



# **Contact Information**

| Questions regarding: testing process • test scheduling • eligibility to test (800) 393-8664  |   |  |  |  |
|--|---|--|--|--|
| Questions regarding: obtaining information on official regulations and guidelines for nurse aides • nurse aide certification • Montana Nurse Aide Registry (406) 444-4980    |   |  |  |  |
| D&SDT-Headmaster, LLP<br>PO Box 6609<br>Helena, MT 59604-6609<br>Email: montana@hdmaster.com<br>Web Site: www.hdmaster.com<br>Montana Nurse Aide TMU©:<br>mt.tmutest.com     | <b>Monday through Friday</b><br>6:00AM — 6:00PM<br>Mountain Time (MT) | Phone #: (800) 393-8664<br>Fax #: (406) 442-3357 |  |  |
| Montana Nurse Aide Registry<br>2401 Colonial Drive, 2 <sup>nd</sup> Floor<br>PO Box 202953<br>Helena, MT 59620<br>Montana Nurse Aide Registry<br>Web Site: <u>cna.mt.gov</u> | <b>Monday through Friday</b><br>8:00AM — 5:00PM<br>Mountain Time (MT) | Phone #: (406) 444-4980                          |  |  |

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# Introduction

Congress adopted the Nursing Home Reform Act in 1987 as part of the Omnibus Budget Reconciliation Act (OBRA '87). This federal law was designed to improve the quality of care in long-term healthcare facilities and define training and evaluation standards for nursing assistants who work in such facilities. Each state is responsible for following the terms of this federal law.

As defined in the OBRA regulations, a nurse aide competency evaluation program provides specific standards for nurse aide-related knowledge and skills. The purpose of the program is to ensure that candidates who are seeking to be nurse aides understand these standards and can competently and safely perform the job of an entry-level nurse aide.

This handbook describes the nurse aide competency examination process and is designed to help prepare candidates for testing. There are two parts to the nurse aide competency examination—a multiple-choice, knowledge/oral test, and a skill test. Exam candidates must be registered, complete approved training, pass both parts of the exam, and meet all other Montana Department of Health and Human Services (MT DPHHS) requirements to qualify for certification as a nurse aide in Montana. Candidates who have not completed an MT DPHHS-approved training program may challenge the state exam one time without training. If the candidate passes the state exam, they qualify to apply for nurse aide certification.

The Montana Department of Health and Human Services has approved Headmaster, LLP to provide tests and scoring services for Montana nurse aide testing. For questions not answered in this handbook, please check the Montana webpage at <u>www.hdmaster.com</u> or contact Headmaster at (800)393-8664. The information in this handbook will help you prepare for your examination.

# Americans with Disabilities Act (ADA)

## **ADA Compliance**

The Montana Department of Public Health and Human Services and Headmaster provide reasonable accommodations for candidates with disabilities or limitations that may affect their ability to perform the nurse aide competency examination. Accommodations are granted in accordance with the Americans with Disabilities Act (ADA).

If you have a qualified disability or limitation, you may request special accommodations for examination. D&SDT-Headmaster must approve accommodations in advance of the examination. Complete the <u>ADA Accommodation Request Application</u> found on the Montana CNA TMU© main page under 'APPLICATIONS' to be reviewed for accommodation.

ADA Accommodation Request Applications submitted without the required supporting documentation of a diagnosed disability will not be reviewed until the required documentation is provided. D&SDT-Headmaster will email you if further documentation or information is required using the email in your TMU© account.

**Please allow additional time for your request to be approved.** If you have questions regarding the ADA review process or specific required documentation, please call D&SDT-Headmaster at (800)393-8664.

# The Montana Nurse Aide Competency Exam

# Payment Information

| Exam Description               | Price |
|--------------------------------|-------|
| Knowledge Exam or Retake       | \$20  |
| Audio Knowledge Exam or Retake | \$31  |
| Skill Exam or Retake           | \$77  |

#### Montana Nurse Aide TMU©

This is the Montana Nurse Aide TMU© main page mt.tmutest.com.



#### **Complete your TMU© Account**

Your initial registration information will be entered in D&SDT-Headmaster's TestMaster Universe (TMU©) software.

**IMPORTANT:** Before you can test, you must sign in to the Montana Nurse Aide TMU© at <u>mt.tmutest.com</u> using your secure Email or Username and Password and complete your demographic information.

• It is highly recommended that you sign in to your account, update your password, and complete your demographic information when you receive your confirmation email from TMU© (check your junk/spam mail) that your account has been created.

If you do not know your Email or Username and Password, enter your email address and click on "Forgot Your Password?" You will be asked to re-enter your email, and a 'reset password link' will be sent to your email (see instructions under 'Forgot your Password and Recover your Account'). If you are unable to sign in for any reason, contact D&SDT-Headmaster at (800)393-8664.

This is the screen you will see the first time you sign in to your TMU© account **with the demographic** *information you need to enter to complete your account*:

| TIMU I Tests O Tra<br>MONTANA CNA<br>Home > Setup Account<br>Setup Account | ainings (3) Profile                                 | Er   | nter the blank * fields<br>and then click on-<br>Finish Account Setup | 1<br>Best |
|--|---|--|---|-----------|
|  | We're Sorry, Your Ac<br>Enter the below information | count Still Needs So<br>ion to finish setting up your ac | ome Info  |           |
| FIRST *  | MIDDLE  | LAST *   | SUFFIX  | _         |
| SOCIAL SECURITY # *  | BIRTHDATE *   |  | PHONE *   |           |
| Encrypted for your safety  |   |  |   |           |
| ADDRESS *  |   |  |   |           |
| Best Student Address   |   |  |   |           |
| CITY *   | STATE *   |  | ZIPCODE *   |           |
| Helena   | MT  | ~  | 59601   |           |
| ! DISCLAIM<br>By complet<br>registry                                       | ER<br>ing your account you consent to your nar      | me and certification status                              | s being publicly listed on the Montana (<br>Finish Accou              |           |

| TMU Tests Q T<br>MONTANA CNA | rainings ③ Profile<br>nas now been set up. |                              | receive the messag<br>count has now beer |  |
|------------------------------|--|------------------------------|--|--|
|                              |  | Welcome, Best!               |  |  |
|                              | Testing                                    |                              | Your Profile                             |  |
|                              |  | Your Certifications          |  |  |
|                              |  | No certifications on record. |  |  |



#### Forgot your Password and Recover your Account

If you have forgotten or do not know your Password, follow the instructions below to reset your password and recover your account. Go to <u>mt.tmutest.com</u>.



| TMU<br>MONTANA CNA  |            |
|---|------------|
|   | Sign In    |
| Click o<br>Forgot Your P  |            |
| TMU<br>MONTANA CNA  | Sign In    |
| Recover Your Account  |            |
| Using your Email Address<br>E-MAIL ADDRESS *<br>Recover Account<br>Type in your Email Address and click on – Recover<br>Account<br>-OR- If you have already completed your account,<br>you can type in the requested data under Using other<br>Information and click on - Recover Account | ZIP CODE * |



| MONTANA CNA<br>Recover Your Account | You will receive the message,<br>We have e-mailed your password reset link! Please allow a few<br>minutes for the email to be delivered. |             |   | Sign In |
|-------------------------------------|--|-------------|---|---------|
|                                     | d reset link! Please allow a few minutes for the   | email to be | e delivered.<br>Using other Information |         |
| E-MAIL ADDRESS *                    | Sur Email Address  |             | LAST 4 OF SSN *                         |         |
|                                     | Recover Account  | OR          | DATE OF BIRTH *                         |         |
|                                     |  |             | LAST NAME *                             |         |
|                                     |  |             | ZIP CODE *                              |         |
|                                     |  |             | Recover Acc                             | ount    |

This is what the email will look like (check your junk/spam folder for the email):

| Reset Password Notification (External) Inbox                  | x   |
|---|---|
| TMU <no-reply@tmutest.com><br/>to me ▼</no-reply@tmutest.com> |   |
|   | TMU   |
|   | Hello!  |
|   | You are receiving this email because we received a password reset request for your account. |
| <i>Click on-</i><br>Reset Password                            | Reset Password  |
|   | This password reset link will expire in 60 minutes.   |
|   | If you did not request a password reset, no further action is required.                     |
|   | Regards,<br>TMU   |
|   | If you're having trouble clicking the "Reset Password" button, copy and paste the           |
|   |   |

**Note:** If you do not reset your password right away, the link does expire in 60 minutes and after that time, you will need to request a new link.



| Reset Your Password                            |   |
|--|---|
| E-MAIL ADDRESS sample@sampleemail.com PASSWORD | <i>Type in your</i><br>Password <i>and</i><br>Confirm Password,<br><i>then click on –</i><br>Reset Password |
| CONFIRM PASSWORD Reset Password                |   |

This is the home screen you will see once you have reset your password:

| TMU Tests O Trainin | igs 🚯 Billing 🔄 Downloads ද් | Profile                      | E Best |
|---------------------|------------------------------|------------------------------|--------|
|                     |                              | Welcome, Best!               |        |
|                     |                              |                              |        |
|                     | Testing                      | Your Profile                 |        |
|                     |                              | Your Certifications          |        |
|                     |                              | No certifications on record. |        |



#### Schedule a Montana Nurse Aide Exam

In order to schedule an examination date, you may either have successfully completed a Montana Department of Health and Human Services approved nurse aide (NA) training program, or you may challenge the state exam.

#### Nurse Aide Training Program Candidates

Your training program will enter your initial training information into the TMU© database. Once your completed account is in the D&SDT-Headmaster TestMaster Universe© (TMU©) Montana CNA database, you may pay your testing fee and schedule your exam date online at the Montana Nurse Aide TMU© webpage at <u>mt.tmutest.com</u> using your email and password (see instructions under 'Schedule/Reschedule a Test Date'). If you cannot sign in with your email, please call D&SDT-Headmaster for assistance at (800)393-8664 during regular business hours, 6:00AM to 6:00PM, MT, Monday through Friday, excluding Holidays.

Securely processed Visa or MasterCard credit/debit card information is required when scheduling online. After testing fees are paid, you will be able to schedule and/or reschedule your test event up to the business day before a scheduled test date of your choice and receive your test confirmation notification online or on the screen while you are logged in.

**NOTE:** Some training programs pre-pay testing fees for their graduating students. Your program/instructor will inform you if this is the case. Prior to scheduling a test, verify with your instructor if the training program has already prepaid for your test.

You may log in with any Internet-connected device. To schedule or reschedule your test date, sign in to the Montana Nurse Aide TMU© webpage at <u>mt.tmutest.com</u> with your email and password.

If you cannot schedule/reschedule online, please call D&SDT-Headmaster at (800)393-8664 during regular business hours, 6:00AM to 6:00PM, MT, Monday through Friday, excluding Holidays, for assistance.

#### Candidates Challenging the State Exam

If you are challenging the state exam, you will need to complete and submit the <u>Montana Nurse Aide</u> <u>Challenge Application</u> in the Montana TMU© under 'APPLICATIONS' at <u>https://mt.tmutest.com/apply/1</u>.

**Note:** You have <u>one opportunity to challenge</u> and pass the exams. If you do not pass your challenge, you must take a class through an approved nurse aide training program.

#### Self-Pay of Testing Fees in TMU©

Testing fees must be paid *before* you can schedule a test date.

Once your training program has completed your training record with completion hours and date, you will receive an email and text message that you are eligible to schedule a test date.

**NOTE:** Some training programs pre-pay testing fees for their graduating students. Your program/instructor will inform you if this is the case. Before scheduling a test, verify with your instructor if the training program has already prepaid for your test.



Securely processed Visa or MasterCard credit/debit card information is required when paying testing fees online.

| TMU Tests V Trai | nings 🚯 Billing 🖞 Downloads 🗐 Profile |                      | E asst   |
|------------------|---------------------------------------|----------------------|--|
|                  | Welc                                  | ome, Best!           | Click on –<br><b>Testing</b>                                       |
|                  |                                       |                      | -or-<br>Click on the <b>Tests</b><br>tab at the top of<br>the page |
|                  | Testing                               | Your Profile         |  |
|                  | Your                                  | Certifications       |  |
|                  | No certi                              | fications on record. |  |

| TMU<br>MONTANA CNA                 | Tests |  | ③ Billing | 🕘 Downloads | Profile              | <mark>ि</mark> ज़   |
|------------------------------------|-------|--|-----------|-------------|----------------------|---|
| Home > Tests Your Tests Scheduling | s     |  |           |             |                      | Under Scheduling, click on<br>the box to the left of Exam to<br>select the test component – a<br>checkmark will appear in the |
|                                    | 4     | EXAM   |           |             | REASON               | box.  |
| ٥                                  |       | Certified Nurse Aide<br>Knowledge Not Eligible |           |             | Payment Required     | Then click on-<br>Add Selected Items to Cart  |
|                                    |       | Certified Nurse Aide<br>Skill Not Eligible     |           |             | Payment Required     |   |
| Tooting Histor                     |       |  |           |             |                      | Add Selected Items to Cart  |
| Testing Histor                     | у     |  |           | No test     | : history on record. |   |



| Home > Cart<br>Cart  |  |  |                   |                  |
|--|--|--|-------------------|------------------|
| Added Certified Nurse Aide Skill to<br>Added Certified Nurse Aide Knowle |  |  |                   | ×                |
| DESCRIPTION  |  | ITEM TYPE  | AMOUNT            |                  |
| Certified Nurse Aide for Sample Student                                  |  | Knowledge  | 20.00             | Remove           |
| Certified Nurse Aide for Sample Student                                  |  | Skill  | 77.00             | Remove           |
| Know<br>beer<br>the<br>click   | will get a message that<br>wledge and Skill tests ha<br>n added to your cart, and<br>Knowledge and Skill Amou<br>c on-<br>with Credit Card | ive<br>d   | \$97.00<br>Pay    | with Credit Card |
| Home > Prepay<br>Prepay to Schedule                                      |  | What You're Paying Fo                                    | or <mark>.</mark> |                  |
|  | DESCRIPTION  | (  | .)                | COST             |
|  | Certified Nurse Aide for Sample Stud   | lent   |                   | 20.00            |
| Enter the Credit   | Certified Nurse Aide for Sample Stud   | lent   |                   | 77.00            |
| Card information<br>and then click on-                                   |  |  | Total:            | \$97.00          |
| Submit Payment<br>You will receive a<br>receipt for the<br>transaction.  | CARDHOLDER NAME<br>EXP MONTH<br>Select Month   | Pay with a Card<br>CARD NUT<br>EXP YEAR<br>Select a year | ARD NUMBER        |                  |
|  | CARDHOLDER ADDRESS   |  |                   |                  |
|  | СІТҮ   | STATE  | ZIP CODE          |                  |
|  |  | Select S   |                   | omit Payment     |



*For special circumstances only:* You may pay your testing fees by filling out and submitting D&SDT-Headmaster's Candidate Payment Form 1402MT with your payment (Money Order, Cashier's Check, Visa or MasterCard credit/debit card only).

Please contact D&SDT-Headmaster via email at <u>montana@hdmaster.com</u> to request the Candidate Payment Form 1402MT.

- If paying with a money order or cashier's check make it payable to **HEADMASTER**.
- If you fax (406)442-3357, your Candidate Payment Form 1402, a credit/debit card payment is required, and a \$5 per candidate Priority Fax Service fee applies.

When you submit a Candidate Payment Form 1402, once processed, you will be sent an email and text message with your Username and Password. Please see the instructions in the 'Complete Your Account' section. Call us immediately if you do not receive an email or text message from D&SDT-Headmaster within five (5) business days of sending/submitting your Candidate Payment Form 1402. If after business hours, leave us a message on the answering machine at (800)393-8664.

**Note:** Candidate Payment Form 1402s with any missing or incomplete information, payment, or signatures will not be processed, and the form will be shredded. If a money order or cashier's check is sent with the form, it will be mailed back to the candidate.

Once your testing fees are paid, you will be eligible to choose a test site and date. To schedule/reschedule a test event, follow the instructions in the next section.

