
Chapter 2 – NURSE AIDE TRAINING

2.1.0 INSTRUCTIONAL PROGRAMS

An instructional program is a training program for nurse aides (including those who work as home health and hospice aides) approved by the Department of Health Services (DHS), Division of Quality Assurance (DQA). The purpose of an instructional program is to provide a basic level of both knowledge and demonstrable skills for individuals who provide nursing or nursing-related services to residents in licensed health care facilities and who are not licensed health professionals or volunteers who provide services without monetary compensation.

In Wisconsin, all approved nurse aide training programs must provide students with comprehensive instruction on the requirements to work in all types of licensed health care facilities (e.g., nursing homes, home health agencies, hospices, intermediate care facilities for persons with mental retardation, etc.). DQA approves nurse aide training programs that satisfy the standards outlined in s. 42 CFR 483.152 and Chapter DHS 129 of the Wisconsin Administrative Code.

DQA reviews the curriculum of each approved training program at least once every 24 months following the approval date to determine whether the program continues to satisfy the required standards. DQA may suspend or revoke the approval of a training program or impose a plan of correction on the program if the program does not satisfy the required standards or operates under conditions other than those contained in the approved application.

2.1.1 Prohibitions

Federal regulations prohibit DQA from approving a training program offered by or in a long term care facility if, in the 2 years prior to the application:

- A skilled nursing facility had a waiver of the requirement for a full time registered nurse employed 40 hours a week;
- A nursing facility had a waiver of the requirement for a registered nurse for at least 8 consecutive hours, 7 days a week;
- A skilled nursing facility or a nursing facility has been subject to an extended or partial extended survey under federal regulations;
- A skilled nursing facility or a nursing facility has been subject to a federal civil money penalty of not less than \$5,000;
- A skilled nursing facility or a nursing facility was terminated as a provider under Title 18 (Medicare) or under the State plan under Title 19 (Medicaid);
- A skilled nursing facility or a nursing facility had been subject to the penalty of denial of payment under Title 18 or Title 19;
- A skilled nursing facility or a nursing facility was subject to the penalty of an appointment of a temporary manager to oversee operations;
- A skilled nursing facility or a nursing facility was closed or had its residents transferred due to State action.

Chapter 2 – NURSE AIDE TRAINING

2.1.2 Waivers of Federal Prohibitions

A long term care facility may request a waiver of the 2-year prohibition by writing to DQA, specifying the rule from which the waiver is requested and the time period for which it is requested. DQA will review the request to ensure the following conditions are met:

- There is no approved training program within a 45-mile or 60-minute radius from the facility requesting the waiver;
- The facility is an adequate training environment because the prohibitions were nonresident/nursing care related;
- An approved training program unrelated to the facility has agreed to provide the training; and,
- The applicant has alerted the ombudsman of its waiver request.

Submit waiver requests to the:

Nurse Aide Training Consultant
Office of Caregiver Quality
P.O. Box 2969
Madison, WI 53701-2969

DQA will approve or deny each waiver request in writing within 45 days of receipt. DQA may modify the terms of a waiver request, impose other conditions or limit the duration of a waiver that is approved.

2.2.0 PRIMARY INSTRUCTOR AND PROGRAM TRAINER STANDARDS

Nurse aide students must be trained by or under the general supervision of a registered nurse who has a minimum of two years experience working as a registered nurse and meets the requirements outlined in 2.2.1.1.

Professionals from the health care and public health fields, who meet the requirements of 2.2.2.1, may serve as program trainers to meet specialized program training needs.

2.2.1 Primary Instructor

2.2.1.1 Primary Instructor Qualifications

The individual designated as Primary Instructor of a nurse aide training program must:

- Be a registered nurse licensed to practice in Wisconsin;
- Have a minimum of 2 years of experience working as a registered nurse, 1 year of which must be in the provision of healthcare in the type healthcare setting for which the program has been approved; and

Chapter 2 – NURSE AIDE TRAINING

- Have completed a course in teaching adults or supervising nurse aides.

To be approved as a primary instructor an individual must submit the ***Nurse Aide Training Program Primary Instructor Application form, DQA F-62610*** and include all of the following:

- Resume;
- Copy of RN License;
- Copy of Train the Trainer Certificate or equivalent;
- Copy of Social Security card; and
- Current Background Check.

The above documents should also be included when submitting the ***Nurse Aide Instructional Program Application form, DQA F-62220*** (see 2.40).

