

# **D&S Diversified Technologies LLP**

# **Headmaster LLP**

# Tennessee Nurse Aide Candidate Handbook

Updated: February 1, 2025

**Version 26** 

#### **EFFECTIVE FOR TESTING FEBRUARY 1, 2025**

THE TESTING FEE FOR THE SKILLS EXAM HAS INCREASED TO \$100.

The following sections have been updated:

Knowledge Exam Alternate Languages Remotely Proctored Knowledge Exam

# **Contact Information**

Questions regarding: testing process • test scheduling • eligibility to test: (877) 201-0758					
Questions regarding: training program info	(615) 837-5229				
Questions regarding: the Abuse Registry:		(615) 741-7582			
Main switchboard • Renewals • Challenges • Demographic changes • Out of State Reciprocity:  (615) 532-5171					
D&S Diversified Technologies, LLP – Headmaster, LLP PO Box 418 Findlay, OH 45839  Email: tennessee@hdmaster.com  Web Site: www.hdmaster.com  TMU©: tn.tmutest.com	Monday through Friday 8:00AM – 8:00PM (ET) 7:00AM – 7:00PM (CT)	Phone #: (877) 201-0758  Fax #: (406) 442-3357			
Tennessee Nurse Aide Registry 665 Mainstream Drive – 2 <sup>nd</sup> Floor Nashville, TN 37243  Tennessee Health Facilities Commission Website: https://www.tn.gov/hsda/health-care-facilities/hcf-main.html  Training Programs: https://www.tn.gov/hsda/health-care-facilities/hcf-main/nai#programs  Abuse Registry: https://apps.health.tn.gov/AbuseRegistry	Monday through Friday 8:00AM – 4:30PM (CT)	Phone #: (615) 532-5171  Fax #: (615) 248-3601  Renew Online at:     https://lars.tn.gov  Verification of Licensure: https://apps.health.tn.gov/licensure			

# **Table of Contents**

INTRODUCTION	1
AMERICANS WITH DISABILITIES ACT (ADA)	1
ADA COMPLIANCE	
THE REGISTRY	
CNA RENEWALS	
THE TENNESSEE NURSE AIDE COMPETENCY EXAM	
PAYMENT INFORMATION	
COMPLETE YOUR ACCOUNT IN TMU©	2
Nursing Assistant Training Program Candidates	2
Forgot your Password and Recover your Account	5

Schedule a Tennessee Nurse Aide Exam	
Self-Pay of Testing Fees in TMU©	
Schedule/Reschedule a Test Event	
Test Confirmation Letter	
CHECK/VIEW YOUR NOTIFICATIONS IN TMU©	
TIME FRAME FOR TESTING FROM TRAINING PROGRAM COMPLETION	14
EXAM CHECK-IN	14
Testing Attire	14
IDENTIFICATION	15
Demographic Updates / Corrections / Changes	15
Instructions for the Knowledge Exam, Remotely Proctored Knowledge Exam, and Skill Test	16
Testing Policies	16
Access the Candidate Handbook and Testing Instructions	18
Security	19
RESCHEDULE A TEST	19
REFUND OF TESTING FEES PAID	20
Scheduled in a Test Event	20
Not Scheduled in a Test Event	
Unforeseen Circumstances Policy	
No-Show Status	
No-Show Exceptions	
CANDIDATE FEEDBACK – EXIT SURVEY	
Test Results	
Access your test results in your TMU© account:	
Test Attempts	
Tennessee Nurse Aide Registry Certification	24
RETAKING THE NURSE AIDE EXAM	24
Test Review Request	25
THE KNOWLEDGE/AUDIO EXAM	26
Knowledge Exam Content	26
Knowledge Exam Subject Areas	26
Knowledge/Audio Exam Information	
Select an Audio Version of the Knowledge Exam	27
Knowledge Exam Alternate Languages	
REMOTELY PROCTORED KNOWLEDGE EXAM OPTION	30
Remotely Proctored Knowledge Exam Candidate Requirements	30
Schedule a Remotely Proctored Knowledge Exam	31
Remotely Proctored Knowledge Exam Instructions	32
Remotely Proctored Knowledge Exam Check-In	32
Remotely Knowledge Exam Policies	33
KNOWLEDGE PRACTICE TEST	34
THE MANUAL SKILL TEST	35
SKILL TEST RECORDING FORM	36
SKILL TEST NECONDING FORM	
SKILL TEST SCENARIOS	
Ambulate a Resident with a Gait Belt	
Ambulate a Resident with a Galt Belt	• • • • • • • • • • • • • • • • • • • •
Assist a Resident with a Bedpan, Measure and Record Output with Hand Washing	
Bed Bath (PARTIAL) for a Resident- Whole Face and One Arm, Hand and Underarm	
Catheter Care for a Male Resident with Hand Washing	
Denture Care (Clean an Upper or Lower Denture)	
Dress a Dependent Resident in their Bed	
Feed a Dependent Resident in Bed	42

	Make an Occupied Bed	43
	Mouth Care—Brush a Resident's Teeth	43
	Mouth Care for a Comatose Resident	44
	Nail Care for a Resident's Hand	
	Perineal Care for a Female Resident with Hand Washing	45
	Pivot Transfer a Weight-Bearing, Non-Ambulatory Resident from their Bed to a Wheelchair using a Gait Belt	
	Position a Resident on their Side in their Bed	47
	Put on an Isolation Gown and Gloves, Empty a Urinary Drainage Bag, Measure and Record the Output, Remove the Gown	and Gloves with
	Hand Washing	48
	Range of Motion Exercises for a Resident's Hip and Knee	49
	Range of Motion Exercises for a Resident's Shoulder	50
	Vital Signs: Count and Record a Resident's Pulse and Respirations	
	Vital Signs: Take and Record a Resident's Blood Pressure	
KNO	OWLEDGE EXAM VOCABULARY LIST	52

# 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 aides 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. A nurse aide competency evaluation program aims to ensure that candidates 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/audio test, and a skill test. Exam candidates must be registered, complete approved training, pass both parts of the exam, and meet all other requirements of the Tennessee Health Facilities Commission (HFC) to be identified as a state-tested nurse aide and listed on the Tennessee Nurse Aide Registry.

The Tennessee Health Facilities Commission has approved D&S Diversified Technologies-Headmaster LLP to provide tests and scoring services for Tennessee nurse aide testing. For questions not answered in this handbook, please check the Tennessee webpage at <a href="https://www.hdmaster.com">www.hdmaster.com</a> or contact D&S Diversified Technologies (D&SDT-Headmaster) at (877)201-0758. The information in this handbook will help you prepare for your examination.

General information regarding the Tennessee Nurse Aide program can be found on the HFC website at: <a href="https://www.tn.gov/hsda.html">https://www.tn.gov/hsda.html</a>.

# Americans with Disabilities Act (ADA)

#### **ADA Compliance**

The Tennessee Health Facility Commission and D&SDT-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</u> Request <u>Application</u> found on the Tennessee 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 (877)201-0758.

# The Registry

Information to determine the status of your Tennessee nurse aide certification may be found at the Tennessee Department of Health website at <a href="https://apps.health.tn.gov/licensure">https://apps.health.tn.gov/licensure</a>, or you may visit the Tennessee Abuse/Nurse Aide Registry at <a href="https://apps.health.tn.gov/AbuseRegistry">https://apps.health.tn.gov/AbuseRegistry</a>. You may also contact the Tennessee Nurse Aide Registry at (615)532-5171 or (800)778-4504.

#### **CNA Renewals**

If you have any questions about renewals, please contact the Tennessee Nurse Aide Registry at (615)532-5171 or (800)778-4504.

# The Tennessee Nurse Aide Competency Exam

### **Payment Information**

Exam Description	Price
Knowledge Exam or Retake (English or Spanish)	\$40
Audio Version of the Knowledge Exam or Retake (English or Spanish)	\$40
Skill Exam or Retake	\$100

EFFECTIVE 2-1-2025: The Skills Exam test fee has increased from \$90 to \$100.

# Complete your Account in TMU©

#### **NURSING ASSISTANT TRAINING PROGRAM CANDIDATES**

Your initial registration information (name, phone number, Email, and training start date) will be entered in D&SDT-Headmaster's Tennessee TestMaster Universe (TMU©) software. You should receive a verification form during your training to sign after you review the data entered.

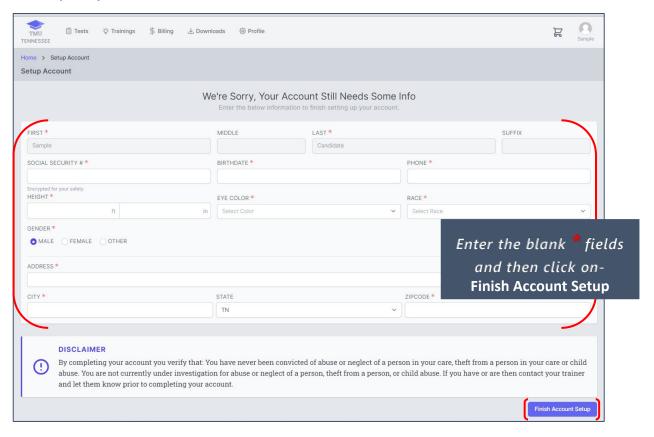
- → Make sure your LEGAL FIRST AND LAST NAMES <u>exactly</u> <u>match</u> the FIRST and LAST names on your government-issued ID and social security card.
- → Verify your phone number and email are correct.

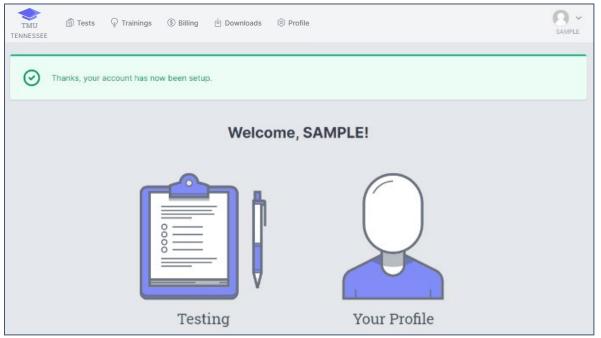
<u>IMPORTANT</u>: Before you can test, you must sign in to TMU© (<u>tn.tmutest.com</u>) using your secure Email or Username and Password and verify that your demographic information is correct.

