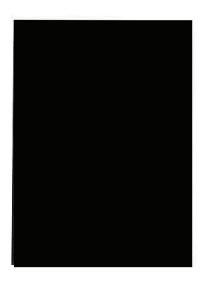
### **Request For Prior Learning Documentation**





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**Learning Narrative** 

**Letters of Reference** 

**Documentation** 

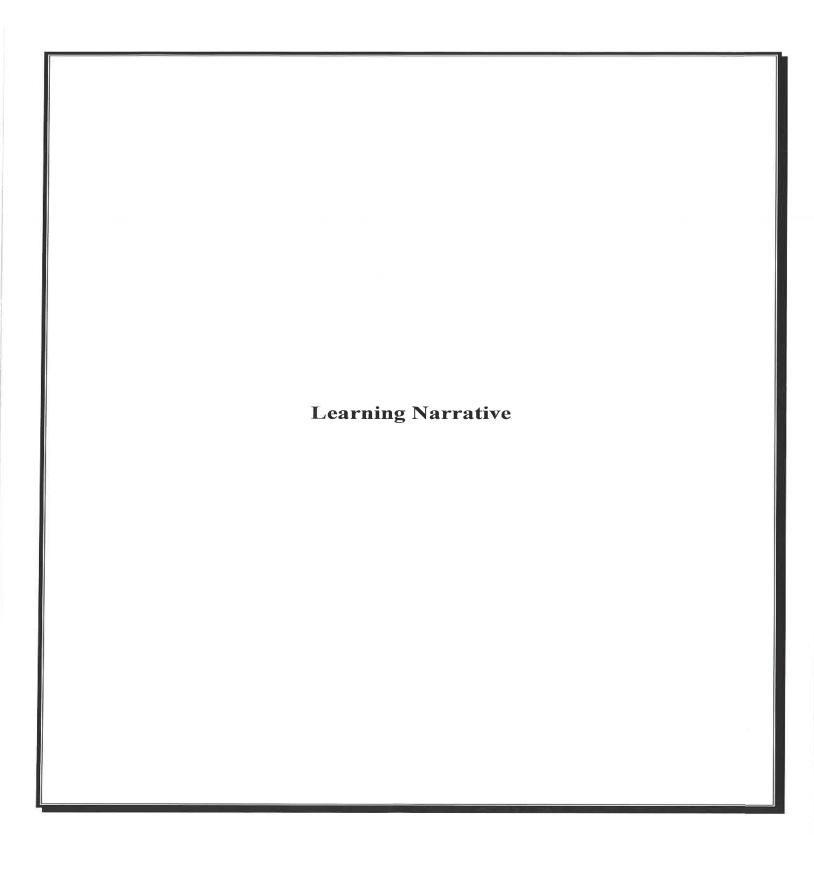
### **Tennessee Technological University**

College of Interdisciplinary Studies

Bachelor of Science in Interdisciplinary Studies/Professional Studies/Environmental & Sustainability Studies/Communication

## **Application Credit for Prior Learning Credit**

| Name:ID:   |
|--|
| Probable Graduation Date: August 2023                  |
| Major Interdisciplinary Studies                        |
| Area of Concentration or Emphasis Areas Human Behavior |
| and Leadership   |



January 29, 2023

Dean, College of Interdisciplinary Studies
Southwest Hall Room 146
TTU Box 5176
Cookeville, TN 38505-0001

Dear Dean and Committee,

My name is \_\_\_\_\_ and I am currently enrolled as a Full-Time student at Tennessee

Technological University (TTU). I am also a full-time employee of the \_\_\_\_\_ I am currently

working as a Student Success Coach. I am seeking to earn Prior Learning Assessment (PLA) college credit

for my previous and current work experience and volunteer work.

During my 24-year work history, I have gained so much knowledge that allows me to be the leader I am today. Working in health care for most of those years gave me a vast knowledge of human behaviors, challenges, and ways to help others. With this line of work, I have learned how to properly educate patients, train other nurses and nursing assistants, and properly communicate with doctors. My nursing career has also allowed me to work with a diverse range of individuals and allowed me to be able to critically think of ways to communicate with understanding. I have also used my skills to coordinate care for individuals with multiple disciplines in the medical field. As I gained more knowledge in my nursing career, my leadership skills continued to grow. I take great pride in training

others and leading them to a new place in their career. Leadership in nursing requires critical thinking skills and the ability to be flexible. With constant changes in this field, it is crucial to maintain training, education on new techniques, and continuing education classes.

In 2018, I changed career paths from clinical nursing to dual enrollment education. Nursing has so many teaching opportunities and this presented a new challenge. It was a challenge that I accepted and enjoyed very much. This path led me to Cookeville High School where I taught for 3 years. In this capacity, I was fortunate enough to help shape future leaders in the health care field. With every course that was offered, I lead by example. One focus of the program was the Worker Characteristics course where I educated the students on how to become productive and responsible adults. The Nursing Assistant course is a very demanding course that allows the students to take their state boards at the end of the school year. In this course, each student is tested on knowledge and skills. The State of Tennessee Nursing Board and D&S Diversified have developed 23 skills that are noted to be most important in working as a Nursing Assistant. Those skills were worked on daily by me and the students. I would do each skill according to the steps provided by D&S. Then, I would allow the students to take part. The Medical Therapeutics course allowed students to learn about all the careers in the medical field, learn to take vital signs, law, and ethics, and also learn about culture and diversity. Each student participated in projects for their final grade. With these projects, I instructed students on specific tasks and how to find out the needed information. Diagnostic Medicine was a fun course for the students. During this course, students were taught first aid and CPR, had interviews to compete for a job, and learned about nutrition, as well as many other things. I enjoyed my dual enrollment students and worked very hard to be a leader in the classroom as well as in the medical field. I built relationships with students that encouraged them to be better humans, positive, responsible, accountable, and kind, all while making learning fun. I believe that building a good rapport with all my students has had a lasting

effect. Many of my students have gone on to attain careers in the medical field. They often call or email me with updates on their careers or where they are in college.

Another career path presented itself and I made a change from being a high school instructor to becoming an adult education instructor. During this time, I continued to have a Nursing Assistant course however, this program added Anatomy and Physiology, Medical Terminology, Phlebotomy, Electrocardiogram, Patient Care Technician, and Medical Assistant. Each trimester, I instructed students on Worker Characteristics. Students were graded on their knowledge and skills performance. With this program, I used skills that I learned through IV Therapy and working urgent care to help students reach their full potential. Using my knowledge, I instructed them on making the best choices for the patient in different situations. Each student became CPR certified, most students received their Certified Nursing Assistant license, Phlebotomy Technician certification, Electrocardiogram Technician certification, and their Patient Care Technician certification.

Tennessee College of Applied Technology Livingston has been very good to me and has allowed my career to flourish. I am now working in the office as a Student Success Coach. This has been one of my favorite jobs to date. In this job, I help students achieve their dream career through Career and Technical Education. I am also the National Technical Honor Society Advisor for our chapter. I continue to use my leadership skills helping both dual enrollment and adult students. I work with the Vice President of the College to promote admission, programs, and what student services offer. I help organize events, participate in school and community activities, and market our college on social media via Facebook and Instagram. I get to work one on one with students and help them succeed.

During my entire career, I have continued to grow in leadership skills, communication, and public speaking. Soft and hard skills attained are as follows:

- Schedule Management
- Microsoft Office/Excel
- Critical Thinking/Problem Solving
- Time management
- Collaboration with various team members
- Interpersonal skills
- Public Speaking
- Leadership
- Confidence
- Positive Work Ethic
- Creativity
- Communication
- Flexibility/Adaptability
- Working with Deadlines
- Teamwork
- Punctuality
- Accountability
- Diversity
- Customer Service
- Career Counseling
- Environmental Safety
- Student/Staff Safety
- Self-Motivation
- Perseverance

With all my training during my career, I have continued to grow personally and professionally.

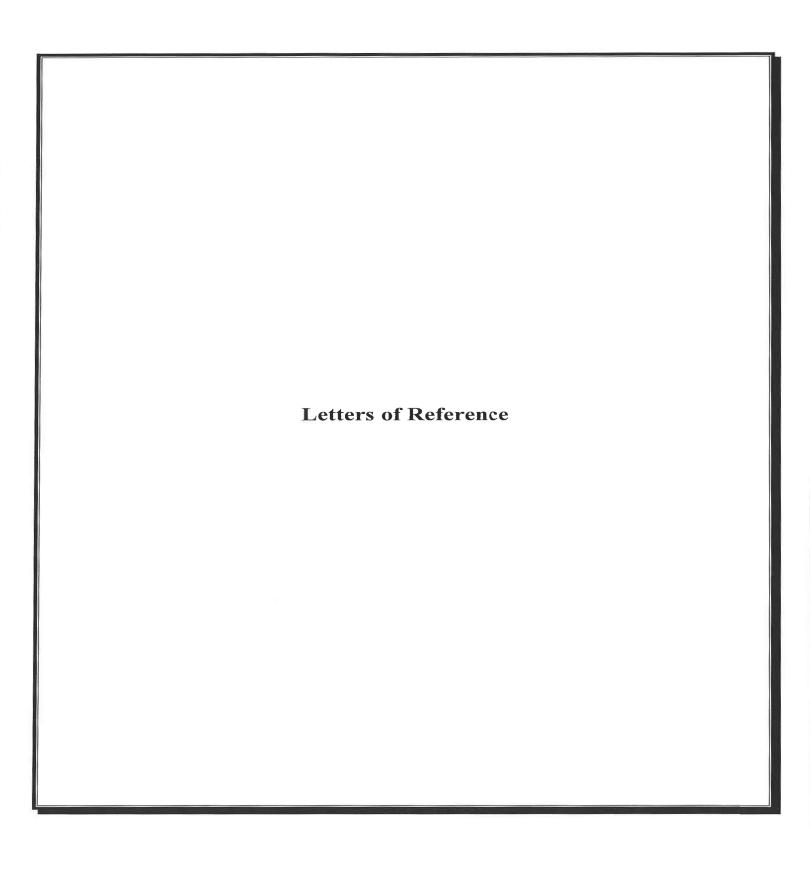
The courses that I have taken at TTU have made me more aware of my skills and how to effectively use them. I am very excited about where my career is heading. Being a nurse for so long has helped develop leadership skills that I have used in my instructor positions and now in the Student Success Coach Position.

I have included documentation on training and licensure along with awards and attributes. The 2+2 Program of Interdisciplinary Studies Human Behavior and Leadership Degree has many of the attributes that I believe that I have shown through my 24-year work history. I am very enthusiastic to use my old and new skills that I have learned since entering your program. I am very fortunate to have this opportunity and will use it to better myself and others in my career. I believe in being a strong, fair,

compassionate, and kind leader that values all around him/her. The keys to being an effective leader are some of the assets that I possess but I strive to go farther every day and learn something new that will encourage others.

| Thank you for taking time to | review my request. If you should have any questions, please feel |
|------------------------------|--|
| free to contact me at (931)  |  |
| Sincerely,                   |  |
| HALL THE BULL.               |  |

disk of a record of the





January 28, 2023

| To Whom It May Concern:   |
|---|
| I am very glad to write a recommendation for Kelli Worley, she possesses the qualities for leadership. have known all her life. She has worked for the Tennessee College of Applied Technology for five years.  |
| As a colleague and friend, I have had the pleasure of working with Kelli and she always has gone above and beyond, and I have found her to be conscientious and very hard-working professional. Kelli can work independently and is able to follow through to ensure that the job gets done. She accomplishes these tasks with great initiative and a very positive attitude. |
| recommendto you without reservation. Please feel free to contact me with any questions and let me know if I can provide any additional information. You can reach me at 931-397-4666 or <a href="mailto:stacy.johnson@tcatlivingston.edu">stacy.johnson@tcatlivingston.edu</a> .  |
|   |



January 30, 2023

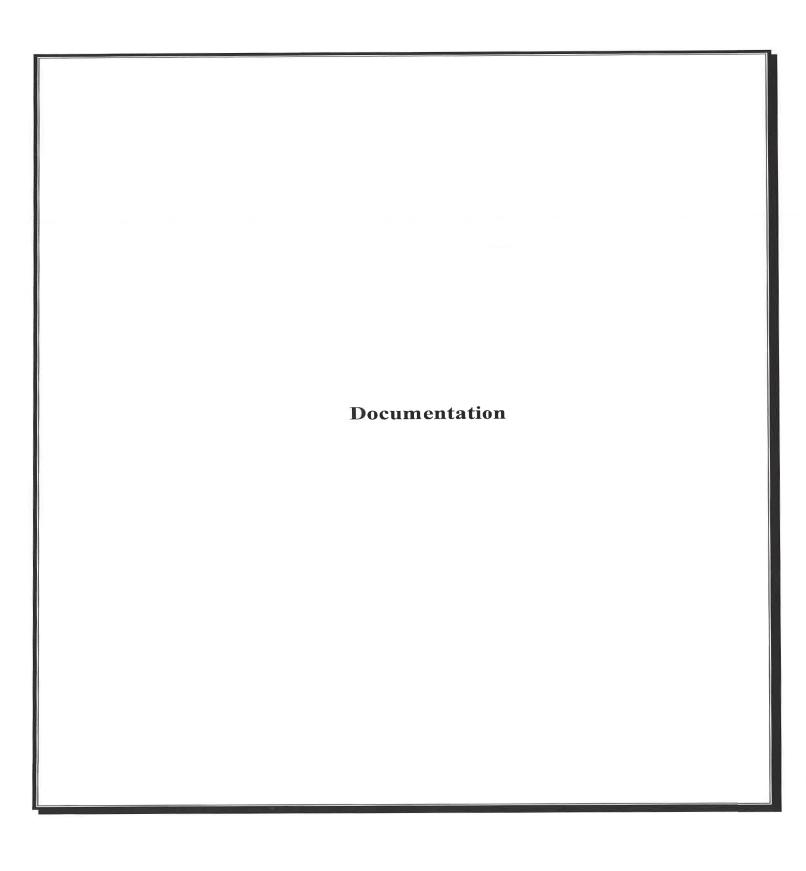
| To whom it may concern,   |
|---|
| This letter is my personal recommendation for I have known for a long tire here in our community. We met at TCAT Livingston, and we have remained close friends in touch expince. Kelli is intelligent, polite, and has a willingness to help everyone.   |
| I would also like to add that is a compassionate human being with praiseworthy perseverance and ambition. I believe she is a deserving candidate and would prove to be an indispensable asset. I thereby strongly recommend for any position endeavor that she may pursue. She will be a valuable asset to any organization or company. |
| If you have any questions regarding ————————————————————————————————————  |
| Sincerely,  |
|   |

| Reference Letter for:   |
|---|
| My name is Robin Beckham. I'm the Pharmacy Technology Instructor at Tennessee College of Applied Technology- Livingston whereis our Student Success Coach. She is the absolute best Coach for our students. She always goes out of her way to help them with everything they may need to get a strong start and makes sure it continues throughout their studies. It's not only the students that depend on her but also all the instructors. When we have individuals like that love our students and have a heart to always put them first, it makes our job so much easier. We know the students can concentrate on their work instead of being weighed down by worrying about everything else. She is so meticulous about everything she does that we have full confidence in her knowing our students are in very capable hands.   |
| I feel is this thorough because she has also taught for several years and knows the importance of getting our students a strong head start to a career. It's that knowledge that has helped her be the very best at what she does 's work ethic is something you strive for. She has accomplished so much and continues to move forward in her education, which says so much about her. In 2008, she became an LPN. She worked hard to be the best she could be and in 2018 she began teaching. She has helped and inspired so many young adults to want to work in healthcare. Since 1997, has been in education, as a student at Tennessee Tech where she is on the Dean's List, to getting her LPN license, to Vol State where she earned her Associate of Science and Health Science Degree. So as you can tell, is very determined and competent. She sets goals and completes them all. |
| will absolutely set a great example for those following in her footsteps and make your college very proud to have her as a representative.  |
| If you have any further questions, you can reach me at  |



January 31, 2023

| To Whom It May Concern:  |
|--|
| I am writing on behalf of I have knownboth personally and professionally for many years. Ms was employed at Priority Care from 1999-2015 and served as my nurse during those years.  |
| In her years as a nurse at Priority Care, Ms was a kind, caring, intelligent nurse. She worked closely with my patients educating them about their care plans and medications. She offered knowledgeable and compassionate care to her patients.   |
| Ms assisted in training new nurses at Priority Care and did so in a manner that was professional and patient. She demonstrated knowledge in the skill set she was teaching in a confident and calm manner.   |
| I understand that Ms is participating in your leadership program at Tennessee Technological University and I fully believe she is an asset to your program and will prove to be a leader in the field of nursing upon completion of her studies. Her desire to pursue advanced education and her current work with high school students are evidence of her commitment to this leadership potential. |
| Sincerely,   |





Volunteer State

Community College

Associate of Science

Health Sciences

60 completed credit hours

Graduation May 7, 2022

State Community College System

The Tennessee Board of Regents for the College System

The Tennessee Board of Regents for the College System of Tennessee upon the recommendation of the President, Vice President, and Faculty of the College hereby confers upon



who has completed the studies and fulfilled all the requirements set forth by the College for the degree of

## Associate of Science

University Parallel - Health Sciences

As evidence of attainments and the granting of all rights pertaining to that degree, and In Testimony Whereof, the seal of the College and signatures as authorized by the Tennessee Board of Regents are hereunto affixed this sixth day of May, in the year of our Lord, two thousand and twenty-two.

Flora W. Zydings Chancellor, Tennessee Board of Ments

Billee

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OUNTERS STATE

MANUALTER COULDS

Jennifor Blyma Vide President of Skademic Affairs

Ofenthis Montable
President of the Explane

# Tennessee Board of Nursing Practical Nursing License

From

**Tennessee College of Applied Technology** 

Livingston

1296 Credit Hours

**Graduation August 28, 2008** 

# Tennessee Technology Center

# Livingston

The Tennessee Board of Regents upon recommendation of the faculty of the Tennessee Technology Center hereby confers upon



the Diploma of

### Practical Aurse

as evidenced by satisfactory completion of the courses prescribed in

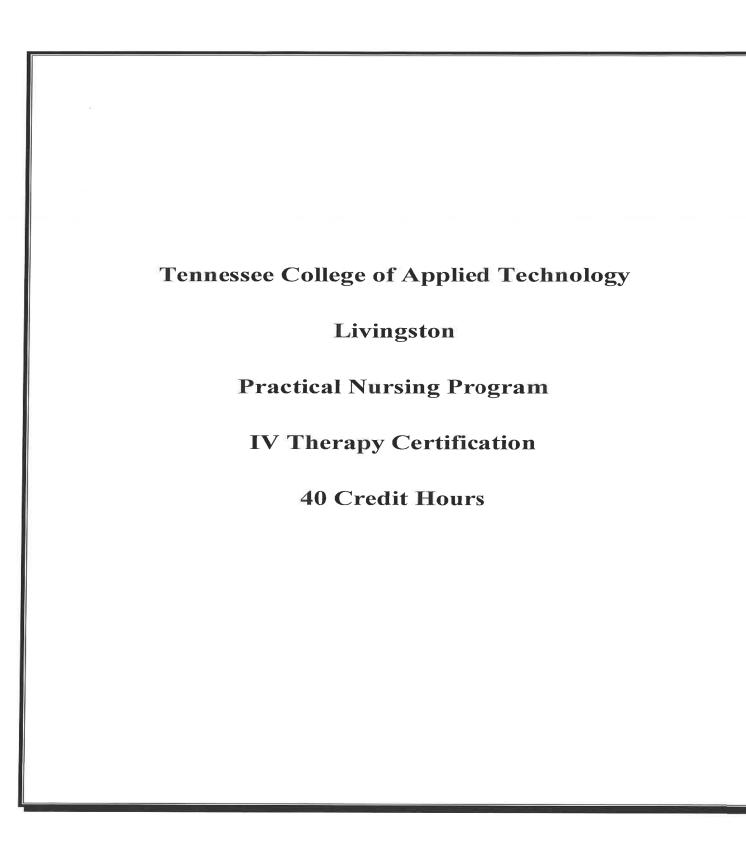
### Practical Aursing

In testimony whereof and the signatures hereunto affixed, the Tennessee Board of Regents has issued this Diploma on the twenty seventh day of August in the year two thousand and eight

Director Tennessee Technology Center

Chancellor

Tennessee Board of Regents



# Tennessee Technology Center

# Livingston

The Tennessee Board of Regents upon recommendation of the faculty of the Tennessee Technology Center hereby confers upon



this Supplemental Certificate

as evidence by satisfactory completion of 40 hours of instruction prescribed in

### II Therapy

In testimony whereof and the signatures hereunto affixed, the Tennessee Board of Regents has issued this Supplemental Certificate on the twenty seventh day of August in the year two thousand and eight

Mirector

Tennessee Technology Center

A COMMAND

Chancellor

Tennessee Board of Regents

### Tennessee Technology Center at Livingston

740 High Tech Drive, Livingston, TN, 38570 - (931) 823-5525

Name: SS#: Address City/State/Zip Date Enrolled: 8/28/2007 Separation Date: 8/27/2008

## Student Transcript 8/27/2008

Total Hours Present 1229.5

Total Absent Hours 66.5

Program: LPN

| Course  | Course Description            | Hours | Grade | Status      |  |
|---------|-------------------------------|-------|-------|-------------|--|
| PN 2100 | BASIC NURSING                 | 94    | 92    | SATISFACTOR |  |
| PN 2150 | BASIC SCIENCES                | 100   | 91    | SATISFACTOR |  |
| PN 2200 | NUTRITION                     | 23    | 95    | SATISFACTOR |  |
| PN 2250 | VOCATIONAL RELATIONS          | 40    | 95    | SATISFACTOR |  |
| PN 2350 | COMMON EMERGENCIES            | 8     | 100   | SATISFACTOR |  |
| PN 2400 | MEDICAL-SURGICAL NURSING I    | 75    | 91    | SATISFACTOR |  |
| PN 2450 | OBSTETRICAL NURSING           | 37    | 92    | SATISFACTOR |  |
| PN 2500 | PEDIATRIC NURSING             | 35    | 90    | SATISFACTOR |  |
| PN 2550 | MEDICAL-SURGICAL NURSING II   | 76    | 92    | SATISFACTOR |  |
| PN 2600 | PHARMACOLOGY                  | 104   | 92    | SATISFACTOR |  |
| PN 2650 | PSYCHIATRIC NURSING           | 24.5  | 94    | SATISFACTOR |  |
| PN 2700 | GERIATRICS                    | 10    | 98    | SATISFACTOR |  |
| PN 2750 | VOCATIONAL RELATIONS II       | 27    | 96    | SATISFACTOR |  |
| PN 2800 | CLINICAL                      | 535.5 |       | SATISFACTOR |  |
| PN2900  | MEDICAL-SURGICIAL NURSING III | 30    | 88    | SATISFACTOR |  |
| PN2950  | PHARMACOLOGY MATH             | 10.5  | 95    | SATISFACTOR |  |

| Certificates an        | d Awards   | Award:                  | Description                   | CIP Code:                |
|------------------------|------------|-------------------------|-------------------------------|--------------------------|
| 8/27/2008<br>8/27/2008 | LPN<br>LPN | Diploma<br>Supplemental | Practical Nurse<br>IV Therapy | 3151161300<br>9931510904 |
| Fransfer Credits:      |            |                         |                               |                          |
| Transferred Fro        | om         | Course Hours Grade      | Date                          |                          |

STUDENT COPY IN RED

| Explanation of Grades |   |          |  |
|-----------------------|---|----------|--|
| Excellent             | Α | 94-100   |  |
| Above Average         | В | 86-93    |  |
| Average               | С | 80-85    |  |
| Unacceptable          | F | Below 80 |  |

Director's Signature

Date

TENNESSEE DEPARTMENT OF HEALTH. DIVISION OF HEALTH RELATED BOARDS

EXPIRATION DATE 09/30/2023

LICENSE NO. LPN0000073786 738920

RENEWAL NO.