The Train the Trainer course must be approved by DQA (see 2.2.1.4). DQA may waive this requirement for an instructor who has completed a substantially equivalent course, or received substantially equivalent training or clinical experience. Equivalent training must include 16 hours of coursework or training in at least 4 of the following course content areas:

- Principles of adult learning;
- Formulation of training objectives;
- Curriculum design;
- Lesson plan development;
- Teaching strategies and methodologies;
- Development of learning materials;
- Evaluation of the trainee;
- Development of a record keeping system.

To qualify as a primary instructor under the provisions of the substantially equivalent clinical experience, the person must submit a summary of how the course content topics noted above were utilized in his or her employment. The summary must include documentation supporting the information given, e.g., copies of course objectives, lesson plans, trainee evaluations, etc. The person should also state the length of time involved in teaching nurse aides or other health care providers.

Example: Denise L. is a Red Cross certified CPR instructor. She provides copies of the training materials she uses to conduct a CPR training course with her primary instructor application. Denise's experience as a CPR instructor is considered substantially equivalent training experience.

Nursing facilities and non-nursing facilities may have one (1) or more Primary Instructors depending on the type of Nurse Aide Training

Chapter 2 – NURSE AIDE TRAINING

Program they are conducting. The person designated as the Primary Instructor may delegate teaching responsibilities to Program Trainers.

In a nursing facility based program, the training of nurse aides may be performed under the general supervision of the Director of Nursing (DON) for the facility; however, the DON is prohibited from acting as the primary instructor or as a program trainer. Instructors must not be involved in more than one role while supervising students in the clinical area.

2.2.1.2 *Primary Instructor Responsibilities*

- Accountable for the entire program; i.e., classroom, laboratory, and clinical.
- Participates in the planning and evaluation of each segment of the curriculum.
- Monitors each new instructor in lecture, laboratory, or clinical, whenever that person is teaching something new for the first time.
- On-Site and available during entire clinical teaching time.
- On-Site and available at least 50% of the classroom and laboratory time.
- May delegate classroom, laboratory, and/or clinical teaching responsibilities to a Program Trainer within the legal scope of practice and assessed capabilities of those individuals.

2.2.1.3 *Notification of Change in Primary Instructor*

When the program changes a primary instructor, the program must report this change to DQA in writing 10 days prior to the implementation of the change. The program must apply for approval of a new primary instructor on a **Notice of Substantial Change** form, DQA F-62224 and submit the required materials (see 2.2.1.1) to DQA as soon as the identity of the replacement primary instructor is known.

DQA will issue a written notice regarding the approval or denial of the replacement primary instructor. A new primary instructor may **not** begin instruction until the program receives written approval from DQA.

2.2.1.4 *Training Course for Primary Instructors*

Application for approval of a training course for primary instructors (i.e., Train the Trainer) must be made on the **Application for the Approval of a Training Course for Primary Instructors** form, DQA F-62216. Within 90 days of receiving an application for a primary instructor training course, DQA will either approve or deny the application in writing.

A training course for primary instructors must be a minimum of 16 hours in length and cover the following areas:

- Principles of adult learning and training techniques;

Chapter 2 – NURSE AIDE TRAINING

- Formulating training objectives, including behavior objectives which state measurable performance criteria for competency evaluation;
- Designing the curriculum to provide a logical organization of the material;
- Developing lesson plans;
- Choosing appropriate teaching strategies and methodologies;
- Developing learning materials;
- Applying methods for evaluating trainee learning;
- Effectively supervising trainees' clinical experience;
- Defining criteria for successful achievement of training program objectives; and
- Developing a record keeping system.

The instructor of the training course for primary instructors must be a registered nurse who is licensed to practice in Wisconsin and has a minimum of 2 years of experience as an instructor of nursing practice or as an instructor of nurse aides.

2.2.2 Program Trainer

“Program trainer” means an individual from a health related field who provides specialized training about that field to nurse aides under the general supervision of the primary instructor.

A program trainer may **not** date and initial a nurse aide trainee's Skills Checklist. Only the RN Primary Instructor may verify demonstrated competency in a task/skill and date and initial the trainee's Skills Checklist.

2.2.2.1 Program Trainer Qualifications

Program trainers must have a minimum of 1 year of experience in the area in which they will provide training and must work under the general supervision of the primary instructor. They may not be used as a trainer until approved by DQA. Examples of program trainers include:

- High school instructors approved by their district administration to teach health occupation courses.
- Licensed registered nurses
- Licensed practical nurses
- Pharmacists
- Dietitians
- Social workers
- Registered sanitarians
- Fire safety experts
- Health care administrators
- Gerontologists
- Psychologists

Chapter 2 – NURSE AIDE TRAINING

- Physical and occupational therapists
- Activity therapists
- Speech and language pathologists
- Audiologists
- Interpreters.

