

# RESTORATIVE SPECIALTY SKILL COMPETENCY VERIFICATION CHECKLIST

**Apprentice Name:** \_\_\_\_\_ **Facility:** \_\_\_\_\_

RATING CODE: 4 = Adequate Skills & able to work independently; 3 = Moderate Skills & needs limited supervision; 2 = Limited Skills & requires loose supervision; 1 = No Skills or knowledge in this area. First rating completed and dated by instructor in classroom/lab; Second rating completed by nurse mentor on-the-job.

<b>COMPETENCY &amp; SKILL VERIFICATION RESTORATIVE AIDE</b>	<b>Rating</b>	<b>Date</b>	<b>Rating</b>	<b>Date</b>
<b>A. Mobility: Demonstrate use of appropriate mobility, balance and strengthening exercises, as well as incorporating these into activities of daily living.</b>				
1. Demonstrates appropriate usage of adaptive equipment: large motor & small motor muscles-walkers, canes, crutches, leg braces, orthotic splints, cones, knee immobilizers, prostheses, grab bars, and wheelchairs.				
2. Incorporates fall prevention strategies into delivery of care and verbalizes factors that contribute to falls and implements strategies to minimize fall risks.				
3. Demonstrates the ability to assist residents using appropriate gait patterns during ambulation and recognizes and reinforces the five different categories of weight bearing.				
4. Adapts positioning procedures and supportive devices: repositioning, good body alignment, pressure reduction and adaptive devices to prevent skin breakdown, contractures, etc.				
5. Demonstrates appropriate skills in various types of transfer techniques, including hip fracture precautions.				
6. Provides guidance, instruction and minimizes discomfort during restorative exercises.				
7. Demonstrates basic range of motion, sequence of joint motion and demonstrates use of related equipment to prevent contractures.				
8. Avoids complications that arise from improper positioning and prolonged pressure on pressure points.				
9. Encourages the sit-to-stand technique for strengthening balance and repositioning a resident in a prolonged sitting position.				
<b>Comments:</b>				

