific technical skills and adherence to industry-specific safety regulations	<input type="checkbox"/> Shows evidence of advanced industry-specific technical skills and adherence to industry-specific safety regulations	<input type="checkbox"/>
Career Knowledge and Navigation Skills	<input type="checkbox"/> Shows little evidence of planning or navigating workplace or education and career paths aligned with personal goals	<input type="checkbox"/> Shows evidence of planning and navigating workplace and education and career paths aligned with personal goals	<input type="checkbox"/> Shows excellent understanding of paths and options; demonstrates superior ability to navigate workplace; strong alignment with personal goals	<input type="checkbox"/>
21st Century Skills	<input type="checkbox"/> Shows significant gaps in demonstration of two or more 21 st Century skill categories.	<input type="checkbox"/> Shows evidence of proficiency in most 21 st Century skill categories, with no significant gaps in more than one skill category.	<input type="checkbox"/> Demonstrates exceptional abilities in two or more 21 st Century skill categories, with no significant gaps in any skill category.	<input type="checkbox"/>
Personal & Social Skills	<input type="checkbox"/> Shows significant gaps in demonstration of two or more Personal & Social skill categories.	<input type="checkbox"/> Shows evidence of proficiency in most Personal & Social skill categories, with no significant gaps in more than one skill category.	<input type="checkbox"/> Demonstrates superior skill in two or more Personal & Social skill categories, no significant gaps in any skill areas.	<input type="checkbox"/>

Matrix of Skills Demonstrated by WBL Portfolio Artifacts

(Not all boxes must be filled for a portfolio to be high quality. Instead, each row should contain at least one “X” as an indication that the student’s portfolio contains evidence of that skill using one of the following formats. See sample completed matrix at the end of this packet.)

Student Name: _____

Skills	Career Development Materials	Documentation of Progress	Work Samples	Writing Sample	Project	Assessments
Application of Academic Knowledge and Skills						
Application of Industry-Focused Knowledge and Technical Skills						
Career Knowledge and Navigation Skills						
Creativity And Innovation						
Critical Thinking & Problem Solving						
Communication						

Skills	Career Development Materials	Documentation of Progress	Work Samples	Writing Sample	Project	Assessments
Collaboration & Teamwork						
Information Literacy						
Technology Literacy						
Initiative And Self-Direction						
Professionalism, And Ethics						
Cultural and Global Competence						
Adaptability And Flexibility						
Productivity And Accountability						

This document is part of the Work-Based Learning Implementation Guide. For more resources, see the WBL

Toolbox: <https://tn.gov/education/article/wbl-toolbox>

Summary of Suggested Components for Portfolio Entries

A suggested portfolio that provides evidence of standards attainment would include the following artifacts:

1. **Introductory letter** written by the student describing the work to be presented and how the samples were selected.
2. **Table of Contents** of student work items contained within the portfolio.
3. **Career Development Materials**
 - Career and educational development plan
 - Resume
 - Application for college
 - Application for employment
 - Letters of recommendation
4. **Documentation of Progress**
 - List of responsibilities undertaken throughout the experiences
 - Periodic journal entries reflecting on tasks and activities
5. **Work Samples (3-4)**
 - Examples of materials developed throughout the experience linked to standards and learning plan
6. **Writing/Research Sample** to demonstrate in-depth knowledge about a career area, describing skill needs and future trends in the industry; use of multiple sources (interviews, literature review and internet search) with proper citations, to demonstrate research/knowning how to learn, information literacy, and written communication skills.
7. **Project** encompassing both work samples and writing samples, and culminating in a presentation. (Note: could substitute for Writing/Research Sample and other Work Samples, if the Project will already include these.)
8. **Assessments**
 - Student Self-Assessment
 - Supervisor evaluation and observations
 - WBL coordinator evaluations and observations

Sample Matrix of Skills Demonstrated by WBL Portfolio Artifacts

(Sample completed matrix: May be used for tracking student artifacts.)