A licensed practical nurse (LPN) or licensed vocational nurse (LVN) under the supervision of the primary instructor may provide skills training instruction and supervision if he or she has one (1) year of experience in caring for the elderly and/or the chronically ill of any age.

To be approved as a program trainer an individual must submit the **Nurse Aide Training Program Trainer Application form, DQA F-62688** and include all of the following:

- Resume;
- Copy of current License;
- Copy of Social Security card; and
- Current Background Check.

2.2.2.2 *Program Trainer Responsibilities*

- Teaching of content pertaining to area of expertise.
- Delegated RN or LPN program trainer responsibilities include:
Class, laboratory, and/or clinical teaching as delegated by Primary Instructor
- Must be supervised by Primary Instructor for at least 50% of class and laboratory time and 100% of clinical teaching time.

2.2.2.3 *Notification of Change in Program Trainer*

When the program changes a program trainer, the program must report this change to DQA in writing 10 days prior to the implementation of the change. The program must apply for approval of a new program trainer on a **Notice of Substantial Change** form, DQA F-62224 and submit the required materials (see 2.2.2.1) to DQA as soon as the identity of the replacement program trainer is known.

DQA will issue a written notice regarding the approval or denial of the replacement program trainer. A new program trainer may **not** begin instruction until the program receives written approval from DQA.

2.3.0 **STANDARDS FOR TRAINING PROGRAMS**

Applications for nurse aide training programs must satisfy specific federal and state approval requirements.

Chapter 2 – NURSE AIDE TRAINING

2.3.1 Program Hourly Requirement

A training program must be a minimum of **120 hours** in length. The program must include a minimum of thirty two (32) hours of clinical experience in an approved clinical setting. Tours of a facility including observations of residents and day-to-day facility activities may be incorporated; however, competency evaluation and provider orientation **may not** be counted toward meeting the 120-hour minimum requirement. The initial sixteen (16) hours of training must be provided in a classroom setting prior to a student's direct contact with the residents.

The following five areas must be covered in this initial sixteen hours of classroom training.

- Communication and interpersonal skills;
- Infection control;
- Safety/emergency procedures;
- Promoting resident's independence; and
- Respecting resident's rights.

Students may be employed after sixteen (16) hours of classroom training if the above topics have been covered in class pursuant to the requirements of HFS 129. The program must provide the employer with verification that the program has provided the above instruction.

2.3.2 Curriculum

A training program must include theory and practice in at least the following **6 care areas**:

1. Interpersonal communication and social interaction;
2. Basic nursing skills;
3. Personal care skills;
4. Basic restorative services;
5. Rights of clients; and,
6. Dementias.

2.3.2.1 *Interpersonal Communication and Social Interaction*

A training program must incorporate interpersonal communication and social interaction skills that enable a nurse aide to:

- Communicate and interact on a one-to-one basis with a client;
- Serve as part of a team implementing client care objectives;
- Demonstrate sensitivity to clients' emotional, social and psychological needs through directed interactions; and
- Enable expressions of age-appropriate behavior by allowing clients to make personal choices and reinforce behavior that supports a client's sense of dignity.

A nurse aide must be able to:

Chapter 2 – NURSE AIDE TRAINING

1. Identify the components of a caregiver-client relationship and be able to recognize and demonstrate understanding of all of the following:
 - The uniqueness of each client, in terms of that person's age, disability, family status, gender, marital status, race, sexual orientation, and cultural, generational, social, ethnic, religious or other background, values or characteristics;
 - The needs of a client with Alzheimer's disease, dementia, mental illness, mental retardation or other cognitive disabilities or impairments;
 - The ways that both workers and clients cope with stress;
 - What constitutes caregiver misconduct (see Chapter 6 of **The Wisconsin Caregiver Program Manual**); and
 - The messages conveyed by body language and facial expressions.

2. Demonstrate an ability to establish effective relationships with clients and be able to do all of the following:
 - Communicate with clients in a respectful manner that affords clients dignity;
 - Explain procedures and activities to clients before carrying out the procedures or beginning the activities;
 - Demonstrate concern for clients who have long-term or disabling illnesses or are dying; and,
 - Identify developmental tasks associated with the aging process (those functions normally associated with the aging process, including but not limited to acceptance of and adjustment to physical changes, retirement and life review).

