

WORK PROCESS SCHEDULE
CERTIFIED NURSE ASSISTANT, GERIATRIC SPECIALTY
O*NET-SOC CODE: 31-1012.00 RAIS CODE: 0824G

Description: Performs any combination of following licensed clinical/professional staff duties in care of residents in skilled nursing facility, or other healthcare facility; under direction and supervision of a licensed nurse, physical/occupational therapist, social worker, and or other staff: integrates into practice expanded knowledge of age-related changes which facilitates an optimal level of functioning in resident care as related to anatomical, biological, physiological, psychological, nutritional, cultural, and spiritual needs; respects resident's rights, privacy and dignity in all aspects of care. Incorporates geriatric knowledge to build a foundation for an "assisting" specialty practice related to performing skills, services, and safety for the aging adult while monitoring and reporting status in an assisting role to prevent decline and maximize well-being. May be assigned to a specific area of a skilled nursing facility, or other healthcare or senior living environment.

Term: Competency-based (Minimum 1,300-1,800 Hours)

On-The-Job Learning: The following core competency skill areas have been identified to increase the focus of providing appropriate quality resident care practices and to guide the direction of the occupational development of certified nursing assistants. The apprentice will attain a basic level of mastery across all core competency areas before receiving certification. Basic mastery will be represented by the apprentices through verbal articulation and demonstration of their learning within each core competency area and to demonstrate that they have successfully applied all the competencies of their work processes on-the-job. The order in which the apprentices learn will be determined by the flow of work processes on-the-job and will not necessarily be demonstrated in the order presented. Hours allotted to these work processes are estimated for the average apprentice to successfully demonstrate and develop mastery of each competency area of the occupation. These hours are intended as guidelines to indicate the high-quality training provided to care for older adults and their families and the ability of an apprentice to apply this training on-the-job in an average amount of time.

Core Competency Skill Areas	Approximate Hours (Min/Max)
A. Provides appropriate assistance with all aspects of geriatric care in order to maximize resident independence, facilitate optimal levels of resident functioning, and maintain resident well-being through a deeper understanding of the aging process	100-200
<ul style="list-style-type: none">• Provides daily care assistance with consideration of resident's anatomical, biological, physiological and psychological capabilities based on individual preferences and/or needs.• Provides daily care assistance with personal care needs, recognizing changes in preferences/choices, moods/behaviors, strength/endurance, appetite/diet, speech/ability to make needs known,• Reports problems with poorly fitting prosthetics (i.e., dentures), missing devices (i.e., hearing aids, eye glasses) malfunctioning equipment (i.e., bed brakes, wheelchair brakes, mobility alarms, hearing aids).• Monitors personal care according to the plan of care. Reports changes in condition or abnormalities.• Provides and monitors skin care, nail care, foot care and oral care to maintain healthy cellular tissue. Identifies and reports early signs of cellular tissue breakdown.• Utilizes preventive measures for oral/skin/foot health.	

- Observes body skin /oral mucous membranes daily and reports changes as appropriate.
- Provides assistance with oral care before/after meals.
- Ensures good skin hygiene and applies moisturizers/barrier cream to protect skin integrity.
- Reduces/eliminates pressure areas and repositions dependent residents every 2 hours.
- Monitors feet/toe nails of diabetic residents and prevents complications by inspecting feet daily and reports any change of conditions to the licensed nurse on duty.
- Implements heel pressure relief by properly floating heels, as care planned.
- Provides appropriate care of toe nails after showering to non-diabetic residents and documents shower/ toe nail care on flow sheets, as care planned.
- Prevents complications of long/thick toe nails and reports these conditions to the podiatrist.
- Provides assistance and promotes resident independence with activities of daily living (i.e., grooming, dressing, undressing) as needed based on individual preferences, choices, needs. Uses assistive devices as per plan of care.
- Incorporates task segmentation with activities of living as outlined in care plan.