THIS IS TO CERTIFY THAT:

MULTISTATE

LICENSED PRACTICAL NURSE

THE STATE OF TENNESSEE AS REQUIRED BY THE

DA BIELCEISTO



Renewal No. 7389**2**0

State of Tennessee Department of Health

Division of Health Related Boards

This Certifies that

12727928

License No. LPN0000073786

MULTISTATE

whose credentials have been approved by the:

BOARD OF NURSING

has fulfilled all requirements for renewal and registration as required by the Tennessee Code Annotated and is a duly authorized: LICENSED PRACTICAL NURSE

in the State of Tennessee through

SEPTEMBER 30, 2023

# **Radiology Education Seminars Radiography Course** Limited Core, Chest, Extremities **128 Credit Hours Graduation September 20, 2009**



## Radiology Education Seminars

(a division of Adventures, Inc.)
4721 Trousdale Dr. Suite 120
Nashville, TN 37220 (615) 333-9600

# Certificate

for Class Completion of Radiography Course Limited to Core, Chest, Extremities

Class: 2009 Nashville Fall

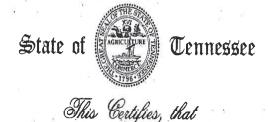
Date of Classroom Completion: September 20, 2009

The person named above has successfully completed the didactic classroom requirements in this Limited X-ray Certification Course approved by various Examining Boards, State of Tennessee.

Course Director: Physics Druin Bress

Certificate No. MDX0000006977

# Certified Medical X-Ray Technologist



has complied with the official Code of Tennessee and all of the amendatory acts thereto to practice

### RADIOGRAPHY

Therefore, by authority granted in Tennessee Code Annotated Section 63-6-224, the aforesaid is certified to practice in the State of Tennessee, as described below:

This the 5TH day of JANUARY

Practice limited to:

**EXTREMITIES** 

DIVISION OF HEALTH RELATED BOARDS



Radiology Education Seminare (a division of Adventures, her.) 311 Trousdaile Dr. Suite 120 Nashville, TN 37220 Phone: (615) 333-9600 Faz: (618) 323-0171

#### STUDENT REPORT

If no dates appear below, then perfect attendance was achieved. Congratulations!



CLASS ATTENDED: 2009NF TYPE: 123

CLASS DATES: Core 8/1/09-8/23/09 Class Avg Chest 8/29/09-8/30/09

Extremities 9/12/09-9/20/09

EXIT TESTS: Radiographic Procedure Core 99% Radiographic Procedure Chest 89% 87% Radiographic Procedure Extremities 89%

NOTE: In order to pass the state-required ARRT Limited Scope exam the student must answer 65% correctly in each exam section. Within this context, our goal for these courses is 25% or above for such exactory.

ATTENDANCE REPORT:

Course:

Core Chest

Satisfactory Completion

Attitude: Good Participation: Good

Satisfactory Completion Satisfactory Completion Extremities

NOTE: Please note the course status above to see if further action is required. You will have one year from the completion date of your original class dates to complete these steps. We do everything we can to help you complete your steps to licensure, but the final responsibility is yours.

Signature: Physics Druin Bregg

Phyllis Irwin Gregg, Course Director

Date: November 9, 2009



Radiology Education Seminare 4781 Trousdale Dr. Suite 120 Nashville, TN 37320 Phone: (618) 333-8690 Pax: (618) 333-0171

#### STUDENT REPORT

If no dates appear below, then perfect attendance was achieved. Congratulations!



CLASS ATTENDED: 2009NF TYPE: 123

CLASS DATES: Core 8/1/09-8/23/09

Chest 8/29/09-8/30/09 Extremities 9/12/09-9/20/09

EXIT TESTS: SCORE: Radiographic Procedure Core 99% 89% 87% Radiographic Procedure Chest 89% Radiographic Procedure Extremities 89%

This Student's
Avg. Score on
Daily Testing

NOTE: In order to pass the state-required ARRT Limited Scope exam the student must answer 65% correctly in each exam section. Within this context, our goal for these courses is 75% or above for each category.

ATTENDANCE REPORT:

97% Course:

Extremities

Status: Соте Satisfactory Completion Satisfactory Completion Satisfactory Completion

Attitude: Good Participation: Good

NOTE: Please note the course status above to see if further action is required. You will have one year from the completion date of your original class dates to complete these steps. We do everything we can to help you complete your steps to licensure, but the final responsibility is yours.

Signature: Physics Driven Kneys

Phyllis Irwin Gregg, Course Director

Date: November 9, 2009



## Radiology Education Seminars\* (a division of Adventures, Inc.) 4721 Trousdale Dr. Suite 120

Nashville, TN 37220 Phone: (615) 333-9600 Fax: (615) 333-0171



STUDENT:

CLASS ATTENDED:

2009NF

**TYPE:** 123

CLASS DATES:

Core 8/1/09-8/23/09 Chest 8/29/09-8/30/09

Class Avg Score:

Extremities 9/12/09-9/20/09

EXIT TESTS:

SCORE:

Radiographic Procedure Core

99%

89%



Radiology Education Seminars (a divasion of Advantures, Inc.) 4731 Trousdalls Dr. Sulte 220 Nashville, TN 37320 Phone: (615) 333-9606 Pag: (615) 338-0171

### STUDENT REPORT



CLASS ATTENDED: 2009NF CLASS DATES:

Core 8/1/09-8/23/09

TYPE: 123

Class Avg Score:

ATTENDANCE REPORT: If no dates appear below, then perfect attendance was achieved. Congratulations!

EXIT TESTS:

Chest 8/29/09-8/30/09

99% 89%

Radiographic Procedure Core Radiographic Procedure Chest 89% 87% Radiographic Procedure Extremities 89%

This Student's Class
Avg. Score on Daily Testing 97% 83% NOTE: In order to pass the state-required ARRT Limited Scope exam the student must answer 65% correctly in each exam section. Within this context, our goal for these courses is 75% or above for each category.

Course: Status:

Core Satisfactory Completion

Satisfactory Completion Extremities Satisfactory Completion Attitude Good Participation: Good

NOTE: Please note the course status above to see if further action is required. You will have one year from the completion date of your original class dats to complete these steps. We do everything we can to help you complete your steps to licensure, but the final responsibility is yours.

Signature: Thegein Druin Bregg

Phyllis Irwin Gregg, Course Director

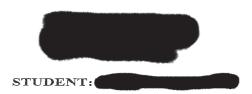
Date: November 9, 2009



## Radiology Education Seminars (a division of Adventures, Inc.) 4721 Trousdale Dr. Suite 120

Nashville, TN 37220 Phone: (615) 333-9600 Fax: (615) 333-0171

### STUDENT REPORT



CLASS ATTENDED: 2009NF

**TYPE: 123** 

CLASS DATES:

Core 8/1/09-8/23/09

Class Avg

ATTENDANCE REPORT:

Chest 8/29/09-8/30/09

Score:

If no dates appear below, then perfect attendance was achieved. Congratulations!

Extremities 9/12/09-9/20/09

**EXIT TESTS:** 

SCORE:

Radiographic Procedure Core

99% 89%

89%

89%

Radiographic Procedure Chest

87%

Radiographic Procedure Extremities

86%

| This Student's<br>Avg. Score on<br>Daily Testing | Class<br>Average |
|--|------------------|
| 97%  | 83%              |

NOTE: In order to pass the state-required ARRT Limited Scope exam the student must answer 65% correctly in each exam section. Within this context, our goal for these courses is 75% or above for each category.

Course:

Status:

Attitude:

Good

Core Chest Satisfactory Completion Satisfactory Completion

Participation: Good

Extremities

Satisfactory Completion

**NOTE:** Please note the course status above to see if further action is required. You will have one year from the completion date of your original class dates to complete these steps. We do everything we can to help you complete your steps to licensure, but the final responsibility is yours.

Signature:

Phyleis Druin Bress

Phyllis Irwin Gregg, Course Director

Date: November 9, 2009

TENNESSEE DEPARTMENT OF HEALTH DIVISION OF HEALTH RELATED BOARDS

SEE BACK FOR ADDITIONAL INFORMATION

EXPIRATION DATE 09/30/2023

CERTIFICATE NO. MDX0000006977 RENEWAL NO 545132



THIS IS TO CERTIF

IS A BULY CERTIFIED

MEDICAL X-RAY OPERATOR-LIMITED CERTIFICATION IN THE STATE OF TENNESSEE AS REQUIRED BY THE

SIGNATURE



Renewal No. 545132

State of Tennessee Department of Health Division Of Health Related Boards 12726464

Certificate No. MDX0000006977

This Certifies that

whose credentials have been approved by the:

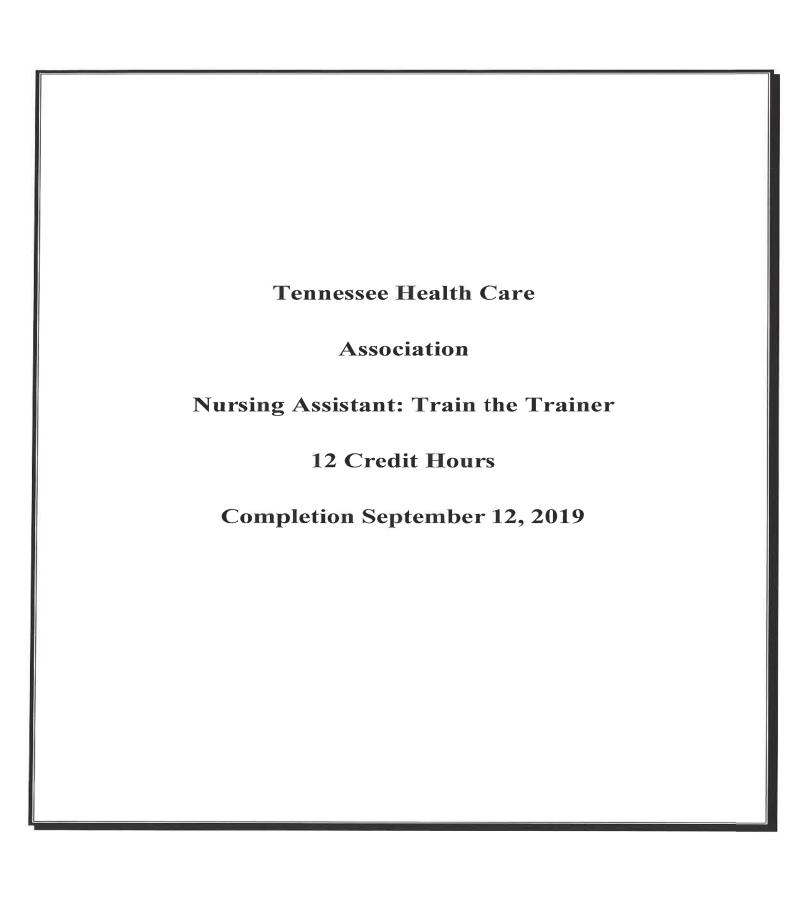
BOARD OF MEDICAL EXAMINERS has fulfilled all requirements for renewal and registration as required by the Tennessee Code Annotated and is a duly authorized: medical x-ray operator-limited certification

in the State of Tennessee through

SEPTEMBER 30, 2023

CHEST EXTREMITIES

. HEALTH LICENSURE & REGULATION



## **Tennessee Health Care Association**

gives this certificate to



for satisfactory completion of the

**Nursing Assistant: Train the Trainer** 

and is granted 12 hours of credit

this 12<sup>th</sup> day of September 2019

Executive Director

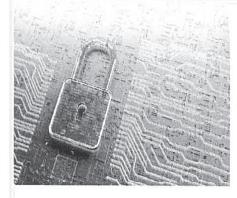
# State of Tennessee Department of Education

This is to certify that

has satisfied with distinction the requirements for graduation with honors from High School as prescribed by the Tennessee State Board of Education, and is, therefore, awarded this HONORS DIPLOMA.

| Certificates |  |
|--------------|--|
| of           |  |
| Achievement  |  |
|              |  |
|              |  |
|              |  |
|              |  |
|              |  |
|              |  |
|              |  |

| Tennessee Board of Regents  |  |
|-----------------------------|--|
| Certificates of Achievement |  |
| Training                    |  |
| Varying Hours               |  |
| Continued Training          |  |
|                             |  |
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thr the college system

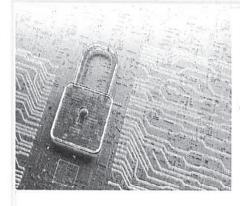
# **Certificate of Achievement**



has successfully completed

Using the Phish Alert Button - Report Suspicious Emails Using Microsoft Outlook

December 09, 2022





# **Certificate of Achievement**



has successfully completed

2023 Your Role: Internet Security and You

December 09, 2022





# **Certificate of Achievement**



has successfully completed

# 2023 Social Engineering Red Flags

December 09, 2022





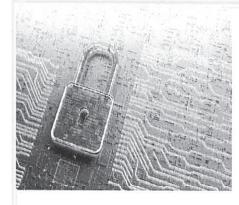
# **Certificate of Achievement**



has successfully completed

# 2023 Common Threats

December 09, 2022



thr the college system
of tennessee

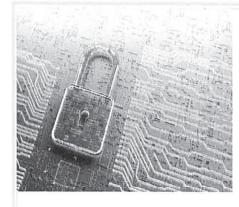
# **Certificate of Achievement**



has successfully completed

2021 Kevin Mitnick Security Awareness Training - 45 Minutes

December 21, 2021



The college system
of TENNESSEE

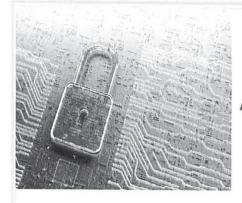
# **Certificate of Achievement**



has successfully completed

Creating Strong Passwords - Security Awareness Training

November 04, 2021



thr the college system of Tennessee

# **Certificate of Achievement**



has successfully completed

2020 Kevin Mitnick Security Awareness Training - 45 Min

November 23, 2020

Another trophy to add to the hero display cabinet. Downloading your certificate has earned you the Graduate badge.

Earned Dec 9, 2022



**Hat Trick** 

Wow, three assignments done in 24 hours! Your heroic commitment has earned you the Hat Trick badge.

Earned Dec 9, 2022



**Early Bird** 

To earn this badge, work on your cyber skills before the birds start singing.

Not earned yet

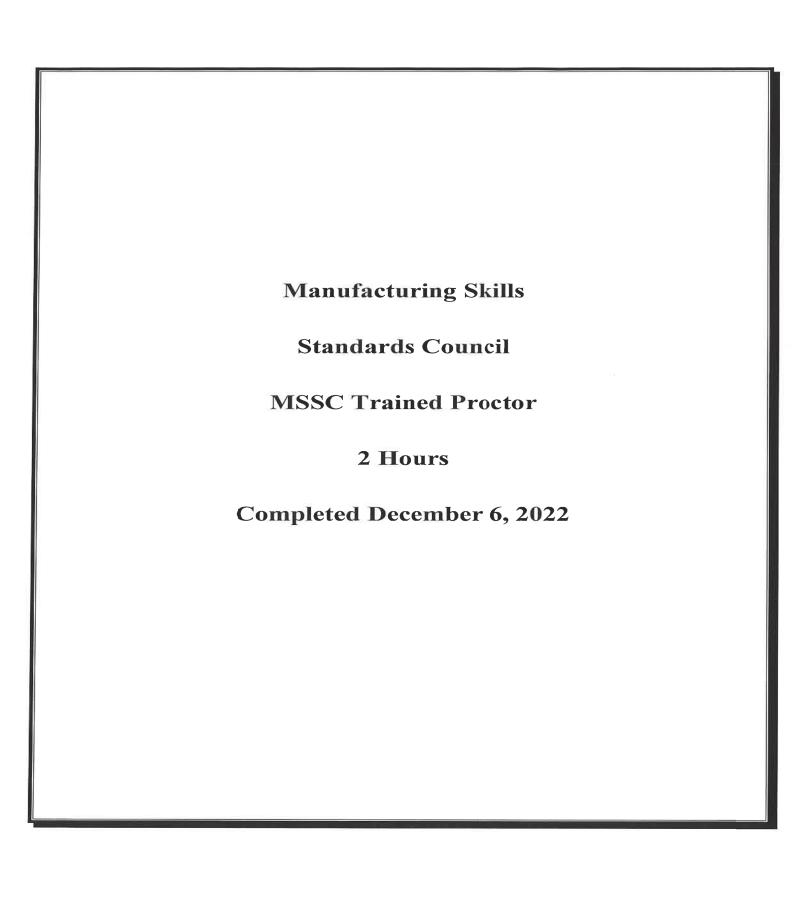


**Lightning Fast** 

Earn this badge by being the fastest Cyber Hero in your organization.

Need Help?

Not earned yet





# **Badge Details**

### Name

MSSC Proctor Training Certificate of Completion Badge

## ed To

#### Dies

This badge certifies that the earner has successfully completed the MSSC-approved Nocti Business Solutions Proctor Training and is now approved to proctor MSSC assessments.

## **Criteria Summary**

Badge earners have completed the required MSSC-approved Nocti Business Solutions Proctor Training.

## Criteria

View (http://www.msscusa.org)

# Issued

December 6, 2022

## **Expires**

Never

**Issuer Details** 

#### Name

**Nocti Business Solutions** 

## **Description**

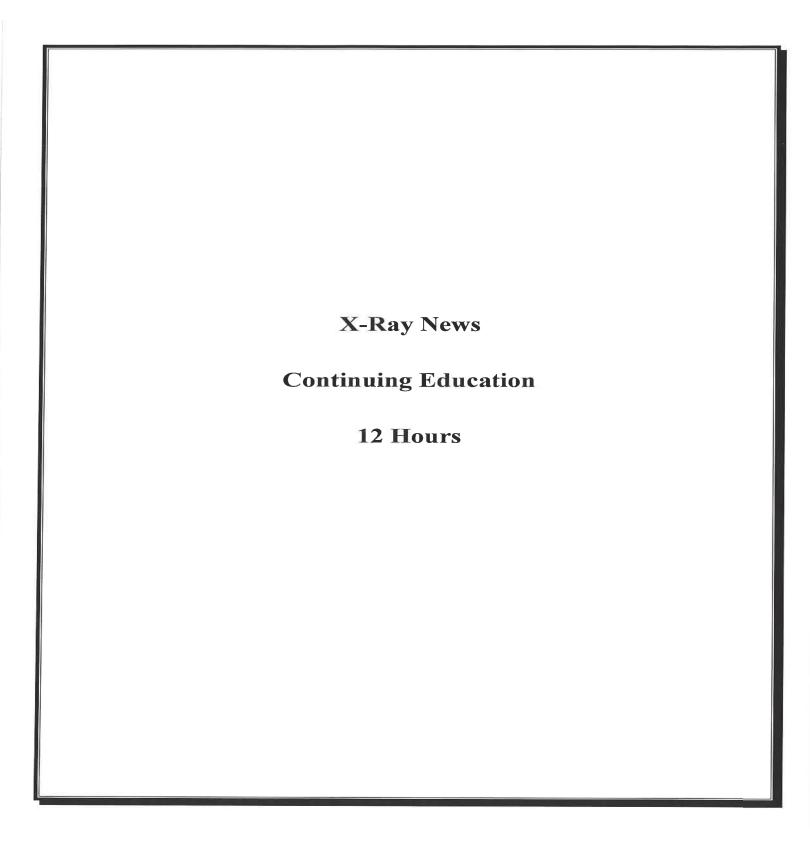
Nocti Business Solutions (NBS) is a wholly owned subsidiary of NOCTI and was established in 1999 as The Whitener Group to serve the needs of business and industry in high-stakes occupational competency testing services as a job skills assessment company. In 2011, the name was changed to Nocti Business Solutions to better align with the parent company. In addition to serving the needs of business and industry, NBS provides the vital connection between industry and education for NOCTI.