Skills	Career Development Materials	Documentation of Progress	Work Samples	Writing Sample	Project	Assessments
Application of Academic Knowledge and Skills		X	X	X	X	X
Application of Industry-Focused Knowledge and Technical Skills	X	X	X	X	X	X
Career Knowledge and Navigation Skills	X	X	X			X
Creativity And Innovation			X	X	X	X
Critical Thinking & Problem Solving			X	X	X	X
Communication	X	X	X	X	X	X
Collaboration & Teamwork		X	X		X	X

Sample Matrix of Skills Demonstrated by WBL Portfolio Artifacts

Skills	Career Development Materials	Documentation of Progress	Work Samples	Writing Sample	Project	Assessments
Information Literacy	X	X	X		X	X
Technology Literacy		X	X		X	X
Initiative And Self-Direction	X		X		X	X
Professionalism, And Ethics			X		X	X
Cultural And Global Competence			X	X	X	X
Adaptability And Flexibility			X		X	X
Productivity And Accountability			X		X	X

INTERNSHIP

A hand with light-colored nail polish is holding a blue marker, positioned at the end of a horizontal blue line that underlines the word 'INTERNSHIP'.

Clinical Internship Exams

Personal and Professional Qualities of a Healthcare Worker: Required Clinical EXAM

Name: _____

Date: _____

Score: _____/100

Read each scenario and choose the best answer. You must make a 100% on this test to attend your clinical site.

1. Research has shown that within _____ people form an impression about another person.
 - a.) 10 seconds to 2 minutes
 - b.) 15 seconds to 3 minutes
 - c.) 20 seconds to 4 minutes
 - d.) 30 seconds to 5 minutes
2. _____ means being able to identify with and understand another person's feelings, situation, and motives.
 - a.) Empathy
 - b.) Patience
 - c.) Manners
 - d.) Sympathy
3. Which of the following statements are **TRUE** regarding wearing artificial nails in healthcare?
 - a.) they can injure patients
 - b.) they can transmit germs
 - c.) they can tear or puncture gloves
 - d.) all of the above
4. A uniform should always be which of the following:
 - a.) neat and clean
 - b.) well fitting
 - c.) free from wrinkles
 - d.) all of the above
5. _____ means having the ability to say or do the kindest or most fitting thing in a difficult situation.
 - a.) Empathy
 - b.) Tact
 - c.) Competence
 - d.) Honesty

6. Communication involves which of the following essential elements:
- a.) Sender
 - b.) Message
 - c.) Receiver
 - d.) all of the above
7. Which of the following **IS NOT** considered a barrier created by cultural diversity in healthcare:
- a.) eye contact
 - b.) beliefs and practices regarding health and illness
 - c.) favorite types of food
 - d.) language differences
8. Which of the following **IS NOT** considered a type of nonverbal communication?
- a.) tone of voice
 - b.) facial expressions
 - c.) body language
 - d.) gestures
9. _____ implies being willing to be held accountable for your actions.
- a.) Competence
 - b.) Enthusiasm
 - c.) Responsibility
 - d.) Self-motivation
10. Which of the following types of jewelry **CAN** be worn as a part of the healthcare worker's uniform?
- a.) a watch
 - b.) multiple, loose bracelets
 - c.) large, hoop earrings
 - d.) long, dangling necklaces
11. Psychological barriers to communication include all of the following **EXCEPT**:
- a.) prejudice
 - b.) compassion
 - c.) attitudes
 - d.) personality

12. Teamwork improves the following processes:
- a.) communication
 - b.) continuity of care
 - c.) quality of care
 - d.) all of the above
13. _____ is the skill or ability to encourage people to work together and do their best to achieve common goals.
- a.) Cultural Diversity
 - b.) Listening
 - c.) Leadership
 - d.) Professionalism
14. The stimuli to change, alter behavior, or adapt to a situation are called _____.
- a.) stressors
 - b.) feedback
 - c.) enthusiasm
 - d.) competence
15. _____ are achievements that may take a period of years or even a lifetime to accomplish.
- a.) Visions
 - b.) Short-term goals
 - c.) Long-term goals
 - d.) none of the above
16. Techniques that can be used to learn good listening skills include:
- a.) Be alert and maintain eye contact with the speakers
 - b.) Try to eliminate your own prejudices and see the other person's point of view
 - c.) Avoid interrupting the speaker
 - d.) all of the above
17. A name badge for a healthcare worker should include which of the following:
- a.) Name
 - b.) Title
 - c.) Department
 - d.) all of the above