- It is highly recommended that when you receive your confirmation email from TMU© (check your junk/spam mail) that your account has been created, you sign in to your account, update your password, and verify your demographic information, including making sure your LEGAL FIRST AND LAST NAMES <u>exactly</u> <u>match</u> the FIRST and LAST names on your government-issued ID and social security card.
- By completing your account, you verify that you have never been convicted of abuse or neglect of a person in your care, theft from a person in your care, or child abuse. You are not currently under investigation for abuse or neglect of a person, theft from a person, or child abuse. If you have or are, then you need to contact your trainer and let them know before completing your account.

If you do not know your Email or Username and Password, enter your email address and click "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 cannot sign in for any reason, contact D&SDT-Headmaster at (877)201-0758.

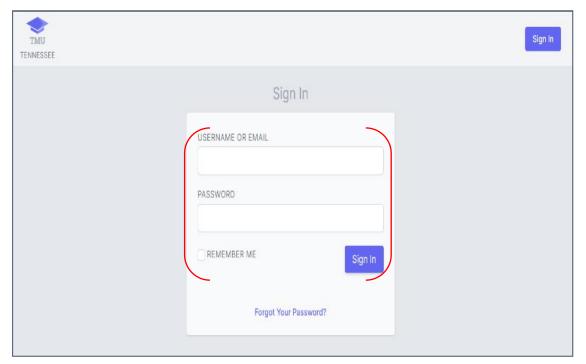
Screen you will see the first time you sign in to your TMU© account with the demographic information you need to enter to complete your account:





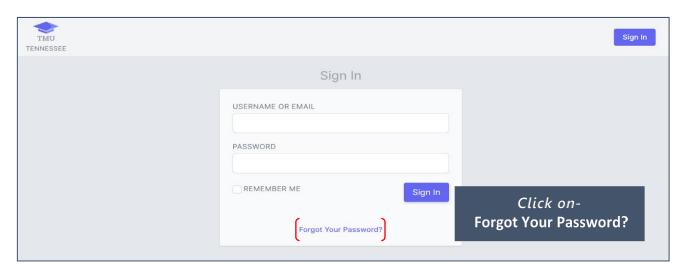
This is the Tennessee CNA TMU© main page tn.tmutest.com:

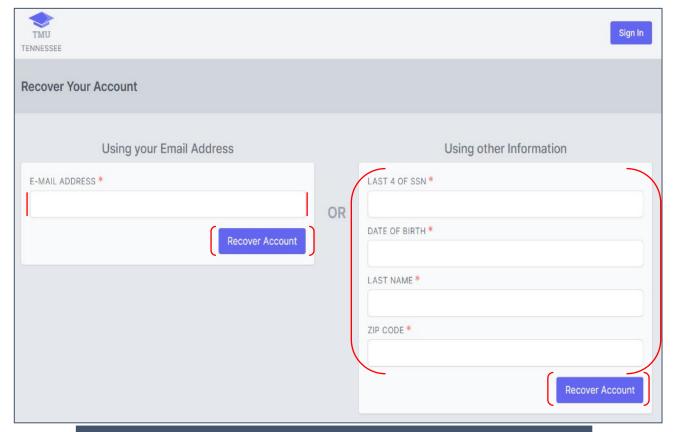




If you have forgotten or do not know your Password, follow the instructions in the next section 'Forgot Your Password and Recover your Account' to Reset your Password and Recover your Account.

#### FORGOT YOUR PASSWORD AND RECOVER YOUR ACCOUNT





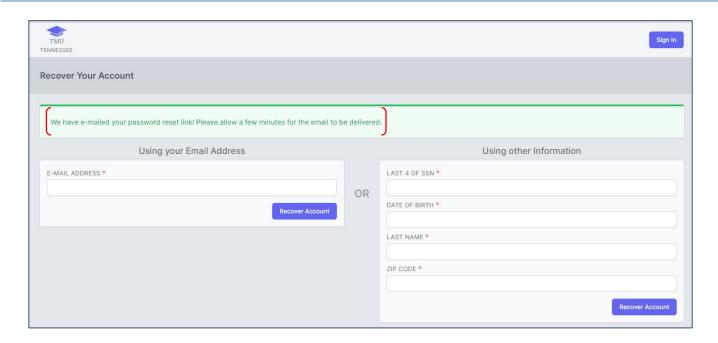
Type in your Email Address

Click on – Recover Account

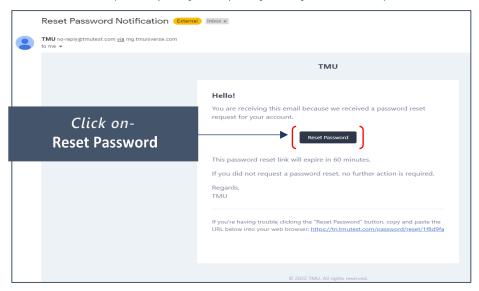
An email with the reset link will be emailed to you. Click on the reset link in your email to reset your password.

-OR- If you have already entered your demographic information, you can type in the requested data under Using other Information

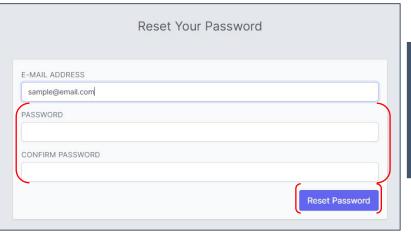
Click on - Recover Account



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



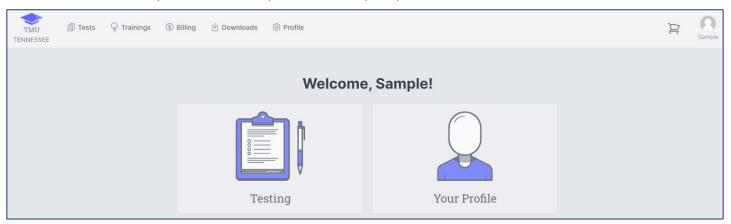
Note: If you do not reset your password right away, the link expires in 60 minutes and after that, you will need to request a new link.



Type in your
Password and
Confirm Password,

then click on – Reset Password

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



#### Schedule a Tennessee Nurse Aide Exam

Once your completed account is in the D&SDT-Headmaster TestMaster Universe© (TMU©) database, you may schedule your exam date online at the Tennessee TMU© webpage at <a href="mailto:tmutest.com">tm.tmutest.com</a> using your Email or Username and Password (instructions with screenshots below). If you cannot sign in with your Email, please call D&SDT-Headmaster for assistance at (877)201-0758.

To schedule or reschedule your test date, sign in to the Tennessee TMU© webpage at <a href="mailto:the.th.tmutest.com">th.tmutest.com</a> with your Email or Username and Password. If you cannot schedule/reschedule online, please call D&SDT-Headmaster at (877)201-0758 for assistance.

#### **SELF-PAY OF TESTING FEES IN TMU©**

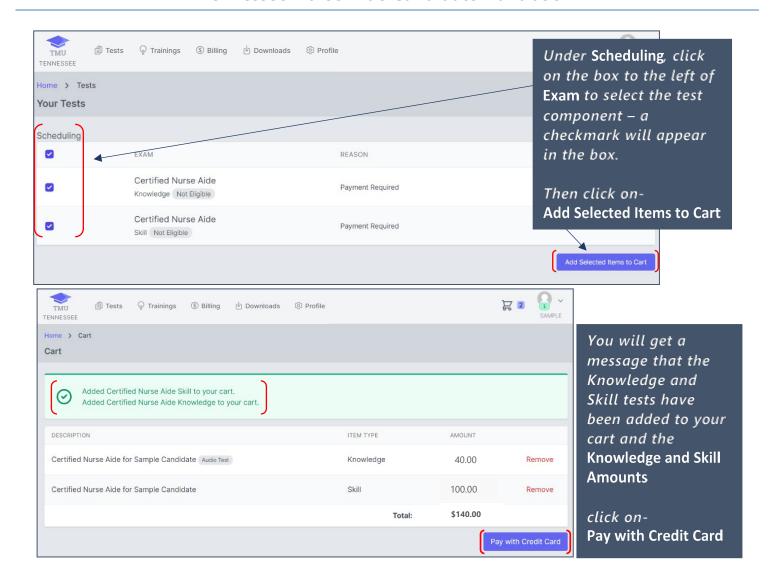
Testing fees must be paid before you can schedule a test date. Once your training program has completed your training record with completion hours and date, you will receive an email and text message that you are eligible to schedule a test date. Some training programs pre-pay testing fees for their 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.

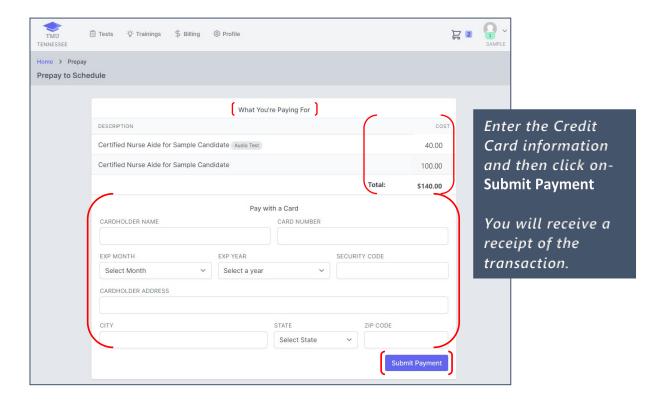
<u>Special circumstances only</u>: You may also pay your testing fees by emailing <u>tennessee@hdmaster.com</u> and requesting a Tennessee Payment Form.

**NOTE:** Forms with missing information, payment, or signatures will not be processed and will be shredded. If a money order or cashier check was sent with the form, the money order/cashier check will be mailed back to the candidate.