3. Demonstrate an ability to use appropriate verbal and nonverbal communication skills with clients and be able to do all of the following:
 - Recognize effective listening techniques;
 - Distinguish assertive from aggressive responses;
 - Identify the difference between acceptable and unacceptable touching during job performance; and,
 - Identify therapeutic interventions and specialized techniques for responding to wandering and confusion.

4. Recognize common barriers to communication including language, vision changes, hearing loss, speech problems, memory loss, disorientation and pain.

5. Demonstrate an ability to promote the independence of clients within the limitations of their physical, mental and intellectual impairments by fostering self-help skills through appropriate responses to clients' attempts to provide self care, including recognizing clients' level of ability in self care activities.

6. Identify the role of the family and other persons of importance to the client in the client's care and as resources for emotional support.

Chapter 2 – NURSE AIDE TRAINING

2.3.2.2 *Basic Nursing Skills*

A training program must include the theory of and practice in basic nursing skills including:

- Bed making;
- Taking vital signs;
- Measuring height and weight;
- Caring for the client's environment;
- Measuring fluid and nutrient intake and output;
- Assisting in the provision of proper nutritional care;
- Walking or transferring the client using body mechanics and appropriately selected equipment with regard to principles of client care ergonomics; and
- Maintaining infection control and safety standards.

A nurse aide must be able to:

1. Use acceptable personal hygiene;
2. Recognize the components of working relationships;
3. Identify how and when to seek guidance, using the supervisory channels of communication within the facility or agency;
4. Use proper body mechanics (use of the muscles of the body and the skeletal system in such a way as to avoid injury or strain when assisting in the movement, positioning and transfer of a client);
5. Demonstrate an understand the meaning of common medical terms and abbreviations;
6. Observe and report changes in client behavior and physical status, including signs and symptoms of common diseases and conditions;
7. Recognize when a client who may be choking and respond appropriately;
8. Recognize the normal physical and psychological changes associated with aging;
9. Identify the basic principles of nutrition and hydration;
10. Recognize and report deviations from a client's normal food and fluid intake and output;
11. Recognize the basic requirements of commonly prescribed therapeutic diets;
12. Use common measures to promote a client's skin integrity, considering the client's ethnicity, race and age;
13. Demonstrate appropriate techniques in walking, transferring, positioning and transporting clients;
14. Recognize and respond appropriately to unsafe environmental conditions, including damp floors, frayed electrical cords and loose hand rails;
15. Recognize and respond appropriately to emergency situations, including following emergency evacuation procedures;
16. Demonstrate appropriate hand washing techniques;
17. Understand and use commonly used alternatives to restraints in accordance with current professional standards;
18. Maintain the safety and cleanliness of client care areas;

Chapter 2 – NURSE AIDE TRAINING

19. Make use of proper isolation techniques;
20. Perform commonly accepted infection control practices, including proper gloving technique and proper disposal of blood and body fluids and secretions;
21. Make occupied and unoccupied beds;
22. Measure temperature, pulse and respiration;
23. Measure a client's weight and height;
24. Record objective information, such as a client's height and weight;
25. Apply nonprescription ointments to unbroken skin areas;
26. Recognize the general effects of prescribed routine medications;
27. Recognize therapeutic interventions and specialized non-pharmacological pain control interventions;
28. Assist with care of clients when death is imminent;
29. Assist with post-mortem care; and
30. Maintain safety and cleanliness of areas where food is stored.

2.3.2.3 *Personal Care Skills*

A training program must include the theory of and practice in basic personal care skills, including:

- Bathing;
- Mouth care;
- Grooming;
- Dressing;
- Toileting;
- Assisting with eating and hydration; and
- Skin care.

A nurse aide must demonstrate the ability to:

1. Give a complete or partial bed bath and assist clients in taking baths and showers;
2. Provide care of the perineal area;
3. Apply appropriate oral hygiene practices, including caring for the client's dentures;
4. Care for a client's nails, hair and skin care;
5. Shave and shampoo clients, including applying nonprescription medicated shampoos;
6. Dress and undress clients;
7. Prepare clients for meals;
8. Assist in feeding clients, including helping clients use adaptive devices and feeding utensils and encouraging clients to eat nutritionally balanced meals; and
9. Assist with bowel and bladder elimination.

