

Curriculum Content for Certified Nursing Assistant (CNA) 2- Dementia Care Training Programs

Policy Summary, Statement of Purpose and Intent

This policy provides standards and guidance for developing and implementing a CNA 2-Dementia Care Training Program. The core curriculum content is the foundation of every level 2 nursing assistant training program. A program will submit to the Board the core curriculum and the curriculum content for the CNA 2–Dementia Care Training for approval.

CNA 2 training is available to a CNA 1 to prepare for a role in one or more of the Board-approved category areas. A CNA 2 training program will include a Board-approved standardized curriculum and competency evaluation. A CNA 2-Dementia Care Training Program shall consist of knowledge, skills, and abilities at a greater depth than a level 1 training program.

It is understood that a CNA 2-Dementia Care will: (1) hold a current, unencumbered Oregon CNA 1 certificate; (2) be listed by name on the CNA Registry; and (3) assist licensed nursing personnel in the provision of nursing care. A CNA 2-Dementia Care must be regularly supervised by a licensed nurse and all skills and tasks are to be performed at the direction of the licensed nurse. The CNA 2-Dementia Care will be able to provide opportunities for optimal personal independence and support behaviors that promote positive healing. A CNA 2-Dementia Care will be able to demonstrate to peers, the correct methods and model behavior needed to address person-centered care needs on an individualized basis.

It shall be the policy of the Oregon State Board of Nursing that all approved CNA 2-Dementia Care Training Programs shall provide the core curriculum content in addition to the following curriculum content and competency evaluation (Each content area has been awarded a relative evaluation weight).

This curriculum uses the term “*person*” to describe a man or woman with dementia. The use of these terms instead of “resident” or “client” is to help promote the culture change of person-centered care in Oregon.

Curriculum

At least 18 hours of classroom/lab and 16 hours of clinical instruction that incorporates throughout the training, the concepts of safety and preventing complications, communicating individual responses to the nurse, and documenting/recording outcomes of care:

I. Domain: Person-centered care

- (A) Outcomes of teaching. By the end of the course, the CNA 2-Dementia Care will be able to:
 - (1) Summarize the goals for person-centered care for individuals with dementia, utilizing various models of care, e.g., Best Friends™ Approach, Making Oregon Vital for Elders (MOVE), Nurses Improving Care for Health System Elders (NICHE), Pioneer Network, The Eden Alternative™, and Wellspring;
 - (2) Articulate how to adjust care in response to individual scenario; and
- (B) Clinical competencies. By the end of the course, the CNA 2-Dementia Care will be able to:
 - (1) Demonstrate the ability to meet the individual with dementia needs, preferences, and abilities;
 - (2) Demonstrate how to apply the Resident Bill of Rights to individuals with dementia; and
 - (3) Gather information on specific strengths, abilities, preferences of a *person* with dementia.

- (C) Evaluation (Weight: 15%):
 - (1) Knowledge post-test; and
 - (2) Return demonstration on new skills as evidenced by observation of at least three encounters with a variety of individuals in the clinical setting.
- (D) Curriculum Content.
 - (1) Current models of care, e.g., Best Friends™, MOVE, NICHE, Pioneer Network, The Eden Alternative, and Wellspring and how they relate to caring for individuals with dementia and incorporate culture change:
 - (a) Define life story including values, past goals, dreams and what inspires them OR know the *person's* strengths and preferences, including past and present occupations/interests, social supports, and spiritual orientation;
 - (b) Embrace the friendship philosophy of care:
 - (i) Identify *person's* capabilities and set reasonable expectations for the *person*;
 - (ii) Incorporate *person's* values and basic rights into everyday care;
 - (iii) Put *person* before task;
 - (iv) Make activities meaningful;
 - (v) Understand and accept that disease impact on the *person* is real;
 - (vi) Avoid labeling by diagnosis;
 - (vii) Explain the art of doing difficult things with ease;
 - (viii) Understand that all people are entitled to self-determination wherever they live;
 - (ix) Shape and use the environment in all its aspects;
 - (x) Understand that care decisions need to take place closest to the *person*; and
 - (xi) Recognize that person-centered care empowers staff participation in decision-making for each *person*, improving client and staff satisfaction.
 - (2) Resident's Bill of Rights and various Alzheimer's Disease Bill of Rights, e.g., Alzheimer's Association or Bell & Troxel, 1997.
 - (3) How to adjust care in response to the *person's* preferences and unique needs.