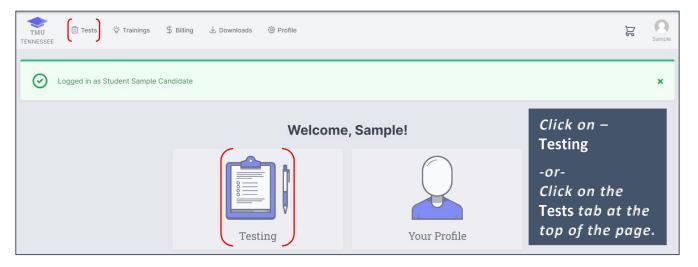
Once we receive your payment form and process your payment, you will be notified via email and text message that you are eligible to schedule a test event. If you do not receive an email or text message within 5 days of submitting your payment form, please call D&SDT-Headmaster at (877)201-0758 to check the status. You must then sign in to your TMU© account (tn.tmutest.com) using your Email or Username and Password. Please see the instructions under 'Schedule/Reschedule a Test Date'.



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Once your testing fees are paid, you can choose a test site and date. Follow the instructions in the next section to schedule or reschedule a test event.

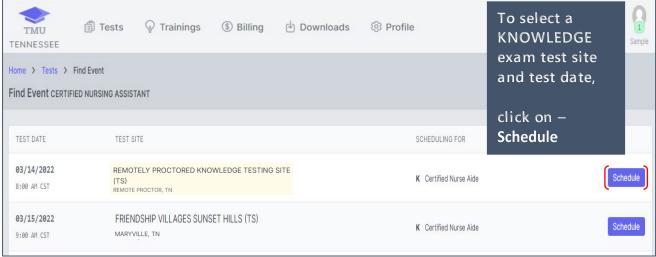


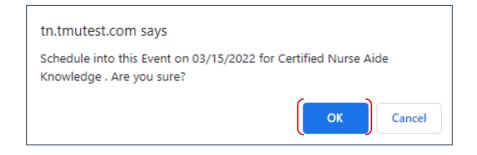
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# SCHEDULE/RESCHEDULE A TEST EVENT

To select a Knowledge Exam test site and date:



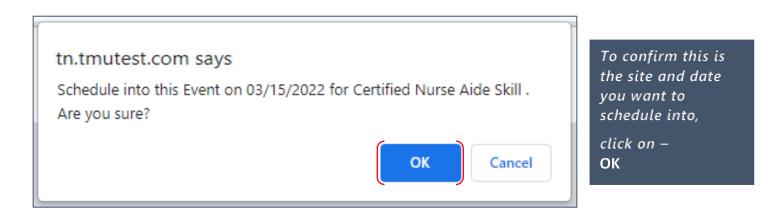




To confirm this is the site and date you want to schedule into, click on – OK

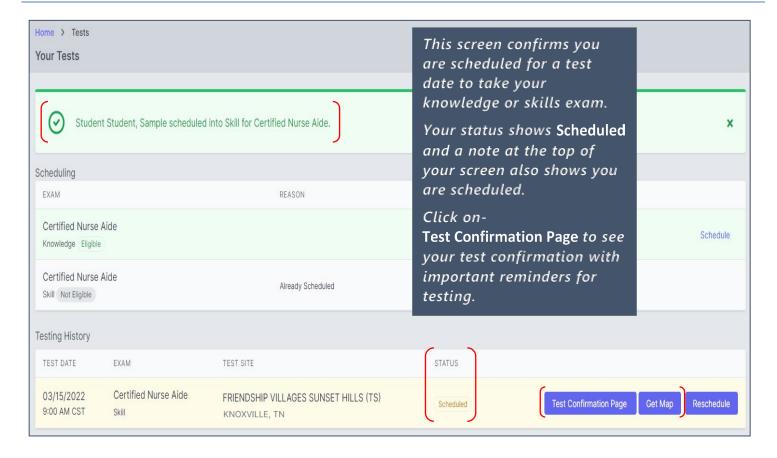
#### To select a Skills Exam test site and date:





Once you have selected a knowledge exam or skills exam test site and test date, you will get this screen confirming you are scheduled (the example on the next page is for the skills exam; the knowledge exam will be the same with the knowledge test site and date you have selected).

-continued on the next page-



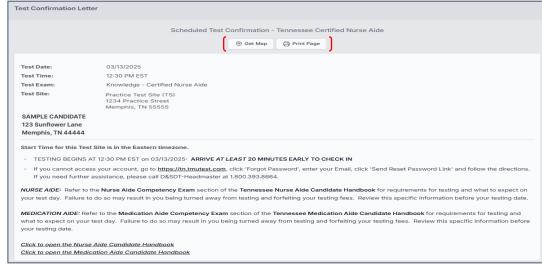
#### **TEST CONFIRMATION LETTER**

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.

The body of the test confirmation letter will refer you to the Tennessee CNA Candidate Handbook, where you will find state-specific instructions on when 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 if you do not adhere to the testing policies, etc.

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



Click onPrint
to print your
confirmation letter.

Click onGet Map
to get directions to the
test site using Google
Maps.

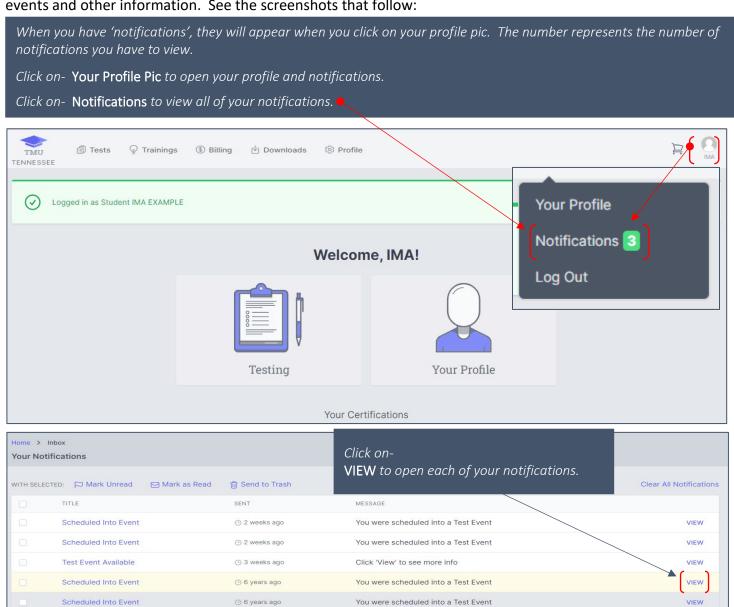
Please see the 'Remotely Proctored Knowledge Exam Option' under the Knowledge/Audio Exam section if you want to take your knowledge exam with a remote proctor from your home, etc. If you have any questions regarding your test scheduling, call D&SDT-Headmaster at (877)201-0758, Monday through Friday, excluding Saturdays, Sundays, and holidays, 8:00AM to 8:00PM ET, or 7:00AM to 7:00PM CT.

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 Notifications in TMU©

Remember to check your 'notifications' in your TMU© account for important notices regarding your selected test events and other information. See the screenshots that follow:



#### Notification example:



## **Time Frame for Testing from Training Program Completion**

You must schedule a test date within two years of your training program completion date. After two years, you must complete another approved training program to be eligible to schedule testing.

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 Tennessee TMU© site.

If you have any questions regarding your test scheduling, call D&SDT-Headmaster at (877)201-0758 during regular business hours, 8:00AM to 8:00PM ET, or 7:00AM to 7:00PM CT, Monday through Friday, excluding Saturdays, Sundays and holidays.

#### 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, please see procedures/policies under 'Remotely Proctored Knowledge Exam Option' in the Knowledge/Audio Exam section.

#### **Testing Attire**

The required testing attire applies to both the knowledge and skills exams.

- You must be in full clinical attire, including clinical shoes.
  - No open-toed shoes (flip-flops or sandals) are allowed.
  - Scrubs and shoes can be any color/design.
- Smartwatches, fitness monitors, or any Bluetooth-connected devices are not allowed.
- Long hair must be pulled back.
- Fingernails must be short (no longer than ¼ inch in length), well-kept (filed, no jagged edges, and clean).





**Note:** You will not be admitted for testing if you are not wearing scrubs attire, the appropriate shoes, with long hair pulled back, and short, clean fingernails. You will be considered a no-show status. You will forfeit your testing fees and must pay for another exam date.

#### Identification

You must bring a **US GOVERNMENT ISSUED, PHOTO-BEARING, \*SIGNED, NON-EXPIRED FORM OF IDENTIFICATION, and your ORIGINAL SOCIAL SECURITY CARD**.

→ A letter from the Social Security office or a laminated social security card will not be accepted.

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
- Concealed Hand Gun Carry Permit (that meets all identification requirements)

The **LEGAL FIRST** and **LAST names** listed on the ID and social security card presented to the RN Test Observer during check-in at your test event <u>MUST EXACTLY MATCH</u> the **FIRST** and **LAST** names that were entered in the Tennessee nurse aide TMU© database by your training program.

**Note:** 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.

→ If you have laminated your social security card, it is <u>NOT VALID</u> and will not be accepted as an acceptable form of ID.

You may call D&SDT-Headmaster at (877)201-0758 to confirm that your name of record matches your US government-issued ID and social security card or sign in to your TMU© account to check on or change your demographic information.

#### **DEMOGRAPHIC UPDATES / CORRECTIONS / CHANGES**

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 CHANGE/CORRECTION REQUEST</u> FORM and upload your demographic change/correction documentation. The form is under 'APPLICATIONS' on the Tennessee TMU© main web page (before you log in to your account), or click on this link: <a href="https://tn.tmutest.com/apply/7">https://tn.tmutest.com/apply/7</a>.

#### Note:

- You will not be admitted for testing if you do not bring proper/valid identification and your original social security card.
  - Be sure your US government-issued identification has not expired and that your ID and original social security card (that you have not laminated) are signed.
  - Check to be positive that your **FIRST** and **LAST** printed names on your photo ID and original 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 ID(s) are not proper/valid, you will be considered a no-show status, and you will forfeit your testing fees and have to pay for another exam date.

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

# Instructions for the Knowledge Exam, Remotely Proctored Knowledge Exam, and Skill Test

Test instructions for the knowledge and skill 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 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 exams. Please read the instructions **before** entering the knowledge test room or skill demonstration lab. 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 Observer or Knowledge Test Proctor will ask questions about the instructions you read when entering the knowledge test room and skill test lab.