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10. Knows the abilities and limitations of each resident before beginning restorative exercises.				
11. Reinforces good body mechanics during mobility exercises and all transfers.				
12. Begins each transfer and ambulation activity with a gait belt.				
13. Demonstrates how to stabilize a resident during ambulation or during loss of balance.				
<b>B. Activities of Daily Living (ADL's): Demonstrate and use task segmentation in assisting a resident to complete ADL's and appropriate use of assistive and adaptive equipment</b>				
1. Encourages self-care and acknowledges the resident's condition and limitations.				
2. Demonstrates the ability to assist residents with self-care and gathers assisting devices and other adaptive equipment.				
3. Demonstrates how to modify the environment to promote the highest level of independence and safety in activities of daily living.				
4. Observes and determines level of assistance needed and conserves the resident's energy during ADL's.				
5. Observes for fatigue and provides rest periods between tasks, as necessary.				
6. Assists with the implementation of dressing/undressing programs, grooming, bathing, toileting, transferring, ambulation/exercise/movement programs and eating/swallowing programs according to restorative procedures and plan of care.				
7. Determines what self-care steps a resident can or cannot do for self and helps the resident to advance toward new steps.				
8. Promotes task segmentation and directs/cues residents with one step at a time in mastering self-care activities and encourages progress to advance steps.				
9. Allows the resident to complete tasks without being rushed.				
10. Encourages residents with praise to progress and provides positive feedback for successful completion of a step or task.				
11. Maintains residents' self esteem, privacy and confidentiality of personal information.				
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12. Eliminates distractions, provides setups: supplies/clothing and prepares the resident for self-care activities.				
13. Provides or assists in providing all assigned residents' ordered tasks within appropriate time frame, using appropriate infection control procedures.				
14. Assists residents to attain/maintain their individual highest functional level of independence.				
<b>C. Restorative dietary, dining, and swallowing disorders</b>				
1. Demonstrates knowledge of the anatomy and physiology of chewing and stages of swallowing.				
2. Observes residents' for symptoms of dysphagia: coughing, choking, wet voicing, reflux, and complaints of discomfort.				
3. Demonstrates knowledge of resident specific goals related to a restorative dining program and determines the level of assistance needed, according to plan of care.				
4. Demonstrates knowledge of swallowing precautions.				
5. Demonstrates correct positioning for meal consumption - table height, distance from table, head midline and slightly forward, lowers chin with each swallow, position of resident's elbows and shoulders.				
6. Observes for food pocketing during meals and provides good oral care after meals.				
7. Provides alternate food choices as per their plan of care.				
8. Demonstrates knowledge of altered liquid consistencies and solid textures of food and fluids.				
9. Observes textures and consistencies of physician-ordered diets and monitors a correct diet order is being served before setting up the meal, or snack or fluid between meals.				
10. Provides a safe, pleasant and positive experience for therapeutic eating and does not mix food together.				
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11. Maintains a calm and relaxed mood during the dining experience.				
12. Reduces meal time distractions for the cognitively impaired resident.				
13. Toilets resident before meals.				
14. Documents dietary intake accurately and notes observations toward progressive planned goals on flow sheets, per facility policy.				
15. Demonstrates use of adaptive equipment: built-up utensils, plate guards, and non-skid material and other accommodations that may be individual to each resident's needs.				
16. Demonstrates common feeding techniques and serves food at proper temperature.				
17. Monitors and ensures adaptive devices/equipment are in place with each meal.				
18. Monitors for fatigue during eating exercises and offers rest periods between foods.				
19. Demonstrates knowledge of hazards of aspiration of food and fluid and/or complications related to swallowing impairments.				
<b>D. Restoring continence: Document response to individualized toileting plans and compile elimination data to determine appropriate toileting plans</b>				
1. Demonstrates knowledge of the anatomy and physiology of the lower urinary and intestinal tracts, and the process of micturition and defecation.				
2. Articulates the different types and causes of urinary and bowel incontinence and the effects of urinary retention, diarrhea and constipation.				
3. Demonstrates knowledge of the restorative role in bowel/bladder retraining programs and the different types of individualized retraining programs (Habit Training, Scheduled Toileting, and Maintenance Programs) including clothing management, hygiene, & adaptive equipment.				
4. Tracks/documents voiding patterns: number of episodes, degree of incontinence upon admission, per facility policy.				
5. Documents resident's responses to retraining or toileting programs, as care planned.				
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6. Establishes and anticipates voiding needs and prevents incontinence.				
7. Reviews voiding patterns and progressively increases toileting times.				
8. Compiles/documents elimination data to determine effectiveness of toileting plans.				
9. Monitors hydration intake to maintain continence and avoid constipation and fecal impaction.				
<b>E. Demonstrates appropriate use of special treatments (heat and cold therapy modalities) according to state-specific regulations</b>				
1. Demonstrates knowledge of hot/cold therapy is an adjunct in rehabilitation and requires a physical therapist's supervision.				
2. Assists with cold/hot packs, under the supervision of a physical therapist.				
3. Demonstrates knowledge that hot packs cause skin-drying effects and can potential burn resident skin.				
4. Prepares hot packs in a thermostatically controlled tank at no more than 79 degrees centigrade.				
5. Applies hot packs over layers of towels for no more than 20 minutes per treatment, under the direct supervision of a physical therapist.				
6. Observes skin under hot packs every 5-10 minutes for burn risk.				
7. Applies cold gel packs or crushed ice wrapped in towel for no more than 10 minutes to achieve a therapeutic effect.				
<b>F. Demonstrates prosthetic care and assistance</b>				
1. Assists in the application, operation and removal of prosthetic devices including dentures.				