B. Provides therapeutic interventions meeting cultural, spiritual and mental health needs of residents 150-200

- Demonstrates understanding and sensitivity to the unique psychosocial, cultural and spiritual needs of aging adults.
- Utilizes strategies that facilitate supportive and respectful communication in encouraging resident to express thoughts and feelings and validate comprehension.
- Communicates effectively with hearing or visually impaired residents and identifies the significance of effective non-verbal communication.
- Provides support to families/significant others and understands the cultural role of families with aging residents.
- Recognizes and reports signs and symptoms of mood changes or abnormal behaviors (i.e., depression, sadness, tearfulness, frustration, fear, agitation, anxiety).
- Identifies and promptly reports mental status (confusion, disorientation, inattention) and behavioral changes (difficulty with decisions, rambling or disorganized speech, easily distracted, periods of restlessness, difficult to arouse).
- Implements interventions to support resident cultural coping mechanisms according to the plan of care.
- Describes how cultural beliefs and values contribute to psychological well-being.
- Modifies own behavior in response to a resident's cultural values or spiritual behavior.
- Modifies care to accommodate resident spiritual beliefs, personal values, cultural customs or routine lifelong habits.
- Serves as a resident advocate in care planning individualized interventions according to resident preferences.
- Support resident's needs and implements respect for spiritual well-being according to individual wishes.

C. Assists in identifying the social needs of aging residents 300-350

- Integrates basic human needs throughout the lifespan, including physical (security, shelter, food, clothing), socio-cultural (family, friends), psychological (emotional, self-esteem, and self -actualization) and spiritual needs, during care.

- Promotes a sense of value and recognizes the individual's sense of worth by incorporating past life experiences and while encouraging appropriate activity participation.
- Identifies and reports sources of stressors that affect well-being or quality of life.
- Uses family members as a source of resident emotional support.
- Validates and facilitates the resident's expression of needs and provides supportive positive communication.
- Promotes pleasant activities and encourages participation in socially interactive exercises between residents.
- Reviews the activity schedule daily and assists residents to/from scheduled facility activities (i.e., reminiscence club, tea parties, card games, stretching exercise group, walking club, balloon toss, craft making activities, sing along music, bingo, outdoor gardening projects).
- Provides privacy and respect for normal sexuality and amorous behaviors.
- Provides appropriate care, support and reassurance of belonging for residents with mood distress (i.e., depression, anxiety, fear), difficult behaviors (aggression, agitation, anger, resistance to care, hoarding, rummaging), and amorous behaviors (kissing, hand holding, disrobing, grabbing, genital touching).

D. Applies nutritional interventions to maximize/maintain nutritional health200-300

- Assists resident with thickened liquids and identifies appropriate thickened fluid consistencies as needed.
- Observes residents during meal service for oral/swallow problems present (mouth/tooth pain, ill-fitting dentures, excessive drooling, frequent coughing) and reports issues to the appropriate staff member.
- Identifies the residents who are at risk for problems related to nutrition and hydration and alerts appropriate staff member.
- Assists residents with interventions that will help residents meet their nutritional and hydration needs, according to the plan of care.
- Records accurately height and weight on admission and monthly thereafter to monitor nutrition and hydration status over time, according to facility policy and procedures.
- Reports variations (gain/loss) in weight promptly and reweighs according to facility policy and procedures.
- Recognizes different thickened liquid consistencies before serving.
- Identifies therapeutic diets (calorie-specific, double portions, high-protein, high-fiber, low-salt, low-fat, lactose-free, no added sugar) and the conditions where therapeutic diets are prescribed.
- Distributes dietary supplements/snacks between meals (high protein, high calorie shake, afternoon/evening snack), according to plan of care.
- Recognizes personal, cultural, and religious variations in diet.
- Identifies age-related changes or dietary problems that affect nutrition, digestion, and hydration and reports conditions to the dietary department and registered dietitian.
- Ensures adequate hydration is delivered between meals, according to plan of care.
- Prevents dehydration by encouraging residents to drink fluids, as physician ordered and care planned.
- Provides, monitors and restricts fluids as ordered, verbalizing physiological rationale for restrictions.
- Assists resident's with meal set-up and monitors resident consumption during meals, including proper meal set up and positioning in bed or at dining table.

- Observes and records the amount/percentage of food and fluid consumed after each meal.
- Observes fluid intake between meals and records the amount consumed, at the end of each shift.
- Offers an alternative menu selection, if meal consumption is poor.
- Recognizes potential nutritional problems associated with weight loss and weight gain.
- Recognizes potential problems associated with feeding tubes.