#### Schedule / Reschedule a Test Date

Once your testing fees are paid, you can choose a test site and date.

| TMU<br>MONTANA CNA | Tests | $\mathbb{Q}$ Trainings | ଞ୍ଚି Profile |                     |              |  | Best |
|--------------------|-------|------------------------|--------------|---------------------|--------------|--|------|
|                    |       |                        | Welc         | ome, Best!          |              | Click on –<br><b>Testing</b>                                       |      |
|                    |       |                        |              |                     |              | -or-<br>Click on the <b>Tests</b><br>tab at the top of<br>the page |      |
|                    |       |                        | Testing      |                     | Your Profile |  |      |
|                    |       |                        | Your         | Certifications      |              |  |      |
|                    |       |                        | No certif    | ications on record. |              |  |      |



| Home > Tests<br>Your Tests<br>Scheduling<br>EXAM<br>Montana CN<br>Knowledge Eli<br>MT CNA Skil<br>Skill Eligible   | IA<br>igible  | REASON   | No test history on record.  | All eligible test<br>events will appe<br>in this format.<br>To select a test<br>site and test dat<br>click on –<br>Schedule to the<br>right of the test<br>date you want to<br>schedule into. | e, Schedule<br>Schedule   |
|--|---|--|---|---|---|
| TMU         Image: Tests           Home > Tests         Find Event           TEST DATE         01/12/2023           8:00 AM MST         01/12/2023           12:00 PM MST         12:00 PM MST | Tests   |  | SCHEDULING FOR<br>K Montana CNA Knowledg<br>S Montana CNA Skill<br>K Montana CNA Knowled<br>S Montana CNA Skill | Schedule  |   |
| Schedu   | utest.com says<br>ule into this Event<br>na Nurse Aide Skil     |  | r Montana Nurse Aide<br>ure?  | e Knowledge,<br>Cancel  | To confirm this<br>is the site and<br>date you want<br>to schedule,<br>click on –<br>OK |
|  | 2   |  | to take your kno<br>Your status show<br>your screen also<br>Click on-<br>Test Confirmation                      | wledge and skills   | n note at the top of<br>neduled.<br>rest confirmation                                   |
| Other Hold Equation           Testing History           TEST DATE           01/12/2023           8:00 AM MST           01/12/2023           8:00 AM MST  | EXAM<br>Montana CNA Knowledge<br>Knowledge<br>Montana CNA Skill | PRACTICE TEST SITE<br>PRACTICE TEST SITE<br>Helena, MT<br>PRACTICE TEST SITE<br>Helena, MT | STATUS<br>(TS) Scheduled  | Test Confirmation Page Get Map<br>Test Confirmation Page Get Map  |   |



## **Test Confirmation Letter**

Your test confirmation letter will provide important information regarding where you are scheduled to test (date, time, and address). It can be accessed at any time. (See example below.)

The body of the test confirmation letter will refer you to the candidate handbook that will give you state-specific instructions on what time to arrive, ID requirements, dress code, etc.

**Note:** Failure to read the candidate handbook could result in a no-show status for your test event for not adhering to the testing policies, etc.

#### It is important you read this letter!

| TMU Tests  | 우 Trainings 🚯 Billing 🖞 Downloads 🔅 Profile   | ▶ <b>2</b> 6<br>Best  |
|--|---|---|
| Test Confirmation L  | etter<br>Scheduled Test Confirmation - Montana CNA<br>© Get Map @ Print Page  | Click on-<br><b>Print Page</b><br>to print your   |
| Test Date:<br>Test Time:<br>Test Exam:<br>Test Site:<br>Best Student Address<br>Helena, MT 55601 | 01/12/2023<br>8:00 AM MST<br>Montana CNA Knowledge and Skills<br>PRACTICE TEST SITE (TS)<br>Test Site Address<br>City, State, ZIP   | confirmation letter.<br>Click on-<br><b>Get Map</b><br>to get Google Maps<br>directions to the test<br>site.  |
| <ul> <li>If you are una</li> <li>If you need function</li> <li>Refer to the Nurs</li> </ul>      | GINS AT 2:50 PM MST ON 12/21/2023: <b>ARRIVE AT LEAST 20 MINUTES EARLY TO SIGN</b><br>able to access your account, go to <u>https://mt.tmutest.com</u> , click 'Forgot your Password,'<br>urther assistance, please call D&SDT-Headmaster at 1.800.393.8664.<br><b>e Aide Competency Exam Section</b> of the <b>Montana Nurse Aide Candidate Handbook</b> re-<br>to do so may result in you being turned away from testing and forfeiting your testing feet<br>ndidate Handbook | enter your Email, and follow the instructions.<br>garding requirements for testing and what to expect on your |

Many training programs host and pre-schedule in-facility test dates for their graduating students. Your program/instructor will inform you if this is the case. Before scheduling a test, verify with your instructor if the training program has already scheduled and/or prepaid for your test. Regional test seats are open to all candidates. Regional test dates are posted on the Montana Nurse Aide TMU© site calendar.

If you have any questions regarding your test scheduling, call D&SDT-Headmaster at (800)393-8664 during regular business hours, 6:00AM to 6:00PM, MT, Monday through Friday, excluding Holidays.

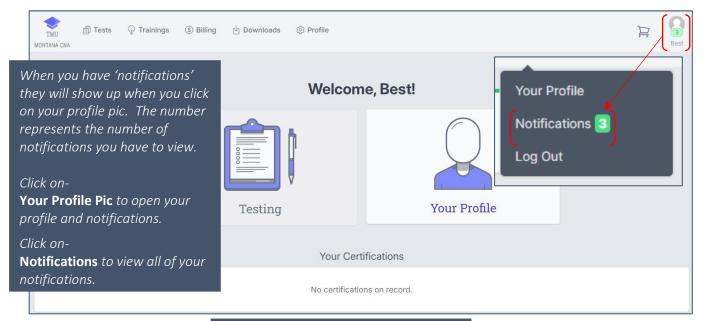
**Note:** Candidates who self-schedule online, or those scheduled by their training programs, will receive their test confirmation at the time they are scheduled.

D&SDT-Headmaster **does not send** postal mail test confirmation letters to candidates.



# **Check/View your TMU© Notifications**

Remember to check your 'notifications' in your TMU© account for important notices regarding your selected test events and other information.



| Home > II<br>Your Noti | nbox                 | Click on-<br>VIEW to open eac | ch of your notifications.            |                         |
|------------------------|----------------------|-------------------------------|--------------------------------------|-------------------------|
| WITH SELEC             |                      |                               |                                      | Clear All Notifications |
|                        | TITLE                | SENT                          | MESSAGE                              |                         |
|                        | Scheduled Into Event | ③ 2 weeks ago                 | You were scheduled into a Test Event | VIEW                    |
|                        | Scheduled Into Event | () 2 weeks ago                | You were scheduled into a Test Event | VIEW                    |
|                        | Test Event Available | () 3 weeks ago                | Click 'View' to see more info        | VIEW                    |
|                        | Scheduled Into Event | ③ 6 years ago                 | You were scheduled into a Test Event | VIEW                    |
|                        | Scheduled Into Event | () 6 years ago                | You were scheduled into a Test Event | VIEW                    |

#### Notification example:

| Home > Inbox > View Notification<br>Scheduled Into Event (© 2 weeks ago    |  |                  |
|--|--|------------------|
|  |  |                  |
| You have been scheduled for Skill Exam Certified Nurse Aide beginning 04/2 | 27/2023 8:00 AM PDT at Test Site ROGUE COMMUNITY COLLEGE - REDWOOD CAMPU | S (TS)           |
| ← Back to All Messages   | 🗓 Send to Trash  | D Mark as Unread |



# Exam Check-In

You must arrive at your confirmed test site between 20 and 30 minutes before your exam starts.

- Testing **begins** promptly at the start time noted.
- You need to make sure you are at the event <u>at least 20 minutes before</u> the start time to allow time to get checked in with the RN Test Observer.
  - *For example*: if your test start time is 8:00AM, you must be at the test site for check-in **no** later than 7:40AM.

#### Note: If you arrive late, you will not be allowed to test.

If you are scheduled for a remotely proctored knowledge exam retake, please see procedures/policies under **'Remotely Proctored Knowledge Exam Option'** in the Knowledge/Audio Exam section.

# **Testing Attire**

There is no testing attire; however, it is recommended that you wear full clinical attire (scrubs and closed-toed shoes).

Bluetooth-connected devices, smart watches, or fitness monitors are not allowed.

#### Identification

You must bring a US GOVERNMENT ISSUED, PHOTO-BEARING, \*SIGNED, NON-EXPIRED FORM OF IDENTIFICATION and your ORIGINAL SOCIAL SECURITY CARD\* (\*an official letter from the Social Security office that has your SS# printed on it is acceptable).

**Only original IDs and** social security cards are accepted. Photocopies, images, faxes, emails, screenshots, and electronic or digitally stored forms of identification (for example, Apple or Google Wallet, etc.) *will not be accepted*.

Examples of the forms of non-expired, US government-issued, \*signed, acceptable photo IDs are:

- State-issued Driver's License
- State-issued Identification Card
- Signed U.S. Passport (Foreign Passports and Passport Cards *are not* acceptable)
  - \* Exception: A signed foreign passport with a US VISA within the passport is acceptable (the VISA does not have a signature)
- Permanent Resident Card (Green Card or Alien Registration Card) / Employment-Work Authorization Card issued by the U.S. Citizenship and Immigration Services (USCIS)
  - \* Accepted without a signature or fingerprint IF ISSUED from January 30, 2023, to the present day. If issued before January 1, 2023, it may contain a fingerprint instead of a signature.
- U.S. Military Identification Card
  - Accepted without a signature or fingerprint but will have a bar code or may contain a fingerprint in place of a signature
- Tribal Identification Card (a signed photo ID with an expiration date (not expired) issued by a <u>federally</u> <u>recognized</u> Tribal Nation/Indian Tribe)

The **FIRST** and **LAST** names listed on your ID and social security card presented to the RN Test Observer during check-in at your test event **MUST EXACTLY MATCH** the FIRST and LAST names that were entered



in the Montana Nurse Aide TMU<sup>©</sup> database by your training program. You may call D&SDT-Headmaster at (800)393-8664 during regular business hours, Monday through Friday, 6:00AM to 6:00PM MT, excluding Holidays, to confirm that your name of record matches your US government-issued ID and Social Security Card, or sign in to your account in TMU<sup>©</sup> at <u>mt.tmutest.com</u>, using your Email or Username and Password, to check or change your demographic information.

If you need to apply for a new Social Security card, please do not schedule your test date until you have received your new card from the Social Security office.

#### Note:

- You will not be admitted for testing if you do not bring proper/valid identification.
  - Check to be positive that your FIRST and LAST printed names on your ID and social security card match your current name of record in TMU©.
  - A driver's license or state-issued ID card with a hole punched in it is <u>NOT VALID</u> and will not be accepted as an acceptable form of ID.
- In cases where names do not match or your IDs are not proper/valid, you will be considered a NO SHOW STATUS, forfeit your testing fees, and have to pay for another exam date.

#### Demographic Updates / Changes / Corrections

Name changes (marriage/divorce, etc.), date of birth changes, social security number corrections, etc., must be verified with appropriate documentation. Please complete the <u>DEMOGRAPHIC</u> <u>CHANGE/CORRECTION REQUEST FORM</u> and upload your demographic change/correction documentation. The form is under 'APPLICATIONS' on the Montana NA TMU© main web page (before you log in to your account), or click on this link: <u>https://mt.tmutest.com/apply/3</u>.

 DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM
 Waiver Student

 This form is to update, change or correct the spelling of your name or update/correct your social security number in your TMU® account.
 Waiver Student

# Instructions for the Knowledge Exam, Remotely Proctored Retake Knowledge Exam, and Skill Tests

Test instructions for the knowledge and skills exams will be provided in written format in the waiting area when you check in for your test. If you are taking a remotely proctored retake knowledge exam, the instructions are in your TMU© account under the 'Downloads' tab.

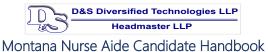
These instructions detail the process and what you can expect during your exam. Please read the instructions **before** taking the knowledge exam or skills test. The instructions will be left in the waiting area during testing for you to refer to throughout your time at the test site. The RN Test Observer and Knowledge Test Proctor will ask questions about the instructions you read when entering the testing rooms.

The Knowledge, Remotely Proctored Retake Knowledge, and Skill Exam Instructions are also available under the 'DOWNLOADS' tab in your TMU© account. \*Refer to the 'Access the Candidate Handbook and Testing Instructions' section of this handbook for instructions.

# **Testing Policies**

The following policies are observed at each test site—

- Make sure you have signed in to your TMU© account at <u>mt.tmutest.com</u> before your test date to update your password and complete your demographic information. Refer to this handbook's 'Completing Your Account' section for instructions and information.
  - If you have not signed in and completed/updated your TMU© account when you arrive for your test, you may not be admitted to the exam and any exam fees paid will NOT be refunded.
- Testing begins promptly at the start time noted on your confirmation. If you arrive late for your confirmed exam (you need to be at the test site to check in at least 20 to 30 minutes before your scheduled start time if your test start time is 8:00AM, you need to be at the test site by 7:40AM at the latest), you will not be admitted to the exam. Any exam fees paid will NOT be refunded.
- If you do not bring valid and appropriate US government-issued, non-expired, \*signed photo ID and original social security card (or letter from the Social Security office), you will not be admitted to the exam, considered a no-show status, and any exam fees paid will NOT be refunded.
  - If the FIRST and LAST names listed on your ID and social security card (or letter from the Social Security office) presented to the RN Test Observer during check-in at your test event DO NOT MATCH the FIRST and LAST names that were entered in the Montana Nurse Aide TMU© database, you will not be admitted to the exam and any exam fees paid will NOT be refunded.
- If you refuse to show the RN Test Observer your required ID and social security card (or letter from the Social Security office), you will not be allowed to test. You will be asked to leave the test site, which is considered a no-show status, and any exam fees paid will NOT be refunded.
- If you do not conform to all testing policies, you will not be admitted to the exam, and any exam fees paid *will NOT be refunded*.
- If you are a no-show status or do not show up for your exam day, any test fees paid will NOT be refunded. You must re-pay your testing fees online in your TMU<sup>©</sup> account to schedule another exam date.
- <u>PERSONAL ITEMS</u>: Such as water bottles, briefcases, large bags, study materials, extra books, or papers) are not permitted to be on or near you in the testing room. The testing team will inform you of the designated area to place your personal items, and you will collect these items when you complete your test.
- <u>ELECTRONIC DEVICES</u>: Cell phones, smartwatches, fitness monitors, electronic recording devices, and Bluetooth-connected devices are not permitted to be on or near you in the testing room. The testing team will inform you of the designated area to place your electronic devices, and you will collect these items when you complete your test.
  - All electronic devices must be **turned off**.
  - Smartwatches, fitness monitors, and Bluetooth-connected devices must be removed from your wrist/body.



- Anyone caught using any electronic recording device during testing will be dismissed from the exam, have their test scored as a failed attempt, forfeit all testing fees, reported to your training program and the Montana Department of Health and Human Services, and will not be permitted to test for 6 months. You may, however, use personal devices during your free time in the waiting area.
- You are encouraged to bring a jacket, snack, drink or study material to have while waiting to test.
- Translation dictionaries, devices or non-approved language translators are not allowed.
- The testing team will provide scratch paper and a basic calculator.
- You may not remove any notes or other materials from the testing room.
- You are not permitted to eat, drink, smoke, use e-cigarettes or vape during the exam.
- You are not allowed to leave the testing rooms once the exam has begun *for any reason*. If you do leave during your test event, you will not be allowed back into the testing rooms to finish your exams.
- If you are discovered cheating, causing a disturbance of any kind, engaging in any misconduct, are visibly impaired, or trying to take any notes or testing materials from the testing room, you will be dismissed from the exam, your test will be scored as a failed attempt, and you will be reported to your training program and the Montana Department of Health and Human Services.
- Test sites, RN Test Observers, and Knowledge Test Proctors are not responsible for the candidate's personal belongings at the test site.
- No visitors, guests, pets (including companion animals) or children are allowed.
  - Service animals with an approved ADA accommodation in place are allowed.
- You may not test if you are ill (sick). Call D&SDT-Headmaster at (800)393-8664 immediately to reschedule (see the <u>note</u> below).
  - You may not test if you have any physical limitation (excluding pre-arranged ADAs) that would prevent you from performing your duties as a nurse aide. (Examples: cast, arm/leg braces, crutches, etc.). Call D&SDT-Headmaster at (800)393-8664 immediately to reschedule if you are on doctor's orders (see the <u>note</u> below).