18. Strong odors may be caused by all of the following **EXCEPT:**
- a.) scented hairsprays
 - b.) perfumes and colognes
 - c.) bathing daily
 - d.) tobacco smoke
19. Which of the following statements are true regarding tattoos in the workplace?
- a.) tattoos that are visible and/or offensive detract from a professional appearance
 - b.) some healthcare facilities require that any tattoo be covered by clothing at all times
 - c.) each healthcare facility establishes its own policy regarding the visibility of tattoos on their employees
 - d.) all of the above
20. Which of the following is an example of an objective observation (sign) regarding patient assessment?
- a.) the patient's chief complaint
 - b.) blood pressure
 - c.) the patient's description of how the injury occurred
 - d.) the pain the patient is experiencing
21. _____ is a system of practical skills that allows an individual to use time in the most effective and productive way possible.
- a.) Time management
 - b.) Stress management
 - c.) Good communication
 - d.) Nonverbal communication
22. An effective time management plan involves all of the following **EXCEPT:**
- a.) analyze and prioritize
 - b.) take shortcuts in your work
 - c.) avoid distractions
 - d.) schedule task
23. A _____ leader encourages the participation of all individuals in decisions that have to be made or problems that have to be solved.
- a.) Bad
 - b.) Autocratic
 - c.) Democratic
 - d.) Laissez-faire

24. Culture consists of which of the following:

- a.) values
- b.) beliefs
- c.) attitudes
- d.) all of the above

25. _____ is the loss or impairment of the power to use or comprehend words, usually as a result of injury or damage to the brain.

- a.) Aphasia
- b.) Blindness
- c.) Deafness
- d.) none of the above

**Personal and Professional Qualities of a Healthcare Worker:
Required Clinical EXAM
Answer Key**

1.	c
2.	a
3.	d
4.	d
5.	b
6.	d
7.	c
8.	a
9.	c
10.	a
11.	b
12.	d
13.	c
14.	a
15.	c
16.	d
17.	d
18.	c
19.	d
20.	b
21.	a
22.	b
23.	c
24.	d
25.	a

**OSHA/Bloodborne Pathogens/Infection Control:
Required Clinical EXAM**

Name: _____

Date: _____

Score: _____ /100

Read each question carefully and choose the BEST one. You must pass this test with 100% accuracy before moving onto the clinical site.

1. This particular Hepatitis Virus is spread by putting something in the mouth that has been contaminated with the stool of an infected person.

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis D

2) This Hepatitis Virus is spread when blood or body fluid from an infected person with _____ enters the bloodstream of a person who is not vaccinated.

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis D

3) This Hepatitis virus is spread by blood and bodily fluids and is the leading cause of liver transplant.

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis D

4) This Hepatitis Virus is *defective*, and needs the Hepatitis B virus to survive.

- a. Hepatitis B
- b. Hepatitis C
- c. Hepatitis D
- d. Hepatitis E

5) The only Hepatitis Virus that does not occur in the United States at this time and is spread in the same way Hepatitis A is spread.

- a. Hepatitis B
- b. Hepatitis C
- c. Hepatitis D
- d. Hepatitis E

6) All types of Hepatitis attack which vital organ?

- a. Brain
- b. Heart
- c. Liver
- d. Spleen

7) Which of the following Hepatitis Viruses has an available vaccine?

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis A & B
- e. Hepatitis B & C

8) Which of the following is a symptom of Hepatitis?

- a. Headache
- b. Rash
- c. Jaundice
- d. Hyperactivity

9) Which of the following Hepatitis Viruses causes no signs or symptoms of in 80% of those infected?

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis D

10) Which of the following is a preventative measure for Hepatitis B and Hepatitis C?

- a. Avoid closed mouth kissing.
- b. Avoid touching a person with Hepatitis B or Hepatitis C.
- c. Avoid sharing personal items such as razors or toothbrushes.
- d. Avoid donating blood.

11) Which virus destroys the immune system?

- a. Hepatitis A
- b. Human Immunodeficiency Virus
- c. Human Papillomavirus
- d. Influenza

12) What is the only way for someone to know if they are HIV positive?

- a. Blood test
- b. Sputum culture
- c. Urine test
- d. There is no way to know if someone is HIV positive.

13) The principle that all blood and body fluids are treated as if they are infected with HIV, HBV or HCV is known as:

- a. Isolation guidelines
- b. Exposure control plan
- c. Universal precautions
- d. Personal protective equipment

14) Which of the following is a method of transmission for HBV, HCV, and HIV?