II. Domain: Observation and Reporting

- (A) Outcomes of teaching. By the end of the course, the CNA 2-Dementia Care will be able to:
 - (1) Describe the different types of dementia;
 - (2) Explain how the diagnosis of dementia is made and the significance of the mini-mental exam;
 - (3) Explain the differences among delirium, dementia, and depression;
 - (4) Identify, from scenarios and lists, patterns and changes in findings related to a *person's* progression of dementia (difference between long and short term difference between reversible and irreversible changes);
 - (5) Differentiate, through use of scenarios, signs/symptoms of depression (clinical/situational) from variable progression of dementia;
 - (6) Describe different manifestations of pain expressed by *persons* with dementia;
 - (7) Define and provide examples of ways to reduce excess disability; and
 - (8) Identify responses to interventions for problems and different signs and symptoms that indicate a change of condition in cognitively impaired individuals that need to be reported to the licensed nurse.

- (B) Clinical competencies. By the end of the course, the CNA 2-Dementia Care will be able to:
- (1) Identify findings, patterns, habits, and behaviors that deviate from usual in a *person* with dementia;
 - (2) Recognize changes in *persons* with dementia that should be reported to the licensed nurse;
 - (3) Observe *person's* response to medications and notify licensed nurse when necessary;
 - (4) Use accepted terminology to describe findings, patterns, habits, and behaviors of *persons* with dementia;
 - (5) Demonstrate appropriate use of pain scales for *persons* with dementia;
 - (6) Provide input to licensed nurse on the individual *person's* response to interventions for problems and care plan approaches;
 - (7) Notify the licensed nurse of all abnormal findings in a timely manner;
 - (8) Take action within designated responsibilities and as directed by the licensed nurse for abnormal findings, patterns, habits and behaviors of *persons* with dementia; and
 - (9) Articulate a rationale for action that is correct, given either a declining or improving individual situation.
- (C) Evaluation (Weight: 15%): Knowledge post-test.
- (D) Curriculum Content:
- (1) Dementia is an umbrella term for a group of symptoms;
 - (2) Types and progression of dementia;
 - (3) Diagnostic methods used by licensed independent practitioners:
 - (a) Medical examination;
 - (b) Family history;
 - (c) Clinical observation of behaviors;
 - (d) Evaluation tools and tests done to diagnose dementia and Alzheimer's disease;
 - (e) Scans; and
 - (f) Autopsy.
 - (4) Differences among delirium, dementia, and depression.
 - (5) Pain:
 - (a) Manifestations of pain by *person* with dementia; and
 - (b) Use of pain scales with a *person* with dementia.
 - (6) Excess disability means loss of ability greater than can be explained by the effect of the disease process alone (Bender, 2003). This may increase the amount of care required and diminish the quality of life for the *person*. Causes of excess disability include but are not limited to:
 - (a) Neglect of the *person's* continuing need to socialize;
 - (b) Treatable medical conditions such as infections, pain, effects of medication, hearing and vision problems;
 - (c) Environmental factors such as poor lighting, ambient noise, clutter, lack of contrast, long corridors and hard to find bedrooms and bathrooms; and
 - (d) Inadequate staff or insufficiently trained staff
 - (7) Recognizing reportable observations including but not limited to side effects of medications.