**<u>NOTE</u>**: Please see this handbook's 'Reschedule a Test Date' and 'No-Show Exceptions' sections.

- $\rightarrow$  Reschedules will not be granted less than one (1) full business day before a scheduled test date.
- Liabilities Not Assumed: Headmaster WILL NOT BE LIABLE FOR ANY DAMAGES IN EXCESS OF THE EXAMINATION FEES THAT HAVE BEEN PAID BY YOU OR ON YOUR BEHALF. In no event shall D&SDT-Headmaster, including and without limitation, agents, contractors, test sites, employees and affiliates, be liable for any special, incidental or consequential damages, including, without limitation, loss of profits or income. D&SDT-Headmaster will not be liable for, nor will any adjustment, refund, or credit of any kind be given as a result of, any loss, damage, delay, misdelivery, non-delivery, misinformation, or any failure to provide information, except such as may result from our sole negligence. We will not be liable for, nor will any adjustment, refund or credit of any kind be given as a result of any loss, damage, delay, misdelivery, misinformation or failure to provide information caused by or resulting in whole or in part from:



- The act, default or omission of any person or entity, other than, including contractors, test sites or any local, state or federal government agencies.
- Your violation of any of the terms and conditions contained in the applicable candidate handbook for your certification test, as amended or supplemented, or your failure to give proper notice in the manner and time prescribed.
- Acts of God, public enemies, criminal acts of any person(s) or entities, including, but not limited to, acts of terrorism, civil commotion, local or national weather conditions, national or local disruptions in air or ground transportation networks (as determined solely by us), strikes or anticipated strikes (of any entity, including, but not limited to, delivery services, vendors or suppliers), labor disruptions or shortages caused by pandemic conditions or other public health events or circumstances, natural disasters (earthquakes, floods, tornadoes and hurricanes are examples of natural disasters), conditions that present a danger to our personnel, and disruption or failure of communication and information systems (including, but not limited to, our systems).
- The loss of personal or financial information submitted to us for payment for services via personal email, fax or phone transmission, the United States Postal Service or other mail carriers except such as is a result of our sole negligence.
- Limitations on Legal Actions: Our certification testing services do not make us an agent for any contractor or any third party for any purpose. Any right you might have to damages, refunds, credits, fees or any other legal or equitable relief whatsoever against us under any cause of action arising from our certification testing services pursuant to the applicable state candidate handbook shall be extinguished unless you file an action within thirty days from the date of your claimed damage or loss. Any right that you might have to damages, refunds, credits, or any other legal or equitable relief whatsoever against us under any cause of action arising from our providing you with certification testing services as outlined in the applicable state candidate certification test handbook shall be extinguished unless you first comply with all applicable notice periods and requirements in these terms and conditions including, but not limited to, the periods and requirements for providing notice as outlined in the applicable state candidate certification test handbook.
  - Finally, you and we agree that you will comply with applicable notice periods and requirements even if you believe that such compliance will not result in relief from us or if you lack knowledge regarding whether such compliance will result in relief from us. To the extent that any court finds that state rather than federal law applies to any provision of our agreement to provide you with certification testing services, the controlling law is the substantive law of the state of Montana.
- Please refer to this Montana Nurse Aide Candidate Handbook before your test day for any testing and/or policy updates.
- The Candidate Handbook can also be accessed within your TMU<sup>©</sup> account under your 'Downloads' tab.



#### Access the Candidate Handbook and Testing Instructions

| TMU Tests        | ♀ Trainings   | ا بان Billing     | Downloads       | Profile                |               |              |   | <u>]</u> .       | 2<br>Best    |
|------------------|---------------|-------------------|-----------------|------------------------|---------------|--------------|---|------------------|--------------|
|                  |               |                   |                 | Welcom                 | e, Best!      |              |   |                  |              |
|                  |               | Ţ                 | Testing         | 1                      |               | Your Profile |   |                  |              |
|                  |               |                   |                 | Your Certi             | fications     |              |   |                  |              |
|                  |               |                   |                 | No certification       | ns on record. |              |   |                  |              |
| Home > Downloads |               |                   |                 |                        |               |              |   |                  |              |
| Downloads        |               |                   |                 |                        |               |              | Click on-   |                  |              |
|                  | MT NURSE AII  | DE CANDIDATE HA   | ANDBOOK         |                        |               | DOWNLOAD     | <b>Download</b><br>to open the<br>Nurse Aide (<br>Handbook. |                  |              |
|                  | NURSE AIDE: I | KNOWLEDGE TEST    | T INSTRUCTIONS  | 5                      |               | DOWNLOAD     | The Knowled<br>Remotely Pr                                  |                  | ed           |
|                  | NURSE AIDE: S | SKILL TEST INSTRU | JCTIONS         |                        |               | DOWNLOAD     | Knowledge o<br>Exam Instru<br>be download                   | and Sl<br>ctions | kills<br>can |
|                  | NURSE AIDE: I | Remotely Proctore | ed Knowledge Ex | kam Instructions (Reta | ikes Only)    | DOWNLOAD     | as well.  |                  |              |

#### **Security**

If you are caught cheating, refuse to follow directions, use abusive language, disrupt the examination environment, or are visibly impaired, your test will be stopped and scored as a failed attempt. You will be dismissed from the testing room and forfeit any testing fees paid. A report of your behavior will be given to your training program and the Montana Department of Health and Human Services. You will not be allowed to retest for a minimum period of six (6) months.

Anyone who removes or tries to remove test material or takes notes or information from the test site will be reported to their training program and the Montana Department of Health and Human Services and is subject to prosecution to the full extent of the law. Your test will be scored as a failed attempt, and you will forfeit any testing fees that have been paid. You will not be allowed to retest for a minimum period of six (6) months.



If you give or receive help from anyone during testing (which also includes the use of any electronic recording devices such as cell phones, smart watches, or navigating to other browsers/sites during an electronic exam, etc.), your test will be stopped, you will be dismissed from the testing room and your test will be scored as a failed attempt. You will forfeit any testing fees paid. You will be reported to your training program and the Montana Department of Health and Human Services.

#### **Reschedule a Test Date**

All candidates can reschedule online in their TMU© account using their Email or Username and Password any time up until **one (1) full business day** preceding a scheduled test day, **excluding** Saturdays, Sundays and Holidays.

You may reschedule an exam date by signing in to your TMU© account at <u>mt.tmutest.com</u> using your Email or Username and Password. (See instructions with screen shots under 'Schedule/Reschedule a Test Date'.)

**Example:** If you are scheduled to take your exam on a Saturday, Sunday or Monday, you would need to reschedule the Thursday before your scheduled exam.

| The scheduled test date is on a: | Reschedule the previous: |
|----------------------------------|--------------------------|
| Monday                           | The previous Thursday    |
| Tuesday                          | The previous Friday      |
| Wednesday                        | The previous Monday      |
| Thursday                         | The previous Tuesday     |
| Friday                           | The previous Wednesday   |
| Saturday                         | The previous Thursday    |
| Sunday                           | The previous Thursday    |

**Note:** Reschedules will not be granted less than one (1) full business day before a scheduled test date.

#### **Refund of Testing Fees Paid**

Requesting a refund of testing fees paid is different than rescheduling a test date. Requesting a refund means that you are not interested in taking the Montana Nurse Aide exam at all.

#### Scheduled in a Test Event

 If you are scheduled in a test event, a refund request of testing fees paid must be made by filling out and submitting the <u>Refund Request Form</u> on D&SDT-Headmaster's main webpage at <u>www.hdmaster.com</u> at least **one (1) full business day** before your scheduled test event (excluding Saturdays, Sundays and Holidays). No phone calls will be accepted.

**Example:** If you are scheduled to take your exam on a Saturday, Sunday, or Monday, you would need to request a refund by the close of business on the Thursday before your scheduled exam. D&SDT-Headmaster is open until 6:00PM Mountain Time.

2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund fee.



3) Refund requests must be made within thirty (30) days of payment of original testing fees with Headmaster. Any requests for refunds made beyond 30 days of the original payment of testing fees with Headmaster will not be issued.

#### Not Scheduled in a Test Event

- Refund requests must be made within thirty (30) days of the original payment of testing fees with Headmaster. Any requests for refunds made beyond 30 days of the original payment of testing fees with Headmaster will not be issued.
- A refund request for testing fees paid must be made by filling out and submitting the <u>Refund</u> <u>Request Form</u> on D&SDT-Headmaster's main webpage at <u>www.hdmaster.com</u>. No phone calls will be accepted.
- 3) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund fee.

#### **Unforeseen Circumstances Policy**

If you are scheduled to test at your training program site, your instructor will inform you of any exam cancellations.

If a Regional exam date is canceled due to an unforeseen circumstance, D&SDT-Headmaster staff will make every effort to contact you using the contact information (phone number/email) we have on file in your TMU© account to reschedule you, for no charge, to a mutually agreed upon new test date.

Therefore, you must keep your contact information up to date in case we need to contact you (\*see examples below for reasons we may not be able to contact you that you are responsible for.)

If D&SDT-Headmaster is unable to reach you via phone call or email with the information in your TMU© account (\*see examples below) in the event of an unforeseen circumstance for a test event you are scheduled for, you will be taken out of the test event, and D&SDT-Headmaster will not reschedule you until we hear back from you.

**NOTE:** The \*<u>examples</u> listed below are your responsibility to check and/or keep updated.

- If D&SDT-Headmaster leaves you a message or emails you at the phone number or email in your TMUC account and:
  - you do not call us back in a timely manner,
  - your phone number is disconnected/your voicemailbox is full,
  - you do not check your messages in a timely manner,
  - you do not check your email or reply to our email in a timely manner,
  - Your email is invalid, or you are unable to access it for any reason.

See more information under 'No-Show Exceptions.'

#### **No-Show Status**

If you are scheduled for your exam and do not show up without notifying D&SDT-Headmaster at least one (1) full business day before your scheduled testing event, *excluding* Saturdays, Sundays, and Holidays, or if you are turned away for lack of proper identification, original social security card (or letter from the Social Security office), proper attire, or any other reason to deem you ineligible to test, you will be considered a **NO-SHOW STATUS.** You will forfeit all fees paid and must submit a new testing fee to schedule yourself for a new test event.

These fees partially offset D&SDT-Headmaster cost incurred for services requested and resulting work that is performed. If a reschedule or refund request is not received before the one (1) full business day preceding a scheduled test event, *excluding* Saturdays, Sundays, and Holidays (see examples under Reschedules and Refund of Testing Fees Paid), a no-show status will exist. You will forfeit your testing fees and must repay the full fee to secure a new test event.

#### No-Show Exceptions

Exceptions to the No Show status exist; if you are a No Show for any test component for any of the following reasons, a free reschedule will be authorized to the remitter of record, providing **the required documentation is received within the appropriate time frames outlined below.** 

**Note:** When providing documentation for a no-show exception, it is your responsibility to contact D&SDT-Headmaster to confirm that any documentation faxed, emailed, or mailed has been received.

- <u>Car breakdown or accident</u>: D&SDT-Headmaster must be contacted within one business day via phone call, fax, or email, and a tow bill, police report, or other appropriate documentation showing your name and the provider of service name must be submitted within three (3) business days of the exam date. If we do not receive proof within three business days, you will have to pay as though you were a no-show.
- <u>Weather or road condition-related issue</u>: D&SDT-Headmaster must be contacted within one business day via phone call, fax, or email, and a road report, weather report, or other appropriate documentation must be submitted within three (3) business days of the exam date. If we do not receive proof within three business days, you will have to pay as though you were a no-show.
- <u>Medical emergency or illness</u>: D&SDT-Headmaster must be contacted within one business day via phone call, fax, or email, and a doctor's note showing your name and the provider's name (or on the provider's letterhead) must be submitted within three (3) business days of the missed exam date. If we do not receive proof within three business days, you will have to pay as though you were a no-show.
- <u>Death in the family</u>: D&SDT-Headmaster must be contacted within one business day via phone call, fax, or email, and an obituary showing your name and the provider's name or a letter on your behalf from the funeral home for immediate family only be submitted within seven (7) business days from a missed exam date. If we do not receive proof within seven business days, you will have to pay as though you were a no-show. (Immediate family includes parent, grand and great-grandparent, sibling, children, spouse, or significant other.)



- <u>Remotely proctored testing issues</u>: D&SDT-Headmaster must be contacted within one business day via phone call, fax, or email, and appropriate documentation showing your name and the provider of service name must be submitted within three (3) business days of the exam date. If we do not receive proof within three business days, you will have to pay as though you were a no-show.
  - Internet outage or issue: Documentation showing your name and the provider of service name from the Internet provider showing outage date and times.
  - **Computer or cell phone issue:** If the computer or cell phone fails to work, documentation showing your name and the provider of service name from a computer repair technician/shop or other appropriate documentation.

#### **Test Results**

After you have completed both the Knowledge and Skills Exams components of the competency exam, your tests will be officially scored and double-checked. Official test results will be available by signing in to your TMU© account after 6:00PM (MT) the business day after your test event.

**Note:** D&SDT-Headmaster does not send postal mail test result letters to candidates.

Sign in to your TMU© account at <u>mt.tmutest.com</u> to view your test results. (Refer to the screenshots below.)

| TMU<br>MONTANA CNA | Tests | 년 Downloads | Profile |        |           |              | Click or<br><b>Testin</b> |                    | Best |
|--------------------|-------|-------------|---------|--------|-----------|--------------|---------------------------|--------------------|------|
|                    |       |             |         | Welcom | ne, Best! |              | -or-                      | n the <b>Tests</b> |      |
|                    |       | Test        |         |        |           | Your Profile | tab at t<br>the pag       | the top of<br>ge   |      |



#### Home > Tests Your Tests Scheduling EXAM REASON Certified Nurse Aide Current Certification Knowledge Not Eligible Click on – Details to view your results. Certified Nurse Aide Current Certification Skill Not Eligible Click on Print Test Results to print your results. Testing History TEST DATE EXAM TEST SITE STATUS 01/12/2023 Montana CNA Knowledge PRACTICE TEST SITE (TS) Details Print Test Results Passed 8:00 AM MST Helena, MT Montana CNA Skill 01/12/2023 PRACTICE TEST SITE (TS) Details Print Test Results Failed 8:00 AM MST Skill Helena, MT

#### Knowledge Exam Test Results Example:

| ← Back  | t |
|---|---|
| HEADMASTER, LLP<br>P.O. BOX 6609, HELENA, MT 59604-6609<br>800-393-8664 — FAX: 406-442-3357 WWW.HDMASTER.COM  |   |
| MONTANA CERTIFIED NURSE AIDE EXAM RESULTS REPORT  |   |
|   |   |
|   |   |
| TEST DATE: Monday, September 20, 2021   |   |
| Dear Makayla,   |   |
| You have <b>passed</b> the knowledge portion of the Certified Nurse Aide exam.<br>Your overall knowledge test score is 78.67%.  |   |
| Any weaknesses indicated in your test results are listed below:   |   |
| Knowledge Exam Results By Subject Area  |   |
|   |   |
| Safety 88%  |   |
| Communication 80%   |   |
| Infection Control 56%   |   |
| Client Rights 100%  |   |
| Data Collection 100%  |   |
| Basic Nursing Skills 73%  |   |
| Role / Responsibility 86%   |   |
| Disease Process 80%   |   |
| Mental Health 100%  |   |
| Personal Care 63%   |   |
| Care Impaired 67%   |   |
| Aging Process and Restorative Care 80%  |   |
| Vocabulary words to study: pressure ulcer, perineal care, incontinence, tendons, decubitus ulcer, deeper tissue, infection control, infection control, fire safety, medications, elderly, fraud, catheter, shaving, transporting food, dehydration, isolation precautions, disease process, anti-embolitic stocking |   |



#### *Skill Exam Test Results Example:*

| ← Back  |
|---|
| HEADMASTER, LLP<br>P.O. BOX 6609, HELENA, MT 59604-6609<br>800-393-8664 — FAX: 406-442-3357 WWW.HDMASTER.COM  |
| MONTANA CERTIFIED NURSE AIDE EXAM RESULTS REPORT  |
|   |
| IMPORTANT TEST RESULTS  |
| TEST DATE: Thursday, September 30, 2021   |
| Dear Makayla,   |
| You have <b>failed</b> the skill portion of the Certified Nurse Aide exam.<br><b>80%</b> or better on each skill task without missing any <b>Key Steps</b> to pass the skills test. |
| Any weaknesses indicated in your test results are listed below:   |
| Skill Exam Incomplete Steps   |
| Pivot-Transfer Resident from Bed to Wheelchair using a Gait Belt<br>Properly places gait belt around residen  |
| Manual Skill Task(s) Failed: Pivot-Transfer Resident from Bed to Wheelchair using a Gait Belt   |

**Note:** D&SDT-Headmaster does not issue certification. (See instructions under 'Montana Nurse Aide Registry Certification'.)