- a. Hugging
- b. Donating plasma
- c. Sharing needles
- d. Feeding a patient

15) Which of the following is NOT a method of transmission for HBV, HCV, and HIV?

- a. Coming in contact with the blood of an infected individual
- b. Insect bite
- c. Needlestick
- d. Unprotected sex

16) Which of the following is the most potentially infectious material that can transmit HIV, HCV, HBV?

- a. Blood
- b. Semen
- c. Sweat
- d. Urine

17) Which of the following is least likely to contain potentially infectious material in regards to HIV, HBV or HCV?

- a. Amniotic fluid
- b. Aqueous/Vitreous humors of the eyes
- c. Sweat
- d. Unfixed tissues or organs

18) Besides HBV, HCV, and HIV, which of the following is a bloodborne disease?

- a. Influenza
- b. Ebola
- c. Herpes
- d. Tuberculosis

19) What is the primary method of transmission of bloodborne pathogens for health care workers?

- a. Blood transfusion
- b. Contaminated needle stick
- c. Contact with glass
- d. Contact with sweat

20) What is the single most important aspect of infection control?

- a. Develop and follow an exposure plan
- b. Wear gloves at all times
- c. Avoid working with sharps
- d. Perform handwashing before and after every patient contact

21) Which of the following is related to the proper use of needles or sharps?

- a. Do not bend, break or remove needles
- b. Fill sharps containers to the top
- c. Place all sharps in a red biohazard bag
- d. Sharps containers are only required in a hospital setting

22) Equipment that is worn to prevent contact with blood or body fluids is called:

- a. Bloodborne pathogens
- b. Isolation guidelines
- c. Personal protective equipment
- d. Universal precautions

23) The most economical disinfectant is made of which of the following?

- a. Alcohol
- b. Iodine
- c. Lyson
- d. 10% Bleach

24) You are working as a student on the nursing unit. You walk into a room and find that the patient has pulled out their IV from his arm. What is the first thing you should do?

- a. Call out for help
- b. Get another student to help you
- c. Get the charge nurse
- d. Put on a glove, place pressure on the wound, and hit the call light.

25) You are job shadowing in a doctor's office. You follow the nurse into the room where she is going to give an injection to a patient. When she finishes the injection, the patient begins to show signs of a reaction. The nurse throws the needle on the counter to help the patient. You back up against the counter and stick yourself with the used needle. What is the first thing you should do?

- a. If there is no bleeding, there is no need to do anything.
- b. Panic
- c. Tell the nurse, wash area with soap and water, follow the post exposure plan
- d. Wait until the end of the shift, then go to the ER.

OSHA/Bloodborne Pathogens/Infection Control:
Key

1.	A
2.	B
3.	C
4.	D
5.	E
6.	C
7.	D
8.	C
9.	C
10.	C
11.	B
12.	A
13.	C
14.	C
15.	B
16.	A
17.	C
18.	B
19.	B
20.	D
21.	A
22.	C
23.	D
24.	D
25.	C

HIPAA and Confidentiality: Required Clinical EXAM

Name: _____

Date: _____

Score: _____/100

Read each scenario and choose the best answer. You must make a 100% on this test to attend your clinical site.

CONFIDENTIALITY & HIPAA TEST

1. What does HIPAA stand for?

2. What year was HIPAA established?

- a. 1995
- b. 1996
- c. 1997
- d. 1998

3. Which of the following is not a component of HIPAA.

- a. Protecting the confidentiality of patient information
- b. Requiring patient written consent to transfer information to the insurance companies and other medical facilities
- c. Preventing healthcare fraud and abuse
- d. To provide free healthcare to individuals

4. Sarah, age 17, was injured while playing ping pong in her garage. She needed an x-ray to access for a broken hand. All of the following have access to her records EXCEPT:

- a. Her mom who brought her to the hospital
- b. Herself
- c. Her doctor treating her in the Emergency Room
- d. Her aunt working in the hospital