## Website

https://noctibusiness.com/ (https://noctibusiness.com/)

# Contact

noctibusiness@nocti.org (mailto:noctibusiness@nocti.org)









# **CERTIFICATE of COMPLETION**

This is to certify that



has successfully completed

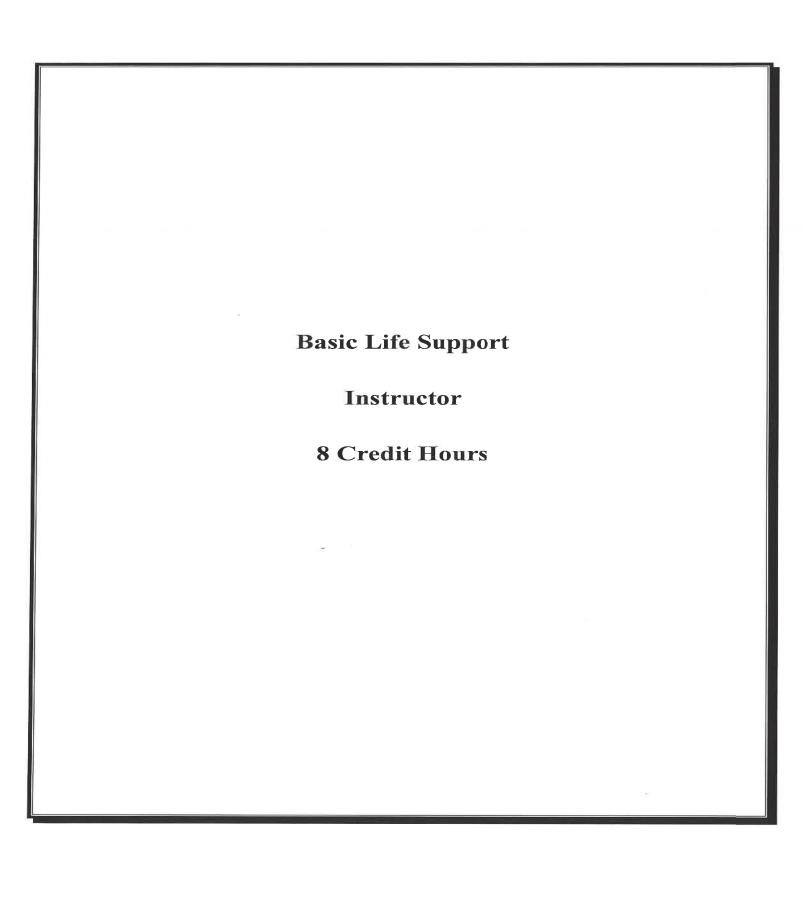
DR-081 Fundamentals of Bone Densitometry

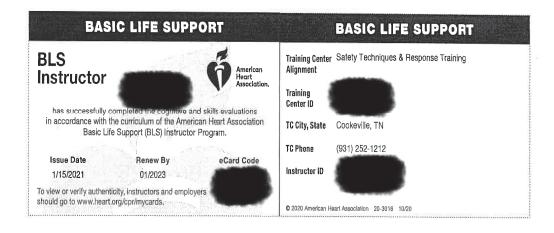
January 25, 2015

CE Credits: 4



420 E Iris Dr Nashville, TN 37204 (615)292-5006





# **Directions**

- 1. Cut along dotted lines
- 2. Fold both halves together
- 3. Use adhesive to combine halves



# Certificate

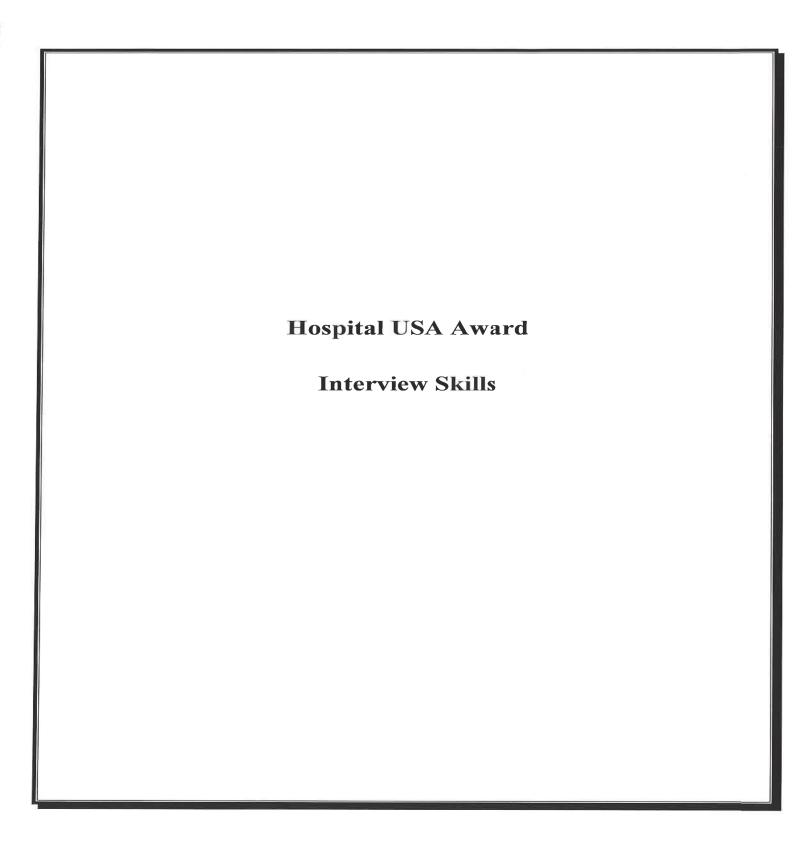
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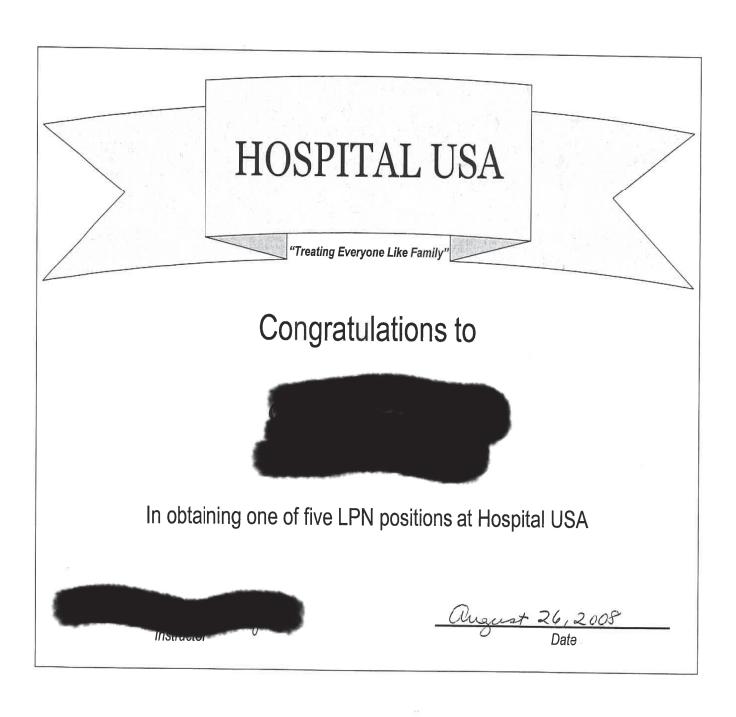
# 2020 BLS Instructor Update

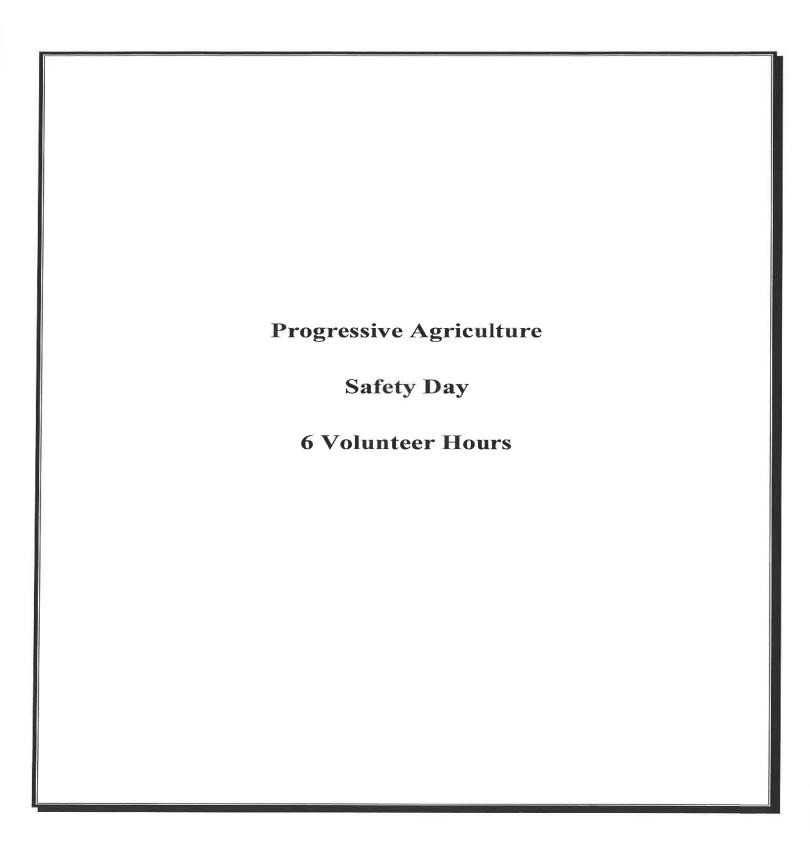
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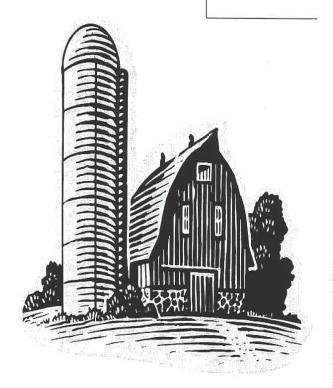






# Certificate of Appreciation

This certificate is awarded to



In recognition of valuable volunteer work for the TTCL School of Practical Nursing

6 Hours Assistance with

**Progressive Agriculture Safety Day** 

For Overton County 4th Grade Students



Health Education Coordinator

May 9, 2008

| Southwest Seminars       |    |
|--------------------------|----|
| Tennessee Nursing Law    |    |
| Lemessee I (dising Lav)  |    |
| 5 Credit Hours           |    |
| Completed April 10, 2019 |    |
| Completed April 10. 2018 |    |
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# CERTIFICATE OF SUCCESSFUL COMPLETION

# SOUTHWEST SEMINARS ASSOCIATION, INC.

P.O. BOX 890228 HOUSTON, TEXAS 77289-0228 Provider # 07-274176-B

| PARTICIPANT  |                            |
|--------------|----------------------------|
| COURSE TITLE | 2008 TENNESSEE NURSING LAW |
| DATE         | APRIL 10, 2008             |

INSTRUCTOR CAROL MARDEN, BSN, JD

CONTACT HOURS 5 HOURS

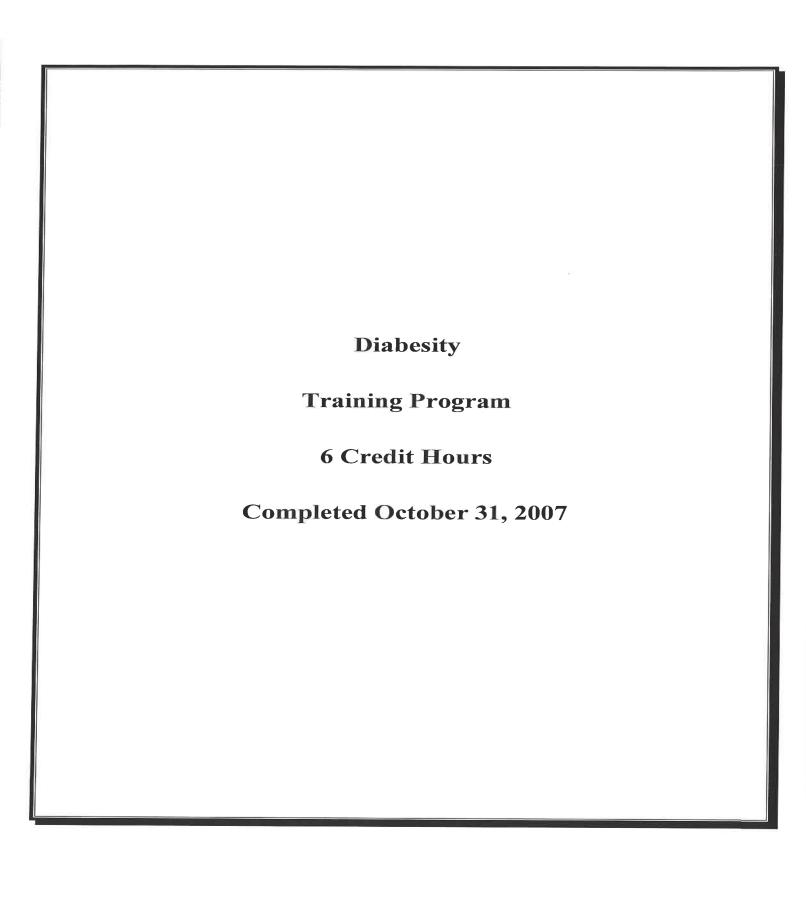
LOCATION HOTEL PRESTON, NASHVILLE, TENNESSEE

# COORDINATOR'S SIGNATURE

Southwest Seminars Association, Inc. is an approved provider of continuing hursing education, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

This activity meets Type I entering for provider on the continuing hursing education.

This activity meets Type 1 criteria for mandatory continuing education requirements toward relicensure as established by the Texas Board of Nursing.



## STATEMENTS OF CREDIT

# MED2000, Inc. PO Box 211655, Bedford, TX 76095-8655

Kelli Ray

PO Box 219 Livingston, TN 38570

verifies that the individual listed above completed the program

# Diabesity

Presented in Livingston, TN Wednesday, October 31, 2007

Nursing Professionals receive 6 contact hours for this program. MED2000 is an approved provider of continuing nursing education by the Alabama State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation (provider # 5-121). MED2000, Inc., BRN #CEP 11697, has been awarded Provider Status by the California Board of Nursing.

Pharmacists attending this program receive 6 contact hours. MED2000 is approved by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmaceutical education. The ACPE program number is 826-999-07-004-L01.

MED2000, Inc. is a Continuing Professional Education (CPE) Accredited Provider (ME001) with the Commission on Dietetic Registration (CDR). Registered dietitians (RDs) and dietetic technicians, registered (DTRs) will receive 6 continuing professional education units (CPEUs) for completion of this program/materials. CPE levels I and II.

MED2000, Inc. is recognized by the Board of Certification, Inc. to offer continuing education for certified athletic trainers. This program has been approved for a maximum of 6 hours of Category A continuing education. Certified athletic trainers are responsible for claiming only those hours actually spent participating in CE activity. BOC Approved Provider Number: P2662. Number of hours actually participated \_\_\_\_\_\_.

This course has been approved by the Texas Board of Physical Therapy Examiners (#47163A), the Oklahoma Board of Medical Licensure and Supervision, the Physical Therapy Association of Georgia, the Tennessee Physical Therapy Association (#1721 for Class I Continuing Competency Requirement), the Mississippi State Board of Physical Therapy (6 clinical contact hours), the New Jersey Board of Physical Therapy Examiners (247-2007), the Alabama Board of Physical Therapy, the West Virginia Board of Physical Therapy (MED-F07-01), the Louisiana Board of Physical Therapy Examiners, the Delaware Examining Board of Physical Therapists, and the Nevada Board of Physical Therapy Examiners (6 clinical) for 6 hours. The Illinois Department of Professional Regulation has approved MED2000, Inc. as an approved provider of continuing education (6 hours). The Florida Physical Therapy Association has approved this course for 7 hours (CP6049877). The Minnesota Board of Physical Therapy (#2485) and the State of New Mexico Physical Therapy Board have approved this course for 5.9 hours. MED2000, Inc. has been approved as a quality continuing education provider by the Kentucky Physical Therapy Association (6 hrs, #CS29-2006-KPTA).

This course offers 0.6 AOTA CEUs (6 credit hrs). MED2000, Inc. is an approved provider by the American Occupational Therapy Association. The assignment of AOTA CEUs does not imply endorsement of specific course content, products, or clinical procedures by AOTA. The Florida Board of Occupational Therapy has granted MED2000 provider status (CE#133) and this course offers 6 hours. The Oklahoma Occupational Therapy Advisory Committee has approved this course for 6 hours. MED2000, Inc. is a Texas Occupational Therapy Association, Inc. Approved Provider in good standing from December 2, 2005 to December 20, 2008 (provider #140) and this course offers 6 continuing education hours of type 1 credit. The State of New Mexico Occupational Therapy Board has approved this course for 5.9 hours. The Ohio Board of Occupational Therapy has approved this course for 5.75 hours (#070023). The Delaware Board of Occupational Therapy has approved this course for 6 hours. The Georgia Occupational Therapy Association has approved this course for 5.8 total contact hours (5.8 direct patient care).

Individuals attending this course receive 6 contact hours of continuing education credit.

Inges P. Schumes 10/31/2007 Ginger P. Schirmer, Ph.D., R.D.

Continuing Education Director













# POSITION ANNOUNCEMENT PATIENT CARE TECHNOLOGY INSTRUCTOR

The Tennessee College of Applied Technology Livingston is accepting application for the position of Patient Care Technology Instructor.

### Minimum Qualifications:

- Licensed Practical Nurse, RN preferred.
- Requires three (3) years of applicable experience in the nursing field. Minimum of 2 years of long-term care experience, preferred.
- Possess the knowledge, experience, and certifications necessary to instruct in the areas of Certified Nursing Assistant, Phlebotomy, EKG, CPR, First Aid, Anatomy, and Medical Records.
- Teaching experience preferred.
- Computer Skills required.
- Possess good verbal and written communication skills.
- Must have good organizational and planning skills.
- Must have the ability to establish and maintain effective interpersonal working relationship with students, faculty, staff, general public, and business and industry.

Responsibilities and Duties include but are not limited to the following:

- Teach all aspects of the Patient Care Technology curriculum.
- Develop and supervise clinical rotations of PCT students
- Monitor, grade, and evaluate individual student progress
- Maintain appropriate records and submit timely reports
- · Serve as the CNA Program Coordinator
- Assist in recruitment and placement of students
- Development of an active Advisory Committee
- Assist with the recruit of students, placement of graduates and follow-up of graduates
- Promote the College and the PCT program in the community

Salary: Salary is commensurate with experience, qualifications and the Tennessee Board of Regents guidelines.

Interested applicants must submit a resume, completed TCAT application, and official transcripts. Applications can be picked up or printed on our website at www.tcatlivingston.edu. Applications and Resumes will be accepted until the positions are filled.

Send completed application packets to:

Tennessee College of Applied Technology-Livingston Attn: Stacy McFall, Coordinator of HR and Finance 740 Hi Tech Drive; Livingston, TN 38570 jobs@tcatlivingston.edu

TCAT Livingston is an EOE/AA/ ADA Employer



# POSITIONS ANNOUNCEMENT HEALTH SCIENCE DUAL ENROLLMENT INSTRUCTOR (Part-time, Adjunct)

The Tennessee College of Applied Technology-Livingston is accepting applications for the position of Part-time, Adjunct Health Science Instructor.

#### Minimum Qualifications:

- Possess a Practical Nursing License or a Registered Nurse License.
- One to two years of experience in long-term care.
- Experience in teaching or supervising nurse aides.
- Evidence of potential ability to instruct, sincere interest in teaching and nursing, understanding and enthusiasm for the program, strong interpersonal skills, and high standards of personal and professional ethics.

This position is part-time and does not include any benefits. Classroom, lab, and clinical instruction of secondary students. Teach designated theory portion of the curriculum and supervise clinical rotation. Monitor, grade, and evaluate students' progress. Maintain appropriate records.

Successful candidates will be required to pass a background check.

\*\*The hiring of these position are contingent upon the program securing adequate funding and sufficient class enrollment numbers.\*\*

Interested applicants must submit a resume, completed TCAT application, and official transcripts. Applications can be picked up or printed on our website at <a href="www.tcatlivingston.edu">www.tcatlivingston.edu</a>. Applications and Resumes will be accepted until the position is filled.

Send completed application packets to:

Tennessee College of Applied Technology-Livingston Attn: Stacy McFall, Coordinator of HR and Finance 740 Hi Tech Drive; Livingston, TN 38570 jobs@tcatlivingston.edu

Tennessee College of Applied Technology Livingston is a TBR institution; is an AA/EEO/ADA Employer; and does not discriminate on the basis of race, color, religion, creed, ethnicity or national origin, sex, disability, age, status as a protected veteran, or any other class protected by Federal or State laws and regulations and by TBR policies with respect to employment, programs, and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Stacy Johnson, 740 Hi Tech Drive; Livingston, TN; stacy.johnson@tcatlivingston.edu; 931-823-5525



# POSITION ANNOUNCEMENT STUDENT SUCCESS COACH

The Tennessee College of Applied Technology Livingston is accepting applications for a full-time Student Success Coach.

## MINIMUM REQUIREMENTS

- High School Diploma or equivalent and Associate Degree required; Bachelor's degree preferred.
- Three years of work experience in a business or educational setting.
- Evidence of Intermediate/Advanced Computer Skills
- Experience in Social Media Platforms
- Ability to multi-task with attention to details and accuracy
- Evidence of excellent communication skills
- Ability to establish and maintain an effective working relationship with staff, faculty, administration and the public
- Must be flexible, reliable, and self-motivated

#### **GENERAL DUTIES:**

- Contact and communicate with secondary guidance counselors, principals, superintendents, teachers, and students in high schools throughout the service area; and with American Job Centers, Vocational Rehabilitation, Veterans Administration, and other agencies who direct prospective students to the college.
- Assist with recruitment including answering phone calls, assisting with walk-ins, disseminating information regarding the programs available, attending career nights, and providing tours of the College.
- Maintain files on perspective students and notify them of enrollment date.
- Assist with registering new and continuing students including creating ID Badges.
- Create and maintain marketing materials, including social media.
- Participate in school, community, business, industry, and professional relationship endeavors.
- Inform prospective students of the availability of financial aid programs.
- Facilitate current students and prospective students with their financial aid applications (FAFSA). File applications electronically for students as needed.
- Attend high school financial aid nights and assist with FAFSA events.
- Assist team members when necessary to enable the success of the department.
- Plan, organize and oversee various student activities and serve as a student organization advisor
- Other duties assigned by Student Success Coordinator.

**Salary:** Commensurate with qualification, experience, education and in accordance with the guidelines established by the Tennessee Board of Regents. Background check is required on all employees.

Deadline: Application will be accepted until the position is filled.

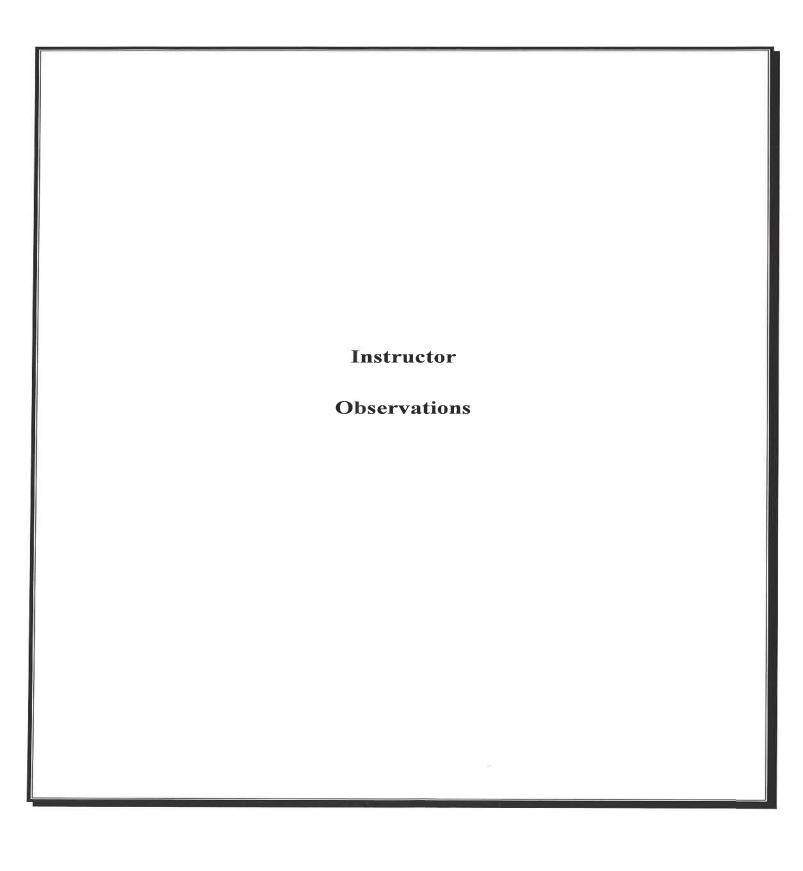
Employment application can be found on our college website:

www.tcatlivingston.edu

Completed TCAT Employment Application, Cover Letter and Resume can be mailed/emailed to:

Tennessee College of Applied Technology Livingston
ATTN: Stacy McFall, Coordinator of HR and Finance
740 Hi Tech Drive, Livingston, TN 38570
jobs@tcatlivingston.edu

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# TCAT Livingston Observation Form for Dual Enrollment Instructors 2019-20

**DATE:** 8-26-19

SCHOOL: Cookeville High School

**SUBJECT:** Nursing

INSTRUCTOR:

SYNOPSIS OF THE OBSERVED LESSON: (SR = student response, SQ = student question)---12 students; the following information is on the board or displayed in the classroom---Assignments for  $\mathcal{T}^{th}$  and  $\mathcal{B}^{th}$ -Write procedures on pages 304-305 and 312-313, Do questions on page 347; displays include a list of all school counselors, including contact information and the students they serve; school schedules including delayed schedules; grading and evaluation criteria; make-up policy and assignment folders; classroom rules; a syllabus for each class; instructor has designed a "Sub Tub" which includes a detailed and well-organized notebook for a substitute teacher, handouts for assignments outlined in the notebook, and treats for the substitute; the instructor has also prepared an attractive student sign in/out display that includes hall passes; instructor begins with roll check; instructor tells students to take out their copy of the power point "Observing Standard Precautions"; instructor gives students the definition of standard precautions; instructor explains the following points—blood and body fluids are the main ways pathogens are transmitted; 3 major pathogens are HBV, HBC HIV; extreme care is always necessary; 1991 OSHA developed guidelines; these guidelines must be followed by health care workers; civil penalties could be leveled in standard procedures are not followed; facilities must develop written exposure control plans; facilities must identify all employees with exposure; facilities must provide hepatitis B vaccines for free; facilities must provide PPE along with handwashing stations and supplies; facilities must ensure the work site is clean and sanitary; facilities must have follow-up procedures for contamination; facilities must provide for disposal and must post signs and label as biohazard; facilities must maintain confidentiality (instructor provides additional information about the need to maintain confidentiality); instructor points out that employees must be trained and discusses how the training is provided by the employer; instructor explains that the Needlestick Safety Act was passed by congress in 2000; there are specific employer precautions for needlestick safety; every body fluid is considered a source of infection; instructor demonstrates the different sizes of gloves and how to put gloves on and take them off correctly; instructor notes the importance of wearing the correct size glove; instructor points out that gloves should never be reused; instructor displays two different types of gowns and the proper way to put the gown on and take off; instructor reminds students to wash hands before putting the gown on and after taking it off; instructor demonstrates two different types of mask and eye protection (combination and separate); instructor explains that safety glasses can be re-used but must be cleaned properly; instructor explains why a mask should be changed after 30 minutes; instructor demonstrates a sharps container and explains the types of items that should be placed in the container; instructor demonstrates how to fill and lock the container while pointing out that the container should not be overfilled; instructor explains that here are laws for how to dispose of sharps containers; instructor notes that there are companies who contract to remove the containers; instructor outlines how to clean up spills and splashes including the use of a 10% bleach solution or an absorbent powder; instructor describes a resuscitation device: instructor demonstrates the correct procedure for waste and linen disposal and again warns not to overfill the bag; instructor shows students booties and describes when those will be used and how to remove properly; instructor mentions that hair nets are sometimes needed; instructor demonstrates a needle that retracts into the syringe, a locking needle safety shield, how to add medication to an IV, and a regular syringe with needle; instructor points out to never recap a needle after a shot; instructor outlines that tomorrow the class will

finish with handwashing; instructor points out that the regulations are important because although you are healthy it does not mean everyone you come in contact with is healthy and some may not even realize they are not healthy; instructor passes out a worksheet related to the information that was presented; instructor tells students that the worksheet reviews the major points of the presentation on standard precautions; instructor points out the linen cart and explains how a biohazard bag is attached; instructor warns students to never put clean linen on top of soiled linen; students are to use the reminder of the class to complete the worksheet and to finish the assignments on procedures and the definitions.

#### **COMMENDATIONS:**

- ✓ Instructor is to be commended for her efforts to prepare an attractive classroom with displays that include useful information for the students.
- ✓ Instructor is to be commended for preparing and displaying a syllabus for each class, make-up policies along with folders that contain missed assignments, a list of classroom rules, and grading and evaluation criteria.
- ✓ Instructor is to be commended for her efforts to prepare an attractive and thoughtful "Sub Tub" that includes comprehensive information for a substitute teacher.
- ✓ During the power point the instructor tells students to pay special attention to the information that will be on the assessment.
- ✓ Instructor had collected numerous examples of personal protective equipment to show students.

## **RECOMMENDATIONS:**

- Although having real PPE examples is the best, consider embedding illustrations (pictures) of PPE into the power point. This teaching practice will allow students to get a visual of any PPE that you do not have in your classroom. Once the illustrations are a part of the power point you will always have quick easy access to them.
- Prepare a few review questions to use during the power point presentation to evaluate the level of student understanding. This practice also gets students more engaged in the learning. See educational research Attachment A.



# **ATTACHMENT A**

Passage from the book, <u>Teach Like a Champion</u>, written by Doug Lemov, pp. 97-98, 106-109.

Good drivers check mirrors every five seconds. They constantly need to know what's happening around them because waiting for an accident to tell them they're doing something wrong is a costly strategy. As a teacher, you should think the same way, seeking constant opportunities to assess what your kids can do while you're teaching and using that knowledge to inform what you do and how you do it. Waiting until there's an accidental failure to comprehend means paying an unsustainably high price for knowledge. The common term to describe this technique Check for Understanding is risky because the technique could more accurately be described as Check for Understanding and Do Something About It Right Away. Checking for understanding requires you to think of the responses students give as data. The second part of check for understanding involves responding to the data you collect. It's worth noting that all the recognition in the work won't help if it does not result in action. Generally teachers are better at checking for than acting on gaps in student mastery, so the imperative is not only to act but to act quickly; the shorter the delay between recognizing a gap in mastery and taking action to fix it, the more likely the intervention is to be effective. There's no sense pushing on to harder material when you know students can't do the simpler work. Stop and fix it; then move on.

# TCAT Livingston Observation Form for Dual Enrollment Instructors 2019-20

**DATE: 9-16-19** 

SCHOOL: Cookeville High School

**SUBJECT:** Nursing

INSTRUCTOR:

student handouts and outlines the plans for today's lesson; instructor notes that the topic for the lesson is poisoning; instructor explains that after a review on the power point notes, there will be an activity related to the topic; instructor encourages students to become familiar with the poison control center and the website; instructor gives the definition of a poison and points out that all things are poison, only the dose permits something not to be poisonous; instructor mentions common poisons as medications, petroleum products, cosmetics, pesticides, plants and food; instructor outlines the effects of poison including harm to the body based on the nature of poison, route of entry, patient's age and health; instructor explains that poisons are classified by routes of entry including ingested, inhaled, absorbed and injected; instructor notes that quick actions can result in a better chance of survival; instructor discusses and gives several examples of how children can accidently eat or drink a toxic substance; instructor asks if any students have young siblings at home; SR; SR; instructor encourages students to protect them from poisons found in the home; instructor mentions antifreeze and how it looks attractive and smells sweet which can entice someone to drink it; instructor explains that adults suffer from an accidental or deliberate medication overdose; instructor tells students of an experience she had with a patient who refused to put her medications out of sight until she convinced her that her grandchildren could mistake her medications for candy; instructor gives example of what someone should do when assessing a person who has ingested poison including knowing what substance was involved and when the exposure occurred, which is especially important for ER personnel to know; instructor emphasizes the importance of looking for containers, checking labels and transporting with the patient; instructor notes that assessment also includes how much was ingested and over how long a time; instructor explains how the weight of the patient can have a major affect on how the toxins affect the body; instructor outlines the effects a patient may experience such as nausea, vomiting, altered mental status, abdominal pain, diarrhea, chemical burns around the mouth, and unusual breath odors; instructor sites examples of these that she has evidenced while on duty; instructor discusses food poisoning and tells students it is caused by improperly handled or prepared food; instructor explains the symptoms of food poisoning and when it can occur; instructor gives a detailed explanation of how activated charcoal is used to treat food poisoning; instructor is sure to make the point that charcoal is not an antidote for food poisoning; instructor gives examples of where potential poisons can be found in the home; instructor remarks how some household cleaners look like juices and drinks and flavored children's medications can be taken as candy; instructor outlines how EMS agencies are involved in educating the public of the dangers of child poisoning; instructor moves to the topic of inhaled poisoning by listing carbon monoxide, ammonia, chlorine, agricultural chemicals and pesticides

and carbon dioxide; instructor warns students to always approach a situation where there may be a danger of inhaling poisons carefully and to check for the need for a breathing apparatus and/or protective clothing; instructor lists the symptoms of inhaled poisons including difficulty breathing, chest pain, coughing, hoarseness, headache, confusion, altered mental status and seizures; instructor outlines the points of how to assess a victim of inhaled poisons along with the treatments; instructor points out how important it is to know a victim's history

SYNOPSIS OF THE OBSERVED LESSON: (SR = student response, SQ = student question)---12 students (1 absent); roll check (instructor asks about a student that has been consistently absent); instructor gives each

especially if COPD, asthma, or dementia are involved; instructor explains carbon monoxide poisoning including how people in this area use secondary heating sources when the power is out that can cause this problem; instructor outlines the symptoms and explains what cyanosis is; instructor relates that CO detectors are available although not required; instructor tells students that CO monitors are sometimes made available by local agencies when the time changes; instructor explains how smoke inhalation can happen along with the signs and symptoms; instructor discusses the treatment for smoke inhalation; instructor describes detergent suicides and how it may result in the need for hazmat procedures; instructor relates an example of hazmat procedures; instructor asks if anyone has seen a decontamination procedure; SR; instructor follows up with emphasis on the importance of being familiar with poison control centers; instructor has placed the following products throughout the classroom: Dawn, Hand Sanitizer, Easy Off, Lysol, Mr. Clean Multi Purpose, Fantastik, Scrub Care Exidine, Scrub Care lodine and Combat; students take a worksheet prepared by the instructor to record the first aid measures for each product; when students have finished the activity they share their findings as the instructor supplements the information.

#### **COMMENDATIONS:**

1

- Instructor highlights the power point presentation with several work-related experiences.
- ✓ Instructor has prepared a hands-on activity that requires students to evaluate several common household products for first aid information.
- ✓ Instructor demonstrates good rapport with students by asking about sports, hobbies, etc.
- ✓ Assignments are listed on the board.

## **RECOMMENDATIONS:**

✓ Consider stopping the lecture/powerpoint periodically to allow opportunities for the students to reflect on the points you have made. See education research Attachment A.

# **ATTACHMENT A**

Passage from "Seven Ways to Increase Student Engagement in the Classroom," Hurst, Stacy, September 18, 2013.

# Five Levels of Student Engagement

It should not surprise anyone to know that one of the most consistent findings in educational research demonstrates that the more times students spend engaged during instruction, the more they learn (Gettinger & Ball, 2007). Some researchers even identify differing levels of engagement. Schlechty (2002) defines five levels of student engagement:

- Authentic Engagement—students are immersed in work that has clear meaning and immediate value to them (reading a book on a topic of personal interest)
- Ritual Compliance—the work has little or no immediate meaning to students, but there
  are extrinsic outcomes of value that keep them engaged (earning grades necessary for
  college acceptance)
- Passive Compliance—students see little or no meaning in the assigned work but expend effort merely to avoid negative consequences (not having to stay in during recess to complete work)
- Retreatism—students are disengaged from assigned work and make no attempt to comply, but are not disruptive to the learning of others
- **Rebellion**—students refuse to do the assigned task, act disruptive, and attempt to substitute alternative activities

# Measuring Engagement in the Classroom

The level of student engagement can vary from student to student, and lesson to lesson so it may be difficult to get a general feel for how engaged a class is as a whole. To that end, Schlechty (2002) also outlined three categories that can be used to measure the level of engagement for an entire classroom.

#### The Engaged Classroom

In the engaged classroom you will observe that all students are authentically engaged at least some of the time or that most students are authentically engaged most of the time. Passive compliance and retreatism is rarely observed and rebellion is non-existent.

## The Compliant Classroom

The compliant classroom is the picture of traditional education. This type of classroom is orderly and most students will appear to be working so it would be easy to infer that learning is taking place. However, while there is little evidence of rebellion, retreatism is a very real danger as it is very common in the compliant classroom.

## The Off-Task Classroom

Retreatism and rebellion are easily observed in the off-task classroom. This type of classroom is each-student-for-them-self so you will see some degree of authentic and ritual engagement, along with passive compliance as well. Teachers in the off-task classroom spend most of their time dealing with rebelling students rather than teaching lessons that engage.

### Seven Student Engagement Strategies

Why do we want learners of all ages to be engaged during instruction? Because involved students learn more efficiently and are more successful at remembering what they learned. In addition, students who are engaged in learning are more likely to become passionate about learning in general. Student engagement is one byproduct of effective instruction that has major pay offs. Now that you know how to measure your students' level of engagement, how can you increase the amount of time that students in your class are engaged in your instruction? Here are some suggestions:

- 1. Use the 10:2 method. For every 10 minutes of instruction allow the students 2 minutes to process and respond to the instruction. This can be done in various ways by having them write what they have learned, questions they may have, or by discussing the content with a fellow student.
  - 2. **Incorporate movement into your lessons.** Require students to respond to a question by moving to a certain spot in the room, writing on whiteboards, or standing (or sitting) when they are done thinking about the question, etc.
  - 3. **Pick up the pace.** One misconception is that we must go slow for students to really understand and engage in a lesson. There is a lot of evidence that shows that when teaching is at a brisk instructional pace, students have more opportunities to engage, respond, and move on to the next concept (Carnine & Fink, 1978; Williams, 1993; Ernsbarger et al., 2001).
  - 4. Provide frequent and effective feedback.
  - 5. **Allow students 5-7 seconds of 'think time' when asking a question.** At the end of the time draw a random name to answer the question.
- √ 6. At the end of a lesson have students use the 3-2-1 method of summarizing by having students record three things they learned, two interesting things, and one question they have about what was taught. Allow time to share their findings with a peer.
  - 7. Periodically pause mid-sentence when teaching requiring students to fill in the blanks.

# TCAT Livingston Observation Form for Dual Enrollment Instructors 2019-20

**DATE:** 10-1-19

SCHOOL: Cookeville High School

**SUBJECT:** Nursing

INSTRUCTOR:

SYNOPSIS OF THE OBSERVED LESSON: (SR = student response, SQ = student question)---8 students; today's class has been shortened due to a school activity; instructor begins by reviewing information presented previously related to verbal and nonverbal communication; instructor explains that today's activity is called Shape It and Form It; instructor tells students to stand in a circle and to put on blindfolds; instructor gives each student a portion of a stretchy band to hold; instructor explains that the students are going to have to communicate, verbally, in order to move the band into different shapes; instructor gives the assignment to move so that the band is in the shape of a box; students exchange remarks and build what they think is the shape of a box; students seem surprised when they remove their blindfolds and comment that the shape looks more like a horseshoe than a box; instructor asks students what they were doing during the process; one student replied that they were bossing each other around; student corrects by saying they were delegating; instructor asks students to further evaluate the process; instructor leads students into activity #2-to make a star; as students work to build the star they discuss how to make the points of the star; when finished the instructor asks students to evaluate the process; students agree that it would be easier if everyone didn't talk at the same time; instructor gives students assignment #3 horse shoe, but tells students during this activity they will be able to see but must be nonverbal; when students evaluate, they conclude that it is much harder when they cannot communicate verbally; activity #4—octagon results in a discussion about what an octagon looks like; assignment #5---heart went well with the students feeling much success; instructor complimented students on a good job; instructor asks students to reflect on what they learned; instructor and students draw the conclusion that communication is hard; instructor relates that as a health care provider you will come in contact with patients with all types of communication issues; instructor discusses circumstances where living without visibility can be especially difficult; SR; SR; instructor points out how difficult it could be if the patient could see but not be able to talk; instructor emphasizes that as a health care provider you must find a way to communicate with the patient; SQ about how to communicate with a patient who cannot talk; instructor explains that it may mean teaching the patient to squeeze your hand to signal "Yes" or "No"; instructor notes that the health care provider can tell a lot by a patient's facial expressions; instructor and students discuss different ways that people communicate in sports and on TV shows.

# **COMMENDATIONS:**

- ✓ Students are fully engaged in the activity.
- ✓ Instructor begins the lesson by reviewing the information from the previous lesson.

# **RECOMMENDATIONS:**

✓ One scenario you might discuss with your students is what to do when they are faced with the situation that the patient does not speak English.

# TCAT Livingston Observation Form for Dual Enrollment Instructors 2019-20

**DATE:** 11-4-19

SCHOOL: Cookeville High School

**SUBJECT:** Nursing

**INSTRUCTOR:** 

SYNOPSIS OF THE OBSERVED LES student response, SQ = student question)---17 students; this Nursing IV (CNA) students; students are individually completing class consists of both the Basic Life Support Skills resume Checklist for Adults and Infants; testing students on Infant CPR, while completing the skills testing checklist on adults; as a sec approaches the testing site the scenario and the student is required to follow the steps; Infant CPR includes the following: Assessment and Activation---Check responsiveness, Shouts for help/Activates emergency response system, Checks breathing, Checks pulse; Cycle 1 of CPR Infant Compressions---Performs high-quality compressions: Placement of 2 fingers in the center of the chest just below the nipple line, 30 compressions in no less than 15 and no more than 18 seconds, Compresses at least one third the depth of the chest, about 1 ½ inches (4cm), Complete recoil after each compression; Infant breaths—Gives 2 breaths with a barrier device, Each breath given over 1 second, Visible chest rise with each breath, Resumes compressions in less than 10 seconds; Cycle 2 of CPR (repeats steps in Cycle 1); Cycle 3 of CPR---Rescuer1: Infant Compressions---Performs high-quality compressions, 15 compressions with 2 thumb-encircling hands technique, 15 compressions in no less than 7 and no more than 9 seconds, Compressions at least one third the depth of the chest, about 1 ½ inches (4 cm); Complete recoil after each compression; the instructor checks each box next to the step if the student completes the step successfully; while the students individually complete the skills testing the other students are writing skills; corrections given by include: reminds students to count when doing the compressions so that someone will know the count; corrects students who are going too slow; and techniques for handling the baby; steps to complete the Adult CPR Skills Testing Checklist include: Presentation of the scenario; Assessment and Activation---Checks responsiveness, Shouts for help/ Sends someone to phone 9-1-1 and get an AED, Checks breathing; Cycle I (30:2)---Performs highquality compressions, Hand placement in lower half of breastbone, 30 compressions in no less than 15 and no more than 18 seconds, Compresses at least 2 inches (5 cm), Completes recoil after each compression; Adult Breaths---Gives 2 breaths with a barrier device, Each is given over 1 second, Visible chest rise with each breath, Gives 2 breaths in less than 10 seconds; Cycle 2 (repeats Cycle 1); AED (follows prompts of AED)—Powers AED, Correctly attaches pads, Clears for Analysis, Clears to safely delivers a shock, Presses button to deliver shock, Student immediately resumes compressions; Cycle 3 (repeats Cycle 1); sented the scenario and then tells the students to "Walk her through" the steps; she also explained that she ould take over while the student sets up the AED.

# **COMMENDATIONS:**

- ✓ Instructors are to be commended for the organization of the Basic Life Support Skills Testing for Adults and Infants. Although the testing was stressful for the students, and involved many steps for the instructors, the event "...came off like clockwork!"
- ✓ All students remained on task during the CPR Skills Testing. Those not testing were writing CNA skills.
- ✓ Assignments for the day and the week were on the board.

### **RECOMMENDATIONS:**

 $\checkmark$  No teaching strategy recommendations for the CPR skills testing event.



# TCAT Livingston Observation Form for Dual Enrollment Instructors 2019-20

**DATE:** 12-9-19

SCHOOL: Cookeville High School

**SUBJECT:** Nursing

INSTRUCTOR:

SYNOPSIS OF THE OBSERVED LESSON: (SR = student response, SQ = student question)---16 students; instructor is conducting a review for an upcoming test; instructor reads a question and students write their answer on individual white boards; following one question 12 students respond with a wrong answer; instructor stops to explain the question and all the possible answers and admits that the question is somewhat tricky; instructor gives further information about how confusion is a complication from dehydration; instructor helps students break down terms by reviewing prefixes and suffixes and correlating to medical terminology; instructor describes the term reclined; instructor reminds students to read a question and relate to the steps of skills; following the review the instructor collects the white boards and tells students to move apart and reminds them of no talking; instructor tells students they can use their phone calculators for the conversion questions; instructor monitors as students complete the test; instructor collects test; instructor tells students to work on the vocabulary assignment that is printed on the assignment board and reminds them that the vocabulary are due on the following day; the following information is printed on the board:

CNA Class Chapter 9 Definitions due 12/10

Medical Therapeutics Class Career Project Due 12/9; Vocabulary Test 12/9

#### **COMMENDATIONS:**

- ✓ Instructor reminds students that carefully reading questions on the test and relating those to steps in skills can help choose the correct answer.
- ✓ During the test review the instructor encourages students with phrases such as, "Good job" and "Great."
- ✓ Instructor has added a beautiful Christmas tree, decorated in school colors, to her classroom.

#### **RECOMMENDATIONS:**

- ✓ When all students have finished taking the test, stop to ask students if there was anything on the test that you did not cover during class. This gives students a chance to voice any concerns before they receive a grade on the test and establishes the point that everything on the test was covered—no surprises.
- ✓ Develop a system for collecting white boards quickly-so the instructor does not have to stop to do it. See education research Attachment A.

# Attachment A

# Passage from the article, "How to Have Students Follow Classroom Procedures," <u>How To Be An Effective Teacher</u>, Harry K. Wong, p. 167.

Procedures allow a wide variety of activities to take place during the school day, often simultaneously, with a minimum of confusion and wasted time. If there are no procedures, much time is wasted organizing and explaining each activity, even for recurring activities.

Of course, choosing the right procedures for your classroom is an individual decision. But be sure to define what you expect of students from the very beginning. Remember to take time to teach procedures during the first days and weeks of school.

#### Procedure for the Movement of Supplies

- If your students are sitting in columns and rows, it is more effective to have them pass their supplies across the rows to the side of the room rather than up the row to the front of the room
- If supplies are passed up the row, you cannot see what is happening behind each student's back
  as you stand at the front of the room waiting for supplies.

Classroom procedures allow many different activities to take place efficiently during the school day, often several at the same time, with a minimum of wasted time and confusion.

# TCAT Livingston Observation Form for Dual Enrollment Instructors 2019-20

**DATE: 1-28-20** 

SCHOOL: Cookeville High School

**SUBJECT: Nursing** 

INSTRUCTOR:

SYNOPSIS OF THE OBSERVED LESSON: (SR = student response, SQ = ents; this session is the 2<sup>nd</sup> block of a double-blocked CNA class that is team taught by I chose climate back in the schedule of teaching as she only recently to observe this class to allow returned to the classroom from leave; egan the class by conducting a review for a test scheduled for the next session; topics discussed during the review include: rights of residents in a facility, amount of advanced notice before a discharge or transfer, criminal background checks as screening for a nursing assistant; (instructor discusses how the other options of the multiple choice question would be considered discrimination), the meaning of "to advocate", battery (instructor spends several minutes discussing battery and giving examples), the scope of confidentiality (instructor explains and emphasizes the importance of confidentiality in the health care field), examples of behavior reaction; environmental and safety concerns, chain of command for a CNA, reasons for surveys, number of parts on the state certification test, meaning of neglect, official who investigates complaints, meaning of a deficiency, formal complaint/grievance, HIPPA, corporal punishment, nursing home reform bill, time allowance for copy of records, law regarding right to confidentiality, rights of a resident who does not want what is served for lunch, rights of a resident who does not want to be shaved, restricting a resident's movement, changes in medication, changes in resident's behavior, types of abuse related to profanity, teasing, etc., isolation against will; instructors give additional information as questions are discussed; instructor emphasizes the importance of maintaining HIPPA and facility guidelines; instructor gives additional information about the test and asks for any questions; instructor tells students to prepare for skills check off on making a bed, making an occupied bed, and dressing a patient; instructors help students prepare various sites in the classroom/lab for skill practice and check offs; instructor continually checks with the groups to critique the skill techniques and answer questions; students have issues with how to correctly roll the dirty linens; instructor reminds a group of students to get in the habit of saying, "My hands have been washed and I am going to provide privacy"; students have begun visits at the facilities and were anxious to relate their experiences involving to making beds; student question about stating the introduction part of the skill for making an unoccupied bed; instructor conducted check offs for students; instructors and students put equipment/materials away at the end of class; instructor explained plans for the next session.

#### **COMMENDATIONS:**

- ✓ During the test review, instructor provided several examples from work experience to help students gain a deeper insight into test questions.
- ✓ Instructor closely monitored students during skill practice in order to make corrections in a timely manner.
- $\checkmark \quad \text{Instructor encouraged a student who successfully completed skill check off.}$

# **RECOMMENDATIONS:**

✓ Consider setting time limits during skill practice as some students in the group were consuming much
more practice time than their peers.



# TCAT Livingston Observation Form for Dual Enrollment Instructors 2019-20

**DATE:** 2-12-20

SCHOOL: Cookeville High School

**SUBJECT:** Nursing

INSTRUCTOR:



SYNOPSIS OF THE OBSERVED LESSON: (SR = student response, SQ = student question)---14 students; instructor begins with a review of prescription abbreviations prior to the test; instructor gives further explanations to students during the review; following the review the instructor asks if students have any questions; instructor tells students to clear their desks and prepare for the test; test items include: qui, hs, bid, g, mg, po, qd, gr, U, tid, Elix, Supp., Q6h, mŁ, prn; students complete the test and the instructor collects the test papers; instructor opens a Power Point illustration of an example of a typical prescription; instructor explains each part of the document: name, address, name of the drug, the strength of the drug, the form of the drug, how the medication is to be taken, how often the medication is to be taken, the length of time the medication is to be taken, and the total number of tablets to be dispensed; instructor explains and gives additional information about the following: "Do Not Refill, signature of the physician, # of refill times, date, D.E.A. number, and print of last name; instructor gives additional information including an explanation of how important it is to have the name and address information about the pharmacy and the importance of checking the medication for accuracy; students were assigned to complete a worksheet related to 5 sample prescriptions; the worksheet required students to identify the following: the patient's full name, the date, the drug name in manufacturer or generic format, the doctor's order for dosage amount (how much medication), the administration route (by mouth, IV, injection), the frequency with which the patient is to take the medication, the duration, the number of days that the patient is to take the medication, the total quantity or amount that the pharmacist is to dispense, a check-off or box allowing a generic substitute (if provided), the physician's name, and the physician's DEA number; while students complete the "Decoding Prescriptions" worksheet, the instructor invites two students at a time to report to the prescription-filling station; the instructor has prepared a pharmacy simulation using several different types of candy to represent the various drugs prescribed; students were given mock prescriptions to fill; when students completed the assignment the instructor checks to see if the prescription was accurate; the instructor asked each student to explain the information on the prescription.

# **COMMENDATIONS:**

- ✓ Instructor is to be commended for her efforts to prepare a pharmacy simulation experience for students.
- $\checkmark$  Instructor used the hands-on experience to emphasize to students the necessity to check each prescription before administering.
- ✓ Instructor gives work experiences related to the lesson including scenarios that illustrate how critical the information found on a prescription can be.
- $\checkmark$  Instructor provided a sample of the "Decoding Prescriptions" assignment for students to use as a reference.

### **RECOMMENDATIONS:**

Be mindful of phrases such as "...sometimes it will be wrote..." which should be "...sometimes it will be written..."

instructor:

Date: March 22, 2021

Time: 9:30-10:30

Students: 13 + 2 virtual

Penny Peek

She started class by asking if they had a good spring break and what they had done. Today's topic was interviews. She handed out a page of information and the interview evaluation. She did not give them the interview questions ahead of time. Each student had a date and specific time for their interview.

First, she covered the interview form. She told them they would have to answer 5 questions. She would ask them to tell about themselves. She also talked to them about resumes. She had the interview form on her smart board. She talked to them about body language, firm handshake, dressing appropriately, eye contact, and not having head down. She also talked to them about knowing information about the company, their own education/training, related experiences, answering questions well, team skills, customer service skills, non-verbal (posture, hand gestures, not fidgeting), listening skills, leadership skills, coping ability, self-motivation/goals, judgement, decision making, organization/planning skills, overall appearance, ask good work questions, strong lasting impressions, and thank the interviewer.

The top students with the most points will get a certificate.

old them that in nursing school she was in the top 5, and she put that in her portfolio. She asked if anyone had any questions.

She then covered the position information page. It was a laboratory technician. This was the job they all would be interviewing for. She told them she would research the position on line. She told them to go to the Cookeville Regional Medical Center and study that. She asked if anyone had any questions.

Lastly, she went over the test for this unit. She told them she was going to give them a study guide. The test would be next Tuesday, and interviews would be on Wednesday and Friday. She showed them nice paper to use when typing their resumes. She read questions off the test and went over the answers. She said they had not covered some of the questions in class.

# Strengths:

- She doesn't waste any class time and is very well prepared
- Teaches important life skills such as this one.
- She genuinely loves and cares for her students, and they know it.

### Recommendation:

 I would consider giving them a task they have to complete while you are lecturing such as write 2 questions from my lecture or present questions they have to answer from the lecture. I noticed a few students were struggling to stay awake. I also know it was the first Monday back after spring break so they were tired. This will make them stay focused better.

Instructor:

Date: January 25, 2021

Number of students: 6

Time: 8:00-9:00

Penny Peek

rally reviewed a test with the students before the test. The test was exam 7. The test had 33 multiple choice questions. Most students seemed to know the answers. Two students never answered anything. Some questions were: "A resident in a supine position indicates they are positioned in what way?" "To reinforce is to what?" "An artificial body part is called a/an?" She asked at the end if anyone had any questions before they took the test. She asked them to clear their desks before she passed out paper copies of the test. They had an answer sheet they circled their answers on. raded tests as students turned them in. The students sat quietly looking at their phones while she graded the tests. Everyone got an A. 94 was the lowest grade. She passed tests back out and went over the questions that they missed. Next, they started back on Ch. 8 Nutrition & Elimination. They started on power point slide 11 (Assisting with Feeding Residents). She told the students to never call it a bib (clothing protector). Protect the patients' dignity. Always make sure you give the patient the correct tray of food. She went over signs of dysphasia, dietary supplements, and feeding tubes. She mentioned her uncle who had cancer that had to have a feeding tube. She also told them that

patients who have feeding tubes often try to eat food. She said if you see this, it needs to be reported.

# Strength:

- 1. She ties real world situations in her teaching that relate to the skill she is teaching for that day.
- 2. Reviewing the test before administering it.

# Recommendation:

1. You can review tests by breaking the class up into 2 teams and calling a member from each team up and asking a review question and the first to hit their buzzer and answer correctly gets a point. (Buzzers can be bought in a box of 4). Students are very competitive. I usually reward the winning team with a piece of gum or candy. There is also a Family Feud game you can download and put your questions in the game. One teacher reviewed by using the Wheel of Fortune. He made it himself.

Instructor:

Date: November 18, 2020

Number of students: 14 (4 remote)

Time: 9:30-10:30

Penny Peek

Was teaching virtually while I was subbing for her today. She covered "Life Stages." Students were given a handout of the power point that lectured about so they could follow along. She covered the stages of: infancy, early childhood, late childhood, adolescence, early adulthood, middle adulthood, and late adulthood. She stopped often while lecturing to ask if they had any questions. She told the students that health care workers must be aware of stages and needs to provide quality health care. Erik Erikson's eight stages of psychosocial development were discussed. Also covered was Jean Piaget cognitive stages of development. Stages of death and dying were also discussed. Lastly, Maslow's Hierarchy of Needs was covered. The students were given a worksheet, "Unit 3: Life Stages- Adulthood." The students spent the remainder of the class working on the worksheet.

# Strength:

• She lets her students know she cares about them through her words and actions.

# Recommendation:

• Jig-saw reading strategy was one of my favorite to use. It can be used to teach most subject matter being covered. The material to be covered is split up between groups of students. I usually put them in groups of 2-4. I would give each group a certain number of paragraphs to read. Each group is to present their material in front of the class being sure to bring out the main ideas of the reading. They also have to write some questions on the board before they present their material for the class to copy and answer during their presentation.



Instructor:

Date: October 29, 2020

Number of students: 8

Time: 8:00-9:30

Penny Peek

reviewed with the students before the test. She has a great repoire with her students. They studied the vocabulary first. They seemed to know their vocabulary well. They finished the test quickly. She handed me copies of the test so I could look at them before they took the tests. Tests were over CNA ch. 1. The vocabulary test was 10 questions with a word bank. The multiple choice test was 33 questions. She has a very nice classroom set up. Students were seated 6' apart. She then reviewed with them over the multiple choice test. One student asked if there were situational questions. She asked if anyone had any questions before she handed out the test.

I asked her about her sub folder, and she had one. A very impressive one at that! A sub would have no questions once he/she opened that! I asked her how she went over the test when she returned them. She said she covered the questions that were missed the most. She also asked them if they needed her to go over any.

Strengths:

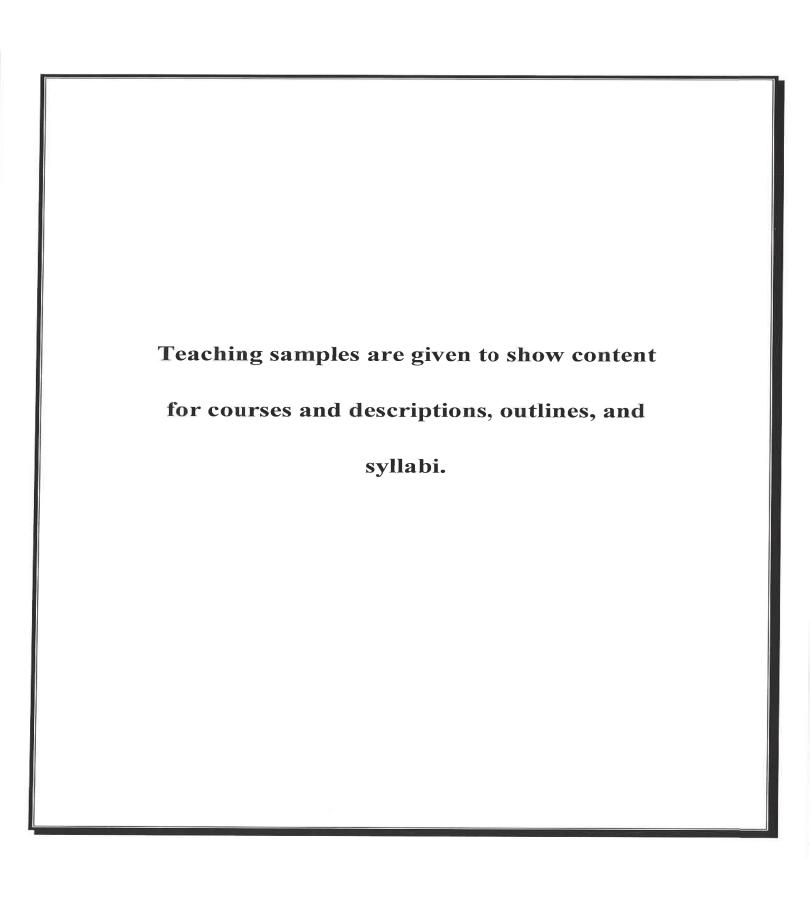
# Strengths:

- Very organized
- Good repoire with students
- Teaching seems to come naturally to her

# Recommendations:

• If time allows, I would try to go over all the test questions because some students will not ask. If they don't ask, then they never learned the correct answer.

| Instructor |  |
|------------|--|
| Teaching   |  |
| Samples    |  |
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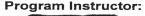
740 Hi Tech Drive, Livingston, TN 38570 931-823-5525 www.tcatlivingston.edu

# PATIENT CARE TECHNOLOGY/MEDICAL ASSISTING

This program is designed to include classroom study and supervised clinical practice in health care facilities. The patient care technology student must complete the prescribed program of study and clinical experience and pas the state certification for CNA and national certification for Patient Care Technology and Medical Assistant. Board units of study include Nurse Aide, Anatomy and Physiology, ECG Technician, Medical Terminology, Phlebotomy, Dosage Calculations, Computer Concepts, and Medical Assistant. Job Duties: perform administrative and certain clinical duties under the direction of a physician. Administrative duties may include scheduling appointments, maintaining medical records, billing, and coding information for insurance purposes. Clinical duties may include taking and recording vital signs and medical histories, preparing patients for examination, drawing blood, and administering medications as directed by physician. Applicants to this program should be aware that a mandatory criminal background and drug screening will be required. All applicants must take and pass the HESI exam with the minimum requirement to be considered for acceptance into the Patient Care Technology/ Medical Assisting program.

### **Employment Opportunities:**

- Hospitals
- Doctor's Offices
- Call Centers





| ENROLLMENT INFORMATION   |   |  |  |
|--|---|--|--|
| Classes Offered:   | Full-Time: Monday – Friday 7:45 to 2:30   |  |  |
| Program Length:  | 1296 Hours (3 trimesters)   |  |  |
| Program Location:  | Cookeville Higher Education Campus<br>1000 Neal Street, Cookeville, TN 38501<br>Room 207  |  |  |
| Program Cost including Tuition, Fees plus Books/Supplies:  | \$1,312 per trimester x 3 trimesters = \$3,936<br>\$2,600 Books/ Supplies<br>Total Cost: \$6,539*<br>*These costs are subject to change |  |  |
| Requirements:  | Complete the Admissions Process Checklist   |  |  |
| Financial Aid:   | Available to Those Who Qualify  |  |  |
| For more information about our graduation rates, the median debt of students who completed the program, and gainful employment, please visit our website at www.tcatlivingston.edu |   |  |  |

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# Health Science Education HSE 1040: Nursing Services IV (CHS—Certified Nursing Assistant) Syllabus

### **General Course Information**

Instructor:
E-mail:
Classroom:
Phone:

Prerequisites: N/A

**Textbook:** Multiple textbooks and resources will be utilized throughout this course. The primary textbook for the course is:

How to be a Nurse Assistant, 7th Edition, American Health Care Association

**Course Description:** This course includes instruction in long-term, sub-acute and post-acute care; step-by-step procedures and critical finishing steps; prevention and control of infection; enhancing the quality of life of your patients; communicating and interacting effectively with patients and co-workers; and how to enjoy a successful career as a certified nurse assistant. Student will prepare for the certification exam for certified nurse assistants.

### Course Topics:

- Your Health Care Career
- Communication and Customer Service
- Maintaining Quality of Life
- Preventing Infections while Providing Personal Care
- Safety and Emergency Care
- Documentation and Core Nursing Skills
- Positioning, Moving, and Restoration Care
- Nutrition and Elimination
- Aging and Chronic Disease Management
- Advanced and Specialty Care Environments
- · Comfort Care and End of Life
- Ethics, Law and Regulatory Guidelines

# Grading and Evaluation Criteria

60% of Final Grade: Module/Unit Tests

20% of Final Grade: Projects and Skill Grades

20% of Final Grade: Homework, Participation, and Daily Grades

\*Grades for this class are not posted in PowerSchool as this is a dual enrollment class offered by the TCAT Livingston. A mid-term grade report for the class will be sent home each semester. Final grades will be posted to the student's TCAT Livingston transcript upon completion of the class. If you or your parent has any questions regarding your grade at any time, you may discuss your grades with the instructor. The instructor will be happy to meet with you and/or your parents to discuss your progress and grades in this class. Parents may email or call the instructor to set up a meeting.

**Post-secondary Credit:** Hours attended will be reflected on the TCAT Livingston transcript along with the Nursing Services I final grade. Students entering a full-time, post-secondary program may request credit for previous training. Successful completion of competencies and coursework will determine the amount of post-secondary credit the student is eligible to receive. Students may be required to demonstrate mastery of competencies through testing, skill demonstration or other appropriate assessments, depending upon the program requirements.

**Makeup Work:** TCAT Livingston does not have excused and unexcused absences. In order, for a student to receive clock hours for a course, the student must be present during instructional time. Students will have three days from the day of absence to make up any work for time missed from class. A zero will be assigned to any grade for which work is not made up.

Students with Disabilities: Qualified students with disabilities will be provided reasonable and necessary academic accommodations if determined eligible by the appropriate disability services staff at the TCAT Livingston. Prior to granting disability accommodations in this course, the instructor must receive written verification of a student's eligibility for specific accommodations from the disability services staff. It is the student's responsibility to initiate contact with the College's disability services staff and to follow the established procedures for having the accommodation notice sent to the instructor.

Syllabus Changes: The instructor reserves the right to make changes as necessary to this syllabus. If changes are necessitated during the term of the course, the instructor will immediately notify students.



Nursing Services I

Module 1

(One Unit Test)

Introductions and Get to Know Your Class

Academic Resources (Study Skills and Test Strategies) 4 to 5 hours

Unit 2 in the Vocational Relations Textbook

Module 2

(One Unit Test)

Safety/PPE/ Infection Control

8 hours

Week 1 and 2

DHO Chapter 12

DHO Chapter 13

Module 3

(Two Unit Tests)

Ethics and Law and HIPPA

8 hours

Week 3 and 4

Vocational Relations Chapters 6 and 7

Module 4

(One Unit Test)

Communication

8 hours

Week 5 and 6

Module 5

(Four Unit Test—2 on Vital Signs and 1 Conversion)

Vital Signs

DHO Chapte4 14

8 hours

Week 7, 8, 9, and 10

Conversion (Related Math)

8 hours

Module 6

(Two Unit Test)

Vocational Relations

Chapter 14 Maslow/Erickson

4 hours

Week 11

DHO Chapter 7.3

Chapter 10 Cultural Diversity

8 hours

Week 12 and 13

**Vocational Relations** 

**DHO Unit 8 Cultural Diversity** 

Chapter 11 Spiritual Needs

Vocational Relations

Module 7

(One Unit Test)

**Worker Characteristics** 4 hours Week 14 Module 8 (One Unit Test) **Disaster Preparedness** 8 hours Week 15 and 16 Page 2 Semester BREAK Module 9 (One Unit Test) Communications 4 hours Week 1 Module 10 (Two Unit Tests) **Dosage Calculations** 8 hours Week 2 and 3 Module 11 (One Unit Test) Nutrition—Vit. And Minerals 4 hours Week 4 Module 12 (One Unit Test) **Health Informatics** 4 hours Week 5 Module 13 Introduction to Medical Terms 20 Hours Mixed in with other units on Test days. Prefixes and Suffixes Meanings (13 Videos for Dean Vaughn) Weeks 6, 7, 8, and 9 Count 13 quizzes as daily work 20% Module 14 4 Hours Week 10 The Interdisciplinary Health Care Team Chapter 14 Vocational Relations Module 15 4 Hours Week 11 Health Care Settings: Continuum of Care Chapter 15 Vocational Relations Module 16 4 Hours Week 12 Personal Qualities of a Health Care Worker DHO Unit 3 Module 17 4 Hours Week 13 How Nursing Evolved Chapter 4 Vocational Relations

4 Hours

Week 14

Module 18

The Nursing Process

Chapter 12 Vocational Relations

Module 19

Preparing for the World of Work DHO Chapter 16 Vocational Relations Chapter 18

8 Hours Week 15 and 16



Nursing II

Introductory - Study Skills—Vocational Relations 4 hours Safety

Unit I

**Nutrition and Diets** 

12 hours

Weeks 2, 3, and 4

Two examinations

Unit 2

CPR/BLS/

10 Hours

Weeks 6 and 7

CPR (20 students) film, practice, written exam, checkoff (2 weeks)

First Aid

20 hours

Weeks 8, 9, 10, 11, 12

Lecture and skills (bandage application, splinting, sling application, for example)

Trauma (2 weeks)

Shock (allergic, bleeding), poisoning and overdose

Behavioral and Geriatric Emergencies

Abdominal, hematologic and renal emergencies

(4 first aid examinations)

Skills – (See Rubric)

Unit 3

**Life Stages** 

10 hours

Weeks 13 and 14

Geriatric

Pediatric

### Introduction to Health Careers Part One - 10 hours Weeks 15 & 16

Lecture (one week overview of health-related careers) 5 hours Speakers – (one hour each for instructor selected speakers)

EMT/Paramedic

Nursing NA, LPN, RN, Advance RN practitioner

**Patient Care Assistant** 

**Dental Assistant** 

Lab Technician

**Respiratory Therapist** 

Pharmacy

Technician/Pharmacist

Physical Therapy Technician/Assist

**Speech and Occupational** 

Therapist/assistant

Medical Coding/ IT jobs related to health care

Radiology Technician

Robotics

**Medical Coding** 

Mortician

ETC.

Second Semester - (this can be broken down into sections by instructors)

Worker Characteristics/ Workforce Readiness - Week 1,

6 hours

Health Careers Part Two − 10 hours, Weeks 2 & 3

Medical Math – Dosage Calculation Weeks 3, 4, & 5

15 hours,

# Medical Terminology and Abbreviations Putting the Words Together Prefixes and Suffixes (Dean Vaughn)

Weeks 6 and 7 (maybe 8)

Medical Assistant Skills

Weeks 8 and 9

Laboratory Assistant Skills

Week 10 and 11

**Physical Therapy Skills** 

Week 12 and 13

Pharmacy Technician Skills

Week 14 and 15

**Medical Coding** 

Week 16

PCT/MA

1st Trimester Pacing Guide

9/1/2021 – 12/17/21

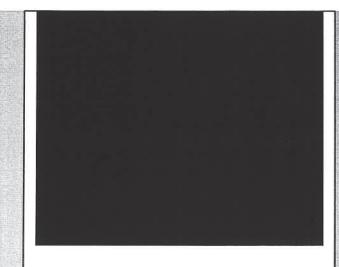
| Day |      | Subject                       | Skills/Test     | Hours |  |
|-----|------|-------------------------------|-----------------|-------|--|
| 1   | 9/1  | Orientation, CNA<br>Chapter 1 | 1,2,7           | 6     |  |
| 2   | 9/2  | CNA Chapter 2                 | 10,12,16/Chap 1 | 6     |  |
| 3   | 9/3  | CNA Chapter 3                 | 18,19/Chap 2    | 6     |  |
| 4   | 9/7  | CNA Chapter 4                 | 20, 23/Chap 3   | 6     |  |
| 5   | 9/8  | CNA Chapter 5                 | 3, 21/Chap 4    | 6     |  |
| 6   | 9/9  | CNA Chapter 6                 | 4,5/Chap 5      | 6     |  |
| 7   | 9/10 | CNA Chapter 7                 | 6, 8/Chap 6     | 6     |  |
| 8   | 9/13 | CNA Chapter 8                 | 9/Chap 7        | 6     |  |
| 9   | 9/14 | CNA Chapter 9                 | 11,14/Chap 8    | 6     |  |
| 10  | 9/15 | CNA Chapter 10                | 13,15/Chap 9    | 6     |  |
| 11  | 9/16 | CNA Chapter 11                | 17/Chap 10      | 6     |  |
| 12  | 9/17 | CNA Chapter 12                | 22/Chap 11      | 6     |  |
| 13  | 9/20 | CNA Final Review              | All/Chap 12     | 6     |  |
| 14  | 9/21 | CNA Final Review              | All             | 6     |  |
| 15  | 9/22 | CNA Final                     | All             | 6     |  |
| 16  | 9/23 | CNA Lab                       | All             | 6     |  |
| 17  | 9/24 | CNA Lab                       | All             | 6     |  |
| 18  | 9/27 | CNA Clinical                  |                 | 6     |  |
| 19  | 9/28 | CNA Clinical                  |                 | 6     |  |

| 20 | 9/29  | CNA Clinical            |                    | 6 |
|----|-------|-------------------------|--------------------|---|
| 21 | 9/30  | Worker Characteristics  |                    | 6 |
| 22 | 10/1  | A&P Ch. 1/Med Term      |                    | 6 |
| 23 | 10/4  | A&P Ch. 2/Med Term      | Chap 1             | 6 |
| 24 | 10/5  | A&P Ch. 3/Med Term      | Chap 2             | 6 |
| 25 | 10/6  | A&P Ch. 4/Med Term      | Chap 3             | 6 |
| 26 | 10/7  | A&P Ch. 5/Med Term      | Chap 4             | 6 |
| 27 | 10/8  | A&P Ch. 6/Med Term      | Chap 5             | 6 |
| 28 | 10/11 | A&P Ch. 7/Med Term      | Chap 6             | 6 |
| 29 | 10/12 | A&P Ch. 8/Med Term      | Chap 7             | 6 |
| 30 | 10/13 | A&P Ch. 9/Med Term      | Chap 8             | 6 |
| 31 | 10/18 | A&P Ch. 10/Med Term     | Chap 9             | 6 |
| 32 | 10/19 | A&P Ch. 11/Med Term     | Chap 10            | 6 |
| 33 | 10/20 | A&P Ch. 12/Med Term     | Chap 11            | 6 |
| 34 | 10/21 | A&P Ch. 13/Med Term     | Chap 12            | 6 |
| 35 | 10/22 | A&P Ch. 14/Med Term     | Chap 13            | 6 |
| 36 | 10/25 | A&P Ch. 15/Med Term     | Chap 14            | 6 |
| 37 | 10/26 | A&P Ch. 16/Med Term     | Chap 15            | 6 |
| 38 | 10/27 | A&P Ch. 17/Med Term     | Chap 16            | 6 |
| 39 | 10/28 | A&P Ch. 18/Med Term     | Chap 17            | 6 |
| 40 | 10/29 | A&P Ch. 20/Med Term     | Chap 18            | 6 |
| 41 | 11/1  | A&P Ch. 21/Med Term     | Chap 19            | 6 |
| 42 | 11/2  | A&P Final/ Phleb. Ch. 1 | Chap 21            | 6 |
| 43 | 11/3  | Phlebotomy Ch. 2        | Handwashing/Chap 1 | 6 |
| 44 | 11/4  | Phlebotomy Ch. 2        |                    | 6 |
|    |       |                         |                    |   |

| 45 | 11/5  | Phlebotomy Ch. 3  | Cleaning site w/<br>alcohol/Chap 2              | 6 |
|----|-------|-------------------|---|---|
| 46 | 11/8  | Phlebotomy Ch. 3  | Tying a tourniquet                              | 6 |
| 47 | 11/9  | Phlebotomy Ch. 4  | Labeling tubes/Chap 3                           | 6 |
| 48 | 11/10 | Phlebotomy Ch. 5  | Identifying a client/Chap 4                     | 6 |
| 49 | 11/11 | Phlebotomy Ch. 5  |   | 6 |
| 50 | 11/12 | Phlebotomy Ch. 6  | Confirm doctor's order/Chap 5                   | 6 |
| 51 | 11/15 | Phlebotomy Ch. 6  |   | 6 |
| 52 | 11/16 | Phlebotomy Ch. 6  |   | 6 |
| 53 | 11/17 | Phlebotomy Ch. 7  | Bevel insertion/Chap 6                          | 6 |
| 54 | 11/18 | Phlebotomy Ch. 7  | Use of Vacutainer                               | 6 |
| 55 | 11/19 | Phlebotomy Ch. 7  |   | 6 |
| 56 | 11/22 | Phlebotomy Ch. 8  | Use of Butterfly/Chap 7                         | 6 |
| 57 | 11/23 | Phlebotomy Ch. 8  | Use of Syringe                                  | 6 |
| 58 | 11/29 | Phlebotomy Ch. 9  | Use of<br>Microtainer/Chap 8                    | 6 |
| 59 | 11/30 | Phlebotomy Ch. 9  | Demonstrate venipuncture                        | 6 |
| 60 | 12/1  | Phlebotomy Ch. 10 | Demonstrate Capillary<br>Stick/Chap 9           | 6 |
| 61 | 12/2  | Phlebotomy Ch. 10 | Demonstrate proper steps of heel stick          | 6 |
| 62 | 12/3  | Phlebotomy Ch. 11 | Demonstrate<br>appropriate post<br>care/Chap 10 | 6 |
| 63 | 12/6  | Phlebotomy Ch. 12 | Chap 11   | 6 |

| 64       | 12/7  | Phlebotomy Ch. 13 | Chap 12 | 6   |
|----------|-------|-------------------|---------|-----|
| 65       | 12/8  | Clinical          |         | 6   |
| 66       | 12/9  | Clinical          |         | 6   |
| 67       | 12/10 | Clinical          |         | 6   |
| 68       | 12/13 | Clinical          |         | 6   |
| 69       | 12/14 | Clinical          |         | 6   |
| 70       | 12/15 | Clinical          |         | 6   |
| 71       | 12/16 | Final Review      | Chap 14 | 6   |
| 72       | 12/17 | Final             |         | 6   |
| Total Ho | ours  |                   |         | 432 |

| Tennessee Mock Skills                                |  |
|--|--|
| Instruction for students in the Nursing Assistant    |  |
| programs. Instructor demonstrated skills and         |  |
| students would practice until being given credit for |  |
| doing the skill correctly.                           |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |



## Tennessee Mock Skills

Effective for testing October 1, 2022

D&SDT - Headmaster, LLP

Note: The skill scenario steps included in these mock skills are offered as guidelines to help prepare candidates for the Tennessee nurse aide skill test and the steps included herein are not intended to be used to provide complete care that would be all inclusive of best care practiced in an actual work setting.

## **AMBULATION WITH A GAIT BELT**

| Knock on door.   |          |
|--|----------|
| Perform hand hygiene.  a. Cover all surfaces of hands with hand sanitizer.  b. Rub hands together until hands are completely dry.                        |          |
| Explain the procedure to the resident.   |          |
| Obtain gait belt for the resident.   |          |
| Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed.                      |          |
| Lock bed brakes to ensure resident's safety.   |          |
| Lock wheelchair brakes to ensure resident's safety.  |          |
| Bring resident to sitting position.  |          |
| Place gait belt around resident's waist to stabilize trunk.  |          |
| Tighten gait belt.   |          |
| Check gait belt for tightness by slipping fingers between gait belt and resident.  |          |
| Assist resident to put on non-skid slippers.   | 温度 原动医疗机 |
| Bring resident to standing position.   |          |
| Grasp gait belt with one hand and the other hand stabilizing resident<br>by holding forearm, shoulder or using other appropriate method to<br>stabilize. |          |
| Safely ambulate resident at least 10 steps to the wheelchair.  |          |
| Assist resident to pivot/turn and sit resident in the wheelchair in a controlled manner that ensures safety.   |          |
| Use proper body mechanics at all times.  |          |
| Remove gait belt.  |          |
| Maintain respectful, courteous interpersonal interactions at all times.  |          |
| Place call light or signaling device within easy reach of the resident.  |          |
| Perform hand hygiene.  |          |
| a. Cover all surfaces of hands with hand sanitizer.  |          |
| b. Rub hands together until hands are completely dry.  |          |

## AMBULATION WITH A WALKER

| Knock on door.   |  |
|--|--|
| Perform hand hygiene.  |  |
| a. Cover all surfaces of hands with hand sanitizer.                      |  |
| b. Rub hands together until hands are completely dry.                    |  |
| Explain the procedure to the resident.                                   |  |
| Adjust the bed height to ensure that the resident's feet are flat on the |  |
| floor when the resident is sitting on the edge of the bed.               |  |
| Lock bed brakes to ensure resident's safety.                             |  |
| Lock wheelchair brakes to ensure resident's safety.                      |  |
| Bring resident to a sitting position.                                    |  |
| Assist resident to put on non-skid slippers.                             |  |
| Position walker correctly.   |  |
| Assist resident to stand.  |  |
| Ensure resident has stabilized walker.                                   |  |
| Position self behind and slightly to side of resident.                   |  |
| Safely ambulate resident at least 10 steps to the wheelchair.            |  |
| Assist resident to pivot/turn and sit resident in the wheelchair in a    |  |
| controlled manner that ensures safety.                                   |  |
| Use proper body mechanics at all times.                                  |  |
| Maintain respectful, courteous interpersonal interactions at all times.  |  |
| Place call light or signaling device within easy reach of the resident.  |  |
| Perform hand hygiene.  |  |
| a. Cover all surfaces of hands with hand sanitizer.                      |  |
| b. Rub hands together until hands are completely dry.                    |  |

## BED BATH (PARTIAL) – WHOLE FACE AND ONE ARM, HAND AND UNDERARM

| Knock on door.  |               |
|---|---------------|
| Perform hand hygiene.   |               |
| a. Cover all surfaces of hands with hand sanitizer.   |               |
| b. Rub hands together until hands are completely dry.   | ESPERIOR DESC |
| Explain the procedure to the resident.  |               |
| Provide privacy for resident – pull curtain.  |               |
| Raise bed height between mid-thigh and waist level.   |               |
| Cover resident with a bath blanket or clean sheet.  |               |
| Remove remaining top covers. Fanfold to bottom of bed or place aside.                               |               |
| Remove resident's gown without exposing resident and place soiled gown in designated aundry hamper. |               |
| Fill basin with comfortably warm water.   |               |
| Place basin on over bed table or bedside stand.   | Charles and   |
| Wash face WITHOUT SOAP.   |               |
| Dry face.   |               |
| Place towel under arm, exposing one arm.  |               |
| Wash arm with soap.   |               |
| Wash hand with soap.  |               |
| Wash underarm with soap.  |               |
| Rinse arm.  |               |
| Rinse hand.   |               |
| Rinse underarm.   |               |
| Dry arm.  |               |
| Dry hand.   |               |
| Dry underarm.   |               |
| Assist resident to put on a clean gown.   |               |
| Place soiled linen in designated laundry hamper.  |               |
| Empty equipment.  |               |
| Rinse equipment.  |               |
| Dry equipment.  |               |
| Return equipment to storage.  |               |
| Lower bed.  |               |
| Maintain respectful, courteous interpersonal interactions at all times.                             |               |
| Place call light or signaling device within easy reach of the resident.                             |               |
| Perform hand hygiene.   |               |
| a. Cover all surfaces of hands with hand sanitizer.   |               |
| b. Rub hands together until hands are completely dry.   |               |

## BEDPAN AND OUTPUT WITH HAND WASHING

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS)

| Knock on door.   |  |
|--|--|
| Perform hand hygiene.  |  |
| a. Cover all surfaces of hands with hand sanitizer.  |  |
| b. Rub hands together until hands are completely dry.                                      |  |
| Explain the procedure to the resident.   |  |
| Provide privacy for resident – pull curtain.   |  |
| Put on gloves.   |  |
| Position resident on bedpan safely and correctly. (Pan not upside down, is centered, etc.) |  |
| Position resident on bedpan pan using correct body mechanics.                              |  |
| Raise head of bed to comfortable level.  |  |
| Leave tissue within reach of resident.   |  |
| Leave call light or signaling device within reach of resident.                             |  |
| Step behind privacy curtain to provide privacy for resident.                               |  |
| When the RN Test Observer indicates, candidate returns.                                    |  |
| Gently remove bedpan.  |  |
| Hold the bedpan for the RN Test Observer while an unknown                                  |  |
| quantity of liquid is poured into bedpan.  |  |
| Do not place the bedpan on the floor or on the over bed table at                           |  |
| any time during the demonstration.   |  |
| Place graduate on designated level flat surface.   |  |
| Pour bedpan contents into graduate.  |  |
| With graduate at eye level, measure output.  |  |
| Empty equipment used into designated toilet/commode. (Bedpan – Graduate)                   |  |
| Rinse equipment used. (Bedpan – Graduate)  |  |
| Dry equipment used. (Bedpan – Graduate)  |  |
| Return equipment to storage.   |  |
| Remove gloves turning inside out as they are removed.                                      |  |
| Dispose of gloves in the appropriate container.  |  |
| Wash/assist resident to wash and dry hands with soap and water.                            |  |
| Record output in ml's on previously signed recording form.                                 |  |
| Candidate's recorded measurement is within 30ml's of RN Test                               |  |
| Observer's pre-measured reading.   |  |
| Maintain respectful, courteous interpersonal interactions at all times.                    |  |
| Place call light or signaling device within easy reach of the resident.                    |  |
| Turn on water.   |  |

| Wet hands.   |  |
|--|--|
| Apply soap to hands.   | and the state of t |
| Rub hands together using friction with soap.   |  |
| Scrub/wash hands together for at least twenty (20) seconds with soap.  |  |
| Scrub/wash with interlace fingers pointing downward with soap.   |  |
| Wash all surfaces of hands with soap.  |  |
| Wash wrists with soap.   | The British Williams   |
| Rinse hands thoroughly under running water with fingers pointed downward.  |  |
| Dry hands on clean paper towel(s).   |  |
| Discard paper towel(s) to trash container as used.   |  |
| Turn off faucet with a clean, dry paper towel.   |  |
| Discard paper towel to trash container as used.  |  |
| Do not re-contaminate hands at any time during the hand washing procedure. (Such as turning off the faucet with a used paper towel, touching the sides of the sink during the procedure or crumpling up the paper towel used to turn off the faucet with both hands before discarding, etc.) |  |

## **BLOOD PRESSURE**

| Knock on door.   |  |
|--|--|
| Perform hand hygiene.  a. Cover all surfaces of hands with hand sanitizer.  b. Rub hands together until hands are completely dry.                                  |  |
| Explain the procedure to the resident.   |  |
| Provide privacy for resident – pull curtain.   |  |
| Assist resident into a comfortable sitting or recumbent position with forearm relaxed and supported in a palm-up position approximately at the level of the heart. |  |
| Roll resident's sleeve up about five (5) inches above the elbow.   |  |
| Apply the appropriate size cuff correctly around the upper arm just above the elbow.   |  |
| Clean earpieces of stethoscope appropriately and place in ears.  |  |
| Locate the brachial artery.  |  |
| Place stethoscope over brachial artery.  |  |
| Hold stethoscope snugly in place.  |  |
| Inflate cuff until 30mmHG above the average systolic rate provided by the RN Test Observer.  |  |
| Slowly release air from cuff to disappearance of pulsations.   |  |
| Remove cuff.   |  |
| Record reading on previously signed recording form.  |  |
| Candidate's recorded systolic blood pressure is within 8mmHg of the RN Test Observer's recorded systolic blood pressure.   |  |
| Candidate's recorded diastolic blood pressure is within 8mmHg of the RN Test Observer's recorded diastolic blood pressure.   |  |
| Maintain respectful, courteous interpersonal interactions at all times.  |  |
| Place call light or signaling device within easy reach of the resident.  |  |
| Perform hand hygiene.  |  |
| a. Cover all surfaces of hands with hand sanitizer.  |  |
| b. Rub hands together until hands are completely dry.  |  |

## CATHETER CARE FOR A MALE WITH HAND WASHING

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS)

| - 1 | Knock on door.   |            |
|-----|--|------------|
|     | Perform hand hygiene.  |            |
| - 3 | a. Cover all surfaces of hands with hand sanitizer.                                  |            |
|     | b. Rub hands together until hands are completely dry.                                |            |
|     | Explain the procedure to the resident.   |            |
|     | Provide privacy for resident – pull curtain.   |            |
|     | Fill basin with comfortably warm water.  |            |
| Smi | Place basin on over bed table or bedside stand.                                      |            |
|     | Cover resident with a bath blanket or clean sheet BEFORE putting on gloves.          |            |
|     | Put on gloves AFTER gathering supplies and preparing the area.                       |            |
|     | Verbalize and physically check to see that urine can flow,                           |            |
|     | unrestricted, into the drainage bag.   |            |
|     | Verbalize and physically check the area around the urethra for signs of leakage.     |            |
|     | Use soap and water to carefully wash around the catheter where it exits the urethra. |            |
|     | Hold catheter at the urethra.  |            |
| 31  | Clean 3-4 inches away from the urethra down the drainage tube.                       |            |
|     | Clean with strokes only away from the urethra.                                       |            |
| 8   | Use clean portion of washcloth for each stroke.                                      |            |
|     | Rinse with a clean washcloth.  |            |
|     | Rinse using strokes only away from the urethra.                                      |            |
|     | Rinse using clean portion of washcloth for each stroke.                              |            |
|     | Pat dry with a clean towel or washcloth.   |            |
|     | Do not allow the tube to be pulled at any time during the procedure.                 |            |
|     | Replace top cover over resident.   |            |
|     | Remove bath blanket or sheet.  |            |
|     | Place soiled linens in the designated laundry hamper.                                |            |
|     | Leave resident in a position of safety and comfort.                                  |            |
|     | Empty basin.   |            |
|     | Rinse basin.   |            |
|     | Dry basin.   |            |
|     | Return basin to storage.   | <b>工作的</b> |
|     | Remove gloves turning inside out as they are removed.                                |            |
|     | Dispose of gloves in the appropriate container.                                      |            |
|     | Maintain respectful, courteous interpersonal interactions at all times.              |            |

| Place call light or signaling device within easy reach of the resident.  | 52 9 min / 2002 |
|--|-----------------|
| Turn on water.   |                 |
| Wet hands.   |                 |
| Apply soap to hands.   |                 |
| Rub hands together using friction with soap.   |                 |
| Scrub/wash hands together for at least twenty (20) seconds with soap.  |                 |
| Scrub/wash with interlace fingers pointing downward with soap.   |                 |
| Wash all surfaces of hands with soap.  |                 |
| Wash wrists with soap.   |                 |
| Rinse hands thoroughly under running water with fingers pointed downward.  |                 |
| Dry hands on clean paper towel(s).   |                 |
| Discard paper towel(s) to trash container as used.   |                 |
| Turn off faucet with a clean, dry paper towel.   |                 |
| Discard paper towel to trash container as used.  |                 |
| Do not re-contaminate hands at any time during the hand washing procedure. (Such as turning off the faucet with a used paper towel, touching the sides of the sink during the procedure or crumpling up the paper towel used to turn off the faucet with both hands before discarding, etc.) |                 |

#### **DENTURE CARE**

| Kn           | ock on door.   |  |
|--------------|--|--|
| Pe           | rform hand hygiene.  |  |
| а            | . Cover all surfaces of hands with hand sanitizer.                     |  |
| t b          | . Rub hands together until hands are completely dry.                   |  |
| Ex           | plain the procedure to the resident.                                   |  |
| Pla          | ace a protective lining in the sink basin. (Cloth towel or washcloth.) |  |
| Pu           | t on gloves AFTER gathering supplies and preparing the area.           |  |
| Re           | move denture from cup.   |  |
| На           | ndle dentures carefully to avoid damage.                               |  |
| Rir          | nse denture cup.   |  |
| Ар           | ply cleaning solution.   |  |
| Th           | oroughly brush denture inner surfaces of upper or lower dentures.      |  |
| Th           | oroughly brush denture outer surfaces of upper or lower dentures.      |  |
| Th           | oroughly brush denture chewing surfaces of upper or lower              |  |
| de           | ntures.  |  |
| Rir          | se denture using clean cool water.                                     |  |
| Pla          | ce denture in rinsed cup.  |  |
| Ad           | d cool clean water to denture cup.                                     |  |
| Rin          | se equipment.  |  |
| Dry          | y equipment.   |  |
| Re           | turn equipment to storage.   |  |
| Dis          | card sink protective lining in an appropriate container.               |  |
|              | move gloves turning inside out as they are removed.                    |  |
| Dis          | pose of gloves in an appropriate container.                            |  |
|              | intain respectful, courteous interpersonal interactions at all times.  |  |
| Pla          | ce call light or signaling device within easy reach of the resident.   |  |
| Pei          | form hand hygiene.   |  |
| 575000000000 | . Cover all surfaces of hands with hand sanitizer.                     |  |
| b            | . Rub hands together until hands are completely dry.                   |  |

## **DRESSING A DEPENDENT RESIDENT**

|     | Knock on door.   |                            |
|-----|--|----------------------------|
|     | Perform hand hygiene.  |                            |
|     | a. Cover all surfaces of hands with hand sanitizer.  |                            |
|     | b. Rub hands together until hands are completely dry.  |                            |
|     | Explain the procedure to the resident.   |                            |
| 186 | Provide privacy for resident – pull curtain.   |                            |
| Ven | Raise bed height to between mid-thigh and waist level.   |                            |
|     | Keep resident covered while removing gown.   |                            |
|     | Remove gown from unaffected side first.  |                            |
|     | Place soiled gown in designated laundry hamper.  |                            |
|     | Dress the resident in a button-up shirt. Insert hand through the   |                            |
|     | sleeve of the shirt and grasp the hand of the resident.  |                            |
|     | When dressing the resident in a button-up shirt, always dress from   |                            |
|     | the affected (weak) side first.  |                            |
|     | Assist the resident to raise their buttocks or turn the resident from  |                            |
|     | side-to-side and draw the pants over the buttocks and up to the  |                            |
|     | resident's waist.  |                            |
|     | When dressing the resident in pants, always dress the affected (weak) side leg first.                                    |                            |
|     | Put on the resident's socks. Draw the socks up the resident's foot until they are smooth.                                |                            |
|     | Leave the resident comfortably/properly dressed (pants pulled up to waist front and back and shirt completely buttoned.) |                            |
| 7.5 | Lower bed.   | andre en allege<br>Success |
|     | Maintain respectful, courteous interpersonal interactions at all times.  |                            |
|     |  |                            |
|     | Place call light or signaling device within easy reach of the resident.  |                            |
|     | Perform hand hygiene.  |                            |
|     | a. Cover all surfaces of hands with hand sanitizer.  |                            |
|     | b. Rub hands together until hands are completely dry.  |                            |