#### **Test Attempts**

You have **three (3) attempts** to pass the competency exam's knowledge and skills test portions within six (6) months from your date of nurse aide training program completion. After six months, your training expires, and you are no longer eligible to test based on this training cycle.

#### **Challenge Candidates**

If you are a challenge candidate who has challenged the state exam and failed any portion of the exam (knowledge or skills), you will not be allowed to retest until you have completed an MT DPHHS-approved training program. A list of approved training programs is available on the MT DPHHS website, www.cna.mt.gov.

#### **Montana Nurse Aide Registry Certification**

After you have successfully passed both the knowledge and skills test components of the nurse aide exam, your test results will be sent electronically to the Montana Department of Health and Human Services (DPHHS) by D&SDT-Headmaster.

To receive your certification, you will need to fill out and submit the <u>Montana DPHHS Certified Nurse</u> <u>Aide Application</u> available on the Montana DPHHS website at:

https://mt-reports.com/portal/CertificateRequest.aspx?LicenseTypeID=3755



Certification is issued by the Montana Department of Health and Human Services (DPHH) after you have completed all requirements. You may check their website at <u>www.cna.mt.gov</u> for your certification number approximately 10-14 days after successfully submitting your Certified Nurse Aide Application on the Montana DPHHS website (see link above).

#### **Retaking the Montana Nurse Aide Exam**

If you fail the knowledge and/or skill portion of the exam, when you want to apply for a retest, you will need to repay for your retake before you can schedule a new exam date. You can pay with a VISA or MasterCard credit/debit card. (See instructions under 'Self-Pay of Testing Fees'.)

You can schedule a test or re-test online by signing in to your TMU© account at <u>mt.tmutest.com</u>. (See instructions under 'Schedule/Reschedule a Test Date'.)

If you need assistance scheduling your re-test, please call D&SDT-Headmaster at (800)393-8664 during regular business hours, 6:00AM to 6:00PM, Monday through Friday, MT, excluding Holidays. We can assist you in scheduling a test or re-test date as long as your fees have been paid first.

#### Knowledge Only Retakes – Remotely Proctored Knowledge Exam Option

For a knowledge retake only, you can take the exam with a remote proctor from your home, etc. Please see the information in this handbook's 'Remotely Proctored Knowledge Exam Option – Retakes Only.'

#### **Test Review Requests**

You may request a review of your test results or dispute any other testing condition.

**\*PLEASE READ BEFORE FILLING OUT THE TEST REVIEW REQUEST:** Please call D&SDT-Headmaster at (800)393-8664 during regular business hours, Monday through Friday, 6:00AM to 6:00PM MT excluding Saturdays, Sundays, and Holidays, and discuss the test outcome you are questioning before committing to sending the \$25 test review request deposit fee. Once you have further details about the scoring of your test, you will often understand the scoring process and learn how to prepare yourself better for subsequent exam attempts. If, after discussion with D&SDT-Headmaster staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request.

There is a \$25 non-refundable test review deposit fee. To request a review, complete the <u>Test Review</u> <u>Request and Payment Application</u>, available on the Montana NA TMU© main page (before you log in to your account) at <u>mt.tmutest.com</u>. Test Review Requests must be received within three (3) business days from the official scoring of your test (excluding Saturdays, Sundays, and holidays). Late requests will be denied and will not be considered.

Since one qualification for certification as a nurse aide in Montana is demonstrated by examination of minimum nurse aide knowledge and skills, the likely outcome of your review will determine who pays for any re-tests granted. The purpose of this review process is to ensure fairness and accuracy in the evaluation of your test. If, after investigation, the review finding is in your favor, you will be refunded the \$25 test review deposit. If the finding of the review is *not in your favor*, the \$25 test review deposit will stand, and the fee is non-refundable. D&SDT-Headmaster will review your detailed recollection, your knowledge test markings, and any skill task measurements you recorded at the time of your test,



in addition to reviewing markings, notations, and measurements recorded by the RN Test Observer at the time of your test. We will interview the RN Test Observer, Actor, or Knowledge Test Proctor about the facts detailed in your dispute documentation. D&SDT-Headmaster will re-check the scoring of your test and may contact you and/or the RN Test Observer, Actor and/or Knowledge Test Proctor, and other candidates who were on-site at your test event for any additional information about the test event.

D&SDT-Headmaster cannot review test results or reviews with the candidate's instructor/training program. After a candidate reaches the age of 18, D&SDT-Headmaster will only discuss test results or test reviews with the candidate. D&SDT-Headmaster will not review test results or reviews with family members or anyone else on behalf of the candidate once the candidate is 18. D&SDT-Headmaster will complete your review request within ten business days of receiving your timely review request and will email the review results to your email address.

# The Knowledge/Audio Exam

## Knowledge Exam Content

The Knowledge Exam consists of 72 multiple-choice questions. Questions are selected from subject areas based on the MT DPHHS-approved Montana test plan and include questions from all the required categories as defined in OBRA regulations. The subject areas are as follows.

| Basic Nursing Skills             | 11 |
|----------------------------------|----|
| Care Impaired                    | 5  |
| Communication                    | 6  |
| Data Collection                  | 3  |
| Disease Process                  | 5  |
| Infection Control                | 11 |
| Mental Health                    | 4  |
| Older Adult Growth & Development | 2  |
| Personal Care                    | 7  |
| Resident Rights                  | 5  |
| Role and Responsibility          | 5  |
| Safety                           | 8  |

#### Knowledge Exam Subject Areas



## **Knowledge/Audio Exam Information**

The knowledge/audio exam is offered in English only.

You will be required to re-present your ID when entering the knowledge test room and the skills. Please keep your ID with you during the entire exam day.

The Knowledge Test Proctor will provide instructions for taking the Knowledge Exam.

You will have a maximum of **ninety (90) minutes** to complete the **72-question** multiple-choice Knowledge/Audio Exam. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Exam (such as "What does this question mean?").

#### You must have a 75% or better score to pass the knowledge portion of the exam.

Electronic testing using TMU© internet-connected computers is utilized at all sites in Montana. The knowledge exam portion of your exam will be displayed on a computer screen for you to read and key/tap or click in your answers.

**NOTE:** You will need your TMU© Username or Email and Password to sign in to your knowledge exam in your TMU© account. The Knowledge Test Proctor will provide you with a code at the test event to start your test. Please see the information under 'Complete Your Account' to sign in to your TMU© account.

Scratch paper will be provided by the Knowledge Test Proctor if needed. If you wish to use a basic calculator for any portion of the knowledge exam, you may request one from the test proctor. You may not use a cell phone or computer calculator.

All test materials must be left in the testing room. Anyone who takes or tries to take materials, notes, or information from the testing room is subject to prosecution and will be reported to their training program and the Montana Department of Health and Human Services.

Foreign translation dictionaries (either paper format or electronic), translating devices, or non-approved language translators *are not allowed*.

An audio (oral) version of the knowledge test is available in English and is only offered electronically. However, you must request an Audio exam before you submit your testing fee payment. To select the Audio version of the knowledge exam, follow the instructions with screenshots in 'Select an Audio version of the Knowledge Exam'.

#### Select an Audio Version of the Knowledge Exam

With the Audio version of the knowledge exam, the questions are neutrally read to you and can be heard through wired headphones or earbuds plugged into the computer (Bluetooth-connected devices are not allowed). When taking an Audio exam, the audio control buttons will be displayed on the computer screen, enabling you to play, rewind, or pause questions as needed.

Check the 'Enable Audio Testing' to receive an Audio version of the Knowledge Exam:

| TMU 🖺 Tests 🔅 Trainings \$ Billing 🛓 Di<br>MONTANA CNA   | ownloads 🛛 🕲 Profile 🔵                             |                                |                           |  | ₽<br>Sam                       | <b>)</b><br>nple |
|--|--|--------------------------------|---------------------------|--|--------------------------------|------------------|
| O Logged in as Student Sample Candidate  |  |                                | Click on –<br>Your Profil |  | ×                              | :                |
|  | Welcome,   | Sample!                        |                           |  |                                |                  |
|  | Testing  | Your Pro                       | file                      |  |                                |                  |
| Profile<br>Change this information to customize your account.<br>Username *<br>Used for logging in | iexample   |                                |                           | Remembe<br>the 'Enable<br>Testing' <mark>BE</mark><br>SCHEDULE | e Audio<br><mark>FORE Y</mark> | )                |
| Email *<br>Change Password<br>Leave the fields blank to keep it the same                           | IMA.EXAMPLE@GOOGLE.COM                             |                                | CONFIRM NEW PASSW         | knowledge  | e exam                         |                  |
| Date of Birth *  | 09/01/2001   |                                |                           | the left of<br>Audio Test                                      | Enable<br>ing <i>to</i>        | È                |
| Gender *   | MALE SFEMALE OTHE                                  | R                              |                           | choose the<br>option of t                                      | the                            |                  |
| Phone  | PHONE (555) 888-9999 UNLISTED from phone and maili | ng lists                       | ALTERNATE PHONE           | knowledge<br>Then click<br>Changes at                          | Save                           | ·                |
| Notifications  | RECEIVE TEXT MESSAGE NOTIFI                        | ICATIONS (requires valid phone | number)                   | bottom of<br>screen to s                                       | the                            |                  |
| Testing Preferences  | ()   |                                |                           |  |                                |                  |
| Address * Theme Choose which application theme you prefer  | ADDRESS  | ~                              |                           |  | Save Changes                   |                  |



# **Remotely Proctored Knowledge Exam Option – Retakes Only**

You can retake the knowledge exam with a remote proctor from home, etc.

#### Remotely Proctored Knowledge Exam Candidate Requirements

Candidates must have the following:

- An updated version of Google Chrome as your Internet browser.
  - TMU© does not support Internet Explorer.
- A reliable Internet (Wi-Fi) connection.
- A personal computer/tablet/laptop to log into TMU© to access the knowledge exam.
- Your Email or Username and Password to take the remotely proctored TMU© Knowledge exam.
- A smartphone to access the 'video conferencing app' (e.g., Zoom) that you **must download**.
  - An email will be emailed to you and in your notifications (in your TMU© account) with information about the 'video conferencing app' (for example, Zoom, etc.) you will need to download <u>before</u> test day.
  - The night before your scheduled remotely proctored knowledge exam, you will be emailed, along with a notification (in your TMU© account), a reminder with the password-protected link to join the test event.
- During your test, your smartphone must be positioned so that the remote Proctor can clearly see you, your keyboard, mouse (if used), and the entire screen of your computer/tablet/laptop.
- **IMPORTANT NOTE**: On testing day, you *will not be allowed to receive any assistance with your setup* from anyone in your environment (room/area).
- A distraction and interruption-free area of your home, etc., where you will be testing.
- If you have selected the Audio version of the knowledge exam, you will provide your own <u>wired</u> earbuds or headphones, which you must show to the remote proctor at check-in. Earbuds or headphones cannot be Bluetooth-connected devices.
  - The questions are neutrally read to you and will be heard through wired headphones or earbuds plugged into the computer.
  - When taking an Audio exam, the audio control buttons will be displayed on the computer screen, enabling you to play, rewind, or pause questions as needed.

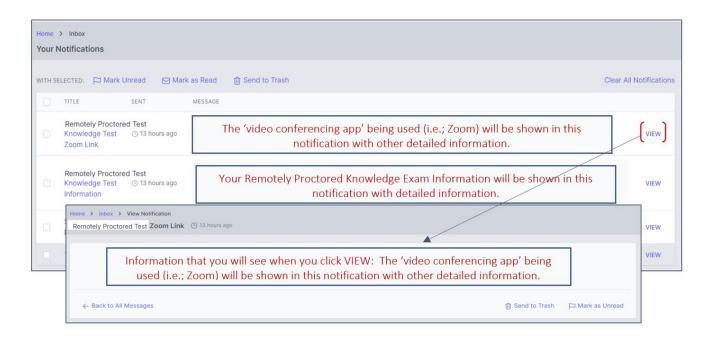
#### Schedule a Remotely Proctored Knowledge Exam

You will need to sign in to your TMU© account using your Username or Email and Password and follow the instructions to 'Schedule/Reschedule a Test Date'. Please ensure you have met the 'Remotely Proctored Knowledge Exam Candidate Requirements' above before scheduling a remotely proctored knowledge exam.

- The test site location for a remotely proctored knowledge exam will be "**Remotely Proctored Knowledge Test Site**".
- Once scheduled, a test confirmation will be sent via email and/or text. A notification will be generated in your TMU© account to view (see the 'Check/View your TMU© Notifications', and 'Test Confirmation Letter' sections for information to access your test confirmation.)
- Instructions and the link to download the 'video conferencing app' (for example, Zoom, etc.), including the meeting ID and Password for the remotely proctored knowledge event you are scheduled for, will be emailed to you and in your notifications.

 Remember that for this information, check your 'NOTIFICATIONS' under your profile pic in your TMU© account. Please refer to the 'Check/View your Notifications' section.

See the screenshots showing an example of what a notification regarding your remotely proctored knowledge exam will entail below:



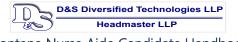
#### Remotely Proctored Knowledge Exam Instructions

It is important that you read the Remotely Proctored Knowledge Exam Instructions before signing in to your remotely proctored knowledge exam. Please see the instructions for the Remotely Proctored Knowledge Exam under 'Access the Candidate Handbook and Testing Instructions'.

#### Remotely Proctored Knowledge Exam Check-In

You must be signed in to the remotely proctored exam link (for example, Zoom, etc., waiting room) for the check-in process with the remote test proctor **20 minutes before the start time** listed on your test confirmation. If you are not signed into the remotely proctored exam waiting room prior (**20 minutes**) to the time listed on your test confirmation, you will not be allowed to test, considered a no-show status, forfeit your testing fees paid, and have to pay for another test date.

- You must show your mandatory forms of identification to the remote Proctor at check-in before starting your remotely proctored knowledge exam. Please see the **'Identification'** section for specifics.
- You must show your surroundings to the remote Proctor during check-in before starting your remotely proctored knowledge exam.
- Then, you must position your smartphone so the remote Proctor can clearly see you, your keyboard, mouse (if used), and the entire screen of your computer/tablet/laptop.
- **NOTE:** On testing day, you <u>will not be allowed to receive any assistance with your setup</u> from anyone in your environment (room/area).



