

**PERSONAL CARE AIDE (PCA) TRAINING PROGRAM
BPSS – REGULATED SCHOOLS
UNIT I-XII: CLINICAL SKILLS EVALUATION CHECKLIST**

PCA Student Name: _____

School Name: _____

Instructor: _____ **BPSS Instructor License #:** _____

PCA Training Dates: (Start Date): ____/____/____ **- (End Date):** ____/____/____

The required personal care skills for the PCA are listed. They reflect the requirements from the Department of Health (DOH) *Homecare Core Curriculum*. These skills are tested during Unit XII, either at the end of the PCA program, or after completion of Unit XII in a HHA program (if a student is enrolled in an HHA program). Students must demonstrate proficiency in 14 skills, of which 12 are mandated (bolded and marked with an *). Two additional skills (any other 2 skills on the list) must also be successfully demonstrated. The original copy must be filed with the student's records and, as per DOH regulations, a copy provided to the student upon completion.

	Clinical Skills	<u>Date</u> Skill was Demonstrated by the Instructor	<u>Date</u> Student Successfully Demonstrated Skill by Him or Herself	<u>Initials</u> of Teacher	Comments
1.	Proper Handwashing*				
2.	Proper Body Mechanics				
3.	Tub or Shower Bath				
4.	Turning the Client in Bed				
5.	Bed Bath*				
6.	Shampoo in Bed				
7.	Back Rub				
8.	Nail Care				
9.	Shaving the Client				
10.	Mouth Hygiene and Care*				
11.	Assisting with Eating				
12.	Assisting with Dressing				
13.	Assisting with using the Elastic Support Stockings				
14.	Helping Client to Walk*				
15.	Making an Unoccupied Bed				
16.	Making an Occupied Bed*				
17.	Use of a Bedpan*				
18.	Use of Urinal				
19.	Assisting w/ Use of Condom Catheter				
20.	Assisting with Cleaning the Skin & Catheter Tubing				
21.	Assisting w/ emptying Urine Drainage Bag				
22.	Positioning of Client in Bed				
23.	Transfer Client to Sitting Position				
24.	Helping Client to sit on Bed				
25.	Helping a Client to Stand				
26.	Transfer to Wheelchair, Chair or Commode*				
27.	Positioning Client in Wheelchair or Chair				

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28.	Transfer from Wheelchair to toilet					
29.	Transfer from Wheelchair to Shower & Assist w/ Shower					
30.	Transfer from Wheelchair to Stool or Chair in Tub					
31.	Weighing a Client					
32.	Measuring Intake					
33.	Measuring Urinary Output					
34.	Assisting w/ Changing Clean Dressing					
35.	Handling the Infant					
36.	Infant Bath					
37.	Assist w/ use of Hydraulic Lift					
38.	Slide Board Transfer					
39.	Checking the Right Person*					
40.	Checking the Right Medication*					
41.	Checking the Right Dose*					
42.	Checking the Right Time*					
43.	Checking the Right Route*					
Knowledge Evaluations (Tests must be kept in the student folder)		<u>Date of Test</u>	<u>Instructor Initials</u>	<u>Pass (P) or Fail (F)?</u>	<u>If first Failed, Date of Pass</u>	<u>Instructor Initials</u>
Unit I	Introduction to Home Care					
Unit II	Working Effectively w/ Homecare Clients					
Unit III	Working w/ the Elderly					
Unit IV	Working w/ Children					
Unit V	Working w/ People who are Mentally Ill					
Unit VI	Working w/ People w/ Developmental Disabilities					
Unit VII	Working w/ People w/ Physical Disabilities					
Unit VIII	Food, Nutrition & Meal Preparation					
Unit IX	Family Spending & Budgeting					
Unit X	Care of the Home & Personal Belongings					
Unit XI	Safety & Injury Prevention					
Unit XII	Personal Care Skills					

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NOTES & COMMENTS:

We hereby certify that the clinical skills performance record evaluation checklist depicted above is true and correct and that the named Personal Care Aide has successfully completed all skills. A copy of this completed evaluation checklist has been provided to the Personal Care Aide Student.

**PERSONAL CARE AIDE (PCA) TRAINING PROGRAM
DIRECTOR OR INSTRUCTOR**

SIGNATURE: _____ **DATE:** _____

PERSONAL CARE AIDE (PCA) INSTRUCTOR

SIGNATURE: _____ **DATE:** _____

PERSONAL CARE AIDE (PCA) TRAINEE

SIGNATURE: _____ **DATE:** _____

BPSS – MAY 2016

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