- 5. Tammy, age 19, was in a car accident. She is awake and alert at the hospital. Who is the doctor allowed to give information to?**
- Tammy's parents
 - Tammy's husband
 - Tammy's sister
 - Tammy
- 6. Under HIPAA, information that could reasonably identify a patient includes:**
- The zip code of the patient
 - The patient's date of birth
 - The patient's Medicare ID
 - All of the above
- 7. Which of the following uses would qualify as a proper use of PHI for "treatment" purposes under HIPAA?**
- While sitting around at the office, a paramedic decides to access the file of a call he was on a year ago because he is now curious after reading about the patient's arrest for burglary in the newspaper.
 - An EMT gets back to the station after responding to a motor vehicle accident and states to another EMT who was not on the call. "Man, was that guy messed up from the accident."
 - On the way to the hospital, the EMT in the patient compartment relays the condition of the patient via radio to the physician at the emergency department.
 - As he is unloading the patient at the hospital, EMT Smith shouts, "Outta my way everyone, we have the City Mayor on this stretcher!"
- 8. HIPAA permits the release of PHI to law enforcement officers without patient consent, pursuant to a valid:**
- Subpoena
 - Summons
 - Search Warrant
 - All of the above
- 9. The following individuals would generally have the same rights as the patient with respect to accessing PHI:**
- The patient's legal guardian
 - The patient's power of attorney
 - The parent of a minor patient
 - All of the above

10. A healthcare organization is required to have a HIPAA Compliance Officer or Privacy Officer in place only if the organization:

- a. Treats over 5,000 patients a year
- b. Deals with electronic health records
- c. Meets the definition of a “covered entity” under HIPAA
- d. Has over 50 employees

11. You are caring for Fred Smith in room 405. You are assisting him with a bed bath. How would you best provide privacy during this procedure?

- a. Keep the curtains/door closed at all times
- b. Leave the door partially opened
- c. Don't worry about it
- d. Take pictures for the portfolio

12. Your friend is an RN on the orthopedic unit. Her neighbor Mr. Jones was admitted to the ER. At lunch, she asks you how he is doing.

- a. You can share information because she is another nurse
- b. You state that you are unable to share this information because she is not involved in his care.
- c. Tell her she will need to speak with Mr. Jones
- d. Both b and c

13. As a Clinical/Nursing student, you are allowed to discuss your clinical experiences with friends and family.

- a. True
- b. False

14. It is appropriate to take selfies or pictures of your patients at the Clinical site.

- a. True
- b. False

15. It is appropriate to post updates about your clinical experiences on social media (snap chat, twitter, face book)

- a. True
- b. False

Answer Key

1.	Health Insurance Portability and Accountability Act
2.	1996
3.	d
4.	d
5.	d
6.	d
7.	c
8.	d
9.	d
10.	c
11.	a
12.	b
13.	b
14.	b
15.	b

Name _____

Date _____

Safety Test

Multiple Choice

1. The use of correct body mechanics is needed to _____
 - a. Bend from the waist correctly
 - b. Obtain a narrow base of support
 - c. Twist while moving a patient
 - d. Use the strongest muscles
2. To get close to an object _____
 - a. Twist to the correct angle
 - b. Bend from the waist and knees
 - c. Bend from the hips and knees
 - d. Reach out for the object
3. How many inches apart should the feet be to maintain a broad base of support?
 - a. 2 to 4
 - b. 4 to 6
 - c. 6 to 8
 - d. 8 to 10
4. If you find a piece of damaged or malfunctioning equipment _____
 - a. Read the instructions for the equipment
 - b. Repair the equipment before using it
 - c. Report it immediately
 - d. Put the equipment away in storage
5. How many times should you read the labels on solution bottles?
 - a. One
 - b. Two
 - c. Three
 - d. Four

6. If a particle gets in your eye, _____
- a. Rub the eye to loosen the particle
 - b. Report it immediately
 - c. Flush the eye with large amounts of water
 - d. Use a sterile gauze pad to remove the particle
7. Safety glasses _____
- a. Should be worn at all times
 - b. Are required for some procedures
 - c. Usually are not needed in health care facilities
 - d. Must be worn while using electrical equipment
8. In case of a fire in a health care facility, the most important thing to do is _____
- a. Know the fire emergency plan
 - b. Activate the alarm
 - c. Remove everyone from the building
 - d. Remain calm
9. The three things needed in order for a fire to start are _____
- a. Fuel, heat, oxygen
 - b. Fuel, oxygen, flammable material
 - c. Flammable material, oxygen, chemical reaction
 - d. Spark, oxygen, matches
10. If a solution such as an acetic acid spills on a counter _____
- a. Wipe it up immediately
 - b. Dilute it with water
 - c. Absorb it into a sponge
 - d. Report it immediately
11. Solutions used in health care facilities _____
- a. Can be dangerous, so avoid eye and skin contact
 - b. Can be mixed together in most cases
 - c. Do not always need a label
 - d. All of the above
12. Ergonomics involves all of the following except _____
- a. Training in required muscle movements
 - b. Determining which repetitive movements will be most effective
 - c. Correct placement of furniture and equipment
 - d. An awareness of the environment to prevent injuries