2.3.2.4 *Basic Restorative Skills*

“Restorative services” means the therapeutic practice, education and training to restore, promote and maintain the client's fullest possible level

 Chapter 2 – NURSE AIDE TRAINING

of functioning. A training program must include the theory of and practice in providing restorative services including:

- The application of assistive devices for ambulating, eating and dressing;
- Maintenance of range of motion through appropriate exercises;
- Proper turning and positioning, both in bed and chair;
- Proper transferring techniques;
- Bowel and bladder training; and
- Care and use of prosthetic devices such as hearing aids, artificial eyes and artificial limbs.

A nurse aide must demonstrate the ability to:

1. Recognize the importance of bowel and bladder programs;
2. Recognize methods for maintaining and improving musculoskeletal functioning by promoting joint mobility, body alignment and movement, including being able to do all of the following:
 - Position clients by use of pillows, towel rolls, padding and footboards;
 - Perform simple range of motion exercises; and,
 - Assist clients in the use of crutches, walkers, wheelchairs, canes, prostheses and appliances.
3. Transfer clients safely and according to principles of patient care ergonomics and with proficiency in use of available equipment that is used to transfer clients such as but not limited to friction reducing devices, mechanical lifts, wheelchairs and gait belts;
4. Reinforce breathing exercises, including coughing and deep breathing; and,
5. Help clients use hearing aids and glasses.

2.3.2.5

Rights of Clients

A training program must provide instruction on the principles of and requirements relating to clients' rights.

A nurse aide must demonstrate an understanding of all of the following obligations in relation to clients' rights:

- Provide privacy for clients in treatment, living arrangements and caring for personal needs;
- Maintain the confidentiality of client health and personal records;
- Allow clients to make personal choices to accommodate the clients' needs;
- Provide help needed by clients in getting to and participating in activities, including client and family group meetings;
- Maintain the personal possessions of clients in good and secure condition;
- Interact with clients without abusing or neglecting the clients;
- Interact with clients without misappropriating the clients' property; and,

Chapter 2 – NURSE AIDE TRAINING

- Immediately report every instance of caregiver misconduct (abuse, neglect or misappropriation) to appropriate facility or agency staff. See **The Wisconsin Caregiver Program Manual**, Chapter 6, <http://dhs.wisconsin.gov/caregiver/publications/CgvrProgMan.htm>

A nurse aide must demonstrate behavior that recognizes clients have rights and that the aide respects those rights. A nurse aide must do all of the following:

- Demonstrate respect and concern for each client's rights and preferences and awareness of age, color, disability, family status, financial status, gender, marital status, race, sexual orientation, and ethnic, cultural, social, generational and religious differences;
- Show respect for cultural, ethnic and religious food preferences;
- Recognize what constitutes caregiver misconduct and demonstrate an understanding of how to interact with clients to avoid behavior which can be interpreted as caregiver misconduct;
- Demonstrate prevention and intervention skills with combative clients that balance appropriate client care with a need to minimize the potential for injury to the aide and others;
- Recognize the role of state and federal regulatory agencies in licensing or otherwise approving providers and in investigating allegations of caregiver misconduct;
- Demonstrate an understanding of the process by which a client or staff member may file a complaint on behalf of a client and seek redress for a perceived violation of client rights;
- Recognize the role of client advocacy groups as a client resource; and
- Demonstrate awareness of how to file a complaint with DHS regarding operations within the provider setting.

2.3.2.6

Dementias

A training program must include instruction about dementia and specific techniques for meeting the basic needs of clients with dementia. The nurse aide must demonstrate an understanding of all of the following:

- The nature of dementia, including the cause, course and symptoms of the impairment; and the effects that brain changes have on the person's moods, abilities and functioning;
- The effects on the client and means of modifying these communications and approaches to facilitate effective interaction between clients and staff;
- The feeding and fluid intake problems associated with dementia and the specialized techniques for addressing those problems;
- The effect of the environment on clients with dementia and the appropriate environmental stimuli to use with those clients to reduce stress and maximize normal functioning and how to incorporate strategies that preserve function and prevent excess disability;
- Possible causes of dementia related symptomatic behavior changes, specifically focusing on understanding behavior as an attempt to

 Chapter 2 – NURSE AIDE TRAINING

communicate unmet needs and then how to address the unmet need including an understanding of how pain impacts behavior;

- Ways to help the person with dementia continue meaningful involvement in his or her day, the importance of structure and routine and the incorporation of the person's life story and past interests, routines, tastes, values and background;
- The stress involved for the client, family and nurse aide in caring for a client with dementia and techniques for coping with this stress and ways to address the person with dementia's core needs of having self-esteem boosted, being useful, giving and receiving love, and caring for self and others.