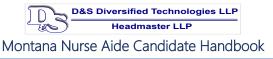
#### **Remotely Knowledge Exam Policies**

- On testing day, you will not be allowed to receive any assistance with your setup from anyone in your environment (room/area). If someone else is in the room with you, the remote Proctor will remove you from the meeting, and you will be considered a no-show status. You will forfeit any testing fees paid and must repay to schedule a new test.
- The 'video conferencing app' (for example, Zoom, etc.) link must be maintained during the entire knowledge exam.
- If the 'video conferencing app' (for example, Zoom, etc.) connection is lost, you must immediately reconnect, or you will be disconnected from the test event by the remote Proctor, and your test will be scored as a failed attempt.
- Your device must <u>not be muted</u> during testing so that the remote Proctor can hear if there are any distractions or other interruptions during your test. **REMEMBER:** You need to test in a distraction and interruption-free area just like you would if you were sitting in the knowledge test room at a test site.
- If the remote Proctor has any inclination that you are cheating or not following instructions, your test will be ended and scored as a failed attempt.
- Please see the information on remotely proctored testing issues under the 'No-Show Exceptions' section.
- If needed, you may do math calculations on scratch paper or with a basic calculator. Before starting your exam, you will be asked to show both sides of the scratch paper and the basic calculator to the remote Proctor.
  - At the end of your exam, you will be asked to show both sides of the scratch paper and the calculator to the remote Proctor *again*. You will then be told you must tear up the scratch paper in view of the remote Proctor and to mute your phone before tearing up the scratch paper.
- Published foreign language word-for-word translation dictionaries, electronic translation dictionaries, and non-approved language translators **are not allowed**.
- If you have requested an AUDIO version of the Knowledge Exam, you will need to have <u>wired</u> headphones/earbuds (Bluetooth-connected devices are not allowed) that plug into the computer.

Please call D&SDT-Headmaster at (800)393-8664 if you have any questions or concerns or need assistance scheduling a remotely proctored knowledge exam.

#### **Knowledge Practice Test**

D&SDT-Headmaster offers a free knowledge test question of the day and a ten-question online static practice test available on our website at <u>www.hdmaster.com</u>. Candidates may purchase complete practice tests randomly generated based on the state test plan. A mastery learning method is used, and each practice test will be unique. This means candidates must get the question they are attempting correct before they move on to the next question. A first-attempt percentage score and vocabulary feedback are supplied upon completion of the practice test. A list of vocabulary words to study is provided at the end of each test. Single or group purchase plans are available.



#### Note: Make sure you select MONTANA from the drop-down list.

The following is a sample of the kinds of questions that you will find on the Knowledge/Audio exam:

#### 1. Clean linens that touch the floor should be:

- (A) Picked up quickly and placed back on the clean linen cart
- (B) Used immediately on the next resident's bed
- (C) Considered dirty and placed in the soiled linen hamper
- (D) Used only in the room with the floor the linen fell on

#### 2. A soft, synthetic fleece pad placed beneath the resident:

- (A) Takes pressure off the back
- (B) Provides warmth for the resident
- (C) Gives the resident a sense of security
- (D) Should only be used with bedridden residents

#### 3. A resident's psychological needs:

- (A) Should be given minor consideration
- (B) Make the resident withdrawn and secretive
- (C) Are nurtured by doing everything for the resident
- (D) Are nurtured when residents are treated like individuals

## The Manual Skill Test

- The Skill Test evaluates your performance when demonstrating Montana DPHHS-approved nurse aide skill tasks. You will find a complete list of skill tasks in this handbook.
- You will be asked to present your ID again, which you showed the RN Test Observer at checkin.
- Be sure you understand all instructions you read while in the waiting area before you begin your skill task demonstrations. You may not ask questions once the Skill Test begins and the timer starts. Once the Skill Test begins, the RN Test Observer may not answer questions.
- Each of your randomly selected three (3) or four (4) tasks will have scenarios associated with them. The scenarios will be read to you by the RN Test Observer immediately before you are asked to do each task.
- You will be allowed a maximum of **thirty-five (35) minutes** to complete your tasks. After 20 minutes have elapsed, you will be alerted that fifteen (15) minutes remain.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the scenarios repeated **at any time** during your Skill Test up until you run out of time or tell the RN Test Observer that you are finished with your skill task demonstrations.
- You must correctly perform all of the **key (critical)** steps and 80% of all non-key steps on each task assigned to pass the Skill Test.
- If you believe you made a mistake while performing a task, say so. You will need to demonstrate the step or steps on the task you believe you performed incorrectly for the correction to be noted for the step.

ANSWERS: 1-C | 2-A | 3-D



- You may repeat or correct **any step** or **steps** on any task you believe you have performed incorrectly at **any time** during your allotted thirty-five minutes or until you tell the RN Test Observer you are finished with the Skill Test.
- At any time during any task, you may direct the RN Test Observer to move anywhere needed to assist in providing safety for the resident.
- The skill task steps are generally not order-dependent unless the words **BEFORE** or **AFTER** are used in a step.
- When you finish each task, verbally tell the RN Test Observer you are finished and move to the designated 'relaxation area.' When the RN Test Observer and actor have set up and are ready for your next skill task demonstration, the RN Test Observer will read the scenario for your next task.
- All steps must actually be demonstrated. Except for specific steps within some tasks that must be verbalized, all other steps that are only verbalized WILL NOT COUNT.

#### **Skill Test Recording Form**

The RN test observer will provide a recording form similar to the one displayed below if your skill test includes a skill task that requires recording a count or measurement. You will be asked to sign your recording form during the equipment/supplies demonstration before you start your skill test.

| CANDIDATE'S NAME:      |        |                    |     |
|------------------------|--------|--------------------|-----|
|                        |        | Please Print       |     |
| TEMPERATURE:           | PULSE: | RESPIRATIONS:      |     |
| BLOOD PRESSURE:        | /      |                    |     |
| URINARY OUTPUT:        |        | _ml <b>weight:</b> | lbs |
| GLASS 1:               |        | Feeding Task       |     |
| GLASS 2:               |        | FOOD INTAKE:       | %   |
| GLASS 3:               |        | FLUID INTAKE:      | ml  |
| TOTAL FLUID INTAKE:    |        | ml                 |     |
|                        |        |                    |     |
| CANDIDATE'S SIGNATURE: |        |                    |     |

#### *Recording Form:*



## **Skill Test Tasks**

You will be assigned one of the following mandatory tasks as your first task:

- Assist Resident with a Bedpan, Measure and Record Output with Hand Washing
- Donn [PUT ON] an Isolation Gown and Gloves, Empty a Urinary Drainage Bag, Measure and Record Output, Doff [REMOVE] Gown and Gloves with Hand Washing
- Perineal Care for a Female Resident with Hand Washing [DEMONSTRATED ON A MANIKIN]
- Perineal Care for an Uncircumcised Male Resident and Apply an Adult Brief with Hand Washing [DEMONSTRATED ON A MANIKIN]

**Note:** Hand washing using actual soap and water is embedded in each of the mandatory tasks and must be demonstrated at the end of each mandatory task.

You will also receive two or three randomly selected tasks from the Skill Task listing below. These selected tasks will make up your personalized and unique skill test. Each skill test randomly assigned by the TMU© skill test assignment algorithm will be comparable in overall difficulty. That is why some skill tests will have a differing number of tasks.

#### **Skill Tasks Listing**

Every step must actually be performed and demonstrated during your skill test demonstration to receive credit.

The steps listed for each task are required for a nurse aide candidate to successfully demonstrate minimum proficiency in the skill task for the RN Test Observer. The steps will be performed on a live resident actor for all tasks except the perineal care tasks, which will be demonstrated on a manikin.

You will be scored only on the steps listed. You must score 80% or better on each task without missing any key (critical) steps to pass the skill component of your competency evaluation. If you fail the Skill Test, you will have to take another Skill test with three or four tasks, one of which will be one of the previously failed tasks.

Tasks included in your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and has an average length of time to complete. The RN Test Observer will observe your demonstrations of your skill tasks and record what they see you do. D&SDT-Headmaster scoring teams will officially score and double-check your test.

**Note**: The skill scenario steps included in this handbook are offered as guidelines to help prepare candidates for the Montana 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.

# Ambulate a Resident with a Cane or Walker

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Position the bed so the resident's feet will be flat on the floor when sitting on the edge of the bed.



- 4. Ensure the resident's safety by locking the wheelchair brakes.
- 5. Bring the resident to a sitting position.
- 6. Assist the resident in putting on shoes or non-skid slippers.
- 7. Position the cane or walker correctly.
- 8. Assist resident to stand using correct body mechanics.
- 9. Ensure resident stabilizes cane/walker.
- 10. Position yourself behind and slightly to the side of the resident.
- 11. Safely ambulate resident at least 10 steps to the wheelchair.
- 12. Assist resident to pivot/back up to the wheelchair.
- 13. Assist resident to sit in the wheelchair in a controlled manner that ensures safety.
- 14. Leave the resident in a position of comfort and safety.
- 15. Maintain respectful, courteous interpersonal interactions at all times.
- 16. Place resident within easy reach of the call light or signaling device.
- 17. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## Ambulate a Resident with a Gait Belt

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Obtain gait belt.
- 4. Position the bed so the resident's feet will be flat on the floor when sitting on the edge of the bed.
- 5. Ensure the resident's safety by locking the wheelchair brakes.
- 6. Bring the resident to a sitting position.
- 7. Assist the resident in putting on shoes or non-skid slippers.
- 8. Place the gait belt around the resident's waist.
- 9. Tighten gait belt.
- 10. Check the gait belt by slipping fingers between the gait belt and the resident.
- 11. Stand in front of and face the resident.
- 12. Grasp the gait belt on each side of the resident with an underhand grip.
- 13. Use your legs to stabilize the resident.
- 14. Use correct body mechanics to bring the resident to a standing position.
- 15. With one hand grasping the gait belt and the other stabilizing the resident by holding the forearm, shoulder, or using another appropriate method to stabilize, ambulate the resident to the wheelchair.
- 16. Safely ambulate the resident at least 10 steps to the wheelchair.
- 17. Assist resident to pivot/back up to the wheelchair.
- 18. Assist resident to sit in the wheelchair in a controlled manner that ensures safety.
- 19. Remove gait belt.
- 20. Leave the resident in a position of comfort and safety.



- 21. Maintain respectful, courteous interpersonal interactions at all times.
- 22. Place the resident within easy reach of the call light or signaling device.
- 23. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## Apply an Anti-embolic Stocking on One of the Resident's Legs

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Provide for resident's privacy by exposing only one leg.
- 4. Roll, gather, or turn the stocking down to the heel.
- 5. Gently place the stocking over the resident's toes, foot, and heel.
- 6. Gently roll or pull stocking up the resident's leg.
- 7. Check toes for possible pressure from stocking and adjust as needed.
- 8. Leave the resident with a stocking that is smooth and wrinkle-free.
- 9. Leave the resident with a stocking that is properly placed.
- 10. Cover the resident's exposed leg.
- 11. Maintain respectful, courteous interpersonal interactions at all times.
- 12. Leave the call light or signaling device within easy reach of the resident.
- 13. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## Assist a Dependent Resident with Eating

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Look at the diet card to ensure the resident receives the correct tray.
- 4. Protect the resident's clothing from soiling using a napkin, clothing protector, or towel.
- 5. Wash the resident's hands *before* feeding.
- 6. Dry the resident's hands *before* feeding.
- 7. Sit down facing the resident while feeding the resident or assume another posture so you are at eye level with the resident.
- 8. Describe the foods being offered to the resident.
- 9. Offer the resident fluid frequently.
- 10. Offer the resident small amounts of food at a reasonable rate.
- 11. Allow resident time to chew and swallow.
- 12. Wipe resident's hands and face during meal as needed.
- 13. Leave the resident clean and in a position of comfort.
- 14. Place soiled linen in the linen hamper.
- 15. Record intake as a percentage of total solid food eaten on the previously signed recording form.
- 16. The candidate's recorded calculation must be within 25 percentage points of the RN Test Observer's recording.



- 17. Record fluid consumed in ml's on the previously signed recording form.
- 18. The candidate's recorded calculation is within 40 mls of the RN Test Observer's recording.
- 19. Maintain respectful, courteous interpersonal interactions at all times.
- 20. Leave the call light or signaling device within easy reach of the resident.
- 21. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

# Assist a Resident with a Bedpan, Measure and Record Output with Hand

#### Washing

#### (One of the possible first mandatory tasks)

- 1. Knock on the door.
- 2. Introduce yourself to the resident.
- 3. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 4. Explain the procedure to the resident.
- 5. Provide for resident's privacy.
- 6. Adjust the bed to a comfortable working height.
- 7. Position resident on bedpan correctly.
- 8. *After* placing the bedpan, raise the head of the bed to a comfortable level.
- 9. Leave tissue within reach of the resident.
- 10. Leave the call light or signaling device within easy reach of the resident.
- 11. Move to an area of the room away from the resident to provide privacy for the resident.
- 12. When the RN Test Observer indicates, return to the resident.
- 13. Put on gloves.
- 14. Lower the head of the bed.
- 15. Gently remove the bedpan.
- 16. Hold the bedpan while liquid (fake urine) is poured into the bedpan by the RN Test Observer.
- 17. Pour the liquid (fake urine) from the bedpan into a graduate.
- 18. Place the graduate on a flat surface.
- 19. With the graduate at eye level, measure output.
- 20. Lower bed.
- 21. Empty, rinse, dry, and return equipment to storage.
- 22. Remove gloves, turning inside out as they are removed.
- 23. Dispose of gloves in a trash container.
- 24. Perform hand hygiene for the resident/assist the resident in performing hand hygiene.
- 25. Record urine output on the previously signed recording form.
- 26. The candidate's recorded output measurement is within 30 mls of the RN Test Observer's premeasured amount.
- 27. Wash hands: Turn on water.
- 28. Thoroughly wet hands.
- 29. Apply soap to hands.
- 30. Rub hands together using friction with soap.
- 31. Rub hands together using friction for at least twenty seconds with soap.
- 32. Rub interlaced fingers together using friction while pointing downward with soap.



- 33. Wash all surfaces of your hands with soap.
- 34. Wash wrists with soap.
- 35. Rinse hands thoroughly under running water with fingers pointed downward.
- 36. Rinse wrists thoroughly under running water with fingers pointed downward.
- 37. Dry hands with a clean paper towel(s).
- 38. Discard paper towel(s) to trash container as used.
- 39. Turn off the faucet with a clean, dry paper towel.
- 40. Discard paper towel(s) to trash container as used.
- 41. Do not re-contaminate hands at any time by touching the faucet or sink during/after the hand washing procedure.
- 42. Leave the call light or signaling device within easy reach of the resident.
- 43. Maintain respectful, courteous interpersonal interactions at all times.

#### **Denture Care of a Resident's Dentures**

#### (only one plate is used for testing)

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Provide for resident's privacy.
- 4. Put on gloves.
- 5. Line the sink with a washcloth or towel. *No paper towels allowed*.
- 6. Remove the denture from the denture cup.
- 7. Handle the denture carefully to avoid damage.
- 8. Rinse the denture cup.
- 9. Apply denture cleanser/cream to a denture brush.
- 10. Thoroughly brush the inner surfaces of the denture.
- 11. Thoroughly brush the outer surfaces of the denture.
- 12. Thoroughly brush the chewing surfaces of the denture.
- 13. Thoroughly brush the upper/lower surface of the denture.
- 14. Rinse the denture using clean, cool water.
- 15. Place the denture in the rinsed denture cup.
- 16. Add cool, clean water to the denture cup.
- 17. Empty, rinse, dry, and return equipment to storage.
- 18. Place soiled linen in the linen hamper.
- 19. Remove gloves, turning inside out as they are removed.
- 20. Dispose of gloves in a trash container.
- 21. Maintain respectful, courteous interpersonal interactions at all times.
- 22. Leave the call light or signaling device within easy reach of the resident.
- 23. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.