- 13. The Needle Stick Safety and Prevention Act requires employers to do all of the following except_____**
- a. Provide Hepatitis B vaccine to employees with occupational exposure**
 - b. Identify and use effective and safer medical devices**
 - c. Solicit input from employees who are responsible for direct patient care devices**
 - d. Maintain a sharps injury log**
- 14. Which of the following is not an OSHA regulation?**
- a. Provide personal protective equipment**
 - b. Enforce rules of no eating, drinking, smoking or applying cosmetics in any area that can be contaminated**
 - c. Provide training on all regulations to all employees at no cost during working hours**
 - d. Provide hepatitis b vaccine free of charge to anyone in the healthcare facility or work place**
- 15. Standard precautions were developed by _____.**
- a. Occupational and Safety Health Administration**
 - b. Federal Drug Administration**
 - c. Department of Health and Human Services**
 - d. Centers for Disease Control and Prevention**

Short Answer

1. What does the acronym PASS stand for?

2. List three ways to identify a patient?

1. _____

2. _____

3. _____

3. Identify four safety check points you must observe before leaving a patient in bed.

4. Some health care facilities may require health care workers to wear a _____ when doing strenuous work and heavy lifting.

5. _____ establishes and enforces safety standards in the work place.

6. Before performing any procedure on a patient you need to acquire the patient's _____.

7. Health care workers are _____ responsible for familiarizing themselves with disaster policies.

8. All manufacturers must provide _____ (MSDS) with any hazardous product they sell.

9. The most effective way to prevent the spread of infection is _____.

10. When using a fire extinguisher, spray into the _____ of the fire to eliminate the source of the fire.

Safety Test Answer Key

Multiple Choice

1.	D
2.	C
3.	D
4.	C
5.	C
6.	B
7.	B
8.	D
9.	A
10.	D
11.	A
12.	B
13.	D
14.	D
15.	D

Short Answer

1. Pull the pin, Aim at the base of the fire, Squeeze the handle, Sweep from side to side
2. Ask the patient to state their name, Check the ID/Wristband, Check the name on the patient record, Repeat the name twice
3. Patient left in a comfortable position, Side rails elevated if indicated, Bed at the lowest level, Wheels locked, Call signal and other supplies within patients reach, No safety hazards present
4. Back supports
5. OSHA
6. Permission
7. Legally
8. Material Safety Data Sheets
9. Hand washing
10. Base

Abuse: Required Clinical EXAM

Name: _____

Date: _____

Score: _____/100

Read each scenario and choose the best answer. You must make a 100% on this test to attend your clinical site.

- 1. Abuse is a purposeful mistreatment that causes physical, mental, or emotional pain or injury to someone. _____ is the failure to provide needed care that result in physical, mental, or emotional harm to a person.**
 - a. Battery
 - b. Assault
 - c. Neglect
 - d. Violence

- 2. Emotional harm caused by threatening, scaring, humiliating, intimidating, isolating, or insulting a person or treating him/her as a child is**
 - a. Sexual abuse
 - b. Involuntary seclusion
 - c. Psychological abuse
 - d. Physical abuse

- 3. Abuse of staff by other staff members, residents, or visitors that can include verbal, physical or sexual abuse is known as**
 - a. Workplace violence
 - b. Sexual harassment
 - c. Domestic violence
 - d. Battery

- 4. Any unwelcome sexual advance or behavior that creates an intimidating, hostile or offensive working environment is**
 - a. Workplace violence
 - b. Verbal abuse
 - c. False imprisonment
 - d. Sexual harassment

5. Which of the following could be signs that a patient is being abused? Circle all that apply

- a. Yelling obscenities
- b. Fear of being alone
- c. Constant pain
- d. Anxiety or signs of stress
- e. Alcohol or drug abuse
- f. Withdrawal or apathy

