

WISCONSIN C.N.A. TRAINING CENTER
CERTIFIED NURSING ASSISTANT PROGRAM
STUDENT HANDBOOK

Please read all the information prior to the first class. Primary Instructor will address each topic at orientation.

Wisconsin C.N.A. Training Center promotes excellence in healthcare training by providing experienced Registered Nurse instructors and a supportive and instructive classroom and clinical experience. The focus of the program is to learn how to provide a compassionate, supportive and safe environment for all residents with healthcare needs; the frail elderly, the physically and developmentally disabled and mentally ill. The course teaches the student to be able to assist with activities of daily living, be observant to changes in health by having knowledge of the changes in aging and common health issues, attend to the resident's physical comfort and how to give emotional and social support to the resident and the family.

This CNA Training program is based on a minimum of 120 hour of classroom, skill lab, and clinical instruction and care delivery to resident with varying physical and mental abilities and disabilities. Teaching methodologies include lectures, demonstrations, videos, PowerPoint, handouts, role playing, and pre and post clinical review of experiences. Class size will be no more than 16 in the classroom with a ratio of 8 students to each clinical instructor. Each student is required to use the course approved text book for assignments and study.

The course and instruction are bias-free to race, culture and gender. Provisions will be made on an individual basis to accommodate learning difficulties, such as oral quizzes, one on one learning time to read handout material. The course will be taught in English.

Program Entry

Completion of WISCONSIN C.N.A. TRAINING CENTER application
Approved WI Caregiver and Department of Justice Criminal Background check
Immunization record and 2 step TB testing completed prior to clinical experience.
Meets the functional abilities listed on page 5

Course Competencies

Each student will:

Demonstrate willingness to learn and work as a team in the classroom, skills lab, and clinical setting and will show motivation and positive work attributes in both conduct and appearance.
Attendance - 100 % in all areas - see attendance policy for missed class or clinical time
Testing results of 80% correct for each test (quiz)
Exhibits positive behaviors in the classroom, clinical site, with residents, clinical site employees and with other students.
Demonstrate sensitivity to emotional, social and mental health during interaction
Perform basic nursing and personal care skills
Demonstrate skills and behaviors that assist in attaining and maintaining independence of the residents.
Skills competency of 100% for all skills, as verified by the Primary or clinical instructor
Upon successful completion each student will be presented a certificate of completion.

Competencies at Graduation

All graduate students will:

Exhibit desirable employee traits and values; in appearance, communication, teamwork, integrity, knowledge and competency.
Competently perform basic personal care skills.
Demonstrate behavior that supports and promotes residents rights and safety
Demonstrate sensitivity to emotional, social and mental health needs during all interaction with residents
Gain a well rounded knowledge base of chronic illnesses affecting the elderly and the needs of

residents with multiple chronic illnesses
Interact appropriately with residents of all cognitive levels.
Be prepared to excel in the State of WI Competency evaluation

GRADING AND COMPETENCY

Student's grades and competency status will be based on the following standards.

I. Test competency

1. Written test results with a minimum passing score of 80% - C Grade
2. Class attendance for all lectures, skills lab and clinical assignments is 100% attendance
3. Re-testing, should it be necessary is available, see program director/designee

II. Skills competency, as verified by the instructor, is required PRIOR to beginning clinical rotation utilizing the pre verified skills list. Opportunities for remedial skills evaluation is allowed once for each unsatisfactory skill performance.

ATTENDANCE/ CONDUCT/CONSEQUENCES

To ensure appropriate conduct and attendance of instructors/students

Attendance policies

1. Attendance expectation is 100% in the classroom lecture, skills lab, and clinical setting.
2. Class room - "make-up" class room time maybe established with the permission of the class instructor, and for limited situations only (may include death in family, acute illness/accident, military responsibilities). Make up assignments may include reading, workbook assignments, videos and report writing of knowledge gained.
3. Clinical area - based on the state and federal standards each student must meet the pre established number of clinical hours, therefore NO clinical time can be missed. "Make-up time" is only possible under very restricted situations. The program director/designee will make the final decision.
4. Tardiness - being late for class, skills lab, or clinical rotation is disruptive and unacceptable. More than one occurrence requires a conference with the program director/designee. Competency of 100% attendance is required.
5. Attendance NOT meeting established standards may result in removal from the program. No refund will be allowed to students who are dismissed from the program or drop the class.

Instructors will attempt to find a replacement if sick and unable to teach. If no replacement can be found, the class will be cancelled and rescheduled by the instructor.

Conduct policies

All instructors and students will follow policies, procedures, and standard of this program and the clinical facility. At all times, the instructors and students will maintain safe practices and infection controls, protect medical information, respect resident rights and the practice resident focused care with the skills necessary as they relate to the assigned resident's diagnosis. Cell phones or other electronic recording devices are not permitted during classroom lecture or in the clinical environment.

Consequences of inappropriate behavior

Any inappropriate instructor/student conduct will be addressed by the program director/designee and will follow THE ONE OPPORTUNITY approach as noted below;

One opportunity – to meet with program director/designee to review appropriate conduct, attendance, etc. and be given ONE additional opportunity to comply.

OR IF THE SITUATION IS OF IMMEDIATE JEOPARDY: Immediate dismissal from the program for Any/All behaviors or conduct, not in accordance with the state, federal, facility, or clinical setting, or the potential of causing resident harm or any illegal action. Students dismissed from the program will not be eligible to reapply to future courses at any WI C.N.A. TRAINING CENTER location.

DRESS CODE

To present a professional appearance, to support personal hygiene, follow infection control guidelines and maintain proper attire in the clinical setting. Street clothing may be worn during classroom and skills lab activity. Name tags will be worn at all times in the classroom and clinical environment.

Clinical hours

Personal hygiene

Cleanliness of body and clothing

Clean and short finger nails – no artificial nails permitted

Proper oral hygiene

Clothing – Name tags will be worn whenever in the clinical facility

Uniform scrubs only

Slacks or skirt

Tops; any color (no logos or printed sayings, slogans etc)

Uniform warm up jacket (no sweaters, sweat shirts, etc)

Shoes white (main color), no open toe

Socks/stocking must be worn

Undergarments will be worn and not visible through uniforms

No shorts, halter tops, “peek-a-boo” type clothing, hats, sweaters, or other clothing may be worn.

Jewelry NO dangles earrings, no bracelets or rings with high setting or high profiles, no necklaces, and no facial jewelry, wedding band are permitted. This supports both infection control issues and safety concerns.

Tattoos must not be visible

PROGRAM AND INSTRUCTOR EVALUATION BY STUDENTS

- Students are encouraged to meet with Primary Instructor and/or WISCONSIN C.N.A. Training Center Program Director, at the time of the complaint or issue.
- Program evaluations will be completed by each student and given to the Primary Instructor and WISCONSIN C.N.A. Training Center Program Director following the completion of the program.
- Instructor evaluations will be completed by each student at the end of the program and given to the Primary Instructor and WISCONSIN C.N.A. Training Center Program Director following the completion of the program.
- Complaints during class or clinical will be directed to the Primary Instructor and if no resolution, the WISCONSIN C.N.A. Training Center Program Director will be contacted. Decisions made by the Program Director are final. Documentation of the complaint and decision will be placed in the student’s file.

CONFIDENTIALITY

All Instructors and students will maintain resident HIPAA regulations

Resident Confidentiality

All staff and student will abide and support all resident information as confidential and follow the standards of HIPAA regulations

1. No resident information may be removed for the clinical setting
2. All documentation with resident identifying data (assignment sheets, work sheet, etc) must be destroyed within the facility and not removed or kept by instructor/student
3. No facility or resident information will be discussed, reviewed, or shared with anyone out side of the facility.
4. Discussion/review of resident related outcome, treatment, diagnosis, etc. will relate to student education, skills development, and knowledge and occur in pre and post-conference confidential discussion.
5. Cell phones or other electronic recording devices will not be permitted in the clinical or classroom environment.

All academic documents, student information including grades, attendance, counseling, and/or related information will be confidential and not removed from the facility by any unauthorized person/s.

CLINICAL SUPERVISION

All students will be supervised by Clinical Instructors.

- a. ALL resident cares will be given under direct observation and supervision. Successful completion of skills as identified by the Primary Instructor is required to advance.
- b. Students are to be informed of these requirements and failure to follow this policy will result in disciplinary action and possible expulsion from the program.
- c. Student may NOT be in the resident care units when Clinical instructor is not present within the facility.

During all clinical assignments the Clinical instructor will be in the facility and available to the students. Students will provide care for their assigned resident/s under direct supervision at all times. Students are required to report to Clinical instructor and identified facility staff member when arriving and leaving assigned units.

TUITION TEXT BOOK FEE AND REFUND POLICY

Hold fee \$70 includes the textbook and administration fee for application processing and criminal background checks. Hold fees are not refundable if the student decides to drop the class. **Tuition fee \$725** Total due by FIRST DAY of course.

ALL FEES: Payable by cash, check or money order to Wisconsin C.N.A. Training Center; Mailed to P.O. Box 425, Campbellsport, WI 53010. \$40 book refund is available for text books returned in the same condition as received. There will be no refund if the book has been damaged or marred. Book refunds or credits will be issued AFTER the textbook has been returned.

STATE OF WISCONSIN COMPETENCY EXAM FEE

FEES: \$115 for the skill and written exam. Not included in tuition fee

The instructor may be able to arrange for the testing to be done at an in-facility test site or you may take your test at a Regional test site. Your Instructor will assist you with the application and setting up the exam day if you decide to take the test with the class at a local in-facility location. Testing information <http://www.pearsonvue.com/> Select your program – Wisconsin Nurse Aides, to find out any information about the registry and test taking.

HEALTH CARE REQUIREMENTS FOR STUDENTS

All students will provide evidence of the healthcare requirements on the first day of class. Evidence may be in the form of a copy of immunization records, copies of medical reports or a statement for their Primary Physician verifying dates and that the health care requirements have been met. All medical reports will be maintained confidentially by the Primary Instructor and destroyed after 2 years. If immunization records are no longer obtainable, students may complete and sign the Immunization Declaration Report.

Tuberculin Test	Hepatitis B vaccination	MMR	Varicella Vaccination
Give the date of the last TB skin test or quantiferon gold test.	Hepatitis B vaccination series	Dates of 2 MMRs	Reported history of chicken pox
If greater than 12 months, a two step is required, OR quantiferon gold test.	OR	OR	OR
For known positive TB skin test or quantiferon gold, evidence of a negative baseline chest x-ray at or within one year of starting their initial clinical experience is required AND an annual TB questionnaire.	Signed declination	Positive rubella titer, rubeola titer and mumps titer	Varicella Vaccination date (if younger than 13, one date) (if older than 13, two dates)
	OR		OR
	A positive Hepatitis B titer		Positive Varicella titer

TB screening will be done within the first week of class and repeated if necessary in the second or third week. Testing will be done by the instructor at a cost of \$10 to the student. Consent for minors to receive TB screening will be obtained prior to testing. The Immunization Declaration Form and TB Consent form in pdf format can be downloaded from www.wisconsinrna.com website.

FUNCTIONAL ABILITIES OF THE STUDENT NURSING ASSISTANT

Gross Motor Skills	Move within confined spaces Maintain balance in multiple positions Reach below waist (e.g., plug electrical appliance into wall outlet) Reach out front
Smell	Detect body and environmental odors
Fine Motor Skills	Gasp, pinch, twist, squeeze (e.g., record/chart) Hand coordination (e.g., manipulate equipment)
Environment	Tolerate exposure to allergens (e.g., latex products, chemical substances) Tolerate heat and humidity (e.g., giving showers)
Physical Endurance	Maintain physical activity for length of clinical shift
Reading	Read and understand written documents (flow sheets, charts, graphs) Read digital displays
Communication	Interacts with others Speaks English Write English Listen and understand spoken and written word
Physical Strength	Push, pull and lift 50 pounds Support 50 pounds of weight Use upper/lower body strength
Tactile	Feel vibrations (e.g., pulse) Detect temperature (e.g., skin, liquids, environment, equipment) Feel differences in surface characteristics (e.g., rashes, swelling)
Hearing	Hear normal level speaking sounds Hear faint voices/whisper
Emotional Stability	Ability to provide resident with emotional support Adapt to changing environmental/stress Focus attention on task Cope with strong emotions in others (e.g., anger, grief) Respond to the unexpected (e.g., death, emergencies) Maintain emotional control
Mobility	Twist/bend/stoop/squat Move quickly (e.g., respond to an emergency) Climb stairs Walk (e.g., walk with resident)
Math	Add/subtract/multiply/divide Measure Tell time/count
Visual	See objects up to 20 feet away (e.g., information on computer screen, skin, resident in room) Use depth perception Use peripheral vision Distinguish color and color intensity
Problem Solving	Know the difference between serious and minor problems apply knowledge and skill Organize and use information
Interpersonal Skills	Establish appropriate relationships with residents, families, and co-workers Respect cultural differences Handle interpersonal conflict
To be signed by the student after orientation	

WISCONSIN C.N.A. TRAINING CENTER
Statement of Understanding

The Americans with Disabilities Act of 1990 (42 U.S.C. & 12101. et seq.) and Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. & 794) prohibits discrimination of persons because of her or his disability. In keeping with these laws, Wisconsin C.N.A. Training Center makes every effort to ensure a quality education for students. The purpose of this document is to ensure that students acknowledge that they have been provided information on the functional abilities required of a student in the Nursing Assistant Program. In addition, information was given to the student on reasonable accommodations to meet the Functional Abilities at this time.

_____ (initials/date)
I have read and understand the Functional Ability Categories specific to a student in the Nursing Assistant Program.

_____ (initials/date)
I am able to meet the Functional Abilities presented, or have been provided with information concerning accommodations or special services if needed at this time.

STUDENT ORIENTATION

Each student is required to follow Jude's program standards, policies and procedures, including all clinical facility site's requirements and policies and procedures. Included, but not limited to the following:

- * Functional Abilities
- * Attendance
- * Health Care requirements
- * Dress code
- * Conduct/Behavior
- * Consequences of inappropriate behavior
- * Prohibition of student cell phone and other electronic recording device use in class and clinical environment
- * Class room, skills lab, and clinical standards
- * Grade Competency
- * Confidentiality
- * All associated clinical site's program standards, policies, and procedures
- * Evaluation of program and Instructor/s
- * NO SMOKING policies as applicable to each classroom and clinical site.
- * Course Fees
- * Tuition payments and text book fee and return

I attest the information completed on the admission form is correct and I will comply with all rules, regulations, policies, and standards of this program. I also agree the program director/designee may release specific course information in response to a written request of a prospective employer, regarding educational information related to pre-employment evaluation.

The above information has been presented to me and I understand, accept, and agree to abide by these standards. My signature below confirms the above.

I give permission for photography and video-photography taken during class by my instructor, be used for EDUCATIONAL PROGRAMS AND MARKETING FOR WISCONSIN C.N.A. TRAINING CENTER EXCLUSIVELY either via newspaper, poster, DVD or website.

Print Name: _____

Student Signature _____ Date _____

Primary Instructor witness _____