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

# **Testing Policies**

The following policies are observed at each test site—

- Make sure you have signed in to your TMU© account at <a href="mailto:tn.tmutest.com">tn.tmutest.com</a> well before your test date to update your password and verify your demographic information; make sure your LEGAL FIRST AND LAST NAMES <a href="mailto:exactly">exactly</a> match the FIRST and LAST names on your government-issued ID and original social security card. Refer to this handbook's 'Complete Your Account in TMU©' section for instructions and information.
  - If you have not signed in, updated your password, and verified your demographics (including your first and last names) in 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.
- Plan to be at the test site for up to four (4) to six (6) hours (if taking both components on-site) in the worst-case scenario.
- 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.

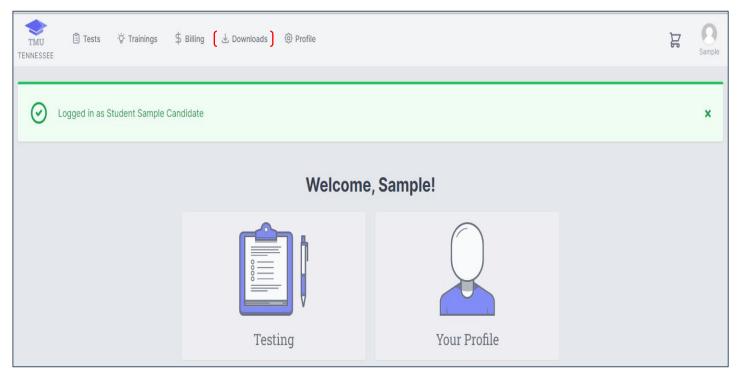
- If you are scheduled for a remotely proctored knowledge exam, please see procedures/policies under 'Remotely Proctored Knowledge Exam Option' in the Knowledge/Audio Exam section.
- If you do not bring valid and appropriate US government-issued, non-expired, \*signed photo ID and original social security card, you will not be admitted to the exam, considered a No-Show, and any exam fees paid will NOT be refunded.
  - If the LEGAL FIRST and LAST printed names on your ID and original social security card do not exactly match your FIRST and LAST names in your TMU© account, you will not be admitted to the exam, considered a No-Show, and any exam fees paid will NOT be refunded.
- If you do not wear full clinical attire and shoes with long hair pulled back and conform to all testing policies, you will not be admitted to the exam, considered a No-Show, and any exam fees paid will NOT be refunded.
- If you have a NO-SHOW status for your exam day, any test fees paid will NOT be refunded.
  - You must re-pay your testing fees online in your TMU© account.
- If you refuse to show the RN Test Observer your required ID and social security card and/or refuse to sign your signature on the required sign-in forms, 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.
- You may bring a basic standard watch with a second hand. Smartwatches are not allowed.
- <u>ELECTRONIC DEVICES AND PERSONAL ITEMS</u>: Cell phones, smartwatches, fitness monitors, electronic recording devices, Bluetooth-connected devices, and personal items (such as water bottles, purses, briefcases, large bags, study materials, extra books, or papers) are not permitted to be on or near you in either testing room. The testing team will inform you of the designated area to place your personal items and electronic devices, and you are to collect these items when you complete your test(s).
  - All electronic devices must be turned off.
    - → Smartwatches, fitness monitors, or Bluetooth-connected devices must be removed from your wrist or body and turned off.
  - You are not allowed to have coats or hooded apparel covering your head during testing in the testing rooms.
    - → The testing team will ask candidates with long hair to pull their hair back to ensure they are not using Bluetooth-connected devices.
- Anyone caught cheating or using any electronic recording device during testing will be removed from the
  testing room(s), have their test scored as a failed test, forfeit all testing fees, and will not be permitted
  to test for 6 months or without the approval of the Tennessee Health Facilities Commission (HFC).
- You may use personal devices in the waiting area during your free time.
- You are encouraged to bring a jacket, snack, drink, or study material during your free time in the waiting area.
- TRANSLATION DICTIONARIES: Foreign word-for-word translation dictionaries are allowed. Dictionaries with definitions or handwriting/notes will not be allowed. You must show your published word-for-word translation dictionary to the test observer/proctor during check-in (on-site or remotely proctored) at your test event. Using language translators that are not pre-approved and electronic dictionaries are not allowed.
- 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.

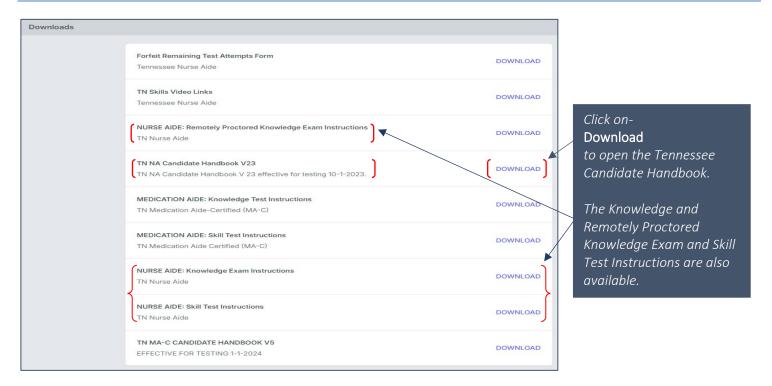
- You are not allowed to leave the testing room (knowledge test room, on-site or remotely proctored, or skills lab) once the exam has begun *for any reason*. If you do leave during your test event, you will not be allowed back into the testing room to finish your exam.
- If you are discovered causing a disturbance of any kind, engaging in any misconduct, 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, you will forfeit all testing fees, and you will be reported to your training program and the Tennessee Health Facilities Commission (HFC).
- 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 (877)201-0758 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 (877)201-0758 immediately to reschedule if you are on doctor's orders (see the note below).

**NOTE:** Please see this handbook's 'Reschedule a Test Event' and 'No-Show Exceptions' sections.

- → Reschedules will not be granted less than one (1) full business day before a scheduled test date.
- Test sites, RN Test Observers, Knowledge Test Proctors, and Actors are not responsible for candidates'
  personal belongings at the test site.
- Please refer to this Tennessee Candidate Handbook for testing and/or policy updates before your test day.
- The Candidate Handbook and Testing Instructions can also be accessed within your TMU© account under your 'Downloads' tab.

#### ACCESS THE CANDIDATE HANDBOOK AND TESTING INSTRUCTIONS





#### Security

If you are caught cheating, refuse to follow directions, use abusive language, are visibly impaired, or disrupt the examination environment, your test will be stopped and scored as a failed attempt. You will be dismissed from the testing room and will forfeit any testing fees paid, and a report of your behavior will be given to the Tennessee Health Facilities Commission (HFC). 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 the Tennessee Health Facilities Commission (HFC) 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 paid. You will be reported to your training program. 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 any form of cheating, the use of any electronic recording devices such as cell phones, smartwatches, etc., or browsing to other browsers/sites), your test will be stopped and scored as a failed attempt. You will be dismissed from the testing room and will forfeit any testing fees paid. You will be reported to the Tennessee Health Facilities Commission (HFC) and your training program and will not be permitted to retest for at least six (6) months.

#### Reschedule a Test

All candidates may reschedule for free online at <a href="mailto:thm.tmutest.com">tm.tmutest.com</a> any time up until one (1) full business day before a scheduled test day, excluding Saturdays, Sundays, and holidays.

If you must reschedule your exam date, please do so as soon as possible. You may reschedule an exam date online by signing in to your TMU© account at <a href="mailto:tn.tmutest.com">tn.tmutest.com</a>. (See instructions under 'Schedule/Reschedule a Test Event'.)

• Example: If you are scheduled to take your exam on a Saturday, Sunday, or Monday, you would need to reschedule by the close of business (D&SDT-Headmaster is open until 8:00PM Eastern Time, 7:00PM Central Time, Monday through Friday, excluding Saturdays, Sundays, and holidays) the Thursday before your scheduled exam.

A scheduled test date is on a:	Reschedule the previous:	
Monday	The previous Thursday (by 8:00PM Eastern time/7:00PM Central time)	
Tuesday	The previous Friday (by 8:00PM Eastern time/7:00PM Central time)	
Wednesday	The previous Monday (by 8:00PM Eastern time/7:00PM Central time)	
Thursday	The previous Tuesday (by 8:00PM Eastern time/7:00PM Central time)	
Friday	The previous Wednesday (by 8:00PM Eastern time/7:00PM Central time)	
Saturday	The previous Thursday (by 8:00PM Eastern time/7:00PM Central time)	
Sunday	The previous Thursday (by 8:00PM Eastern time/7:00PM Central time)	

**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 Tennessee nurse aide certification exam at all.

#### **SCHEDULED IN A TEST EVENT**

- 1) If you are scheduled for a test event, you must request a refund of the testing fees paid 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 (D&SDT-HEADMASTER is open until 7:00PM CT/ 8:00PM ET Monday through Friday, excluding holidays) the Thursday before your scheduled exam.
  - Facilities funded by HFC will be billed a \$35 refund fee for all candidates who request a refund at least one (1) full business day before a scheduled test date.
- 2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund processing fee.
- 3) Refund requests must be made within thirty (30) days of paying testing fees with D&SDT. Requests for refunds made after 30 days will not be issued.

#### **NOT SCHEDULED IN A TEST EVENT**

- 1) Refund requests must be made within thirty (30) days of paying testing fees with D&SDT. Requests for refunds made after 30 days will not be issued.
- 2) To request a refund for testing fees paid, you must fill out and submit the <u>Refund 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 processing fee.

#### **Unforeseen Circumstances Policy**

If an 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 to reschedule you for a mutually agreed-upon new test date at no charge.

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 or email with the information in your TMU© account (\*see examples below) due to an unforeseen circumstance for a test event you are scheduled into, 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 \*examples 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 TMU© account and:
  - you do not call us back in a timely manner
  - your phone number is disconnected/your voice mailbox 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 your email for any reason

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

If you are either a non-HFC-funded candidate or an HFC-funded candidate scheduled for an exam and you 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, proper attire, or any other reason to deem you ineligible to test, you will be considered a NO-SHOW. You will forfeit all fees paid and must submit a new testing fee to schedule a new test event.

■ HFC-funded facilities are no longer billed a no-show fee per candidate. If your HFC-funded facility would like to pay your new testing fee so you can schedule an HFC-funded new test event, they may do so. They may contact D&SDT-Headmaster at (877)201-0758 or <a href="tennessee@hdmaster.com">tennessee@hdmaster.com</a> if they have any questions.