# Donn [Put On] a Gown and Gloves – Empty a Resident's Urinary Drainage Bag, Measure and Record Output – Doff [Remove] Gown and Gloves with Hand Washing

(One of the possible first mandatory tasks)

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Face the back opening of the gown.
- 3. Unfold the gown.
- 4. Place arms through each sleeve.
- 5. Secure the neck opening.
- 6. Secure the gown at the waist, making sure that the back flaps cover the back as completely as possible.
- 7. Put on gloves
- 8. Overlap the gown sleeves at the wrist with the gloves.
- 9. Knock on door.
- 10. Introduce yourself to the resident.
- 11. Explain the procedure to the resident.
- 12. Provide for resident's privacy.
- 13. Place a barrier on the floor under the drainage bag.
- 14. Place the graduate on the previously placed barrier.
- 15. Ensure the bag is below the bladder.
- **16.** Ensure the drainage tube is not kinked. (It helps if you verbalize while inspecting for kinks; that way, the RN Test Observer can ensure you have checked for kinks.)
- 17. Open the drain to allow the urine to flow into the graduate.
- 18. Allow the urine to flow into the graduate until the bag is empty.
- 19. Avoid touching the tip of the tubing to the graduate.
- 20. Clamp tubing.
- 21. Wipe the drain with an antiseptic wipe.
- 22. Insert a plug or protective cap into the tubing or the holder.
- 23. Place the graduate on a flat surface.
- 24. Measure output at eye level.
- 25. Empty, rinse, dry, and return equipment to storage.
- 26. Record output reading on the previously signed recording form.
- 27. The candidate's measurement is within 10 ml of the RN Test Observer's pre-measured amount.
- 28. Maintain respectful, courteous interpersonal interactions at all times.
- 29. Leave the call light or signaling device within easy reach of the resident.
- 30. Remove gloves, turning inside out and folding one glove inside the other -or- pull/pop the gown from the neck, always keeping gloved hands on the outside (contaminated) portion of the gown.
- 31. Do not touch the outside of the gloves with a bare hand at any time -or- work the gown down the arms from the neck and roll the gown inside out as it is removed.
- 32. Dispose of the gloves, without contaminating yourself, in an appropriate container, -or- peel the gloves off, keeping them inside out and rolled up inside the gown.
- 33. Unfasten the gown at the neck with bare hands, if not using an alternate method of removal.
- 34. Unfasten the gown at the waist with bare hands, if not using an alternate method of removal.



- 35. Remove the gown by folding the soiled area to the soiled area with either method of removal.
- 36. Dispose of the gown in an appropriate container.
- 37. Wash hands: Turn on water.
- 38. Thoroughly wet hands.
- 39. Apply soap to hands.
- 40. Rub hands together using friction with soap.
- 41. Rub hands together using friction for at least twenty seconds with soap.
- 42. Rub interlaced fingers together with friction while pointing downward with soap.
- 43. Wash all surfaces of your hands with soap.
- 44. Wash wrists with soap.
- 45. Rinse hands thoroughly under running water with fingers pointed downward.
- 46. Rinse wrists thoroughly under running water with fingers pointed downward.
- 47. Dry hands with a clean paper towel(s).
- 48. Discard paper towel(s) to trash container as used.
- 49. Turn off the faucet with a clean, dry paper towel.
- 50. Discard paper towel(s) to trash container as used.
- 51. Do not re-contaminate hands at any time by touching the faucet or sink during/after the hand washing procedure.

# Dress a Resident with an Affected (Weak) Side

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry
- 2. Explain the procedure to the resident.
- 3. Provide for resident's privacy.
- 4. Remove the resident's gown while providing for the resident's privacy by appropriately keeping the resident covered at all times.
- 5. Remove the gown from the unaffected (strong) side first.
- 6. Place the soiled gown in a linen hamper.
- 7. Starting from the affected (weak) side first, dress the resident in a shirt or blouse by inserting your hand through the sleeve of the shirt or blouse and grasping the hand of the resident.
- 8. Starting from the affected (weak) side first, assist the resident to raise their buttocks or rock the resident from side to side and draw the pants over the buttocks and up to the resident's waist.
- 9. When putting on the resident's socks, draw the socks up the resident's foot until they are smooth.
- 10. Leave the resident in a position of comfort.
- 11. Leave the resident properly dressed.
- 12. Maintain respectful, courteous interpersonal interactions at all times.
- 13. Leave the call light or signaling device within easy reach of the resident.
- 14. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.



# Foot Care (One Foot) for a Resident

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Fill a basin with comfortably warm water.
- 4. Remove the resident's sock from one foot.
- 5. Immerse one foot in comfortably warm water for 10 to 20 minutes. (After beginning to soak the foot, verbalize the 10-20 minutes soaking time to the RN Test Observer.)
- 6. Remove the resident's foot from the water.
- 7. Use water and a soapy washcloth.
- 8. Wash the resident's entire foot.
- 9. Wash between the resident's toes.
- 10. Rinse the resident's entire foot.
- 11. Rinse between the resident's toes.
- 12. Dry the resident's foot thoroughly, being careful to dry between the toes.
- 13. Warm lotion by rubbing it between hands.
- 14. Massage lotion over the resident's entire foot.
- 15. If there is excess lotion on the resident's foot, wipe with a towel/washcloth.
- 16. Replace the resident's sock on the foot.
- 17. Place soiled linen in the linen hamper.
- 18. Empty, rinse, dry, and return equipment to storage.
- 19. Leave the resident in proper alignment in the chair.
- 20. Maintain respectful, courteous interpersonal interactions at all times.
- 21. Leave the call light or signaling device within easy reach of the resident.
- 22. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

# Make a Resident's Occupied Bed

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Gather linen.
- 3. Transport linen away from the body.
- 4. Place clean linen on a clean surface. (Bedside stand, chair, on a barrier.)
- 5. Explain the procedure to the resident.
- 6. Provide for resident's privacy.
- 7. Adjust the bed to a comfortable working height.
- 8. Keep the resident covered at all times with the sheet.
- 9. Remove the top linen except for the sheet.
- 10. Gently remove the pillow from under the resident's head.
- 11. Ask the RN Test Observer to stand on the opposite side of the bed to provide safety when turning the resident toward the side of the bed.
- 12. Roll or fan fold soiled linen, soiled side inside, to the center of the bed.



- 13. Place a 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.
- 14. Pull corners tightly in place and tuck the sheet securely under the mattress.
- 15. Ask the RN Test Observer to move to the opposite side of the bed to provide safety.
- 16. Assist the resident in rolling over the bottom linen toward the RN Test Observer, preventing trauma and avoidable pain to the resident.
- 17. Remove soiled linen without shaking, and place in linen hamper.
  - a) Avoid placing dirty linen on the overbed table.
  - *b)* Avoid touching linen to uniform.
- 18. Pull through and smooth out the clean bottom linen.
- 19. Place clean top linen over the covered resident.
- 20. Remove soiled linen keeping the resident unexposed at all times.
- 21. Tuck in top linen.
- 22. Make toe pleats.
- 23. Apply a clean pillowcase with zippers and/or tags to the inside.
- 24. Gently lift the resident's head to replace the pillow.
- 25. Lowers bed.
- 26. Leave the resident in a position of comfort and safety in a neatly made bed.
- 27. Maintain respectful, courteous interpersonal interactions at all times.
- 28. Leave the call light or signaling device within easy reach of the resident.
- 29. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

#### Measure and Record the Resident's Oral Fluid Intake

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Observe dinner tray.
- 4. Use paper, pencil, mental computation, and/or RN Test Observer-supplied basic calculator to calculate the grand total of mls consumed from three different glasses.
- 5. Record the sum total mls of fluid consumed on the previously signed recording form.
- 6. The candidate's calculated total and the RN Test Observer's total are within the required range.
- 7. Maintain respectful, courteous interpersonal interactions at all times.
- 8. Leave the call light or signaling device within easy reach of the resident.
- 9. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## Mouth Care (Brush a Resident's Teeth)

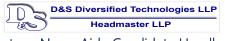
- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Provide for the resident's privacy.



- 4. Drape the resident's chest with a towel to prevent soiling.
- 5. Put on gloves.
- 6. Wet toothbrush.
- 7. Apply toothpaste to toothbrush.
- 8. Gently brush the inner surfaces of the resident's upper and lower teeth.
- 9. Gently brush the outer surfaces of the resident's upper and lower teeth.
- 10. Gently brush the chewing surfaces of the resident's upper and lower teeth.
- 11. Gently brush the resident's tongue.
- 12. Assist resident in rinsing mouth.
- 13. Wipe the resident's mouth.
- 14. Remove soiled linen.
- 15. Place soiled linen in the linen hamper.
- **16.** Empty container. (*The container may be an emesis basin or a disposable cup.*)
- 17. Rinse the emesis basin, if used, or discard disposable items in a trash container.
- 18. Dry emesis basin, if used.
- 19. Rinse the toothbrush.
- 20. Return equipment to storage.
- 21. Remove gloves, turning inside out as they are removed.
- 22. Dispose of gloves in a trash container.
- 23. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 24. Maintain respectful, courteous interpersonal interactions at all times.
- 25. Leave the call light or signaling device within easy reach of the resident.

# Mouthcare for a Comatose Resident

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Provide for resident's privacy.
- 3. Position the resident in a side-lying position to avoid choking or aspiration.
- 4. Drape chest/bed as needed to protect from soiling.
- 5. Put on gloves.
- 6. Use toothette(s) and prepared mouthwash cleaning solution or water.
- 7. Squeeze excess water from the toothette if needed.
- 8. Gently and thoroughly clean the inner surfaces of the resident's upper and lower teeth.
- 9. Gently and thoroughly clean the outer surfaces of the resident's upper and lower teeth.
- 10. Gently and thoroughly clean the chewing surfaces of the resident's upper and lower teeth.
- 11. Gently and thoroughly clean the resident's gums.
- 12. Gently and thoroughly clean the resident's tongue and roof (palate) of the mouth.
- 13. Dip a new toothette into clean water.
- 14. Rinse the resident's mouth with a water-dipped toothette.
- 15. Wipe the resident's mouth, if needed.
- 16. Return the resident to a position of comfort and safety.
- 17. Empty, rinse, dry, and return equipment to storage, if any used.
- 18. Discard disposable items in a trash container.



- 19. Place soiled linens in the linen hamper.
- 20. Remove gloves, turning inside out as they are removed.
- 21. Dispose of gloves in a trash container.
- 22. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 23. Maintain respectful, courteous interpersonal interactions at all times.
- 24. Leave the call light or signaling device within easy reach of the resident.

## Nail Care (One Hand) for a Resident

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Provide for resident's privacy.
- 4. Ensure resident's safety by locking wheelchair brakes.
- 5. Obtains comfortably warm water.
- 6. Immerse the resident's nails of one hand in comfortably warm water and soak for at least five (5) minutes.

(After beginning to soak the nails, verbalize at least five minutes of soaking time to the RN Test Observer.)

- 7. Gently clean under the resident's nails of one hand with a file, orange stick or nail brush.
- 8. Dry the resident's hand thoroughly.
- 9. Specifically dry between the resident's fingers.
- 10. Gently push the cuticle back with a washcloth/towel or orange stick.
- 11. Verbalize technique used to cut resident's nails.
- 12. Verbalize technique used to file resident's nails.
- 13. Place soiled linen in the linen hamper.
- 14. Empty, rinse, dry, and return equipment to storage.
- 15. Maintain respectful, courteous interpersonal interactions at all times.
- 16. Place the resident within easy reach of the call light or signaling device.
- 17. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## Partial Bed Bath for a Resident: Face, One Underarm and Hand

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Provide for resident's privacy.
- 4. Fill a basin with comfortably warm water.
- 5. Adjust the bed to a comfortable working height.
- 6. Cover the resident with a bath blanket.
- 7. Remove top bed linens by fan-folding to the bottom of the bed or placing them aside.
- 8. Remove resident's gown.
- 9. Place the soiled gown in a linen hamper.



- 10. Wash the resident's face with water and *without soap*.
- 11. Dry resident's face.
- 12. Place a towel under one of the resident's arms.
- 13. Wash one hand with water and soap.
- 14. Rinse hand.
- 15. Dry hand.
- 16. Wash the underarm with water and soap.
- 17. Rinse underarm.
- 18. Dry underarm.
- 19. Place soiled linen in the linen hamper.
- 20. Put a clean gown on the resident.
- 21. Empty, rinse, dry, and return equipment to storage.
- 22. Lowers bed.
- 23. Maintain respectful, courteous interpersonal interactions at all times.
- 24. Leave the call light or signaling device within easy reach of the resident.
- 25. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## Pass Fresh Water to a Resident

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Assemble equipment as required:
  - a) ice (marbles used as simulated ice)
  - b) scoop
- 3. Explain the procedure to the resident.
- 4. Obtain a water pitcher from the resident's room.
- 5. Empty the water pitcher and verbalize cleaning the water pitcher.
- 6. Scoop ice (marbles) into the water pitcher.
- 7. Properly use an ice scoop or an ice dispenser without contaminating water or the water pitcher. *a)* Do not allow ice to touch the hand and fall back into the pitcher or scoop to touch the pitcher.
- 8. Properly store the ice scoop if the scoop was used.
  - a) Place the scoop in the appropriate receptacle after each use.
- 9. Add water to the pitcher.
- 10. Return the pitcher to the resident's bedside stand/table.
- 11. Pour the resident a fresh glass of water.
- 12. Maintain respectful, courteous interpersonal interactions at all times.
- 13. Leave the call light or signaling device within easy reach of the resident.
- 14. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.



## Perineal Care for a Female Resident with Hand Washing

(One of the possible first mandatory tasks) | [DEMONSTRATED ON A MANIKIN]

- 1. Knock on the door.
- 2. Introduce yourself to the resident.
- 3. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 4. Explain the procedure to the resident (manikin).
- 5. Provide for resident's privacy.
- 6. Fill a basin with comfortably warm water.
- 7. Adjust the bed to a comfortable working height.
- 8. Put on gloves.
- 9. Place a waterproof pad under the resident's buttocks.
- 10. Expose perineum only.
- **11. Separate labia.** (It is helpful if you verbalize separating labia while actually demonstrating separating labia.)
- 12. Use water, soap, and washcloth -or- disposable wipe(s) for cleaning the perineum.
- 13. Clean one side of the labia from top to bottom.
- 14. Use a clean portion of a washcloth -or- disposable wipe(s) with each stroke.
- 15. Clean the other side of the labia from top to bottom.
- 16. Use a clean portion of a washcloth -or- disposable wipe(s) with each stroke.
- 17. Pat the perineum dry with a towel/washcloth.
- 18. Re-cover the exposed area with the bath blanket.
- 19. Turn the resident (manikin) onto her side, away from yourself.
- 20. Use water, soap, and a clean washcloth -or- disposable wipe(s) to clean the rectal area.
- 21. Clean the area from the vagina to the rectal area with single strokes.
- 22. Repeat this step as necessary using a different part of the washcloth -*or* disposable wipe(s) for each stroke. (You may use more than one washcloth or disposable wipe.)
- 23. Pat the area dry with a towel/washcloth from the vagina to the anus.
- 24. Remove the waterproof pad from under the resident's buttocks.
- 25. Place soiled linen in the linen hamper.
- 26. Leave the resident in a position of comfort in good body alignment.
- 27. Lower bed.
- 28. Empty, rinse, dry, and return equipment to storage.
- 29. Remove gloves, turning inside out as they are removed.
- 30. Dispose of gloves in a trash container.
- 31. Wash hands: Turn on water.
- 32. Thoroughly wet hands.
- 33. Apply soap to hands.
- 34. Rub hands together using friction with soap.
- 35. Rub hands together using friction for at least twenty seconds with soap.
- 36. Rub interlaced fingers together with friction while pointing downward with soap.
- 37. Wash all surfaces of your hands with soap.
- 38. Wash wrists with soap.
- 39. Rinse hands thoroughly under running water with fingers pointed downward.
- 40. Rinse wrists thoroughly under running water with fingers pointed downward.



- 41. Dry hands with a clean paper towel(s).
- 42. Discard paper towel(s) to trash container as used.
- 43. Turn off the faucet with a clean, dry paper towel.
- 44. Discard paper towel(s) to trash container as used.
- 45. Do not re-contaminate hands at any time by touching the faucet or sink during/after the hand washing procedure.
- 46. Leave the call light or signaling device within easy reach of the resident.
- 47. Maintain respectful, courteous interpersonal interactions at all times.