III. Domain: Interpersonal Skills/Communication

- (A) Outcomes of teaching. By the end of the course, the CNA 2-Dementia Care will be able to:
 - (1) Demonstrate initial skill in mirroring, pacing, and leading in a variety of clinical situations;
 - (2) Describe Personal Protection Skills;
 - (3) Demonstrate both verbal/non-verbal communication skills for *persons* with dementia; and
 - (4) Observe and interpret possible explanation/reason for specific behavior.
- (B) Clinical competencies. By the end of the course, the CNA 2-Dementia Care will be able to:
 - (1) Demonstrate initial skill in mirroring, pacing, and leading in a variety of clinical situations;
 - (2) Describe antecedent, behavior, and consequence in responding to a specific behavior;
 - (3) Demonstrate ability to protect a *person* with dementia and self in a crisis situation;
 - (4) Construct a dialogue with a *person* with dementia that supports the *person's* reality; and
 - (5) Practice active listening techniques with regard to a *person* with dementia's spontaneous or solicited reminiscence(s).
- (C) Evaluation (Weight: 15%):
 - (1) Knowledge post-test; and
 - (2) Return demonstration on new skills as evidenced by observation of at least three encounters with a variety of *persons* with dementia, family members, and team members in the clinical setting.
- (D) Curriculum Content:
 - (1) Effective communication enhances quality of life:
 - (a) Remember the basics, including tone, eye contact, simple language, and acknowledging feelings;
 - (b) Treat the *person* as an adult;
 - (c) Support the *person* in their reality;
 - (d) Acknowledge own feelings;
 - (e) Understand that behavior can be a form of communication of an unmet need;
 - (f) Manage the environment for effective communication;
 - (g) Assist the *person* struggling to find the words only after allowing them some time to find the words first;
 - (h) Reassure or distract from troubling news if necessary;
 - (i) Replace the "don'ts" with positive language;
 - (j) Use the *person's* life story to build trust and a sense of security;
 - (k) Realize that arguing, confronting, or correcting is not an effective way of addressing the behavior;
 - (l) Avoid quizzing or asking questions that require too many facts or give too many choices;
 - (m) Ask opinions and involve the *person* in daily decisions as much as possible;
 - (n) Give compliments and praise; and

- (o) Use tools/skills of communication such as mirroring, pacing, paraphrasing, leading, and visual/written aids.

IV. Domain: Activities of Daily Living (ADL)

- (A) Outcomes of teaching. By the end of the course, the CNA 2-Dementia Care will be able to demonstrate proficiency with the following skills:
 - (1) Verbalize common nutritional and sleep issues found in a *person* with dementia and how to deal with them;
 - (2) Articulate creative ways to encourage a *person* with dementia to participate in their ADL care;
 - (3) Explain techniques to encourage self care, e.g., task segmentation, cuing, and coaching; and
 - (4) Describe specialized feeding skills for a *person* with dementia.
- (B) Clinical competencies. By the end of the course, the CNA 2-Dementia Care will be able to:
 - (1) Demonstrate techniques to encourage self care, e.g., task segmentation, cuing, and coaching;
 - (2) Demonstrate specialized feeding skills for a *person* with dementia;
 - (3) Demonstrate ability to bathe a *person* with dementia without conflict;
 - (4) Recognize and respond to a *person* with dementia's cues/patterns for toileting;
 - (5) Demonstrate specialized toileting skills for a *person* with dementia; and
 - (6) Coordinate ADL approaches with a *person* with dementia's own patterns/habits.
- (C) Evaluation (Weight: 10%):
 - (1) Knowledge post-test; and
 - (2) Return demonstration on new skills.
- (D) Curriculum Content:
 - (1) Basic principles in providing person-centered ADL care;
 - (2) Strategies in providing person-centered ADL care, including:
 - (a) Environmental considerations;
 - (b) Verbal prompts;
 - (c) Modeling/Gesturing; and
 - (d) Physical prompts/guidance.
 - (3) Assistance with eating:
 - (a) Basic principles;
 - (b) Strategies in providing person-centered nutrition:
 - (i) Environmental considerations;
 - (ii) Comfort measures; and
 - (iii) Activities that enhance nutrition.

V. Domain: Activities

- (A) Outcomes of teaching. By the end of the course, the CNA 2-Dementia Care will be able to plan activities that demonstrate enhancement of quality of life.
- (B) Clinical competencies. By the end of the course, the CNA 2-Dementia Care will be able to:
 - (1) Consistently demonstrate the ability to make meaningful moments for the *person*; and

- (2) Recognize and support individual preferences and habits.
- (C) Evaluation (Weight: 10%):
 - (1) Knowledge post-test; and
 - (2) Return demonstration on new skills.
- (D) Curriculum Content:
 - (1) Person-centered approach to activities (Bell & Troxel, 2001); and
 - (2) Other activities that enhance a *person* with dementia's quality of life
 - (a) Games; and
 - (b) Household tasks.