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 before a scheduled test event, excluding Saturdays, Sundays, and holidays (see examples under Reschedule a Test Event and Refund of Testing Fees Paid), a NO-SHOW status will exist. You will forfeit your testing fees and must repay the full test fee to secure a new event.

#### **No-Show Exceptions**

Exceptions to the No-Show Status exist. If you are a no-show status for any test component for any of the following reasons, test fees will be refunded, or a free reschedule will be authorized to the remitter of record with appropriate documentation provided within the required time frame.

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 noshow. (Immediate family includes parent, grand and great-grandparent, sibling, children, spouse, or significant other.)
- Remotely proctored testing issues: 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 for any reason, documentation showing your name and the provider of service name from a computer repair technician/shop or other appropriate documentation.

# Candidate Feedback – Exit Survey

Candidates can complete an exit survey via a link when checking their test results in their TMU© account. The survey is confidential and will not have any bearing on the outcome of any test. You are encouraged to complete the survey questions with honest feedback regarding the examination process to help improve the testing process.

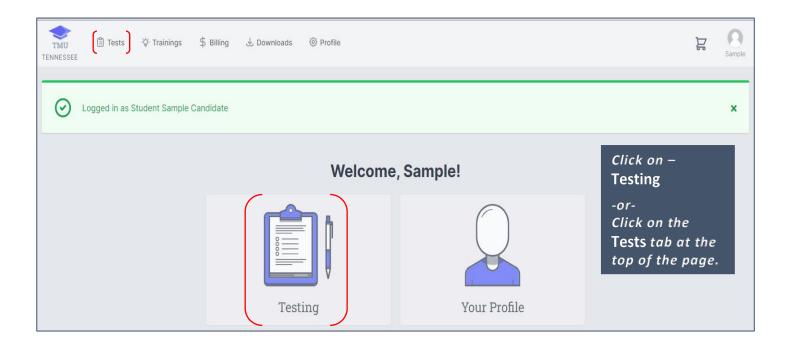
#### **Test Results**

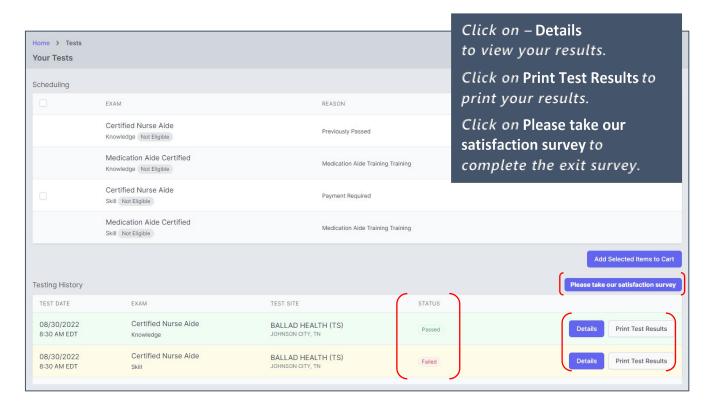
After you have completed both the Knowledge Exam and Skill Test components of the competency exam, your test results will be officially scored and double-checked. Official test results will be available by signing in to your TMU© account after 8:00PM (ET)/7:00 (CT) the business day after your test event.

**Note:** D&SDT-HEADMASTER does not send postal mail test results letters.

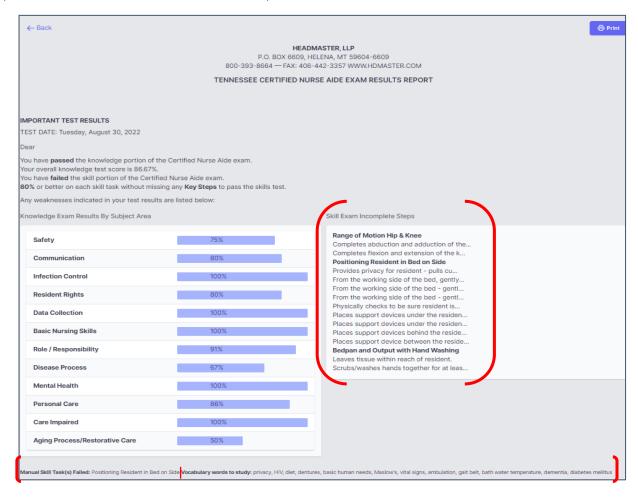
Sign in to your TMU© account at tn.tmutest.com to view your test results.

#### ACCESS YOUR TEST RESULTS IN YOUR TMU® ACCOUNT:





Sample Tennessee Nurse Aide exam results report:



## **Test Attempts**

You have **three (3) attempts** to pass the exam's knowledge and skill test portions within two (2) years from your date of nursing assistant training program completion. If you do not complete testing within two years from completion of training, you must complete a new HFC-approved training program to become eligible to attempt Tennessee nurse aide examinations further.

# **Tennessee Nurse Aide Registry Certification**

After successfully passing the nurse aide exam's Knowledge and Skill Test components, your test results will be sent electronically to the Tennessee Health Facilities Commission Nurse Aide Registry by D&SDT-Headmaster. You will be placed on the Tennessee Health Facilities Commission Nurse Aide Registry and issued a certificate. You should receive your certification card from the Tennessee Health Facilities Commission Nurse Aide Registry within 4-6 weeks after successfully passing both exam components.

# **Retaking the Nurse Aide Exam**

In the event that your test results inform you that you failed the knowledge and/or skill portion of the examination, you will be provided with detailed test diagnostics in your test results. You will have to retake the portion you failed. When you want to apply for a retest, you must repay for the portion you failed before you can schedule an exam date.

You can schedule a test or re-test online by signing in to your TMU© account at **tn.tmutest.com**. (See screenshots under 'Schedule/Reschedule a Test Event' for rescheduling instructions.)

You will need to pay with a Visa or Master Card credit/debit card before you can schedule.

If you need assistance scheduling your re-test, please call D&SDT-Headmaster at (877)201-0758 during regular business hours, 8:00AM to 8:00PM Monday through Friday ET, or 7:00AM to 7:00PM CT, excluding Saturdays, Sundays, and holidays. We can assist you in scheduling a test or re-test date as long as your fees have been paid first.

#### **Test Review Request**

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 (877)201-0758 during regular business hours, Monday through Friday, 8:00AM to 8:00PM ET/7:00AM to 7:00PM CT, 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 Request</u> and <u>Payment Application</u>, available on the Tennessee TMU© main page (before you log in to your account) at <u>tn.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 Tennessee 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 and HFC.

# The Knowledge/Audio Exam

#### **Knowledge Exam Content**

The Knowledge Test consists of **100** multiple-choice questions. Questions are selected from subject areas based on the HFC-approved Tennessee test plan and include questions from all the required categories as defined in OBRA regulations. The subject areas are as follows.

#### **KNOWLEDGE EXAM SUBJECT AREAS**

Subject Area	Number of Questions	Subject Area	Number of Questions
Aging Process / Restorative Care	6	Infection Control	8
Basic Nursing Skills	10	Mental Health	10
Care Impaired	6	Personal Care	9
Communication	8	Resident Rights	10
Data Collection	6	Role and Responsibility	10
Disease Process	7	Safety	10

#### **Knowledge/Audio Exam Information**

You will be required to present your ID again when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your ID with you during the entire exam day.

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Exam. You will have a maximum of ninety (90) minutes to complete the **100-question, multiple-choice (effective 10-21-2024)** knowledge 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.

**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.

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

**<u>Reminder</u>**: You must know your Email or Username and Password to take the TMU© Knowledge Exam. Please see the information under 'Complete Your Account in TMU©' to sign in to your TMU© account.

#### Foreign word-for-word translation dictionaries are allowed.

• Electronic dictionaries or non-approved language translators *are not allowed*. Dictionaries that have definitions or handwriting/notes in them *are not allowed*. You must show your published word-for-word

translation dictionary to the test observer/proctor during sign-in at your on-site or remotely proctored test event.

If needed, calculations may be done on scratch paper or with a basic calculator provided by the KTP.

All test materials, including scratch paper and calculator, 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 Tennessee Health Facilities Commission (HFC).

An audio (oral) version of the knowledge exam is available. However, you must request an Audio version of the knowledge exam before you submit your testing fee payment. There is no additional charge for an Audio version of the knowledge exam. To select the Audio version of the knowledge exam, follow the instructions with screenshots in 'Select an Audio version of the Knowledge Exam'.

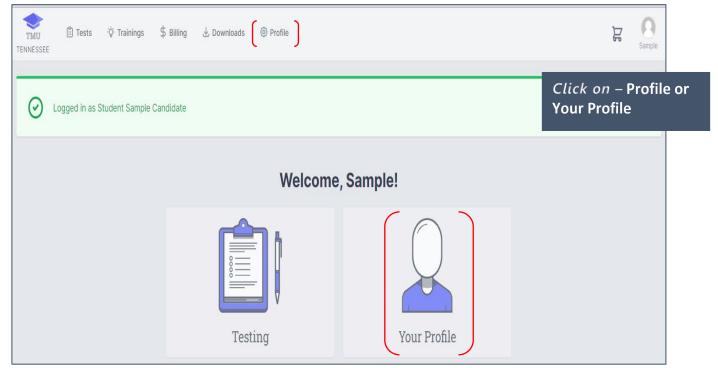
#### SELECT AN AUDIO VERSION OF THE KNOWLEDGE EXAM

To select the Audio version of the knowledge exam, follow the instructions with screenshots below.