E. Maintains a safe, homelike environment for geriatric residents150-200

- Establishes a safe, clean, comfortable and homelike environment with regard for the resident's preferences.
- Identifies environmental safety hazards, and methods used to prevent accidents, including falls, slips, entanglement and tripping hazards and uses safety precautions when oxygen is in use.
- Maintains and enforces safety precautions related to age of resident.
- Applies and monitors mobility alarms and demonstrates appropriate application according to plan of care.
- Ensures broken or faulty equipment is identified and removal/replacement procedures are implemented immediately per facility/department guidelines.
- Implements appropriate precautions or interventions to prevent wandering, rummaging, elopement, and unsupervised smoking.
- Considers the resident's sensory abilities, cognitive status, and environmental stimuli when providing care.
- Provides visual appliances: eye glasses, magnifying glass, adequate lighting, or reduces glare.
- Maintains and cares for hearing aid, demonstrates lip reading, uses application of appropriate touch/gestures and eliminates unnecessary noises.
- Monitors environment for safety (i.e. working and accessible call signals, low level bed height, non-slip footwear, uncluttered hallways, mop wet floors, cushion sharp edges, prevent tubing entanglement, secure hazardous/poisonous cleaning supplies in a locked area) and equipment for proper maintenance (i.e. bed/wheelchair brakes, oxygen concentrator filters, electrical cords).
- Demonstrates interventions to alter environmental factors that contribute to episodes of sleep disruption.

F. Integrates expanded knowledge of geriatric care in delivery of care practices, makes observations in the care of residents with complex clinical needs and alerts nursing and medical staff to changes in condition.....350-400

- Monitors changes to skin/tissue and identifies residents who are at most risk for problems related to skin breakdown and dry mucous membranes.
- Recognizes the need for maintaining resident's skin integrity by maintaining good oral/body hygiene before/after meals, implementing turn schedules for immobile residents as care planned, and repositioning wheelchair dependent residents every two hours, or as needed.
- Implements skin prevention interventions (i.e. layers of long sleeves, geri-gloves, elbow protectors, floats heels, physical therapy ordered pressure reduction seat cushions, clean/dry skin folds, moisturized dry skin, application of skin barrier cream) to protect fragile aging skin in accordance to the resident care plan.

- Incorporates knowledge of geriatric care of residents with chronic complex clinical needs (monitors vital signs, reduces fatigue, promotes comfort, modifies environment, provides adequate nutrition and good hydration, provides proper positioning).
- Incorporates knowledge of care for residents with chronic or severe pain. Observes and monitor for behavior changes, social isolation and depression.
- Utilizes non-pharmacological pain management measures (light touch, gentle massage, distraction, relaxation, imagery, music).
- Anticipates and implements fall prevention strategies due to impaired balance, activity intolerance, side effects of medications, etc.
- Observes and reports behaviors that may indicate vision problems (i.e., falling, bumping into objects, socially withdrawn, poor eye contact, mismatched clothing).
- Monitors and records bowel function daily and promptly reports any abnormalities.
- Monitors urinary elimination and toilets residents frequently (before/ after meals, activities, hour of sleep) to increase urinary continence and reports changes.
- Provides special care for residents with feeding tubes, indwelling catheters, and special diets.
- Ensures accurate clinical documentation on flow sheets, checklists, and monitoring records.
- Responds to resident’s need for managing discomfort and pain.
- Provides and involves residents in diversional activities to promote increased comfort.

G. Incorporates appropriate interventions in caring for dying residents.....100-150

- Demonstrates the ability to identify and recognize the stages of death.
- Provides an “assisting” role in providing care to a resident during end of life stages or the active stages of dying.
- Participates with Hospice care during end of life or in the active stages of dying.
- Integrates socio/cultural or spiritual care needs during active stages of dying/end of life stages.
- Demonstrates spiritually/culturally sensitive communication with family members.
- Identifies and recognizes advance directive orders.
- Demonstrates palliative bedside care and provides comfort techniques in accordance with care plan.
- Affirms the life of the dying and regards the dying process as a normal process of life.
- Articulates how care is delivered to enhance quality of life until death.
- Demonstrates the ability to utilize a team approach to address the needs of the dying resident, their families and when to summon the licensed nurse.
- Provides postmortem care, according to religious, spiritual or cultural beliefs/values.