# Perineal Care for an Uncircumcised Male and Apply an Adult Brief with Hand Washing

(One of the possible first mandatory tasks) | [DEMONSTRATED ON A MANIKIN]

- 1. Knock on the door.
- 2. Introduce yourself to the resident.
- 3. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 4. Explain the procedure to the resident (manikin).
- 5. Choose the correct brief and size per facility instructions.
- 6. Provide for resident's privacy.
- 7. Fill a basin with comfortably warm water.
- 8. Adjust the bed to a comfortable working height.
- 9. Put on gloves.
- 10. Place a waterproof pad under the resident's buttocks.
- 11. Gently grasp penis.
- 12. Use water, soap, and a washcloth.
- 13. Demonstrate retracting of the foreskin.
- 14. Clean the tip of the penis using single strokes, starting at the urethral opening and working outward with a circular motion with each stroke.
- 15. Use a clean portion of the washcloth with each stroke.
- 16. Clean the shaft of the penis using single strokes with a firm downward motion from the tip to the base of the penis.
- 17. Clean the shaft of the penis using a clean portion of the washcloth with each stroke.
- 18. Clean the scrotum using a clean portion of the washcloth with each stroke.
- 19. Pat the penis and scrotum dry with a towel/washcloth.
- 20. Demonstrate replacement of the foreskin.
- 21. Re-cover the exposed area with the bath blanket.
- 22. Turn the resident (manikin) onto his side, away from yourself.
- 23. Use a clean washcloth with soap and water to clean the rectal area.
- 24. Clean away from the scrotum to the rectal area with single strokes.
- 25. Use a clean portion of the washcloth for each stroke. (You may use more than one washcloth.)
- 26. Pat the area dry with a towel/washcloth from the scrotum to the anus.
- 27. Remove the waterproof pad from under the resident's buttocks.
- 28. Place soiled linens in the linen hamper.



- 29. Place the brief under the resident's buttocks with the top of the absorbent pad aligned just above the resident's buttocks crease.
- 30. Grasp and stretch the leg portion of the front panel to extend elastic for groin placement.
- 31. Roll ruffles away from the groin.
- 32. Snuggly place bottom tabs angled towards the abdomen on both sides.
- 33. Place top tabs on each side angled toward the bottom tabs.
- 34. Leave the resident in a position of comfort in good alignment.
- 35. Empty, rinse, dry, and return equipment to storage.
- 36. Remove gloves, turning inside out as they are removed.
- 37. Dispose of gloves in a trash container.
- 38. Wash hands: Turn on water.
- 39. Thoroughly wet hands.
- 40. Apply soap to hands.
- 41. Rub hands together using friction with soap.
- 42. Rub hands together using friction for at least twenty seconds with soap.
- 43. Rub interlaced fingers together with friction while pointing downward with soap.
- 44. Wash all surfaces of hands with soap.
- 45. Wash wrists with soap.
- 46. Rinse hands thoroughly under running water with fingers pointed downward.
- 47. Rinse wrists thoroughly under running water with fingers pointed downward.
- 48. Dry hands with a clean paper towel(s).
- 49. Discard paper towel(s) to trash container as used.
- 50. Turn off the faucet with a clean, dry paper towel.
- 51. Discard paper towel(s) to trash container as used.
- 52. Do not re-contaminate hands at any time by touching the faucet or sink during/after the hand washing procedure.
- 53. Leave the call light or signaling device within easy reach of the resident.
- 54. Maintain respectful, courteous interpersonal interactions at all times.
- 55. Verbalize that the resident's brief should be checked every two hours.
- 56. Verbalize that the brief is to be changed PRN and that facility toileting and bowel and bladder protocol will be followed.

## Position a Resident on their Side in the Bed

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident and how the resident may help.
- 3. Provide for resident's privacy.
- 4. Position the bed flat.
- 5. Adjust the bed to a comfortable working height.
- 6. Ensure resident safety by locking bed brakes.
- 7. Use a turn sheet and weight shift technique *-or-* move/pull the torso of the resident, with proper body mechanics, toward yourself.
- 8. Use a turn sheet and weight shift technique **-or** move/pull the resident's hips, with proper body mechanics, toward yourself.



- 9. Use a turn sheet and weight shift technique **-or** move/pull the resident's legs, with proper body mechanics, toward yourself.
- 10. Cross the resident's legs.
- 11. Assist/turn the resident on the correct side read to the candidate in the scenario, either by turning the resident toward the RN Test Observer from the working side of the bed **-or-** by moving to the opposite side of the bed and turning the resident on their side toward yourself.
- 12. Place a support device under the resident's head.
- 13. Place a support device under the resident's up side arm.
- 14. Place a support device behind the resident's back.
- 15. Place a support device between the resident's knees.
- 16. Lower bed.
- 17. Maintain respectful, courteous interpersonal interactions at all times.
- 18. Leave the call light or signaling device within easy reach of the resident.
- 19. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

# **Range of Motion Exercises for Resident**

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Provide for resident's privacy.
- 4. Position resident supine and in good body alignment.
- 5. Correctly support the extremity/joint being exercised.
- 6. Move the shoulder through flexion, extension, rotation, abduction, and adduction at least three times.
- 7. Move the elbow through flexion and extension at least three times.
- 8. Move the wrist through flexion, extension, and rotation at least three times.
- 9. Move the hip through flexion, extension, rotation, abduction, and adduction at least three times.
- 10. Move the knee through flexion and extension at least three times.
- 11. Move the ankle joint through flexion, extension, rotation, abduction, and adduction at least three times.
- 12. Do not cause discomfort or pain or force any joint beyond the point of free movement.
- 13. Maintain respectful, courteous interpersonal interactions at all times.
- 14. Leave the call light or signaling device within easy reach of the resident.
- 15. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

# Transfer Resident from their Bed to a Wheelchair using a Gait Belt

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Obtain a gait belt.
- 3. Explain the procedure to the resident.



- 4. Position the wheelchair at the foot or head of the bed.
- 5. Ensure resident's safety by locking the wheelchair brakes.
- 6. Bring the resident to a sitting position using correct body mechanics.
- 7. Position the bed to a height such that the resident's feet are flat on the floor when sitting on the edge of the bed.
- 8. Assist the resident in putting on shoes or non-skid slippers.
- 9. Place the gait belt around the resident's waist.
- 10. Tighten gait belt.
- 11. Check the gait belt by slipping fingers between the gait belt and the resident.
- 12. Stand in front of and face the resident.
- 13. Grasp the gait belt on each side of the resident with an underhand grip.
- 14. Use your legs to stabilize the resident.
- 15. Bring the resident to a standing position using correct body mechanics.
- 16. With one hand grasping the gait belt and the other stabilizing the resident by holding the forearm, shoulder, or using another appropriate method to stabilize, transfer the resident from bed to wheelchair.
- 17. Assist the resident to pivot and sit in a controlled manner that ensures safety.
- 18. Remove gait belt.
- 19. Maintain respectful, courteous interpersonal interactions at all times.
- 20. Place the resident within easy reach of the call light or signaling device.
- 21. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## Transfer Resident from a Wheelchair to their Bed using a Gait Belt

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Obtain a gait belt.
- 3. Explain the procedure to the resident.
- 4. Position the wheelchair at the foot or head of the bed.
- 5. Ensure resident's safety by locking wheelchair brakes.
- 6. Position the bed to a height such that the resident's feet are flat on the floor when sitting on the edge of the bed.
- 7. Place the gait belt around the resident's waist.
- 8. Tighten gait belt.
- 9. Check the gait belt by slipping fingers between the gait belt and the resident.
- 10. Stand in front of and face the resident.
- 11. Instruct resident to move hips forward to the front of the wheelchair seat.
- 12. Instruct resident to place hands on wheelchair armrests.
- 13. Use your legs to stabilize the resident.
- 14. Assist resident to a standing position using an underhand grip on the gait belt and proper body mechanics.
- 15. Assist the resident to pivot in a controlled manner that ensures safety.
- 16. Assist the resident in sitting on the bed.
- 17. Remove gait belt.



- 18. Remove footwear.
- 19. Assist the resident in moving to the center of the bed and lying down, using proper body mechanics.
- 20. Make sure the resident is comfortable and in good body alignment.
- 21. Maintain respectful, courteous interpersonal interactions at all times.
- 22. Leave the call light or signaling device within easy reach of the resident.
- 23. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

# Vital Signs: Take and Record a Resident's Manual Blood Pressure

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Provide for resident's privacy.
- 4. Assist resident into a comfortable position with forearm relaxed and supported in a palm-up position, approximately at the level of the heart.
- 5. Roll the resident's sleeve up about 5 inches above the elbow if the Actor is wearing a shirt with sleeves.
- 6. Apply the cuff around the resident's upper arm just above the elbow.
- 7. Clean the earpieces of the stethoscope appropriately and place them in the ears.
- 8. Clean the diaphragm.
- 9. Locate the resident's brachial artery with fingertips by feeling the resident's brachial pulse just above the bend of the elbow.
- 10. Place the stethoscope over the resident's brachial artery.
- 11. Hold the stethoscope snugly in place.
- 12. Inflate cuff.
- 13. Slowly release air from the cuff to the disappearance of pulsations.
- 14. Remove cuff.
- 15. Record reading on the previously signed recording form.
- 16. The candidate's recorded systolic and diastolic blood pressure are within 4mmHG of the RN Test Observer's recordings.
- 17. Maintain respectful, courteous interpersonal interactions at all times.
- 18. Leave the call light or signaling device within easy reach of the resident.
- 19. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

# Vital Signs: Take and Record a Resident's Radial Pulse and Respirations

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- 3. Locate the resident's radial pulse by placing the tips of fingers on the thumb side of the resident's wrist.



- 4. Count pulse for 60 seconds or 30 seconds x 2.
- 5. Record the resident's pulse rate count on the previously signed recording form.
- 6. The candidate's recorded pulse rate is within four (4) beats of the RN Test Observer's recorded rate.
- 7. Count respirations for 60 seconds or 30 seconds x 2.
- 8. Record count on the previously signed recording form.
- 9. The candidate's recorded respiratory rate is within two (2) breaths of the RN Test Observer's recorded rate.
- 10. Maintain respectful, courteous interpersonal interactions at all times.
- 11. Leave the call light or signaling device within easy reach of the resident.
- 12. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## Vital Signs: Take and Record a Resident's Temperature, Radial Pulse &

#### Respirations

(Using a digital, tympanic, or temp dot thermometer)

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub hands together until hands are completely dry.
- 2. Explain the procedure to the resident.
- 3. Correctly turn on the digital or tympanic thermometer, *-or-* correctly handle the temp dot thermometer.
- 4. Gently insert bulb end of thermometer in mouth, under resident's tongue, *gently insert tympanic in resident's ear, or* properly place temp dot thermometer.
- 5. Hold or leave the thermometer in place for the appropriate length of time.
- 6. Remove the thermometer.
- 7. Record the temperature on the previously signed recording form.
- 8. The candidate's recorded temperature varies no more than 0.1 degrees from the RN Test Observer's recorded temperature.
- 9. Wipe the thermometer clean with an alcohol pad -*or* discard sheath or temp dot thermometer appropriately.
- 10. Locate the resident's radial pulse by placing the tips of fingers on the thumb side of the resident's wrist.
- 11. Count pulse for 60 seconds or 30 seconds x 2.
- 12. Record count on the previously signed recording form.
- 13. The candidate's recorded pulse rate is within four (4) beats of the RN Test Observer's recorded rate.
- 14. Count respirations for 60 seconds or 30 seconds x 2.
- 15. Record count on the previously signed recording form.
- 16. The candidate's recorded respiratory rate is within two (2) breaths of the RN Test Observer's recorded rate.



- 17. Maintain respectful, courteous interpersonal interactions at all times.
- 18. Leave the call light or signaling device within easy reach of the resident.
- 19. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## Weigh an Ambulatory Resident

- 1. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2. Explain the procedure to the resident.
- **3.** Ensure resident's safety by locking the wheelchair brakes. (Use of a gait belt is optional, but the procedure must be performed safely.)
- 4. Balance or zero scale *before* weighing resident.
- 5. Check that the resident is balanced and centered on the scale with arms at the side.
- 6. Check that the resident is not holding on to anything that would alter the reading of the weight.
- 7. Appropriately adjust weights until the scale is in balance.
- 8. Read the weight and record it on the previously signed recording form.
- 9. The candidate's recorded weight varies no more than one (1) lb. from the RN Test Observer's reading.
- 10. Assist the resident to sit in the wheelchair.
- 11. Unlock the wheelchair brakes.
- 12. Maintain respectful, courteous interpersonal interactions at all times.
- 13. Place the resident within easy reach of the call light or signaling device.
- 14. Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## **Knowledge Exam Vocabulary List**

| abdominal thrust         |
|--------------------------|
| abnormal                 |
| accidents                |
| activity                 |
| adduction                |
| ADL's                    |
| admission                |
| aging process            |
| AIDS                     |
| alarms                   |
| Alzheimer's              |
| ambulate with assistance |

| .IST                 |  |
|----------------------|--|
| ambulation           |  |
| anemia               |  |
| angina pectoris      |  |
| angry resident       |  |
| anterior             |  |
| antibiotics          |  |
| anxiety              |  |
| aphasia              |  |
| appropriate response |  |
| arteries             |  |
| arteriosclerosis     |  |
| arthritis            |  |
|                      |  |

| aseptic              |
|----------------------|
| aspiration           |
| atrophy              |
| axillary temperature |
| back strain          |
| bacteria             |
| bargaining           |
| basic needs          |
| basic skin care      |
| bathing              |
| bed bath             |
| bed position         |



| bed rest                   |
|----------------------------|
| bedfast                    |
| bedpan                     |
| bedsore                    |
| bladder training           |
| bleeding                   |
| blindness                  |
| blood pressure             |
| bodily fluids              |
| body language              |
| body mechanics             |
| body temperature           |
| bowel and bladder programs |
| bowel movements            |
| brain stem                 |
| break time                 |
| breathing                  |
| broken equipment           |
| call light                 |
| cancer                     |
| cane                       |
| cardiovascular system      |
| care plan                  |
| caring for elderly         |
| cast                       |
| cataracts                  |
| catheter drainage bag      |
| central nervous system     |
| cerebral vascular accident |
| charge nurse               |
| chart                      |
| chemotherapy               |
| choking                    |
| chronic disease            |

| circulatory system                    |
|---------------------------------------|
| cleaners                              |
| cleaning spills                       |
| cleaning up of spills                 |
| clear liquid diet                     |
| clergy                                |
| cold compress                         |
| colostomy                             |
| colostomy bag                         |
| combative resident                    |
| communicable                          |
| communication                         |
| communication with depressed resident |
| compensation                          |
| confidentiality                       |
| confused resident                     |
| congestive heart failure              |
| constipation                          |
| contaminated clothing                 |
| contaminated hands                    |
| contamination                         |
| contracture                           |
| converting units                      |
| coping mechanisms                     |
| coughing excessively                  |
| CPR                                   |
| CVA resident                          |
| cyanosis                              |
| decubitus ulcer                       |
| dehydration                           |
| demanding resident                    |
| dementia                              |
| denial                                |
|                                       |

| denturesdepressiondermatitisdiabetesdiabetes mellitusdialysisdiaphragmdiarrheadiastolicdietdigestiondigestive systemdischarging resident |
|--|
| dermatitis<br>diabetes<br>diabetes mellitus<br>dialysis<br>diaphragm<br>diarrhea<br>diastolic<br>diet<br>digestion<br>digestive system   |
| diabetes<br>diabetes mellitus<br>dialysis<br>diaphragm<br>diarrhea<br>diastolic<br>diet<br>digestion<br>digestive system                 |
| diabetes mellitus<br>dialysis<br>diaphragm<br>diarrhea<br>diastolic<br>diet<br>digestion<br>digestive system                             |
| dialysis<br>diaphragm<br>diarrhea<br>diastolic<br>diet<br>digestion<br>digestive system  |
| diaphragm<br>diarrhea<br>diastolic<br>diet<br>digestion<br>digestive system  |
| diarrhea<br>diastolic<br>diet<br>digestion<br>digestive system   |
| diastolic<br>diet<br>digestion<br>digestive system   |
| diet<br>digestion<br>digestive system  |
| digestion<br>digestive system  |
| digestive system   |
|  |
| discharging resident   |
|  |
| disease producing  |
| organisms  |
| disinfection   |
| dizziness  |
| DNR  |
| documentation  |
| draw/lift  |
| dressing resident  |
| dry skin   |
| dying process  |
| dysphasia  |
| dyspnea  |
| edema  |
| elastic stockings  |
| electrical equipment   |
| elimination of wastes  |
| emesis basin   |
| emotional abuse  |
| emotional needs  |
| emotional support  |
| empathy  |