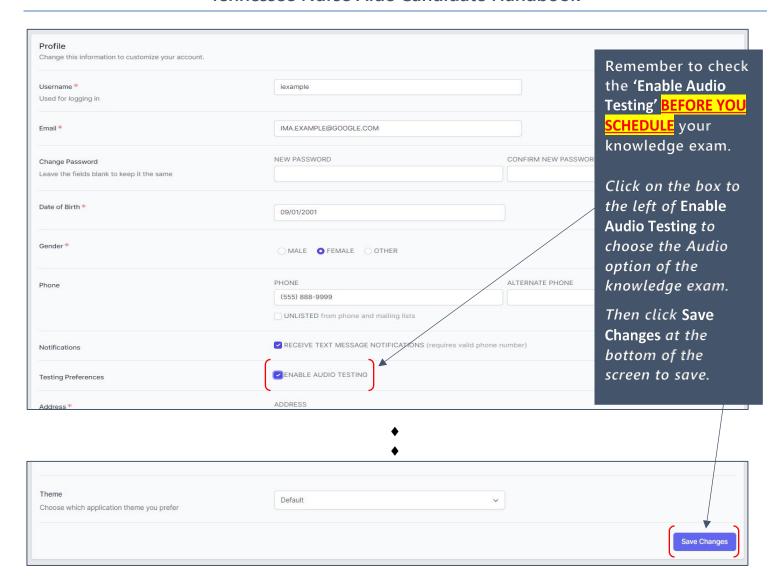
With the Audio version of the knowledge exam, the questions are neutrally read to you and can be heard through wired headphones or earbuds plugged into the computer (Bluetooth-connected devices are not allowed). When taking an Audio exam, the audio control buttons will be displayed on the computer screen,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

<u>NOTE</u>: On the Audio version of the English and Spanish versions of the Knowledge Exam, only the first 87 questions will be read orally. The remaining questions must be answered without audio assistance to assess English reading comprehension.

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







## **Knowledge Exam Alternate Languages**

The Knowledge/Audio Exam is available in English and the following HFC-approved alternate languages:

- ♦ Spanish
- ♦ Korean
- ♦ French

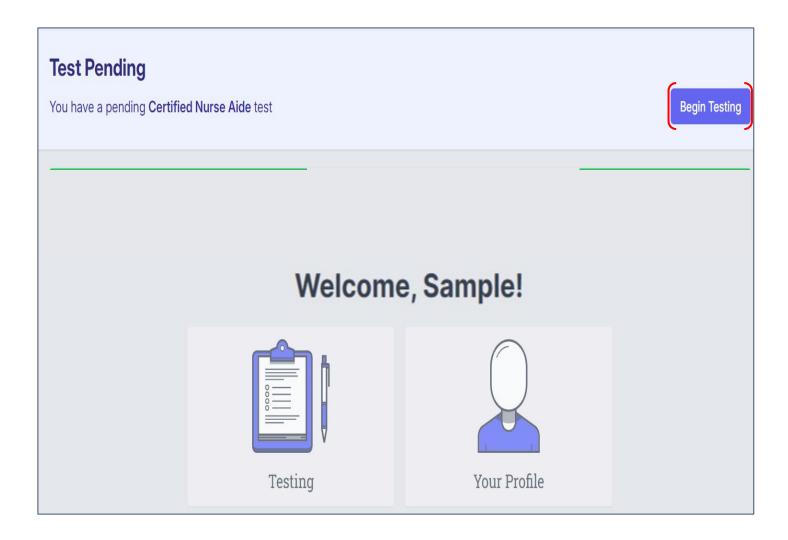
When you log in to take your knowledge exam, you can select English or an HFC-approved alternate language from a drop-down list. During the exam, you can switch back and forth between your preferred language and English.

**Note:** Only the first **87** questions will be printed in the HFC-approved alternate language. The remaining questions will be printed in English to assess English reading comprehension.

During the <u>audio version of the HFC-approved alternate language Knowledge Exam</u>, only the first **87** questions will be read orally. The remaining questions must be answered without audio assistance to assess English reading comprehension.

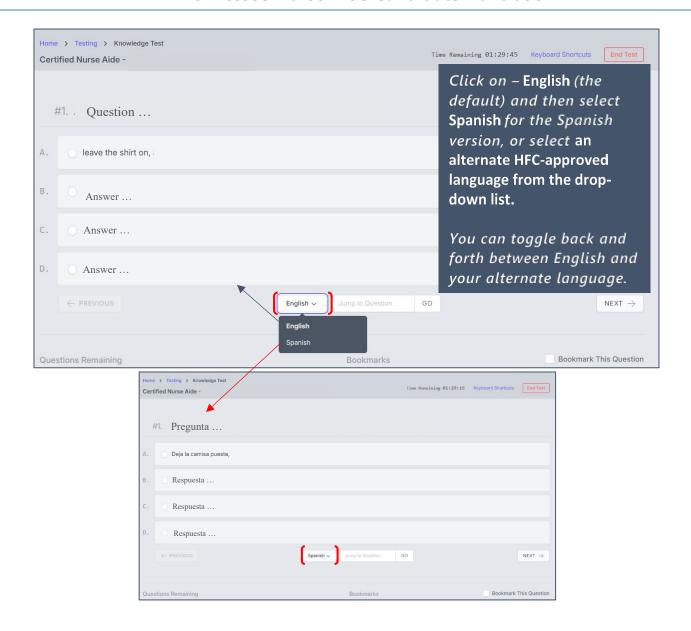
Please see the instructions below and the next page for an example of how to toggle between English and Spanish.

It will be the same process for your HFC-approved alternate language. You will choose your alternate language choice from the drop-down list of HFC-approved alternate languages.



Continued on the next page.





## Remotely Proctored Knowledge Exam Option

You will have the option to take 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 <u>will not be allowed to receive any assistance with your setup</u> from anyone in your environment (room/area).
- You must be **alone (by yourself)** in an isolated room free of distractions, interruptions, and any other people.
- 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.
    - **Note:** Only the first **87** questions will be read orally on the audio version and alternate language audio versions of the Knowledge Exam. The remaining questions must be answered without audio assistance to assess English reading comprehension.

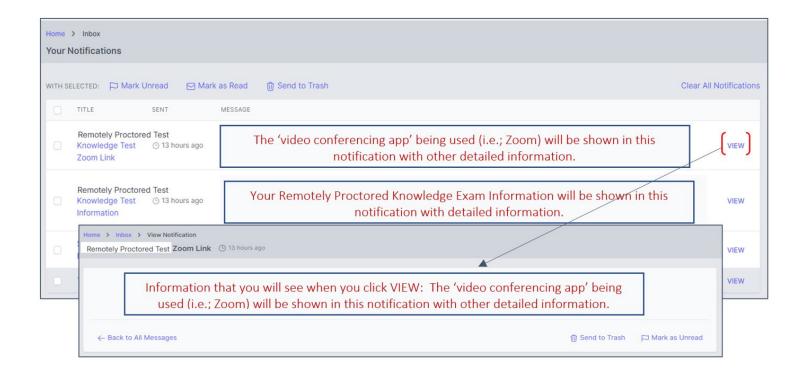
#### SCHEDULE A REMOTELY PROCTORED KNOWLEDGE EXAM

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 Event'. 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.

Please call D&SDT-Headmaster at (877)201-0758 if you have any questions or concerns or need assistance scheduling a remotely proctored knowledge exam.

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 checkin 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 room/surroundings to the remote Proctor during check-in before starting your remotely proctored knowledge exam.
  - The remote Proctor may also ask you to show your room/surroundings at any time during your test.
- 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).

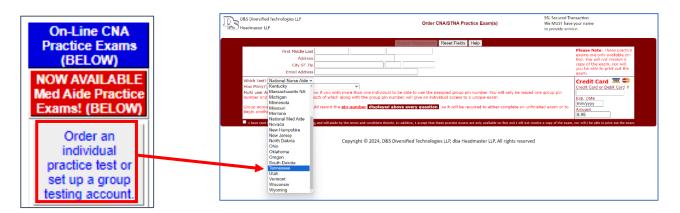
#### **REMOTELY KNOWLEDGE EXAM POLICIES**

- 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.
- You must be **alone (by yourself)** in a quiet, isolated room free of distractions, interruptions, and any other people, children, or pets.
  - **NOTE:** If someone else is discovered in the room/area at any time after your test begins, the remote Proctor will end it. Your test will be scored as a failed attempt, and you will forfeit any testing fees paid.
- Along with showing the remote Proctor your surroundings/room during check-in, the remote Proctor may also ask you to show your room/surroundings at any time during your 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 quiet, isolated room/area that is distraction and interruption-free, 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 are allowed.
  - You will need to show the remote Proctor the dictionary during check-in.
  - Electronic, non-approved language translators or dictionaries that contain writing or definitions <u>are not</u> 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.

#### **Knowledge Practice Test**

D&SDT-Headmaster offers a free knowledge test question of the day and a ten-question online static practice test on our website at <a href="https://docs.purchase">hdmaster.com</a>. Candidates may also purchase complete practice tests randomly generated based on the state test plan. A mastery learning testing method is used; each practice test will be unique. 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 any practice test. A list of vocabulary words to study is provided at the end of each practice test. Single or discounted group purchase plans are available for the practice test.

**NOTE:** Make sure you select **TENNESSEE** 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. When you are communicating with residents, you need to remember to:

- (A) Face the resident and make eye contact
- (B) Speak rapidly and loudly
- (C) Look away when they make direct eye contact
- (D) Finish all their sentences for them

#### 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

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

## The Manual Skill Test

- The Skill Test evaluates your performance when demonstrating Tennessee-approved nurse aide skill scenarios (tasks). You will find a complete list of skill tasks in this handbook.
- You will be asked to re-present your ID that you showed the RN Test Observer at check-in.
- 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.
- Your skill test will be scenario-based. Listen carefully to each scenario as it is read to you by the RN Test
  Observer. The computer randomly selects scenarios. The scenarios will direct you to demonstrate one or
  more of the tasks listed in this handbook. Each set of scenarios that make up your skill test will have the
  same overall difficulty, making each unique skill test equivalent.
- You will be allowed a maximum of thirty-five (35) minutes to complete your Skill Test. After 20 minutes, you will be alerted that 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 **key** steps (in bold font) 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.
- 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 (35) minutes or until you tell the RN Test Observer you are finished
  with the Skill Test.
- The skill task steps are generally not order-dependent unless the words BEFORE or AFTER are used in a step.
- When you finish each demonstration, 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
  demonstration, the RN Test Observer will read the scenario for your next task.
- All steps must be demonstrated. Steps that are only verbalized WILL NOT COUNT.
  - Exception: Some steps in certain scenarios require you to verbalize while demonstrating.

## **Skill Test Recording Form**

If your skill test includes a skill scenario that requires recording a count or measurement, the RN test observer will provide a recording form similar to the one displayed on the next page. You are required to sign the recording form during the equipment/supplies demonstration.