## **FEEDING A DEPENDENT RESIDENT**

| Knock on door.  |                       |
|---|-----------------------|
| Perform hand hygiene.   |                       |
| a. Cover all surfaces of hands with hand sanitizer.   |                       |
| b. Rub hands together until hands are completely dry.   | 44.4                  |
| Explain the procedure to the resident.  |                       |
| Look at diet card and verbally indicate that the resident has rece  | eived                 |
| the correct tray.   |                       |
| Position the resident in an upright position. At least 45 degrees   |                       |
| Protect clothing from soiling by using napkin, clothing protector   | r, or                 |
| towel.  |                       |
| Provide hand hygiene for the resident BEFORE feeding. (Candiduse a disposable wipe and dispose of in trash can —or- wash resident's har soap and a wet washcloth —or- they may rub hand sanitizer over all surface resident's hands until dry.) | nds with<br>es of the |
| Ensure resident's hands are dry BEFORE feeding. (If a wet washcle soap was used, the candidate will need to dry the resident's hands. If a disposable wipe or hand sanitizer was used, must make sure hands are dry                             |                       |
| Place soiled linen in designated laundry hamper, or disposes in   |                       |
| appropriate container.  |                       |
| Sit in a chair, facing the resident, while feeding the resident.  |                       |
| Describe the foods being offered to the resident.   |                       |
| Offer fluid frequently from each glass.   |                       |
| Offer small amounts of food at a reasonable rate.   |                       |
| Allow resident time to chew and swallow.  |                       |
| Wipe resident's hands and face at least once during the feeding demonstration.  |                       |
| Leave resident clean and in a position of comfort.  |                       |
| Record intake as a percentage of total solid food eaten on the previously signed recording form.  |                       |
| Candidate's calculation must be within 25 percentage points o RN Test Observer's.   | f the                 |
| Record estimated intake as the sum total fluid consumed from t<br>two glasses in ml's on the previously signed recording form.  | the                   |
| Candidate's calculation must be within 30ml's of the RN Test Observer's.  |                       |
| Maintain respectful, courteous interpersonal interactions at all  | times.                |
| Place call light or signaling device within easy reach of the resident  |                       |
| Perform hand hygiene.   |                       |
| a. Cover all surfaces of hands with hand sanitizer.   |                       |
| b. Rub hands together until hands are completely dry.   |                       |

## **HAIR CARE**

|            | Knock on door.  | 15 15 75 75 |
|------------|---|-------------|
| No. of the | Perform hand hygiene.   |             |
|            | a. Cover all surfaces of hands with hand sanitizer.                     |             |
|            | b. Rub hands together until hands are completely dry.                   |             |
|            | Explain the procedure to the resident.                                  |             |
|            | Place towel on resident's shoulders.                                    |             |
|            | Ask resident how they would like their hair combed.                     |             |
|            | Comb/brush the resident's hair gently and completely.                   |             |
|            | Place soiled linen in designated laundry hamper.                        |             |
|            | Leave hair neatly brushed, combed or styled.                            |             |
|            | Maintain respectful, courteous interpersonal interactions at all times. |             |
|            | Place call light or signaling device within easy reach of resident.     |             |
| III A D    | Perform hand hygiene.   |             |
|            | a. Cover all surfaces of hands with hand sanitizer.                     |             |
|            | b. Rub hands together until hands are completely dry.                   |             |

# ISOLATION GOWN AND GLOVES AND EMPTY URINARY BAG WITH HAND WASHING

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS)

| 200   | a. Cover all surfaces of hands with hand sanitizer.   |                 |      |
|-------|---|-----------------|------|
|       | b. Rub hands together until hands are completely dry.                                       |                 |      |
|       | Unfold the gown.  |                 |      |
|       | Face the back opening of the gown with seams and tags on the inside.                        |                 |      |
|       | Place arms through each sleeve.   |                 |      |
|       | Fasten the neck opening behind the neck.  |                 | mu E |
|       | Secure the walst, making sure that the back flaps cover clothing as completely as possible. |                 |      |
|       | Put on gloves.  | ge will sa seu. |      |
|       | Glove overlap gown sleeves at the wrist.  |                 |      |
| HI    | Knock on door.  |                 |      |
|       | Explain the procedure to the resident.  |                 |      |
|       | Provide privacy for resident – pull curtain.  |                 |      |
|       | Place a clean barrier on the floor under the drainage bag.                                  |                 |      |
|       | Place the graduate on the previously placed barrier.  |                 |      |
|       | Open the drain to allow the urine to flow into the graduate until bag is completely empty.  |                 |      |
|       | Avoid touching the graduate or the urine in the graduate with the tip of the tubing.        |                 |      |
|       | Close the drain.  |                 |      |
|       | Wipe the drain with an uncontaminated antiseptic wipe.                                      |                 |      |
|       | Place graduate on the designated level flat surface.  |                 |      |
| 20    | With graduate at eye level, measures output.  |                 |      |
|       | Empty graduate into designated toilet/commode.  |                 |      |
|       | Rinse and dry equipment.  |                 |      |
|       | Return equipment to storage.  |                 |      |
| V5    | Discard barrier in the appropriate container.   |                 |      |
|       | Leave resident in a position of comfort and safety.   |                 |      |
|       | Record the output in ml's on previously signed recording form.                              |                 | 3.14 |
|       | Candidate's recorded measurement is within 25ml's of the RN Test                            |                 |      |
| LEES! | Observer's measurement.   |                 |      |
|       | Maintain respectful, courteous interpersonal interactions at all times.                     |                 |      |
|       | Place call light or signaling device within easy reach of resident.                         |                 |      |

|      | Remove gloves BEFORE removing gown.  |  |
|------|--|--|
| 'n.  | Dispose of the gloves in the designated biohazard container.   |  |
|      | Unfasten gown at the neck AFTER the gloves are removed.  |  |
|      | Unfasten gown at the waist AFTER the gloves are removed.   |  |
|      | Remove gown by folding soiled area to soiled area.   |  |
|      | Dispose of gown in the designated biohazard container.   |  |
|      | Turn on water.   |  |
|      | Wet hands.   |  |
| D7-1 | Apply soap to hands.   |  |
| 611  | Rub hands together using friction with soap.   |  |
| 331H | Scrub/wash hands together for at least twenty (20) seconds with soap.  |  |
|      | Scrub/wash with interlace fingers pointing downward with soap.   |  |
|      | Wash all surfaces of hands with soap.  |  |
|      | Wash wrists with soap.   |  |
|      | Rinse hands thoroughly under running water with fingers pointed downward.  |  |
|      | Dry hands on clean paper towel(s).   |  |
|      | Discard paper towel(s) to trash container as used.   |  |
|      | Turn off faucet with a clean, dry paper towel.   |  |
|      | Discard paper towel to trash container as used.  |  |
|      | Do not re-contaminate hands at any time during the hand washing procedure. (Such as turning off the faucet with a used paper towel, touching the sides of the sink during the procedure or crumpling up the paper towel used to turn off the faucet with both hands before discarding, etc.) |  |

## MAKING AN OCCUPIED BED

| Knock on door.   |               |
|--|---------------|
| Perform hand hygiene.  a. Cover all surfaces of hands with hand sanitizer.  b. Rub hands together until hands are completely dry.                                    |               |
| Gather linen and transport linen correctly without touching uniform.   |               |
| Place clean linen over back of chair, drape over foot of bed or on over bed table.   |               |
| Explain the procedure to the resident.   |               |
| Provide privacy for resident – pull curtain.   | Shirtung - Ma |
| Raise bed height to between mid-thigh and waist level.   |               |
| Resident is to remain covered at all times.  |               |
| Assist resident to turn onto side away from the candidate toward the center of the bed.  |               |
| Roll or fan fold soiled linen, soiled side inside, to the center of the bed.   |               |
| Place clean bottom sheet along the center of the bed and roll or fan fold linen against the resident's back and unfold the remaining half of the clean bottom sheet. |               |
| Secure two fitted corners.   |               |
| Roll or fan fold clean linen against resident's back.  |               |
| Assist the resident to roll onto side over the clean bottom linen.   |               |
| Remove soiled linen without shaking.   |               |
| Avoid placing soiled linen on the over bed table, chair or floor.  |               |
| Avoid touching linen to uniform.   |               |
| Place soiled linen in designated laundry hamper.   |               |
| Pull through and smooth out the clean bottom linen leaving it tight and free of wrinkles.  |               |
| Secure the other two fitted corners.   |               |
| Place resident on their back.  |               |
| Physically check to ensure that resident is in good body alignment.  |               |
| Ensure that resident never touches the bare mattress at any time during the demonstration.   |               |
| Place clean top linen over covered resident.   |               |
| Place clean blanket or bedspread over covered resident.  |               |
| Smooth out the clean top linens leaving them centered and free of wrinkles.  |               |
| Remove used linen keeping resident unexposed at all times.   |               |
| Place soiled linen in designated laundry hamper.   |               |
| Tuck in top linen, blanket or bedspread at the foot of bed only.   |               |

|        | Ensure sheet and top linens do not constrict the resident's feet.       |  |
|--------|---|--|
|        | Apply clean pillow case with zippers and/or tags to the inside.         |  |
| 9      | Gently assists resident to raise head while replacing the pillow.       |  |
|        | Lower bed.  |  |
|        | Maintain respectful, courteous interpersonal interactions at all times. |  |
|        | Place call light or signaling device within easy reach of resident.     |  |
|        | Perform hand hygiene.   |  |
| 3.000  | a. Cover all surfaces of hands with hand sanitizer.                     |  |
| That ! | b. Rub hands together until hands are completely dry.                   |  |

## MAKING AN UNOCCUPIED BED

| Knock on door.   |                      |
|--|----------------------|
| Perform hand hygiene.  |                      |
| a. Cover all surfaces of hands with hand sanitizer.                                |                      |
| b. Rub hands together until hands are completely dry.                              |                      |
| Explain the procedure to be performed to the resident.                             |                      |
| Gather linen and transport linen correctly without touching uniform.               |                      |
| Place clean linen over back of chair, drape over foot of bed or on over bed table. |                      |
| Raise bed height to between mid-thigh and waist level.                             |                      |
| Remove soiled linen from bed without touching uniform.                             |                      |
| Place removed linen in designated laundry hamper.                                  |                      |
| Do not put soiled linen on the over bed table or floor.                            |                      |
| Do not put clean linen on the floor.   |                      |
| Apply clean bottom fitted sheet, keeping it straight and center.                   |                      |
| Make bottom linen smooth and/or tight and free of wrinkles.                        |                      |
| Place clean top linen and blanket or bedspread on the bed.                         |                      |
| Tuck in top linen and blanket or bedspread at the foot of the bed only.            |                      |
| Make mitered corners at the foot of the bed.                                       |                      |
| Apply clean pillow case with zippers and/or tags to the inside.                    |                      |
| Lower bed.   | STATES IN THE STATES |
| Maintain respectful, courteous interpersonal interactions at all times.            |                      |
| Place call light or signaling device within easy reach of resident.                |                      |
| Perform hand hygiene.  |                      |
| a. Cover all surfaces of hands with hand sanitizer.                                |                      |
| b. Rub hands together until hands are completely dry.                              |                      |

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#### **MOUTH CARE**

|    | Knock on door.  |               |
|----|---|---------------|
|    | Perform hand hygiene.   |               |
|    | a. Cover all surfaces of hands with hand sanitizer.   |               |
|    | b. Rub hands together until hands are completely dry.   |               |
|    | Explain the procedure to the resident.  | <b>建筑建筑等的</b> |
|    | Provide privacy for resident – pull curtain.  |               |
|    | Drape resident's chest with a towel to prevent soiling.   |               |
|    | Put on gloves only AFTER supplies have been gathered and preparing the area.  |               |
|    | Wet toothbrush (toothettes may be utilized) and apply a small amount of cleaning solution.  |               |
|    | Brush the inner surfaces of resident's upper and lower teeth.   |               |
| 10 | Brush the outer surfaces of resident's upper and lower teeth.   |               |
|    | Brush the chewing surfaces of resident's upper and lower teeth.   |               |
|    | Brush the resident's tongue.  |               |
|    | Assist the resident in rinsing mouth.   |               |
|    | Wipe resident's mouth.  |               |
|    | Remove soiled linen.  |               |
|    | Place soiled linen in the designated laundry hamper.  |               |
|    | Empty container. (Container may be an emesis basin or a disposable cup.)  |               |
|    | Rinse emesis basin, if used, or discards disposable items in trash can.   |               |
|    | Dry emesis basin, if used.  |               |
|    | Rinse toothbrush or dispose of toothette.   |               |
|    | Return equipment to storage.  |               |
|    | Remove gloves turning inside out as they are removed.   |               |
|    | Dispose of gloves in appropriate container.   |               |
|    | Leave resident in position of comfort.  |               |
|    | Maintain respectful, courteous interpersonal interactions at all times.   |               |
|    | Place call light or signaling device within easy reach of resident.   |               |
|    | Perform hand hygiene.   |               |
|    | <ul><li>a. Cover all surfaces of hands with hand sanitizer.</li><li>b. Rub hands together until hands are completely dry.</li></ul> |               |

## **M**OUTH CARE OF A COMATOSE RESIDENT

| Knock on door.  |  |
|---|--|
| Perform hand hygiene.   |  |
| a. Cover all surfaces of hands with hand sanitizer.   |  |
| b. Rub hands together until hands are completely dry.   |  |
| Explain the procedure to the resident.  |  |
| Provide privacy for resident – pull curtain.  |  |
| Positions resident in semi-Fowler's position with head turned well to one side or positions resident on side as appropriate to avoid choking or aspiration. |  |
| Drape resident's chest/bed as needed to protect from soiling.   |  |
| Put on gloves only AFTER supplies have been gathered and preparing the area.  |  |
| Apply a small amount of cleaning solution to a swab(s).   |  |
| Gently and thoroughly brush the inner surfaces of resident's upper and lower teeth.   |  |
| Gently and thoroughly brush the outer surfaces of resident's upper and lower teeth.   |  |
| Gently and thoroughly brush the chewing surfaces of resident's upper and lower teeth.   |  |
| Gently and thoroughly brush the resident's gums.  |  |
| Gently and thoroughly brush the resident's tongue.  |  |
| Clean/wipe resident's mouth.  |  |
| Leave resident in a position of safety and good body alignment.   |  |
| Rinse equipment.  |  |
| Dry equipment.  |  |
| Return equipment to storage.  |  |
| Discard disposable items in designated container.   |  |
| Place soiled linens in designated laundry hamper.   |  |
| Remove gloves turning inside out as they are removed.   |  |
| Dispose of gloves in appropriate container.   |  |
| Maintain respectful, courteous interpersonal interactions at all times.   |  |
| Place call light or signaling device within easy reach of resident.   |  |
| Perform hand hygiene.  a. Cover all surfaces of hands with hand sanitizer.  |  |
| b. Rub hands together until hands are completely dry.   |  |

## NAIL CARE ONE HAND

|          | Knock on door.  |  |
|----------|---|--|
|          | Perform hand hygiene.   |  |
|          | a. Cover all surfaces of hands with hand sanitizer.                     |  |
|          | b. Rub hands together until hands are completely dry.                   |  |
|          | Explain the procedure to resident.                                      |  |
|          | Immerse nails in comfortably warm water                                 |  |
| ,        | Verbalize to soak nails for at least five (5) minutes.                  |  |
|          | Dry hand thoroughly.  |  |
|          | Specifically dry between fingers.                                       |  |
|          | Gently clean under nails with orange stick.                             |  |
|          | Gently push cuticle back with an orange stick.                          |  |
|          | File each fingernail.   |  |
| 1        | Rinse equipment.  |  |
|          | Dry equipment.  |  |
|          | Return equipment to storage.  |  |
| n kiniky | Place soiled linen in designated laundry hamper.                        |  |
|          | Maintain respectful, courteous interpersonal interactions at all times. |  |
|          | Place call light or signaling device within easy reach of resident.     |  |
| T I      | Perform hand hygiene.   |  |
|          | a. Cover all surfaces of hands with hand sanitizer.                     |  |
|          | b. Rub hands together until hands are completely dry.                   |  |

## PERINEAL CARE FOR A FEMALE WITH HAND WASHING

(ONE OF THE POSSIBLE MANDATORY FIRST TASKS)

|  | nock on door.  |
|--|--|
|  | erform hand hygiene.   |
| ALL SUCKEYOUR  | a. Cover all surfaces of hands with hand sanitizer.  |
| 100000000000000000000000000000000000000  | b. Rub hands together until hands are completely dry.  |
|  | eplain the procedure to the resident. (manikin)  |
|  | ovide privacy for resident – pull curtain.   |
|  | aise bed height to between mid-thigh and waist level.  |
|  | Il basin with comfortably warm water.  |
|  | ace basin on over bed table or bedside stand.  |
|  |  |
|  | epare area and gather supplies.  |
|  | ace bath blanket or clean sheet over resident.   |
|  | ut on gloves.  |
|  | pose perineum only.  |
|  | parate labia. (Candidate <u>must also verbalize</u> separating.)   |
| AND SHOULD BE SH | se water and soapy washcloth (no peri-wash or no rinse soap owed).   |
| CI   | ean both sides of labia from front to back.  |
| U  | se a clean portion of a washcloth with each single stroke.   |
| CI   | ean the middle of the labia from front to back using a clean portion   |
| of   | a washcloth with each single stroke.   |
| Ri   | nse both sides of labia from front to back.  |
| Ri   | nse middle of labia from front to back.  |
| Us   | e a clean portion of a washcloth with each single stroke.  |
| Pa   | t dry.   |
| Co   | vers the exposed area with the bath blanket or clean sheet.  |
| to   | sist resident (manikin) to turn onto side away from the candidate ward the center of the bed.  a. RN Test Observer may help hold the manikin on her side |
|  | ONLY after the candidate has turned the manikin.   |
| TWO IT - X   | e a clean washcloth with water and soap (no peri-wash or no rinse ap).   |
| CT THE CO.   | ean rectal area from vagina to rectum with single strokes using a ean portion of a washcloth with each single stroke.                                    |
| Ri   | nse area from front to back using a clean portion of the washcloth the each single stroke.   |
| LUI V  | t dry.   |
|  | sition manikin on her back.  |
| Pla  | ace soiled linen in designated laundry hamper.   |

|     | Empty equipment.   |  |
|-----|--|--|
|     | Rinse equipment.   |  |
|     | Dry equipment.   |  |
| Y.  | Return equipment to storage.   |  |
|     | Remove gloves turning inside out as they are removed.  |  |
|     | Dispose of gloves in appropriate container.  |  |
|     | Lower bed.   |  |
|     | Maintain respectful, courteous interpersonal interactions at all times.  |  |
|     | Place call light or signaling device within easy reach of resident.  |  |
| ni. | Turn on water.   |  |
|     | Wet hands.   |  |
|     | Apply soap to hands.   |  |
|     | Rub hands together using friction with soap.   |  |
|     | Scrub/wash hands together for at least twenty (20) seconds with soap.  |  |
|     | Scrub/wash with interlace fingers pointing downward with soap.   |  |
|     | Wash all surfaces of hands with soap.  |  |
|     | Wash wrists with soap.   |  |
|     | Rinse hands thoroughly under running water with fingers pointed downward.  |  |
|     | Dry hands on clean paper towel(s).   |  |
|     | Discard paper towel(s) to trash container as used.   |  |
|     | Turn off faucet with a clean, dry paper towel.   |  |
|     | Discard paper towel to trash container as used.  |  |
|     | Do not re-contaminate hands at any time during the hand washing procedure. (Such as turning off the faucet with a used paper towel, touching the sides of the sink during the procedure or crumpling up the paper towel used to turn off the faucet with both hands before discarding, etc.) |  |

#### **POSITIONING RESIDENT ON SIDE**

| Knock on do                     | or.   |            |
|---------------------------------|---|------------|
| Perform han                     | d hygiene.  |            |
| a. Cover all                    | surfaces of hands with hand sanitizer.  |            |
| b. Rub hand                     | ds together until hands are completely dry.                                       |            |
| Explain the p                   | rocedure to resident and how the resident may help.                               |            |
| Provide priva                   | acy for resident – pull curtain.  |            |
| Position bed                    | flat.   |            |
| Raise bed he                    | ight to between mid-thigh and waist level.  |            |
| From the wo toward self.        | rking side of bed – gently move resident's upper body                             |            |
| From the wo toward self.        | rking side of the bed — gently move resident's hips                               |            |
| From the wo toward self.        | rking side of the bed – gently move resident's legs                               |            |
| _                               | /turn resident on their left/right side. (Side will be read by RN Test Observer.) |            |
| Physically che<br>obstructed by | eck to ensure that the resident's face never becomes y the pillow.                |            |
| Physically che                  | eck to be sure resident is not lying on down side arm.                            |            |
| Place suppor                    | t devices under the resident's head.  | - Valentin |
| Place suppor                    | t devices under the resident's upside arm.  |            |
| Place suppor                    | t devices behind resident's back.   |            |
| Place suppor                    | t devices between resident's knees.   |            |
| Does not cau<br>procedure.      | se any discomfort or pain at any time during the                                  |            |
| Lower bed.                      |   |            |
| Maintain resp                   | pectful, courteous interpersonal interactions at all times.                       |            |
| Place call ligh                 | t or signaling device within easy reach of resident.                              |            |
| Perform hand                    | d hygiene.  | - 10 Let   |
| a. Cover all                    | surfaces of hands with hand sanitizer.  |            |

#### RANGE OF MOTION FOR HIP AND KNEE

| X.II.    | Knock on door.   |  |
|----------|--|--|
|          | Perform hand hygiene.  |  |
|          | a. Cover all surfaces of hands with hand sanitizer.  |  |
|          | b. Rub hands together until hands are completely dry.  |  |
|          | Explain the procedure to the resident.   |  |
|          | Provide privacy for resident – pull curtain.   |  |
|          | Raise bed height to between mid-thigh and waist level.   |  |
|          | Position resident supine (bed flat).   |  |
|          | Correctly support joints at all times by placing one hand under the resident's knee and the other hand under the resident's ankle.     |  |
|          | ROM for Hip: Move the entire leg away from the body.  a. ABDUCTION   |  |
|          | ROM for Hip: Move the entire leg toward the body.  a. ADDUCTION  |  |
|          | Complete abduction and adduction of the hip at least three times.  |  |
|          | Continue to correctly support joints by placing one hand under the resident's knee and the other hand under the resident's ankle.      |  |
|          | Bend the resident's knee and hip toward the resident's trunk.  a. FLEXION (of hip and knee at the same time)                           |  |
|          | Straighten the knee and hip.  a. EXTENSION (of knee and hip at the same time)  |  |
|          | Complete flexion and extension of the knee and hip at least three times.   |  |
|          | Do not force any joint beyond the point of free movement.  |  |
|          | Candidate <u>must ask</u> at least once during the ROM exercise if there is/was any discomfort/pain.                                   |  |
|          | Does not cause any discomfort or pain at any time during ROM.  |  |
|          | Leave resident in a position of safety and good body alignment.  |  |
| 76       | Lower bed.   |  |
|          | Maintain respectful, courteous interpersonal interactions at all times.  |  |
|          | Place call light or signaling device within easy reach of resident.  |  |
| = 107 im | Perform hand hygiene.  |  |
|          | <ul> <li>a. Cover all surfaces of hands with hand sanitizer.</li> <li>b. Rub hands together until hands are completely dry.</li> </ul> |  |

## RANGE OF MOTION SHOULDER

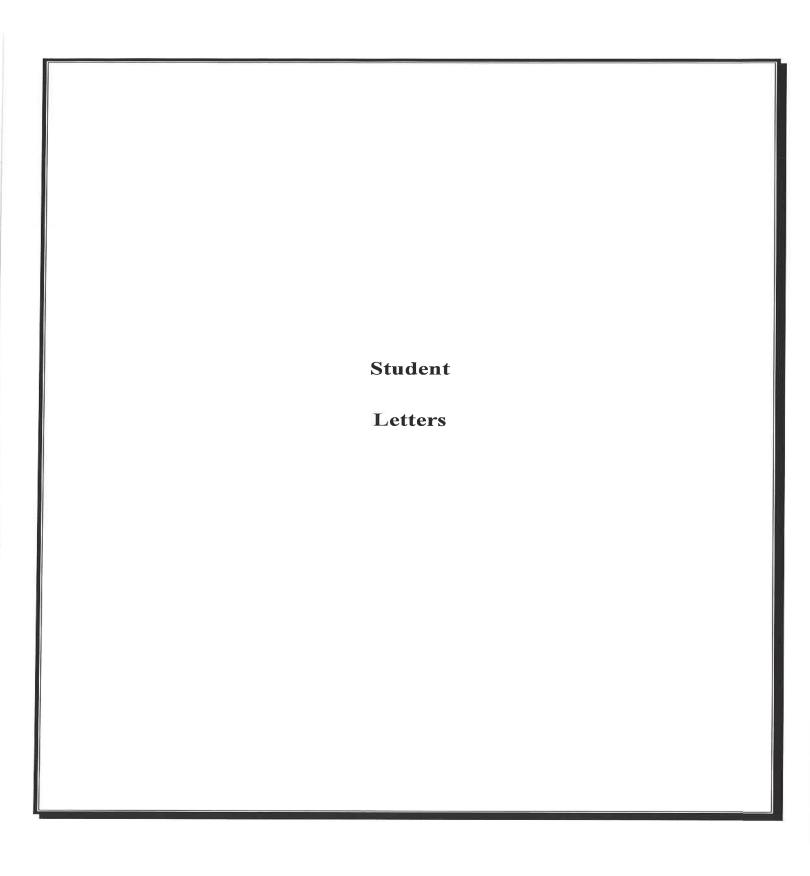
|    | Knock on door.  |  |
|----|---|--|
|    | Perform hand hygiene.   |  |
|    | a. Cover all surfaces of hands with hand sanitizer.   |  |
| H. | b. Rub hands together until hands are completely dry.   |  |
|    | Explain the procedure to the resident.  |  |
|    | Provide privacy for resident – pull curtain.  |  |
|    | Raise bed height to between mid-thigh and waist level.  |  |
|    | Position resident supine (bed flat) on back.  |  |
|    | Correctly support resident's joints by placing one hand under the resident's elbow and the other hand under the resident's wrist.       |  |
|    | Raise the resident's arm up and over the resident's head.  a. FLEXION   |  |
|    | Bring the resident's arm back down to the resident's side.  a. EXTENSION  |  |
|    | Complete flexion and extension of shoulder at least three times.  |  |
|    | Continue same support for shoulder joints by placing one hand under the resident's elbow and the other hand under the resident's wrist. |  |
|    | Move the resident's entire arm out away from the body.  a. ABDUCTION  |  |
|    | Return arm to the resident's side.  a. ADDUCTION  |  |
|    | Complete abduction and adduction of the shoulder at least three times.  |  |
|    | Do not force any joint beyond the point of free movement.   |  |
|    | Candidate <u>must ask</u> at least once during the ROM exercise if there is/was any discomfort/pain.                                    |  |
|    | Does not cause any discomfort or pain at any time during ROM.   |  |
|    | Leave resident in a position of safety and good body alignment.   |  |
|    | Lower bed.  |  |
|    | Maintain respectful, courteous interpersonal interactions at all times.   |  |
|    | Place call light or signaling device within easy reach of resident.   |  |
|    | Perform hand hygiene.   |  |
|    | a. Cover all surfaces of hands with hand sanitizer.   |  |
|    | b. Rub hands together until hands are completely dry.   |  |

## STAND, PIVOT AND TRANSFER RESIDENT USING A GAIT BELT

|       | Knock on door.   |      |
|-------|--|------|
|       | Perform hand hygiene.  |      |
|       | a. Cover all surfaces of hands with hand sanitizer.  |      |
|       | b. Rub hands together until hands are completely dry.  |      |
|       | Explain the procedure to the resident.   |      |
|       | Obtain a gait belt.  |      |
|       | Position wheelchair at the foot or head of the bed.  |      |
|       | Lock wheelchair brakes to ensure resident's safety.  |      |
|       | Lock bed brakes to ensure resident's safety.   |      |
|       | Adjust bed height to ensure resident's feet will be flat on the floor when sitting on the edge of the bed.   |      |
| 55    | Assist resident to a sitting position.   |      |
|       | Place gait belt around resident's waist to stabilize trunk.  |      |
| _     | Tighten gait belt.   | 125  |
|       | Check gait belt for tightness by slipping fingers between gait belt and resident.  |      |
|       | Assist resident in putting on non-skid slippers.   |      |
|       | Grasp gait belt with both hands.   |      |
|       | Bring resident to standing position, using proper body mechanics.  |      |
|       | With one hand grasping the gait belt and the other hand stabilizing the resident by holding forearm, shoulder or using other appropriate method to stabilize, transfer resident from bed to wheelchair.          |      |
|       | Assist resident to pivot and sit in the wheelchair in a controlled manner that ensures safety.   |      |
|       | RN Test Observer will tell the candidate to transfer the resident back into the bed.   |      |
|       | Bring resident to a standing position, using proper body mechanics.  |      |
| ı     | With one hand grasping the gait belt and the other hand stabilizing the resident by holding forearm, shoulder or using other appropriate method to stabilize, transfer resident from wheelchair back to the bed. |      |
| 11:33 | Assist resident to pivot and sit on the bed in a controlled manner that ensures safety.  |      |
| 1     | Assist resident in removing non-skid slippers.   |      |
| I     | Remove gait belt.  |      |
| 1     | Assist resident to move to center of bed and lie down.   |      |
| 1     | Maintain respectful, courteous interpersonal interactions at all times.  |      |
| -     | Place call light or signaling device within easy reach of resident.  | MAR. |
| 1     | Perform hand hygiene.  a. Cover all surfaces of hands with hand sanitizer.  b. Rub hands together until hands are completely dry.  |      |

## VITAL SIGNS —PULSE AND RESPIRATIONS

| Knock on door.  |  |
|---|--|
| Perform hand hygiene.  a. Cover all surfaces of hands with hand sanitizer.  |  |
| b. Rub hands together until hands are completely dry.   |  |
| Explain the procedure to resident.  |  |
| Locate the radial pulse by placing tips of fingers on thumb side of the resident's wrist.   |  |
| Count pulse for a full 60 seconds.  a. Tell the RN Test Observer when you start counting and tell them when you stop counting.        |  |
| Record your pulse rate reading on the previously signed recording form.   |  |
| Candidate's recorded pulse rate is within 4 beats of RN Test Observer's recorded rate.  |  |
| Count respirations for a full 60 seconds.  a. Tell the RN Test Observer when you start counting and tell them when you stop counting. |  |
| Record your respirations reading on the previously signed recording form.   |  |
| Candidate's recorded respiratory rate is within 2 breaths of the RN Test Observer's recorded rate.                                    |  |
| Maintain respectful, courteous interpersonal interactions at all times.   |  |
| Place call light or signaling device within easy reach of resident.   |  |
| Perform hand hygiene.  a. Cover all surfaces of hands with hand sanitizer.  b. Rub hands together until hands are completely dry.     |  |



Building rapport and relationships

with students is part of being a leader and role

model. In the letters provided, it shows how learning

can be fun and positive relationships can develop.

True leaders have great relationships and

communication.



Words can't describe now thankful I am to have had the opportunity to have you as a tenuher! Thank you for always involvaging me to do my best and to never give up. You are one if the sweetest and most baring teacher I know. I vould have the asked for a better teacher like you. I am going to miss you!

Love you,

The phrase is simple and the words are few, but behind them is a whole lot of appreciation.

Thank you so much for the sweet note. allow Also, thank you for being a funtastic teacher this year. You've define try helped me realize some of the vacst important qualities that I nont in myself in my future coreer! I'm so blessed to have had you as a RAM teacher! Good luck with somewas classes. (not that you need; t)

#### My Favorite Person at CHS



On the lines below, you are to write a personal narrative to identify who your favorite faculty or staff member is here at CHS (e.g. teacher, coach, guidance counselor, administrator, librarian, cafeteria worker, nurse, secretary, maintenance worker, etc.)

As you write, please keep the following pointers in mind.

- 1) Be sure to identify who this person is by name and job description. (For example, my favorite person at CHS is Mr. Smith, the math teacher.)
- 2) Try to provide vivid details to describe your interactions with this person. (How did you meet this person? What did this person do to impact your life in such a positive way? What was a meaningful moment or experience you had concerning this person?)
- 3) Try to communicate how this person made you feel or how this person contributed to your education as a student or to your development in life as a person.
- 4) Also, please include the message that you would like to share with this special person.

| My favorite person at CHS is She is an instructor that   |
|--|
| My favorite person at CHS is She is an instructor that works for TCAT and teaches health science classes. I met my   |
| teacher on the 10 o'clock day. I was the only one that come to her class. I am a shy person once I start meeting someone. I thought it would be quiet but she open up to me and I did the same |
| her class I am a shy person once I steet meeting someone. I thought  |
| it would be quiet but she open up to me and I did the same   |
| thing we had a full as moversation I not by meet her. T  |
| thing, we had a full on conversation. I got to meet her. I never had a conversation with a teacher in chi til that day.  |
| I'm grateful for that moment. I learned a ton of striff about  |
| being in the medicul fitted and her experiences in class.  |
| E would like to tell her that your the ofst tracher and even through I am quiet I enjoy your funny conversations   |
| even through t am quiet T evine was finan conversations  |
| in class.  |
| The Class.   |
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Thank you so much for all of the things live learned and all of the mimories made in your classroom, although this isn't how I wanted to end my senior year I will take those things with me as I start the next chapter of my life! I am forever thankful for the bend you created with our class because it made something to look foward to each day. You are the best and I will miss your class so much!

much love a Emmalean

## My Favorite Person @ CHS

| Results of the control of the contro | Please write an essay or letter about/to your favorite person here in Cav Nation. It can be anyone who is part the faculty or staff. Your favorite person will receive your essay/letter and the winners (and their favorite person) of the best essay/letter will get a prize! |    |                |               |          |               |               |      |     |  |  |
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## My Favorite Person @ CHS



Please write an essay or letter about/to your favorite person here in Cav Nation. It can be anyone who is part of the faculty or staff. Your favorite person will receive your essay/letter and the winners (and their favorite person) of the best essay/letter will get a prize! Be sure to include your name (first and last), grade level, and your favorite person's name. 😊 and my favorite faculty / staff is My name is CAA, Dianostic medicine, and medical to The for two years. had shesmy favorite teacher because she genuinly cares for each of her aspects of her class are the activities we do vital signs, to future skills Cpr training, learning to practicing enjoy the teaching Style She uses, engaged in the lessons. She is also my favorite her about personal stuff without feeling can talk to make personal Connections with all Br ashamed. Of my other teachers have. none studen ts had earlier this year I because my life I Could always go into her very difficult + These feel welcome. makes everyone my favorite person at CHS.



# My Favorite Person @ CHS

Please write an essay or letter about/to your favorite person here in Cav Nation. It can be anyone who is part of the faculty or staff. Your favorite person will receive your essay/letter and the winners (and their favorite person) of the best essay/letter will get a prize!

Be sure to include your name (first and last), grade level, and your favorite person's name. ©

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# My Favorite Person at CHS



On the lines below, you are to write a personal narrative to identify who your favorite faculty or staff member is here at CHS (e.g. teacher, coach, guidance counselor, administrator, librarian, cafeteria worker, nurse, secretary, maintenance worker, etc.)

IIm

As you write, please keep the following pointers in mind.

- 1) Be sure to identify who this person is by name and job description. (For example, my favorite person at CHS is Mr. Smith, the math teacher.)
- 2) Try to provide vivid details to describe your interactions with this person. (How did you meet this person? What did this person do to impact your life in such a positive way? What was a meaningful moment or experience you had concerning this person?)
- 3) Try to communicate how this person made you feel or how this person contributed to your education as a student or to your development in life as a person.
- 4) Also, please include the message that you would like to share with this special person.

| my taxonte person is my medial therapiretics teached   |
|--|
| F met her last were at my diagnostic medicine feacher. She is VERY nice and great at her joby one'y tought me many things about the medical and that I plan on him is the fisher. She has helped me  |
| nice and areas of her jobs one's tought me many though about the   |
| medical dela that I other on him in the future. She has believed me  |
| in remembers wasse to help Dan My Firther.   |
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# 10th grade

## My Favorite Person at CHS

On the lines below, you are to write a personal narrative to identify who your favorite faculty or staff member is here at CHS (e.g. teacher, coach, guidance counselor, administrator, librarian, cafeteria worker, nurse, secretary, maintenance worker, etc.)

As you write, please keep the following pointers in mind.

- 1) Be sure to identify who this person is by name and job description. (For example, my favorite person at CHS is Mr. Smith, the math teacher.)
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- 3) Try to communicate how this person made you feel or how this person contributed to your education as a student or to your development in life as a person.
- 4) Also, please include the message that you would like to share with this special person.

| My favorite tracher at CHS is the medical therapuetics teacher. The never fails to make class interesting. She lets us watch informative videos and sometimes even movies!  |
|---|
| who we are as normal people one time we interest and talked   |
| for a while just acting to know her and each other. Also, she always maker fire we understand what we are braining. If anyone asks a guestion the makes sure to assure it dearly  |
| and checks to make size exercise understands. I believe that it   |
| their students to wake sive the entire class interstands before moving on on the other hand she like makes sive to praise into while also mining interstants. For example when I are to praise into learning CFE one one who has wholey she complemented me of my enough fate of complessions but also made sive to tall me I was |
| TUNDO 7100 0 1020 SECTION AND CALL STATE OF A SECTION OF A SECTION  |
| the trade Call but solve the second states in and and the   |
| patient and understanding and also how to preform CPR and many facts about nutrition. So thank my for being the best teacher I've over had and showing me that there are  |
| still good specific in this world!  |
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# My Favorite Person @ CHS

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| cus is full as mains lowing teachers. However, This war  |
| TO DESIGNATION WANTED FALL MAY THEY THEY THEY THEN THE TOTAL TO THE TOTAL TOTA |
| il calling stronger lattices to classes by the William of the lattices in  |
| Carlotte and the state of the s |
| and work again strong seek heard and inventing, we   |
| and topically distributed and the contract of  |
| it is. Is teaching about a topic, you know that sie herself would do believes that the topic is necessary. The   |
| sie herself would do believes that the topic is necessary. The   |
| reaches to directe that the west when the will all all and the   |
| that the how Class tale to the view of what some sometimes   |
| tail to each other Chana in reality we've a really quiet class.  |
|  |
| is more than a tedeler, she's a friend.  |
|  |
| SITUATION. STORE TO defiretly not fun, but she makes it wester   |
| because we complain about it all the time. Thank   |
|  |
| Thank you for being an awsome  |
| teacher!   |
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Please write an essay or letter about/to your favorite person here in Cav Nation. It can be anyone who is part of the faculty or staff. Your favorite person will receive your essay/letter and the winners (and their favorite person) of the best essay/letter will get a prize! Be sure to include your name (first and last), grade level, and your favorite person's name. © would probably be STOLI trais Sincular love Line Faugust thank you alw curs 1170 time Blue you thank m-cina Lumois you



# MY FAVORITE PERSON AT CHS

Please write a 250 word essay (or less) about a favorite person at CHS that has inspired you or impacted your experience here at school. They can be an administrator, teacher, support staff/assistant, etc. Selected students and their favorite person will be selected to attend a Crawdaddy's sponsored by One Hour Martinizing in the near future.Return submissions to your English teacher or Ms. Benjamin in room 247 by 11/8.

| the medical theraputics teacher.                    |
|---|
| The has taught me how to love the medical           |
| Field and how I could impact it. She's helped       |
| me understandallataux lessons helping me vexter     |
| my Suture. This year was her first teaching         |
| and shes done the best job even when she doesn't    |
| have all new materials. She trees her best and does |
| the best she can with not doing this before.        |
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## MY FAVORITE PERSON AT CHS

Please write a 250 word essay (or less) about a favorite person at CHS that has inspired you or impacted your experience here at school. They can be an administrator, teacher, support staff/assistant, etc. Selected students and their favorite person will be selected to attend a Crawdaddy's sponsored by One Hour Martinizing in the near future.Return submissions to your English teacher or Ms. Benjamin in room 247 by 11/8.



# Created by Jennifer Coats, DPT Mar 30th, 2021

Total 4



#### Table top toe taps

Lay on your back with a neutral spine. One at a time, draw your legs up into table top, keeping spine stable and head, neck and shoulders relaxed, ribs drawing down toward your pelvis. Reach one foot out to tap the ground, then return it to table top. Repeat on the other side. Only the legs move here, core stays perfectly still.

10 Times Repeat Hold 5 Seconds 2 Sets Complete

Perform 3 Times a Week



# SIT TO STAND - NO SUPPORT

Start by scooting close to the front of the chair. Next, lean forward at your trunk and reach forward with your arms and rise to standing without using your hands to push off from the chair or other object.

Use your arms as a counter-balance by reaching forward when in sitting and lower them as you approach standing.

\*\*Add pelvic floor muscle contraction\*\*

Video # VVUS3WVRC

Repeat 10 Times Hold 1 Second Complete 1 Set Perform 3 Times a Week



# DOUBLE LEG HEEL RAISES - CALF RAISES - STANDING

While standing, raise up on your toes as you lift your heels off the ground.

\*\*Add pelvic floor muscle contraction\*\*

Video # VV446LPRP

Repeat 10 Times Hold 1 Second 1 Set Complete

Perform 3 Times a Week



### **Transverse Abdominus Activation**

Lying on your back, pull your bellybutton into your spine.

\*\*Add pelvic floor muscle contraction\*\*

Repeat 10 Times Hold 5 Seconds Complete 1 Set

Perform 3 Times a Week



# Home Exercise Program

Created by Jennifer Coats, DPT Feb 2nd, 2021

View videos at www.HEP.video

Total 3 Page 1 of 1



#### **BRIDGING ELASTIC BAND ABDUCTION**

While lying on your back, place an elastic band around your knees and pull your knees apart. Hold this and then tighten your lower abdominals, squeeze your buttocks and raise your buttocks off the floor/bed as creating a "Bridge" with your body. Video # VV8ALBC85

Repeat 10 Times Complete 3 Sets Hold 5 Seconds

Perform 1 Times a Day



# SUPINE HIP ABDUCTION - ELASTIC BAND CLAMS - CLAMSHELL

Lie down on your back with your knees bent. Place an elastic band around your knees and then pull your knees apart. Return your knees together and repeat. Video # VVMLPWCBG

Repeat 10 Times

Hold 5 Seconds

Complete 2 Sets

Perform 1 Times a Day



### HIP ADDUCTION SQUEEZE - SUPINE

Place ball, rolled up towel or pillow between your knees and press your knees together so that you squeeze the object firmly. Hold and then release and repeat. Video # VV53S4VKZ

Repeat 10 Times Complete 2 Sets Hold 5 Seconds

Perform 1 Times a Day



# Doctor Doctor continued



# Why FAdjust

When asked to write Why I Adjust, I had to reflect awhile and look back at my years in practice to one day when I was adjusting a two-year-old girl who was suffering from ear infections. After she received her adjustment that day, she hopped down off the table first running to her mom and then back to me to give me a great big hug. It was at that time that I understood why I adjust each and every patient.

I adjust because I know the body can heal itself if it is able. I know that I have never treated a patient who has not had a positive response to chiropractic, even though the response may not always have been the response the patient expected.

I feel as a chiropractor I have been given a great gift—the gift of the chiropractic adjustment. By giving this gift to our patients, we are serving all mankind. That is why I adjust.

Brian R. Gfrerer, DC April 1989 Graduate Alımıni Board Member Owatomia, Minnesota

# Antigravity Exercises

An article recently published in the Journal of Back and Musculoskeletal Rehabilitation contains a number of findings of interest to doctors of chiropractic. Although not specifically a chiropractic article, the exercises it discussed can be used to help patients strengthen their cervical muscles and certainly support the chiropractic adjustment.

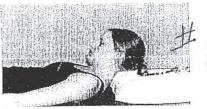
The article entitled "The effects of antigravity unsupervised home cervical muscle strengthening protocol on cervical strength in healthy young adults" builds on previous data. Studies have shown that strengthened cervical muscles lead to better clinical outcomes in patients with cervical dysfunction; can be beneficial to patients with herniated discs, degenerative discs and cervical strains; and can help prevent surgical intervention. The purpose of this study was to determine whether a four-week, unsupervised home exercise program could produce significant cervical strength gains in normal volunteers.

Because strengthening requires resistance, the authors selected antigravity exercises that have the added benefit of being safe to perform without supervision. All exercises were performed in sets of 10 repetitions, with a four-second hold on each repetition. Patients were instructed to count out loud during the four-second hold to prevent the Valsalva maneuver.

Counting out loud is an excellent intervention. It not only prevents pressure on a space-occupying lesion, but also more actively engages the patient, which in turn improves compliance with the exercise program.

Recommendations to give patients for the exercises discussed here include one set of 10 repetitions for each exercise with a four-second hold on each repetition. There is a one-minute rest between sets, and the exercises should be performed three times a week until the strength goals are achieved.

The study authors concluded that "this antigravity unsupervised home exercise program was effective in increasing the strength of cervical muscles...and supports the contention that these exercises provide resistance sufficient to produce strengthening and are simple enough to be performed correctly and consistently at home." As chiropractors, we expect results to be even better when these exercises are used in conjunction with specific cervical adjustments.



Cervical antigravity flexion exercise.



Cervical antigravity extension exercise.



Cervical antigravity rotation exercise.



Cervical antigravity lateral flexion exercise.

(The journal article referred to in this report was written by Ira M. Fiebert et al. and summarized by Dr. Ralph Barrale in accordance with the chiropractic application. If you would like to read the article in its entirety, contact the Logan College of Chiropractic Learning Resources Center to request it.)

10 Times





# QUADRUPED ALTERNATE ARM AND LEG - BIRD DOG

While in a crawling position, brace at your abdominals and then slowly lift a leg and opposite arm upwards. Your hip will move into hip extension on the way up. Lower leg and arm down and then repeat with opposite side.

Maintain a level and stable pelvis and spine the entire time.

\*\*Pull belly button toward spine and hold for each rep.\*\*

Video # VVE7C35B7



Repeat



# FIRE HYDRANT - QUADRUPED HIP ABDUCTION

Start in a crawl position and raise your leg out to the side as shown. Maintain a straight upper and mid back.

Video # VVFJHC6ST

Repeat 10 Times Hold 1 Second Complete 2 Sets

Perform 1 Times a Day

Total 3





#### Transverse Abdominus Activation-Quadruped

Pull belly button toward spine and hold for 5

Repeat 10 Times Hold 5 Seconds Complete 2 Sets Perform 1 Times a Day



## **Cat Cow**

Position yourself on your hands and knees with your hands placed under your shoulders and your knees directly under your hips. Slowly round your back up towards the ceiling and then arch your back down by pulling your abdomen towards the floor.

Repeat

10 Times



# **CHILD POSE - PRAYER STRETCH**

While in a crawl position, slowly lower your buttocks towards your feet until a stretch is felt along your back and or buttocks.

Video # VVAKQPLG3

Repeat Hold

1 Time

Complete Perform

1 Minute 1 Set

1 Times a Day