6. All of the following signs may indicate neglect EXCEPT

- a. Pressure Ulcers
- b. Body lice
- c. Dehydration
- d. Reports of feeling sad

7. All of the following are true of Adult Protective Services (APS) laws, EXCEPT

- a. Laws are written by each state and are not the same throughout the country
- b. APS laws protect individuals who because of a physical or mental impairment need help from other people for their care
- c. Caregivers are responsible for knowing the laws in their state
- d. States do not have to follow Federal Laws relating to Residents Rights

8. The first federal law designed specifically to combat elder abuse is known as

- a. Omnibus Budget Reconciliation Act
- b. Occupational Safety and Health Administration
- c. Elder Justice Act
- d. Abuse Act

9. Mandated reporters are people who are legally required to report suspected or observed abuse or neglect because they have regular contact with vulnerable populations

- a. True
- b. False

10. If a medical worker sees someone being cruel or abusive to a patient the worker must

- a. Ask the patient what happened
- b. Tell the patient they should not put up with that kind of treatment
- c. Report it
- d. Ask the abuser why they were being cruel and provide education

11. A group of students are learning about family violence during their clinical rotation in the ER. Which of the following is true of family violence?

- a. Family violence effects every socioeconomic level
- b. Family violence is caused by drug and alcohol abuse
- c. Family violence predominantly occurs in lower socioeconomic levels
- d. Family violence rarely occurs during pregnancy

12. Mrs. Smith is admitted to the emergency room with a fractured arm. She explains to the nurse that her injury resulted when she provoked her drunken husband, Mr. Smith, who then pushed her. Which of the following best describes the nurse's understanding of the wife's explanation?

- a. Mrs. Smith's explanation is an atypical reaction of an abused woman
- b. Mrs. Smith's explanation is evidence that the woman may be an abuser as well as a victim
- c. Mrs. Smith's explanation is a typical response of a victim accepting blame for the abuser
- d. Mrs. Smith's shows appropriate acceptance of her responsibility of her husband's actions

13. Which situation would nurse Sally identify as placing a client at high risk for caregiver abuse?

- a. Antonia, an adult child quits her job to move in and care for a parent with severe dementia
- b. Mr. Wright, an elderly man with severe heart disease resides in a personal care home and is visited frequently by his adult child.
- c. Mrs. Hale, an elderly parent with limited mobility lives alone and receives help from several adult children.
- d. Antoinette cares for her husband who is in early stages of Alzheimer's disease and has a network of available support persons.

14. As a healthcare professional you are responsible for being aware and knowledgeable of policy and laws that protect patients' rights and prevent abuse.

- a. True
- b. False

15. If you are in the workplace and feel as you have been sexually harassed you should

- a. Avoid the staff member that is making you uncomfortable
- b. Make sure you are not doing things to attract attention to yourself
- c. REPORT IT TO YOUR INSTRUCTOR IMMEDIATELY
- d. Continue to take the harassment, especially if it is your boss

- 16.** The Abuse Registry for the State of Tennessee is maintained by the Tennessee Department of Health. The Abuse Registry includes names of persons who have abused, neglected, exploited or misappropriated the property of vulnerable persons. The names on the Abuse Registry are submitted for placement by Tennessee departments and agencies which oversee the protection and welfare of vulnerable persons. If you, as a student, are found guilty of abuse during your clinical/nursing rotations you may have your name added to the abuse registry and not be able to work in the healthcare field again.
- a. True
 - b. False
- 17.** If you are aware that a patient is being abused it is YOUR responsibility to report it.
- a. True
 - b. False
- 18.** Patient's have the right to refuse care/treatments if they are of sound mind and are not legally disabled. If you force the refused care upon a patient you have committed which tort?
- a. Battery
 - b. Neglect
 - c. Assault
 - d. False imprisonment
- 19.** You are working in a medical facility when a mother brings her child in for a suspected arm fracture. The mother reports that the child fell while riding her bike. Upon physical examination you notice several bruises in different stages of healing and scars from possible cigarette burns. How would you handle this situation?
- 20.** You are working in a nursing home facility when your patient/resident tells you that their primary caregiver, the lead nurse who has worked at the facility for 25 years, yells at them every day and calls them names. What actions should you take to handle this situation?

Abuse Exam Answer Key

1.	c
2.	c
3.	a
4.	d
5.	Circle all
6.	d
7.	d
8.	c
9.	true
10.	c
11.	a
12.	c
13.	a
14.	true
15.	c
16.	true
17.	true
18.	a
19.	Report it to your instructor/supervisor
20.	Report it to your instruction