Recording Form:

Candidate's Name:	
PLEASE PRINT	
PULSE: beats RESPIRATIONS:	_ breaths
URINARY OUTPUT: ml	
BLOOD PRESSURE:/	_ mmHg
GLASS 1:	
GLASS 2:	
TOTAL FLUID INTAKE: ml FOOD INTAKE:	%
Candidate's Signature:	

#### **Skill Test Scenarios**

You will be assigned one of the following four scenarios with embedded hand washing using soap and water as your first mandatory scenario:

- Assist a Resident with a Bedpan, Measure and Record Output with required Hand Washing
- Catheter Care for a Male Resident with required Hand Washing [DEMONSTRATED ON A MANIKIN]
- Perineal Care for a Female Resident with required Hand Washing [DEMONSTRATED ON A MANIKIN]
- Put on an Isolation Gown and Gloves, Empty a Urinary Drainage Bag, Measure and Record Output, Remove the Gown and Gloves with required Hand Washing

You will also receive an additional two (2) or three (3) randomly selected scenarios from the skill task scenario listing below. The scenarios will direct you to demonstrate one or more of the tasks listed in this handbook. Each set of scenarios that make up your skill test will have the same overall difficulty, making each unique skill test equivalent. The TMU© skill test assignment algorithm randomly assigns scenarios. These selected scenarios will make up your personalized skill test.

## **Skill Tasks Listing**

To receive credit, you must perform every step and demonstrate it during your skill test demonstration.

The steps listed for each scenario are required for a nurse aide candidate to successfully demonstrate minimum proficiency in the skill task for the RN Test Observer. For all but two tasks, the steps will be performed on a live resident actor; the 'catheter care for a male resident' and 'perineal care for a female resident' scenarios will be demonstrated on a manikin.

You will be scored only on the steps listed. You must score 80% on each scenario without missing key steps (the **Bolded** steps) to pass the skill component of your competency evaluation. If you fail the Skill Test, one of the scenarios on your retest will be a scenario you previously failed. There will always be one of the first mandatory scenarios to start each Skill Test. The other scenarios included on your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and the average time to complete.

The RN Test Observer will observe your demonstrations of your skill scenarios 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 Tennessee 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 Gait Belt**

- 1) Knock on door.
- 2) Perform hand hygiene.
  - a. Cover all surfaces of the hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Obtain a gait belt.
- 5) Lock bed brakes BEFORE transferring to ensure resident's safety.
- 6) Lock wheelchair brakes to ensure resident's safety.
- 7) Bring the resident to a sitting position and place a gait belt around the waist to stabilize the trunk. Tighten the gait belt. Check the gait belt by slipping fingers between the gait belt and the resident.
- 8) Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed.
- 9) Assist the resident in putting on non-skid footwear.
- 10) Bring the resident to a standing position.
- 11) With one hand grasping the gait belt and the other stabilizing the resident by holding the forearm or shoulder or using another appropriate method to stabilize, ambulate the resident at least ten steps to the wheelchair.
- 12) Assist the resident in pivoting/turning and sitting in the wheelchair in a controlled manner that ensures safety.
- 13) Use proper body mechanics at all times.
- 14) Remove gait belt.
- 15) Maintain respectful, courteous interpersonal interactions at all times.
- 16) Place the call light or signaling device within easy reach of the resident.
- 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 Walker

- 1) Knock on door.
- 2) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

- 3) Explain the procedure to be performed to the resident.
- 4) Lock bed brakes **BEFORE** transferring to ensure resident's safety.
- 5) Lock wheelchair brakes to ensure resident's safety.
- 6) Bring the resident to a sitting position.
- 7) Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed.
- 8) Assist the resident in putting on non-skid footwear.
- 9) Position the walker correctly.
- 10) Assist resident to stand. Ensure the resident has stabilized the walker.
- 11) Position yourself behind and slightly to the side of the resident.
- 12) Safely ambulate the resident at least ten steps to the wheelchair.
- 13) Assist the resident in pivoting/turning and sitting in the wheelchair in a controlled manner that ensures.
- 14) Uses proper body mechanics at all times.
- 15) Maintain respectful, courteous interpersonal interactions at all times.
- 16) Place the call light or signaling device within easy reach of the resident.
- 17) 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 MANDATORY FIRST SCENARIOS)

- 1) Knock on door.
- 2) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for the resident pull curtain.
- 5) Put on gloves.
- 6) Position the resident on the bedpan correctly (it is not upside down and is centered) and safely using correct body mechanics.
- 7) Raise the head of the bed to a comfortable level.
- 8) Leave the call light or signaling device and tissue within reach of the resident. The candidate indicates they are providing privacy by stepping behind the privacy curtain. When signaled by the RN Test Observer, the candidate returns.
- 9) Gently remove the bedpan and hold while the RN Test Observer adds an unknown quantity of fluid.
- 10) Do not place the bedpan on the floor, the over-bed table, or the bedside table at any time during the demonstration.
- 11) Place the graduate on the designated level, flat surface.
- 12) Empty urine from the bedpan into the graduate.
- 13) With the graduate at eye level on the previously designated flat surface, measure output.
- 14) Empty equipment used in the designated toilet/commode. Rinse and dry equipment. Return equipment to storage.
- 15) Remove gloves by turning inside out as they are removed and dispose of gloves in the appropriate container.
- 16) Wash/assist the resident in washing hands with soap and water.
- 17) Rinse/assist the resident in rinsing hands with water or a wet washcloth.

- 18) Dry/assist resident to dry hands.
- 19) Record output in ml on the previously signed recording form.
- 20) The candidate's measured output reading is within 30mls of the RN Test Observer's pre-measured output reading.
- 21) Maintain respectful, courteous interpersonal interactions at all times.
- 22) Place the call light or signaling device within easy reach of the resident.
- 23) Wash hands: Turn on water.
- 24) Wet hands.
- 25) Apply soap to hands.
- 26) Rub hands together using friction with soap.
- 27) Scrub/wash hands together with soap for at least twenty (20) seconds.
- 28) Scrub/wash with interlaced fingers pointing downward with soap.
- 29) Wash all surfaces of hands and wrists with soap.
- 30) Rinse hands thoroughly under running water with fingers pointing downward.
- 31) Dry hands with a clean paper towel(s).
- 32) Turn off the faucet with a paper towel as a barrier.
- 33) Discard paper towel(s) to trash container as used.
- 34) Do not re-contaminate by touching the sink with bare hands at any time during the hand-washing procedure or the faucet after washing hands. (Turning off the faucet with a paper towel(s) and then drying your hands with the same paper towel(s) is considered recontamination.)

## Bed Bath (PARTIAL) for a Resident- Whole Face and One Arm, Hand and Underarm

- 1) Knocks on door.
- 2) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for the resident pull curtain.
- 5) Raise the bed between mid-thigh and waist level.
- 6) Cover the resident with a bath blanket or clean sheet.
- 7) Fold top linens to the bottom of the bed or place aside.
- 8) Remove resident's gown without exposing resident and place soiled gown in designated laundry hamper.
- 9) Fill a basin with comfortably warm water and place it on an over-bed table or bedside stand.
- 10) Wash the resident's face WITHOUT SOAP.
- 11) Dry the resident's face
- 12) Place a towel under the resident's arm. Only expose one arm.
- 13) Wash the resident's arm, hand and underarm using soap and water.
- 14) Rinse the resident's arm, hand, and underarm.
- 15) Dry the resident's arm, hand, and underarm.
- 16) Assist the resident in putting on a clean gown.
- 17) Place the soiled linen in a designated laundry hamper.
- 18) Empty, rinse, and dry equipment and return to storage.
- 19) Lower bed.
- 20) Maintain respectful, courteous interpersonal interactions at all times.
- 21) Place 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.

## **Catheter Care for a Male Resident with Hand Washing**

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS) | DEMONSTRATED ON A MANIKIN

- 1) Knock on door.
- 2) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for the resident pull curtain.
- 5) Fill a basin with comfortably warm water and place the basin on an over-bed table or bedside stand.
- 6) Cover the resident with a bath blanket or clean sheet to maintain privacy.
- 7) Gather supplies and prepare the area.
- 8) Put on gloves.
- 9) Verbalize and physically check that urine can flow unrestricted into the drainage bag with no signs of leakage.
- 10) Use soap and water to carefully wash around the catheter where it exits the urethra.
- 11) Hold the catheter at the urethra to prevent tugging on the catheter, and clean 3-4 inches away from the urethra down the drainage tube.
- 12) Clean with strokes only away from the urethra, using a clean portion of the washcloth with each stroke.
- 13) Using a clean washcloth, rinse using strokes away from the urethra. Use a clean portion of the washcloth with each stroke.
- 14) Pat dry with a clean towel or washcloth.
- 15) Do not allow the tube to be pulled at any time during the procedure.
- 16) Replace the top cover over the resident and remove the bath blanket or sheet.
- 17) Place soiled linen in the designated laundry hamper.
- 18) Leave the resident in a position of safety and comfort.
- 19) Empty, rinse, and dry the equipment and return the equipment to storage.
- 20) Remove gloves, turning them inside out as they are removed, and dispose in the appropriate container.
- 21) Maintain respectful, courteous interpersonal interactions at all times.
- 22) Place the call light or signaling device within easy reach of the resident.
- 23) Wash hands: Turn on water.
- 24) Wet hands.
- 25) Apply soap to hands.
- 26) Rub hands together using friction with soap.
- 27) Scrub/wash hands together with soap for at least twenty (20) seconds.
- 28) Scrub/wash with interlaced fingers pointing downward with soap.
- 29) Wash all surfaces of hands and wrists with soap.
- 30) Rinse hands thoroughly under running water with fingers pointing downward.
- 31) Dry hands with a clean paper towel(s).
- 32) Turn off the faucet with a paper towel as a barrier.
- 33) Discard paper towel(s) to trash container as used.

34) Do not re-contaminate by touching the sink with bare hands at any time during the hand-washing procedure or the faucet after washing hands. (Turning off the faucet with a paper towel(s) and then drying your hands with the same paper towel(s) is considered recontamination.)