VI. Domain: Safety

- (A) Outcomes of teaching. By the end of the course, the CNA 2-Dementia Care will be able to:
 - (1) Identify safety risks for a *person* with dementia;
 - (2) Explain effective preventive/protective strategies when working with a *person* with dementia; and
 - (3) Describe use of supportive/protective devices; and
 - (4) Discuss reasons for medications, effects and potential side-effects of medications.
- (B) Clinical competencies. By the end of the course, the CNA 2-Dementia Care will be able to consistently apply preventive/supportive/protective strategies or devices when working with *persons* with dementia.
- (C) Evaluation (Weight: 10%):
 - (1) Knowledge post-test; and
 - (2) Return demonstration on new skills.
- (D) Curriculum Content:
 - (1) Safety risks for the *person* with dementia:
 - (a) Security of hazardous substances and medications;
 - (b) Effect of medications on body systems;
 - (c) Wandering;
 - (d) Sundowning; and
 - (e) Prevention of falls.
 - (2) Preventive/Protective Strategies when working with *persons* with dementia:
 - (a) Assess personal safety:
 - (i) Know care/service plan for the *person* with dementia;
 - (ii) Be responsible for your own safety;
 - (iii) Remain conscious of your surroundings; and
 - (iv) Be aware of how your approach affects the *person's* reaction.
 - (b) Use of supportive/assistive devices.

VII. Domain: Environment

- (A) Outcomes of teaching. By the end of the course, the CNA 2-Dementia Care will be able to identify elements of safe, calm, stable, home-like environment for *persons* with dementia.

- (B) Clinical competencies. By the end of the course, the CNA 2-Dementia Care will be able to contribute to the safe, calm, stable, home-like environment for *persons* with dementia.
- (C) Evaluation (Weight:10%):
 - (1) Knowledge post-test; and
 - (2) Return demonstration on new skills.
- (D) Curriculum Content:
 - (1) The environment has the capability for being either a significant barrier or a major help to the *person* with dementia:
 - (2) The importance of physical environment (Coons) including but not limited to:
 - (a) Having both private and public living spaces so that the *person* with dementia can match the environment to their mood and preference;
 - (b) Keeping areas illuminated at all times;
 - (c) Using contrasting colors and textures for caregivers' clothing, linens, plates, doors, steps, walls, and toilet seats, etc.;
 - (d) Keeping passage areas clearly marked and free from obstructions;
 - (e) Maintaining a comfortable temperature for the individual *person*;
 - (f) Providing pleasant fragrances;
 - (g) Maintaining ventilation;
 - (h) Providing music according to the *person's* preference;
 - (i) Encouraging a home-like environment;
 - (j) Maintaining an environment that the *person* can relate to, e.g., old cars, tractors, records, etc.;
 - (k) Preventing falls for the *person* with dementia; and
 - (l) Maintaining security of hazardous substances and medications.
 - (3) Social environment: The CNA is part of the environment. The behavior, manner, attitude, personality, and methods of communication of the CNA plays a role in the behavior and functioning level of *person's* with dementia.
 - (4) Emotional environment: Importance of a sense of continuity with the past for the *person* with dementia.
 - (5) Cognitive environment: There is a need for increased concreteness of cues as the disease progresses.

VIII. Domain: End-of-Life Care

- (A) Outcomes of teaching. By the end of the course, the CNA 2- Dementia Care will be able to:
 - (1) Describe the types of services available to *persons* in need of end-of-life care; and
 - (2) List several care methods used for *people* at the end-of-life.
- (B) Clinical competencies. By the end of the course, the CNA 2-Dementia Care will be able to:
 - (1) Describe the physical changes in a *person* at the end-of-life; and
 - (2) Demonstrate methods of providing compassionate end-of-life care.
- (C) Evaluation (Weight: 5%):
 - (1) Knowledge post-test; and
 - (2) Return demonstration on new skills.
- (D) Curriculum Content:

- (1) Comfort measures a CNA 2 can provide for a *person* and their family when a *person* is at the end-of-life or on hospice care; and
- (2) Some methods to use for end-of-life care:
 - (a) Pain management;
 - (b) Music; and
 - (c) Touch.

IX. Domain: Documentation

- (A) Outcomes and competencies. By the end of the course, the CNA 2-Dementia Care will be able to:
 - (1) Provide one example of charting with appropriate descriptive language and abbreviations;
 - (2) Provide charting which is in conformity with charting do's and don'ts;
 - (3) Demonstrate ability to chart in exception-based charting and computer charting systems; and
 - (4) Use terms and abbreviations accurately and appropriately to describe people, procedures, and other aspects of dementia care.
- (B) Evaluation (Weight: 10%):
 - (1) Knowledge post-test; and
 - (2) Return demonstration on new skills.
- (C) Curriculum Content:
 - (1) Terminology and abbreviations related to dementia care; and
 - (2) Reporting and recording of care.

References

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