2. Demonstrates the use of a slide board transfer.				
3. Assists in prosthetic care, cleaning prosthesis socket daily and monitors skin areas under prostheses for skin changes before and after donning and doffing prostheses.				
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4. Reports changes in resident conditions that affect the use of prosthetic devices including dentures (i.e., pain, swelling, redness, pressure, abrasions, irritations, open areas, weight loss, poorly-fitting devices, missing devices etc.)				
<b>G. Demonstrates techniques for working with clients with aphasia, apraxia, dysarthria, emotional liability and other communication challenges or limitations</b>				
1. Demonstrates knowledge of the anatomy and physiology that relates to speech/language functions of the brain.				
2. Demonstrates strategies for assisting residents with receptive and expressive aphasia.				
3. Recognizes and responds appropriately to different communication impairments due to a resident's inability to express or understand thoughts, speak words that others can understand, absent speech, or hearing loss.				
4. Demonstrates knowledge of and ability to use the communication process related to message, channel, sender and receiver.				
5. Accommodates residents' needs through responding appropriately to verbal/nonverbal expressions of need.				
6. Demonstrates ability to use positive effective non-verbal communication techniques of appropriate touch, simple hand gestures, eye contact, facial expressions, and body posture.				
7. Provides written communication devices when a resident cannot speak or hear. Uses paper/pencil, slates, communication boards, or picture boards to communicate needs.				
8. Recognizes and validates the resident's emotional feelings affected by fear and loss of language skills or other communication disorders.				
9. Recognizes residents' efforts as successful achievements through genuine encouraging and praising words that reduce feelings of helplessness and hopelessness in regaining function.				
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10. Conveys positive feelings of acceptance and validates the resident's feelings.				
11. Supports sensory functions by monitoring and providing care for working hearing appliances.				
12. Adapts tone/pitch of voice, rate of speech and speech clarity for the hearing impaired residents.				
13. Ensures the environment does not hinder effective communication and modifies the environment to reduce background noise and provides adequate lighting for the hearing impaired.				
14. Faces a hearing impaired resident to promote lip reading and avoids talking with hand over mouth or with food/gum in mouth.				
15. Demonstrates the ability to utilize techniques used to manage short and long term memory loss (i.e., reorienting, repetitive routines, cueing, reminiscing, positive emotional support, unhurried task, etc.).				
<b>H. Plan of care, using restorative concepts, documentation and communication skills with the healthcare team</b>				
1. Participates as a member of the healthcare restorative team.				
2. Demonstrates the ability to perform in the "assisting" restorative role towards maximizing resident strengths, accommodating resident needs, progressing towards measurable and desired plan of care goals, while integrating resident choice/preferences and preventing avoidable declines in their functional levels.				
3. Report observations of resident's condition or change in functional status.				
4. Checks plan of care daily for changes in goals, new interventions, discontinued equipment or devices, etc.				
5. Participates in on-coming reports with the healthcare team regarding care and documentation needs of target behaviors, voiding patterns, effectiveness of intervention goals, MDS assessment periods, flow sheet coding, etc.				
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6. Documents daily on flow sheets to accurately record the type of restorative program, resident's functional level (i.e., tolerance, pain, discomfort, change in range; increase/decrease, extremities treated, & progress towards planned goals) duration (time: minutes of treatment), and frequency of function per shift and to identify care needs (i.e., mood, cueing, level of assistance, etc.).				
<b>I. Pain management: Incorporate knowledge of care of residents with chronic pain.</b>				
1. Articulates knowledge in how the physical limitations of chronic pain and discomfort affect quality of life and/or prevent residents from gaining or maintaining their highest level of physical function.				
2. Encourages residents to identify, describe, and measure their feeling of pain/discomfort.				
3. Demonstrates the ability to identify different types of words to describe pain (i.e., dull ache, stabbing, burning, tingling, sharp, shooting, crushing, pinching, cramping, etc.).				
4. Promptly reports descriptive words of pain to the licensed nurse, restorative nurse, and/or physical therapist for assessment, evaluation, determination of cause, and interventions that promote comfort.				
5. Implements adjunctive non-pharmacological interventions (i.e., relaxation, imagery, and distraction), as care planned.				
6. Observes resident's with communication limitations and cognitive impairments for non-verbal behaviors that may be indicative of pain (i.e., decreased activity, guarded movements, grimacing facial expressions, striking out when touched or moved, refusing care, etc.).				
7. Promptly reports non-verbal behaviors to the licensed nurse, restorative nurse, and/or physical therapist that could be caused by residents feeling pain/discomfort.				
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8. Collaborates with the licensed nurse on duty to administer pain medication for desired pain relief or a pain-free effect during restorative programs.				
9. Discontinues the restorative program when behaviors or complaints of pain/discomfort are observed or expressed and reschedules restorative program activities when pain relief is achieved.				
<b>J. Safety Issues: Demonstrate safety in the environment with use and maintenance of equipment</b>				
1. Ensures passageways, hallways and resident rooms are clear of clutter or obstructions for safe access in the use of handrails.				
2. Encourages use of handrails, grab bars, chair arms, walkers, for stabilizing support.				
3. Uses a gait belt for all transfers and ambulation.				
4. Ensures bed brakes, wheelchair brakes, call lights, mobility alarms are properly working.				
5. Observes and secures electrical cording, tubing, linen, etc. are off the floor.				
6. Applies proper non-skid foot ware during ambulation.				
7. Responds to wet floors, places wet floor barriers, and seeks equipment to mop up the wet area.				
8. Observes for uneven surfaces and cues the resident during ambulation.				

Apprentice Signature of Completion: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Mentor Signature of Completion: \_\_\_\_\_ Date: \_\_\_\_\_