Total Approximate Hours 1,350–1,800

RELATED INSTRUCTION OUTLINE
 CERTIFIED NURSE ASSISTANT, GERIATRIC SPECIALTY
 O*NET CODE: 31-1012.00 RAIS CODE: 0824G

Description: The following competency standards represent the core learning objectives for the safe and competent practice in the occupation of Certified Nursing Assistant, Geriatric Care Specialist. Competence implies transference of knowledge and developmental understanding that transcends the on-the-job competencies (skills) in pre-nursing preparation. These Core Competence Standards are intended for theoretical related instruction and lists learning objectives which are designed to enhance the apprentice's performance and ability. It is through the combination of both on-the-job learning and the related theoretical instruction that the apprentice can reach a higher capacity skill level in the occupation. The following are core competency learning objectives that are to be completed during the term of the apprenticeship.

Core Competence Learning Objectives Approximate. Hours

- A. General concepts on aging and body system changes 32**
- Understands the changing demographics of an aging society.
 - Identifies developmental tasks associated with the aging process.
 - Identifies the role(s) of elderly in the home and community, including cultural and religious aspects.
 - Describes the aging process and common myths of aging.
 - Identifies normal sexuality and common myths related to sexuality and aging.
 - Identifies major health problems and chronic care needs of an aged population found in the aging process.
 - Describes basic function of all body systems.
 - Describes abnormal symptoms related to the effects of common diseases and chronic conditions of an aged population.
 - Identifies major biological/physical system changes in the aging process:
 - Respiratory System/Pulmonary Disorders—Chronic obstructed pulmonary disease, bronchitis, asthma, pneumonia, respiratory tract infections, lung cancer, and tuberculosis.
 - Cardiac System/Cardiovascular Disorders - Congested heart failure, coronary artery disease, myocardial infarction, thromboembolism, atherosclerosis, angina, hypertension, hypotension, edema, pacemakers.
 - Hematologic System/Hematologic Disorders – Bleeding disorders, anticoagulation therapy, anemias, sickle cell, Hodgkin's disease, multiple myeloma, liver disease.
 - Urinary System/Urinary Disorders - Types of urinary incontinence, glomerulonephritis, hematuria and provides appropriate indwelling catheter care.
 - Metabolic System/Endocrine Disorders - Diabetes, thyroid disorders, dialysis issues and kidney dysfunction.
 - Integumentary System/Skin Disorders - Ecchymoses, skin tears, skin ulcers, vascular insufficiency (venous stasis vs. pressure) maceration, candidiasis, shingles, herpes zoster, lice/scabies, dry skin.
 - Nervous System/Neurological Disorders - Cerebrovascular accident, transient ischemic attacks, Parkinson's disease, spinal cord injuries, cerebral palsy, paralysis.
 - Gastrointestinal System/Digestive Disorders - anorexia, xerostomia, periodontal disease, diverticular disease, peptic ulcers, gastro esophageal reflux disease, hernias, biliary tract disease, colon cancer, chronic constipation, hemorrhoids, and fecal impaction, rectal prolapsed.

- Musculoskeletal System/Musculoskeletal Disorders - hip fractures, osteoporosis, osteoarthritis, rheumatoid arthritis, podiatry, and contractures.
- Reproductive System/Reproductive Disorders - Acquired Immunodeficiency Syndrome, AIDS, benign prostatic hyperplasia, prostate cancer, vaginitis, prolapsed uterus, post menopause.
- Sight and Hearing/Sensory Disorders: cataracts, glaucoma, hearing loss.

B. Resident condition, quality of life and the specialty nurse assistant role in providing care, care planning and interventions8

- Understands self-care capacity of a resident and identifies appropriate interventions to assist in promoting resident well-being.
- Understands the importance of empowering residents to strengthen capacity, achieve maximum self-care, and helps residents to understand the benefits of achieving their highest level of independence.
- Reviews the major chronic health problems that affect residents and identifies the threats to quality of life that could be associated with these.
- Understands the importance of good skin/oral care in preventing skin breakdown.
- Identifies measures that can empower residents who have chronic health problems.
- Lists the common goals of chronic care.
- Understands the importance of strengthening capacity rather than “doing for” the resident.
- Aware of own behavior, attitudes, actions and the negative/positive affect on aging adults.
- Describes interventions that are appropriate for residents who are experiencing problems related to stress and ineffective coping.
- Alters environmental factors that contribute to rest/sleep.