2.3.3 Program Operation

To meet federal and state approval requirements, a training program must have **all** of the following:

1. Access to an approved clinical setting;
2. Qualified faculty members for both the classroom and skills portions of the training program;
3. Reasonable accommodations for students and prospective students with handicapping conditions;
4. An adequate number of clinical instructors in the clinical setting to provide safe and effective supervision and assistance; and
5. Classroom facilities that are adequate to meet the needs of the program; and
6. Policies related to attendance, grading, uniforms, confidentiality, etc.

Programs must also provide notification to students sponsored by Medicaid-certified nursing facilities that the students are not responsible for any costs associated with training, including deposits for textbooks or supplies used.

2.3.3.1 Classroom Setting

Any area designated as a classroom or lab in a facility-based program must be an area that is not designated for resident care. The size of the classroom or lab is not specified; however, the training program must ensure that classrooms and lab facilities are adequate to meet the needs of the program, based on the number of students enrolled and how the space is used. Programs must ensure that classroom and skills labs have:

- Adequate temperature controls;
- Clean and safe conditions;
- Adequate space to accommodate students;
- Adequate lighting;
- All equipment needed, including audiovisual equipment and any equipment needed for simulating resident care; and
- Lab equipment in the skill lab at all times for demonstration, practice, and student demonstration.

Chapter 2 – NURSE AIDE TRAINING

2.3.3.2 *Clinical Setting*

Supervised practical training in a clinical setting is when the trainee demonstrates knowledge while performing tasks or services for a person under the direct supervision of a RN or LPN. Before a student performs any client-related services, the RN primary instructor must determine that the student has been trained and found proficient in providing those services. The training program shall ensure access to a qualified clinical setting that is adequate to meet the needs of the program.

Clinical sites must be in compliance with state and federal law. The program designee or primary instructor and the healthcare provider with whom the program has contracted are responsible for verifying that clinical facility is in compliance with state and federal law. This verification must be documented in the program's files and must be available during the evaluation process. Information pertaining to the development of the Clinical Agreement Guidelines/Suggestions is included in the application packet (see 2.4.0).

- The agreement between the program and the clinical setting shall be reviewed and renewed annually by DQA and upon change of facility or school administration. A copy of the agreement must be submitted to DQA.
- During classroom and lab instructions, students should be oriented to the various forms used to document resident information. Instructors must supervise documentation on the appropriate flow sheets and forms during the clinical rotation.
- Before a student begins a clinical rotation, the primary instructor must evaluate and document that a student successfully demonstrated the ability to perform a skill.
- Students may not give hands-on care to residents that are not assigned to them unless under the direct supervision of the primary instructor.
- Students under the general supervision of the primary instructor may be paired during the student's clinical rotation with nurse aides who are employed by the health care provider during their clinical rotation.
- Students must maintain safe practices, infection control and respect resident rights at all times.
- Students must demonstrate knowledge regarding the assigned residents' diagnoses and identified needs.
- Students and instructors must wear clothing that is in compliance with school policy and that is appropriate for performing resident care. The uniform must include a nametag that designates the name of the nurse aide training program and the individual's status as a student or instructor.

Chapter 2 – NURSE AIDE TRAINING

- The scheduled clinical hours must provide experiences that meet expected outcomes outlined in the program curriculum.
- The length of the clinical day will not exceed eight (8) hours.
- A health care facility may serve as the site of clinical instruction for up to 2 nurse aide training programs at a time. DQA may approve more than 2 programs at a single health care facility on a case-by-case basis in conjunction with the facility's administrative staff.
- The program shall not be used as a substitute for staff orientation or staff education programs.

2.3.3.3 *Instructor Duties*

The Primary Instructor must evaluate and document that a student demonstrated successfully the ability to perform a skill before the student begins a clinical rotation.

The Primary Instructor is responsible for providing communication between the clinical staff and the students. There must be an adequate number of Primary Instructors in the clinical setting to provide safe and effective supervision and assistance of students.

Primary Instructors must not be involved in another role while supervising students in the clinical area. The ratio of instructors to trainees in skills training must be adequate to ensure that each trainee receives safe and effective assistance and supervision. A ratio of 6 to 8 students per instructor is considered to be adequate in most circumstances.

The Primary Instructor makes all student clinical assignments with the approval of the healthcare provider. The instructor must complete a review of the residents' charts to retrieve pertinent information needed by the students to provide the required cares. The instructor should provide this information on a worksheet for each student. Care plan information is to be reviewed at the beginning of each clinical experience and should include new orders or changes in resident status.

Student assignments should be shared with the assigned clinical setting prior to the student's arrival at the clinical setting. During at least one clinical experience, it is recommended that each student care for a minimum of two, but not more than four residents during a specified clinical day. Students should be given individual assignments. More than two students should not be assigned to the same resident at the same time.

Clinical assignments shall include the following:

- a. Care of residents with varied levels of care needs and

Chapter 2 – NURSE AIDE TRAINING

- b. The opportunity to be evaluated on organizational skills and time management.

The primary instructor is responsible for supervising the clinical performance of all LPN program trainers.

2.3.3.4 *Student Clinical Orientation*

The goal of a nurse aide student orientation at a clinical facility is to provide the student and faculty with important information about this particular agency, the agency staff and contacts, and other information needed prior to a student getting involved in patient care. Clinical faculty is encouraged to schedule an agency orientation as soon as possible.

In scheduling a facility orientation, the primary instructor will seek representatives to talk to the students and provide them with as much information as possible about the agency.

Some common information to note at the time of the orientation include but are not limited to the following:

- Clinical agency's complete name, address and phone number.
- Agency's designated contact person and the most efficient way to contact that person.
- Designated clinical rotation meeting area and the unit manager's name and phone number.
- Location of student parking.
- Location for pre and post clinical conferences and review of patient care assignments.
- Location of the break room.
- Location of designated smoking area.
- Location of copy machine and requirements for their operation.
- Orientation and training on equipment used in patient care.
- Training on the different emergency protocols and codes used to communicate disaster, etc.
- Inform students of changes occurring at the facility.

2.3.3.5 *Expectations and Record Retention*

A training program must maintain a list of the skills and a summary of the knowledge that a trainee is expected to have upon completion of the training program.

The primary instructor must individually record the date and initial when a student satisfactorily performs each required task or skill and provide a copy of the student's performance record to the student. When a student has satisfactorily completed all required skills and competencies, attained the necessary knowledge, and achieved the stated course completion criteria, the student qualifies to enter a competency evaluation program. Upon satisfactory completion of the training program, the trainee **must** be

Chapter 2 – NURSE AIDE TRAINING

allowed to take the State approved written or oral competency evaluation examination and a skills competency demonstration examination.

The training program must retain all required records for at least 3 years, including the student's:

- Name
- Social Security Number
- Attendance record (dates and hours)
- Skills checklists
- Test scores
- Final exam scores
- Course evaluations
- Other relevant documentation

The program must provide all students who successfully complete the program with a certificate of completion that certifies the student's successful completion of the program (see sample, appendix B).

2.3.3.6 *Facility Based Program*

Training of nurse aides may be performed under the general supervision of the director of nursing (DON) for a facility; however, the DON is prohibited from acting as the primary instructor or as a program trainer. Instructors must not be involved in more than one role while supervising students in the clinical area.

2.3.3.7 *Notification of Substantial Changes in the Program*

An approved nurse aide training program must report **all** substantial changes in the program to DQA. Substantial change means any change in the:

- Program designee
- Primary instructor
- Program trainer
- Curriculum
- Clinical Site
- Classroom
- Program site.

The program must apply for approval on a **Notice of Substantial Change** form, DQA F-62224. The program must report this change to DQA in writing 10 days prior to the implementation of the change. The substantial change must not be implemented until the change is approved by DQA. DQA may review the entire program if a program makes several changes within a 2-year approval period. DQA will approve or deny all requests for program changes in writing.

Chapter 2 – NURSE AIDE TRAINING

Failure to notify DQA of a substantial change may result in suspension or revocation of approval of the training program.

2.4.0 PROGRAM APPLICATION

1. The individual agency must make the request for the **Nurse Aide Instructional Program Application** form, DQA F-62220 by calling or writing to DQA.
2. DQA provides the applicant with a Training Program Packet, which includes the following:
 - a. Application for Approval of a Nurse Aide Training Program
 - b. Primary Instructor Application
 - c. Class/Lab Equipment Supply List
 - d. Clinical Contractual Guidelines/Suggestions
 - e. Background Information Disclosure
3. An individual applicant must provide his or her social security number. Corporation or other business organizations must provide their federal employer identification number (FEIN). The applicant must provide any additional information requested by DQA during its review of the application.
4. The applicant returns the prerequisite items, including completed Caregiver Background Check and application forms to DQA for review.

2.4.1 Program Designee

The program must designate a person to be responsible for the program operation and compliance with applicable requirements. That program designee must be noted on the application.

2.4.1.1 *Notification of Change in Program Designee*

The program must notify DQA **within 10 days** when there is a change in the program designee. A program **may not operate** without a program designee. The program must provide written notice to DQA on a **Notice of Substantial Change** form, DQA F-62224, as soon as the identity of the permanent replacement designee is known.

2.5.0 APPLICATION REVIEW

DQA reviews the submitted application materials and determines if the application is complete and all prerequisites have been met. DQA will review a training program application for:

- Prohibitions and waivers (see 2.1.1 – 2.1.2);
- Program content and length (see 2.3.0 – 2.3.2.6);

Chapter 2 – NURSE AIDE TRAINING

- Appropriate ratio of classroom instruction to skills training (2.3.3.3);
- Standards for instructors (see 2.2.1);
- Type of clinical supervision, including an appropriate ratio of students to instructor (see 2.3.3.2 – 2.3.3.3);
- Provision for written evaluation of the program;
- Reasonable accommodations for students and prospective students with handicapping conditions;
- Criteria for successful completion; and
- Appropriate furnishing of physical facilities to meet classroom instruction and skills training needs.

DQA will issue a written decision to approve or deny the application within 90 days of receiving an application.

- a. If the information is complete, DQA will mail a notice of preliminary approval to the owner of the program.
- b. If the material is incomplete, DQA will request additional information.
- c. When prerequisites are met, DQA will schedule an on-site evaluation.

A program may attempt twice under a single application to meet the requirements for certification. If a second submission of materials fails to meet the certification requirements, the program will not be certified and the applicant will have to wait for 6 months from the date of denial to reapply to DQA.

2.5.1 Appeal Process

The denial of a nurse aide training program application may be appealed by submitting a written request for hearing to the:

Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

The request for hearing must be submitted within **10 days** after the date of denial.

2.5.2 Duration of Approval

DQA will approve a training program for up to 2 years. DQA will issue an approval notice for each 2-year period.

2.6.0 PROGRAM MONITORING

DQA will conduct a review of a program within six (6) months of the date on which the department initially approved the program. DQA staff may conduct an on-site survey review of the program at any time to verify that

Chapter 2 – NURSE AIDE TRAINING

the program is in compliance. The on-site survey may include a visit to a clinical site.

Surveys may be scheduled as follows:

- a. Initial (on-site prior to approval),
- b. Within 6 months of approval,
- c. Every two (2) years,
- d. Complaints, and
- e. As deemed necessary by DQA.

It is the responsibility of the instructor to inform the facility administrator or director of nurses of the date of the program's biannual review and the arrival of the DQA staff who will perform the review and obtain clinical assignment and resident information.

DQA staff request approximately 10 to 15 minutes during the preclinical conference to inform students of their role in the evaluation process.

Observations of student performances will include, but will not be limited to, the expected outcomes of the curriculum.

DQA reserves the right to conduct unannounced evaluations of its certified NATPs. The State Operations Manual 02-92 states that the approval of an NATP may be withdrawn if the program refuses to permit unannounced state visits.

The program must submit an **Annual Review – Nurse Aide Instructional Program** form when requested by DQA. The program must also provide any additional information requested by DQA during its review of the program. Send completed reports to the:

Nurse Aide Training Consultant
Office of Caregiver Quality
P.O. Box 2969
Madison, WI 53701-2969

2.6.1 **Suspension, Revocation and Appeals**

If at any time DQA determines that a program has failed to comply with any of the nurse aide training program requirements identified in 2.1.0 through 2.6.0 (except the federal prohibitions in 2.1.1), it may suspend or revoke approval of the program or impose a plan of correction on the program.

DQA **must** revoke approval of a nurse aide training program offered by a facility if the Division determines that the program has violated any of the federal prohibitions listed in 2.1.1. DQA must also withdraw approval of a program if the entity providing the program refuses to permit on-site visits by DQA. DQA will notify the program in writing of the reasons for

Chapter 2 – NURSE AIDE TRAINING

revoking approval of the nurse aide training program. Students in a course that began before the date of the suspension or revocation by DQA must be permitted to complete that course.

A training program may appeal the suspension or revocation of approval or imposition of a plan of correction within **10 days** of the decision date by sending a written request for hearing to the:

Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

A training program that has filed a written request for hearing after a program suspension or revocation **must not** begin a new training course pending the final decision by DHA. DHA will commence the hearing within 30 days after receipt of the request for hearing and shall issue a final decision within 15 days after the close of the hearing. The DHA decision is the final administrative decision.

2.7.0 TRAINING SITES

A current list of approved nurse aide training programs may be found at [Approved Wisconsin Nurse Aide Training Programs](#)