| emphysema                |
|--------------------------|
| enema                    |
| ethical code             |
| ethical issues           |
| evacuation               |
| exercise                 |
| eye glasses              |
| facility policy          |
| falls                    |
| fatigue                  |
| feces                    |
| feeding resident         |
| feeding tube             |
| fingernail care          |
| fire                     |
| fire safety procedures   |
| fluid intake             |
| Foley catheter           |
| foot drop                |
| fractures                |
| frequent urination       |
| function with assistance |
| gait belt                |
| gastrostomy tube         |
| geriatrics               |
| germ transmission        |
| glass thermometer        |
| gloves                   |
| grieving process         |
| group settings           |
| growth                   |
| hair care                |
| hand tremors             |
|                          |

| health-care team     |
|----------------------|
| hearing aid          |
| hearing impaired     |
| heart                |
| height               |
| Heimlich maneuver    |
| HIV                  |
| hug                  |
| hydration            |
| hypertension         |
| hyperventilation     |
| hypoglycemia         |
| immobility           |
| impaction            |
| impairment           |
| in-house             |
| in-service programs  |
| incontinence         |
| indwelling catheter  |
| infection            |
| initial observations |
| input and output     |
| insulin              |
| intake and output    |
| integumentary system |
| international time   |
| interpersonal skills |
| interventions        |
| isolation            |
| job description      |
| job interview        |
| lethargy             |
| lift/draw sheets     |
| linen                |

| huing on side                  |
|--------------------------------|
| lying on side                  |
| making occupied bed            |
| mask                           |
| Maslow's hierarchy             |
| material safety data           |
| mealtime                       |
| medical asepsis                |
| medications                    |
| memory loss                    |
| mentally impaired              |
| microorganisms                 |
| minerals                       |
| mistakes                       |
| mistreatment                   |
| mobility                       |
| money                          |
| mouth care                     |
| moving a dependent<br>resident |
| moving a resident              |
| mucous                         |
| Multiple Sclerosis             |
| myocardial infarction          |
| nasal cannula                  |
| natural disaster               |
| needles                        |
| neglect                        |
| new resident                   |
| non-contagious disease         |
| nonverbal communication        |
| nosocomial                     |
| NPO                            |
| nurse's station                |
| nursing assistant behavior     |



| nursing assistant's role |
|--------------------------|
| nursing station          |
| nutrition                |
| objective                |
| observation              |
| ombudsman                |
| oral hygiene             |
| oral temperature         |
| osteoarthritis           |
| osteoporosis             |
| ostomy bag               |
| oxygen                   |
| paralysis                |
| paranoia                 |
| Parkinson's              |
| partial bath             |
| patience                 |
| perineal care            |
| peristalsis              |
| personal care            |
| personal hygiene         |
| personal items           |
| personal possessions     |
| personal stress          |
| pet therapy              |
| phantom pain             |
| physical needs           |
| physician's authority    |
| policy book              |
| positioning a resident   |
| positive attitude        |
| prefix                   |
| pressure sore            |
| pressure ulcer           |
|                          |

| preventing injury   |
|---|
| privacy   |
| prone   |
| prostate gland  |
| prosthesis  |
| protective equipment  |
| psychological needs   |
| pulmonary disease   |
| pulse   |
| quadriplegia  |
| radial  |
| ramps   |
| range of motion   |
| rationalization   |
| rectal temperature  |
| reddened/discolored area  |
| u a la a la ilitati a u   |
| rehabilitation  |
| religious service   |
|   |
| religious service   |
| religious service<br>reminiscence   |
| religious service<br>reminiscence<br>renal failure  |
| religious service<br>reminiscence<br>renal failure<br>reporting abnormal changes  |
| religious service<br>reminiscence<br>renal failure<br>reporting abnormal changes<br>reposition residents  |
| religious service<br>reminiscence<br>renal failure<br>reporting abnormal changes<br>reposition residents<br>resident abuse  |
| religious service<br>reminiscence<br>renal failure<br>reporting abnormal changes<br>reposition residents<br>resident abuse<br>resident belongings   |
| religious service<br>reminiscence<br>renal failure<br>reporting abnormal changes<br>reposition residents<br>resident abuse<br>resident belongings<br>resident independence  |
| religious service<br>reminiscence<br>renal failure<br>reporting abnormal changes<br>reposition residents<br>resident abuse<br>resident belongings<br>resident independence<br>resident rights   |
| religious service<br>reminiscence<br>renal failure<br>reporting abnormal changes<br>reposition residents<br>resident abuse<br>resident belongings<br>resident independence<br>resident rights<br>resident's bill of rights  |
| religious service<br>reminiscence<br>renal failure<br>reporting abnormal changes<br>reposition residents<br>resident abuse<br>resident belongings<br>resident independence<br>resident rights<br>resident's bill of rights<br>resident's chart  |
| religious service<br>reminiscence<br>renal failure<br>reporting abnormal changes<br>reposition residents<br>resident abuse<br>resident belongings<br>resident independence<br>resident rights<br>resident's bill of rights<br>resident's chart<br>resident's environment  |
| religious service<br>reminiscence<br>renal failure<br>reporting abnormal changes<br>reposition residents<br>resident abuse<br>resident belongings<br>resident independence<br>resident rights<br>resident's bill of rights<br>resident's chart<br>resident's environment<br>resident's families                                 |
| religious service<br>reminiscence<br>renal failure<br>reporting abnormal changes<br>reposition residents<br>resident abuse<br>resident belongings<br>resident independence<br>resident rights<br>resident rights<br>resident's bill of rights<br>resident's chart<br>resident's environment<br>resident's families<br>residents |
| religious service<br>reminiscence<br>renal failure<br>reporting abnormal changes<br>reposition residents<br>resident abuse<br>resident belongings<br>resident independence<br>resident rights<br>resident's bill of rights<br>resident's chart<br>resident's chart<br>resident's families<br>resident's families                |

| respiratory condition             |  |  |
|-----------------------------------|--|--|
| responding to resident            |  |  |
| behavior                          |  |  |
| restorative care                  |  |  |
| restraints                        |  |  |
| right to equal care               |  |  |
| right to refuse care              |  |  |
| scale                             |  |  |
| secretions                        |  |  |
| seizure                           |  |  |
| severe tremors                    |  |  |
| sexual activity                   |  |  |
| sexual advances                   |  |  |
| sexual expression                 |  |  |
| sexual needs                      |  |  |
| sexuality                         |  |  |
| sexually transmitted diseases     |  |  |
| sharps container                  |  |  |
| shaving                           |  |  |
| shearing of skin                  |  |  |
| side rails                        |  |  |
| Sim's position                    |  |  |
| skin breakdown                    |  |  |
| smoking                           |  |  |
| social well being                 |  |  |
| soiled linen                      |  |  |
| specimen                          |  |  |
| spilled food                      |  |  |
| spills                            |  |  |
| spiritual needs                   |  |  |
| standard precautions              |  |  |
| standard/universal<br>precautions |  |  |
| State survey                      |  |  |



| stealingstereotypesstethoscopestomachstool specimenstressstrokesubjectivesuicidesun-downingsupplemental feedingssweplingsystolicTED hoseterminal illnessthreatening residenttipstoenailstoileting scheduleTPRtransferringtreating residents with<br>respecttub bath<br>respecttub consciousunconsciousunconsciousuniformuniformuniformuniversal precautions   |                       |  |  |
|---|-----------------------|--|--|
| stethoscopestomachstool specimenstressstrokesubjectivesuicidesun-downingsupnesupplemental feedingsswellingsystolicTED hoseterminal illnessthreatening residentthrombustipstoileting scheduleTPRtransferringtreating residents with<br>respecttub bath<br>twice dailyturconsciousunconsciousuniform  | stealing              |  |  |
| stomach stool specimen stress stroke subjective suicide sun-downing supine supplemental feedings suspected abuse swelling systolic TED hose terminal illness threatening resident thrombus tips toenails toileting schedule TPR transferring treating residents with respect tub bath twice daily twice daily unconscious uncovered food uniform  | stereotypes           |  |  |
| stool specimenstressstrokesubjectivesuicidesun-downingsupnesupplemental feedingsswellingsystolicTED hoseterminal illnessthreatening residentthrombustipstoileting scheduleTPRtransferringtreating residents with<br>respecttub bathtwice dailyturconsciousunconsciousuncovered fooduniform  | stethoscope           |  |  |
| stress<br>stroke<br>subjective<br>suicide<br>sun-downing<br>supne<br>supplemental feedings<br>suspected abuse<br>swelling<br>swelling<br>systolic<br>TED hose<br>terminal illness<br>threatening resident<br>thrombus<br>tips<br>toenails<br>toileting schedule<br>TPR<br>transferring<br>treating residents with<br>respect<br>tub bath<br>twice daily<br>twice daily<br>unconscious<br>uncovered food | stomach               |  |  |
| strokesubjectivesuicidesun-downingsupinesupplemental feedingssuspected abuseswellingsystolicTED hoseterminal illnessthreatening residentthrombustipstoileting scheduleTPRtransferringtreating residents with<br>respecttub bathtwice dailyunconsciousuncovered fooduniform  | stool specimen        |  |  |
| subjectivesuicidesun-downingsupinesupplemental feedingssuspected abuseswellingsystolicTED hoseterminal illnessthreatening residentthrombustipstoileting scheduleTPRtransferringtreating residents with<br>respecttub bathtwice dailytympanic temperaturesuncovered fooduniform  | stress                |  |  |
| suicide<br>sun-downing<br>supine<br>supplemental feedings<br>suspected abuse<br>swelling<br>systolic<br>TED hose<br>terminal illness<br>threatening resident<br>thrombus<br>tips<br>toenails<br>toileting schedule<br>TPR<br>transferring<br>treating residents with<br>respect<br>tub bath<br>twice daily<br>twice daily<br>unconscious<br>uncovered food<br>uniform                                   | stroke                |  |  |
| sun-downing<br>supine<br>supplemental feedings<br>suspected abuse<br>swelling<br>systolic<br>TED hose<br>terminal illness<br>threatening resident<br>thrombus<br>tips<br>toenails<br>toileting schedule<br>TPR<br>transferring<br>treating residents with<br>respect<br>tub bath<br>twice daily<br>twice daily<br>tympanic temperatures<br>ulcers<br>unconscious  | subjective            |  |  |
| supine<br>supplemental feedings<br>suspected abuse<br>swelling<br>systolic<br>TED hose<br>terminal illness<br>threatening resident<br>thrombus<br>tips<br>toenails<br>toileting schedule<br>TPR<br>transferring<br>treating residents with<br>respect<br>tub bath<br>twice daily<br>twice daily<br>unconscious<br>uncovered food<br>uniform   | suicide               |  |  |
| supplemental feedings<br>suspected abuse<br>swelling<br>systolic<br>TED hose<br>terminal illness<br>threatening resident<br>thrombus<br>tips<br>toenails<br>toileting schedule<br>TPR<br>transferring<br>treating residents with<br>respect<br>tub bath<br>twice daily<br>twice daily<br>unconscious<br>uncovered food<br>uniform   | sun-downing           |  |  |
| suspected abuse<br>swelling<br>systolic<br>TED hose<br>terminal illness<br>threatening resident<br>thrombus<br>tips<br>toenails<br>toenails<br>toileting schedule<br>TPR<br>transferring<br>treating residents with<br>respect<br>tub bath<br>twice daily<br>twice daily<br>unconscious<br>uncovered food<br>uniform  | supine                |  |  |
| swelling systolic  TED hose TED hose terminal illness threatening resident thrombus tips toenails toileting schedule TPR transferring treating residents with respect tub bath twice daily tympanic temperatures ulcers unconscious uncovered food uniform  | supplemental feedings |  |  |
| systolic<br>TED hose<br>terminal illness<br>threatening resident<br>thrombus<br>tips<br>toenails<br>toileting schedule<br>TPR<br>transferring<br>treating residents with<br>respect<br>tub bath<br>twice daily<br>tympanic temperatures<br>ulcers<br>unconscious<br>uncovered food<br>uniform   | suspected abuse       |  |  |
| TED hoseterminal illnessthreatening residentthrombustipstoenailstoileting scheduleTPRtransferringtreating residents with<br>respecttub bathtwice dailytympanic temperaturesulcersunconsciousuniform   | swelling              |  |  |
| terminal illness<br>threatening resident<br>thrombus<br>tips<br>toenails<br>toileting schedule<br>TPR<br>transferring<br>treating residents with<br>respect<br>tub bath<br>twice daily<br>tympanic temperatures<br>ulcers<br>unconscious<br>uncovered food<br>uniform   | systolic              |  |  |
| threatening resident<br>thrombus<br>tips<br>toenails<br>toileting schedule<br>TPR<br>transferring<br>treating residents with<br>respect<br>tub bath<br>twice daily<br>tympanic temperatures<br>ulcers<br>unconscious<br>uncovered food<br>uniform   | TED hose              |  |  |
| thrombus<br>tips<br>toenails<br>toileting schedule<br>TPR<br>transferring<br>treating residents with<br>respect<br>tub bath<br>twice daily<br>tympanic temperatures<br>ulcers<br>unconscious<br>uncovered food<br>uniform   | terminal illness      |  |  |
| tips<br>toenails<br>toileting schedule<br>TPR<br>transferring<br>treating residents with<br>respect<br>tub bath<br>twice daily<br>tympanic temperatures<br>ulcers<br>unconscious<br>uncovered food<br>uniform   | threatening resident  |  |  |
| toenails<br>toileting schedule<br>TPR<br>transferring<br>treating residents with<br>respect<br>tub bath<br>twice daily<br>tympanic temperatures<br>ulcers<br>unconscious<br>uncovered food<br>uniform   | thrombus              |  |  |
| toileting schedule<br>TPR<br>transferring<br>treating residents with<br>respect<br>tub bath<br>twice daily<br>tympanic temperatures<br>ulcers<br>unconscious<br>uncovered food<br>uniform   | tips                  |  |  |
| TPR<br>transferring<br>treating residents with<br>respect<br>tub bath<br>twice daily<br>tympanic temperatures<br>ulcers<br>unconscious<br>uncovered food<br>uniform   | toenails              |  |  |
| transferring<br>treating residents with<br>respect<br>tub bath<br>twice daily<br>tympanic temperatures<br>ulcers<br>unconscious<br>uncovered food<br>uniform  | toileting schedule    |  |  |
| treating residents with<br>respect<br>tub bath<br>twice daily<br>tympanic temperatures<br>ulcers<br>unconscious<br>uncovered food<br>uniform  | TPR                   |  |  |
| respect<br>tub bath<br>twice daily<br>tympanic temperatures<br>ulcers<br>unconscious<br>uncovered food<br>uniform   | transferring          |  |  |
| twice daily<br>tympanic temperatures<br>ulcers<br>unconscious<br>uncovered food<br>uniform  |                       |  |  |
| tympanic temperatures<br>ulcers<br>unconscious<br>uncovered food<br>uniform   | tub bath              |  |  |
| ulcers<br>unconscious<br>uncovered food<br>uniform  | twice daily           |  |  |
| unconscious<br>uncovered food<br>uniform  | tympanic temperatures |  |  |
| uncovered food<br>uniform   |                       |  |  |
| uniform   | unconscious           |  |  |
|   | uncovered food        |  |  |
| universal precautions   | uniform               |  |  |
|   | universal precautions |  |  |

| unopened mail        |  |  |
|----------------------|--|--|
| unsteady             |  |  |
| urinary catheter bag |  |  |
| urinary system       |  |  |
| urinary tract        |  |  |
| urine                |  |  |
| visually impaired    |  |  |
| vital signs          |  |  |
| vitamins             |  |  |
| vomiting             |  |  |
| vomitus              |  |  |
| walker               |  |  |
| wandering resident   |  |  |
| water faucets        |  |  |
| weak side            |  |  |
| weakness             |  |  |
| weight               |  |  |
| wheelchair safety    |  |  |
| white blood cells    |  |  |
| withdrawal           |  |  |



#### Notes: