

BPSS Health Form 103a

**SKILLS PERFORMANCE RECORD EVALUATION for
Certified Nurse Aide Transition to HHA TRAINING PROGRAMS
in BPSS-Regulated Schools**

STUDENT NAME: _____

SCHOOL NAME: _____

INSTRUCTOR: _____ BPSS Teacher License _____

DATE OF HHA CLASSROOM TRAINING: FROM ____/____/____ TO ____/____/____

DATE OF 8 HR. INTERNSHIP: FROM ____/____/____ TO ____/____/____

PLACE OF INTERNSHIP: _____

In a Certified Nurse Aide to Home Health Aide transition program, student must show in the lab the 5 mandated skills for Module XII, Unit E, and 2 optional skills from the remaining units C and D, and in the second part of the program the correct performance of the 18 bolded mandated skills marked with an * asterisk. For the latter, students can demonstrate some in the lab instead of the internship. The original must be filed with the student's records, and a copy given to the student.

UNIT XII CLINICAL SKILLS EVALUATION CHECKLIST

Clinical Skill	Date Demo. by Instructor	Instructor Initials	Date <u>Successful</u> Demo. by Student	Instructor Initials	Comments
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 Unit Tests (must be kept in the student folder). Several short tests may be given at the same time.	Date	Instructor Initials	Pass Or Fail?	If first failed, date of successful performance evaluation for unit	Instructor Initials
Unit I: Introduction to Home Care					
Unit III: Working with the Elderly					
Unit IV: Working with Children					
Unit V: Working w/People who are Mentally Ill					
Unit VI: Working with People w/ Develop. Disab					
Unit VII: Working w/ People w/ Physical Disab					
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					

**HEALTH-RELATED SKILLS PERFORMANCE RECORD EVALUATION
For BPSS-Regulated Schools**

Clinical Skill	Date Initial Demo. By Instructor	Inst. Initials	Date Successful Demo. By Trainee	Inst. Initials	Demonstrated in lab or internship
*A-1. Proper Hand washing					
*B-1 Cleaning a glass thermometer					
*B-2 Measuring an oral temp. with glass thermometer					
*B-8 Measuring the pulse and respirations					
*B-9 Measuring blood pressure					
*D-1 Transfer to a sitting position					
*D-2 Helping client to sit at side of bed					
*D-3 Helping a client to stand					
*D-4 Assisting with passive range of motion exercises					
*D-5 Assisting with postural drainage					
*E-9 Assisting with use of oxygen concentrator					
*E-10 Assisting with use of oxygen tank and liquid oxygen reservoir					
*E-11 Assisting with use of medication nebulizer and air compressor					
*F-1 Positioning on the back					
*F-2 Positioning on the side					
*G-1 Assisting with changing a clean dressing					
*H-1 Assisting with changing an ileostomy or colostomy pouch					
*H-5 Assisting with routine tracheotomy care					

Knowledge Performance Evaluations	Date	Instructor Initials	Pass Or Fail?	If first failed, Date of successful evaluation for the unit	Instructor Initials
Unit A: Orientation to Health Oriented Tasks					
Unit B: Performing Simple Measurements & Tests					
Unit C: Complex Modified Diets					
Unit D: Assisting w/ Prescribed Exercise Program					
Unit E: Assisting w/ use of Prescribed Medical Equipment, Supplies & Devices					
Unit F: Assist. w/ Special Skin Care					
Unit G: Assist. w/ a Dressing Change					
Unit H: Assisting w/ Ostomy Care					

NOTES/COMMENTS:

We hereby certify that the clinical skills performance record evaluation checklist depicted above is true and correct and that the named Certified Nurse Aide transitioning to Home Health Aide has successfully demonstrated all indicated skills, and has done the required 8 hours of internship at the place and date(s) listed above. A copy of this completed evaluation checklist has been provided to the Home Health Aide.

1. Signature and Name of HHA Training Program Director:

_____ Date _____

2. Signature of HHA Instructor: _____ Date _____

3. Signature, Name and license numbers of licensed teacher supervising the Internship, if different from classroom instructor:

_____ Date _____

Name (Printed): _____ BPSS teacher license: _____

4. Signature of HHA Trainee: _____ Date _____