C. Pharmacological interventions v/s non-pharmacological pain management therapies in the geriatric population 8

- Aware of the physiological benefits of maintaining therapeutic levels of routine medications and the risks of side effects that affect physiological functions.
- Describes the benefits of using non-pharmacological therapies for therapeutic effectiveness (i.e., distraction, imagery, music, humor, participation in activities, exercise, deep breathing).
- Understands the importance of rest, sleep, comfort and recognizes behaviors associated with presence of fatigue, pain or discomfort.

D. Resident activity, rest, and sleep disturbances 8

- Understands special problems that aging adults may experience in achieving exercise.
- Describes what aging aspects can discourage physical activity in residents.
- Identifies age-related changes that affect sleep, rest, and activity.
- Aware of environmental factors (talking, noises, lights, changes in temperatures) which affect sleep and understands what interventions can be incorporated to facilitate sleep.
- Lists stages of sleep and describes the serious effects/complications of sedative use.
- Lists physiological and environmental causes contributing to sleep disturbances.
- Describes effective interventions in assisting a resident during the night (flashlight, cupping hands around ears, stethoscope amplification, day-time coaching).

E. Resident Social Needs and Environmental Safety.....8

- Describes variables that have both a positive affect and a negative affect on socialization in an institutional setting.
- Demonstrates sensitivity to a resident’s emotional, social, and mental health needs.
- Understands the need of an environment that is safe, functional, comfortable, personal, and accommodating or compensating for residents with limitations.

- Describes potential environmental factors that can negatively impact the resident’s fulfillment of needs, preferences, and safety.
- Describe safety risks that could result from chronic health problems of diabetes, hypertension, incontinence, arthritis, and generalized weakness.

F. Sensory Impairments and Communication Strategies8

- Describes communication strategies for residents with language disruptions (aphasia, dysarthria).
- Understands the importance of observation, reporting, and documentation of resident’s physical, physiological, and psychosocial status.
- Identifies ways in which errors in documentation and communication can potentially harm residents.
- Describes hearing/vision impairments that alter the perceived world of the aged (i.e., diplopia, presbyopia, cataracts, glaucoma, macular degeneration, diabetic retinopathy).
- Understands the effects of sensory deprivation and sensory overload.

G. Resident nutrition, hydration, and elimination.....8

- Understands how emotional, social, and cultural factors affect nutritional status.
- Explains regional, cultural, and religious food patterns.
- Describes age-related changes in nutritional and fluid requirements.
- Identifies why adequate hydration is important physiologically and recognizes symptoms of dehydration.
- Identifies clients at nutritional risk and implements measures to minimize weight loss as per care plan.
- Describes the importance of adequate hydration, balanced nutrition, daily exercise, and interactive activities for routine elimination.
- Recognizes symptoms of fecal impaction
- Understands the risk factors/medical complications associated with an indwelling catheter
- Identifies examples of medical conditions that may demonstrate the necessity of catheterization as unavoidable.

H. Death and dying.....6

- Reviews society’s attitude and outlook on death and dying.
- Discusses medical and personal end of life options, including feeling of mortality.
- Examines the differences between comfort measures vs. life sustaining measures.
- Explains the Self-Determination Act and Advanced Directives as legal decision-making documents (i.e., Do not resuscitate, No mechanical ventilation, No nutrition or hydration, No curative remedies).
- Compares palliative care to Hospice care.
- Discusses the needs of a dying person and their family members.
- Explains signs of approaching death and describes the stages of death.
- Describes the roles of the RN, EMT, Physician, coroner, and/or mortician relative to a resident’s death.

- Reviews cultural/spiritual diversity at end of life, including examples of cultural/religious differences towards death.
- Understands facility policies and procedures related to postmortem care of an expired resident.

Total Hours of Related Instruction 86

Individuals who complete the CNA, Geriatric Specialty OJL and related instruction components shall receive a "Certificate of Specialization" credential.