## **Denture Care (Clean an Upper or Lower Denture)**

(only one plate is used for testing)

- 1) Knock on door.
- 2) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Place a protective lining (cloth towel or washcloth) in the sink.
- 5) Put on gloves.
- 6) Gather supplies and prepare the area.
- 7) Remove the denture from the cup.
- 8) Handle the denture carefully to avoid damage.
- 9) Rinse the denture cup.
- 10) Apply cleaning solution and thoroughly brush the denture, including the inner, outer, and chewing surfaces of the denture. (Toothettes may be utilized instead of a toothbrush if all the surfaces listed are cleaned.)
- 11) Rinse the denture using clean, cool water.
- 12) Place the denture in the rinsed cup.
- 13) Add cool, clean water to the denture cup.
- 14) Rinse and dry equipment and return to storage.
- 15) Discard the protective lining in an appropriate container.
- 16) Remove gloves by turning them inside out as they are removed, and dispose of gloves in an appropriate container.
- 17) Maintain respectful, courteous interpersonal interactions at all times.
- 18) Place 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.

## <u>Dress a Dependent Resident in their Bed</u>

- 1) Knock on door.
- 2) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for the resident pull curtain.
- 5) Raise the bed between the mid-thigh and waist level.
- 6) Keep the resident covered while removing the gown.
- 7) Remove the gown.
- 8) Dress the resident in a button-up shirt. Insert your hand through the shirt sleeve and grasp the resident's hand.
- 9) When dressing the resident in a button-up shirt, always dress from the affected (weak) side first.

- 10) Assist the resident to raise their buttocks or turn the resident from side to side and draw the pants over the buttocks and up to the resident's waist.
- 11) When dressing the resident in pants, always dress from the affected (weak) side leg first.
- 12) When putting on the resident's socks, draw the socks up the resident's foot until they are smooth.
- 13) Leave the resident comfortably and properly dressed (pants pulled up to waist front and back and shirt completely buttoned.)
- 14) Place the used gown in a designated laundry hamper.
- 15) Lower bed.
- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Place the call light or signaling device within easy reach of the resident.
- 18) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## Feed a Dependent Resident in Bed

- 1) Knock on door.
- 2) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- Look at the diet card and verbally indicate that the resident has received the correct tray.
- 5) Position the resident in an upright position. At least 45 degrees.
- 6) Protect clothing from soiling using a napkin, clothing protector, or towel.
- **7) Provide hand hygiene for the resident** *BEFORE* **feeding.** (You may use a disposable wipe and dispose of it in a trash can, wash the resident's hands with soap and a wet washcloth, or rub hand sanitizer over all surfaces of the resident's hands until dry.)
- 8) Ensure the resident's hands are dry BEFORE feeding. (If a wet washcloth with soap was used, dry the resident's hands. If a disposable wipe or hand sanitizer were used, ensure the resident's hands are dry.)
- 9) Sit down in a chair facing the resident while feeding the resident.
- 10) Describe the foods being offered to the resident.
- 11) Offer fluid frequently from each glass.
- 12) Offer food in small amounts at a reasonable rate, allowing the resident time to chew and swallow.
- 13) Wipe the resident's hands at least once during the meal.
- 14) Wipe the resident's face at least once during the meal.
- 15) Place soiled linen in a designated laundry hamper or dispose of it in an appropriate container.
- 16) Leave the resident clean and in a position of comfort.
- 17) Record intake in the percentage of total solid food eaten on the previously signed recording form.
- 18) The candidate's recorded consumed food intake is within 25 percentage points of the RN Test Observer's recorded food intake.
- 19) Record estimated intake in ml as the sum total fluid consumed from the two glasses in ml on the previously signed recording form.
- 20) The candidate's recorded sum total consumed fluid intake is within 30mls of the RN Test Observer's recorded fluid intake.
- 21) Maintain respectful, courteous interpersonal interactions at all times.
- 22) Place 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.

## Make an Occupied Bed

- 1) Knock on door.
- 2) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 3) Gather linen and transport linen correctly without touching your uniform.
- 4) Place clean linen over the back of the chair, drape over the foot of the bed, or on the over-bed table.
- 5) Explain the procedure to be performed to the resident.
- 6) Provide privacy for the resident pull curtain.
- 7) Raise the bed to between mid-thigh and waist level.
- 8) The resident is to remain covered at all times.
- 9) Assist the resident in turning onto their side away from the candidate toward the center of the bed.
- 10) Roll or fan fold soiled linen, soiled side inside, to the center of the bed.
- 11) Place the clean bottom sheet along the center of the bed, roll or fan-fold linen against the resident's back, and unfold the remaining half of the clean bottom sheet.
- 12) Secure two fitted corners.
- 13) Assist the resident to roll onto their side over the clean bottom linen.
- 14) Remove soiled linen without shaking and place it in a designated laundry hamper.
- 15) Avoid placing soiled linen on the over-bed table, chair, or floor.
- 16) Avoid touching linen to your uniform.
- 17) Pull through and smooth out the clean bottom linen, leaving it tight and wrinkle-free.
- 18) Secure the other two fitted corners.
- 19) Place resident on their back.
- 20) Ensure that the resident never touches the bare mattress at any time during the procedure.
- 21) Place clean top linen and blanket or bedspread over the covered resident.
- 22) Smooth out the clean top linen, leaving it centered and wrinkle-free.
- 23) Remove used linen, keeping the resident unexposed at all times.
- 24) Place soiled linen in a designated laundry hamper.
- 25) Ensure the sheet and top linen do not constrict the resident's feet.
- 26) Apply a clean pillowcase with zippers and/or tags to the inside.
- 27) Gently assist the resident in raising their head while replacing the pillow.
- 28) Physically check to ensure the resident is in correct body alignment.
- 29) Lower bed.
- 30) Maintain respectful, courteous interpersonal interactions at all times.
- 31) Place the call light or signaling device within easy reach of the resident.
- 32) 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) Knock on door.
- 2) Perform hand hygiene.

- a. Cover all surfaces of hands with hand sanitizer.
- b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for the resident pull curtain.
- 5) Drape the resident's chest with a towel to prevent soiling.
- 6) Put on gloves AFTER gathering supplies and preparing the area.
- 7) Wet the toothbrush (toothettes may be utilized) and apply a small amount of oral cleaning solution.
- 8) Brush the resident's teeth, including the inner, outer, and chewing surfaces of all upper and lower teeth.
- 9) Brush the resident's tongue.
- 10) Assist the resident in rinsing their mouth.
- 11) Wipe the resident's mouth, remove soiled linen, and place it in a designated laundry hamper.
- 12) Empty container. (The container may be an emesis basin or a disposable cup.)
- 13) Rinse and dry the emesis basin or discard disposable items in the appropriate container.
- 14) Rinse the toothbrush or dispose of the toothette in the appropriate container.
- 15) Return equipment to storage.
- 16) Remove gloves by turning them inside out as they are removed and dispose of gloves in the appropriate container.
- 17) Leave the resident in a position of comfort.
- 18) Maintain respectful, courteous interpersonal interactions at all times.
- 19) Place the call light or signaling device within easy reach of the resident.
- 20) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.

## **Mouth Care for a Comatose Resident**

- 1) Knock on door.
- 2) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for the resident pull curtain.
- 5) Position the resident in a semi-Fowler's position with the resident's head turned well to one side, or position the resident on their side as appropriate to avoid choking or aspiration.
- 6) Drape the resident's chest/bed as needed to protect it from soiling.
- 7) Put on gloves AFTER gathering supplies and preparing the area.
- 8) Apply a small amount of oral cleaning solution to a swab(s).
- 9) Gently and thoroughly clean all upper and lower teeth inner, outer, and chewing surfaces.
- 10) Gently and thoroughly clean the gums.
- 11) Gently and thoroughly clean the resident's tongue.
- 12) Clean/wipe the resident's mouth area.
- 13) Leave the resident in a position of safety and good body alignment.
- 14) Rinse, dry, and return equipment to storage. Discard disposable items in a designated container. Place soiled linen in a designated laundry hamper.
- 15) Remove gloves by turning them inside out as they are removed and dispose of gloves in the appropriate container.

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

## Nail Care for a Resident's Hand

- 1) Knocks on door.
- 2) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Immerse the resident's nails in comfortably warm water and soak for at least five (5) minutes. (Verbalize to soak nails for at least five minutes.)
- 5) Dry the resident's hand thoroughly, specifically dry between the resident's fingers.
- 6) Gently clean under the resident's nails with an orange stick.
- 7) Gently push the resident's cuticles back with an orange stick.
- 8) File each of the resident's fingernails.
- 9) Rinse and dry equipment and return to storage. Place soiled linen in a designated laundry hamper.
- 10) Maintain respectful, courteous interpersonal interactions at all times.
- 11) Place 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.

## Perineal Care for a Female Resident with Hand Washing

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS) | DEMONSTRATED ON A MANIKIN

- 1) Knock on door.
- 2) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident/manikin.
- 4) Provide privacy for the resident pull curtain.
- 5) Raise the bed to between mid-thigh and waist level.
- 6) Fill a basin with comfortably warm water and place it on the over-bed table or bedside stand.
- 7) Prepare the area and gather supplies.
- 8) Place a bath blanket or clean sheet over the resident.
- 9) Put on gloves.
- 10) Expose the resident's perineum only.
- 11) Verbalize separating the resident's labia while physically separating the labia.
- 12) Use water and a soapy washcloth (peri-wash and no-rinse soaps are not allowed).

## 13) Clean both sides of the labia from front to back using a clean portion of a washcloth with each single stroke.

- 14) Clean the middle of the labia from front to back using a clean portion of a washcloth for each single stroke.
- 15) Rinse both sides of the labia from front to back.
- 16) Rinse the middle of the labia from front to back.
- 17) Use a clean portion of a washcloth with each single stroke.
- 18) Pat dry.
- 19) Cover the exposed area with the bath blanket or clean sheet.
- 20) Assist the resident (manikin) in turning onto their side away from the candidate toward the center of the bed.
  - a. RN Test Observer may help hold the manikin on their side ONLY after the candidate has turned the manikin.
- 21) Use a clean washcloth with water and soap (peri-wash and no-rinse soaps are not allowed).
- 22) Clean the rectal area from the vagina to the rectum with single strokes using a clean portion of a washcloth with each single stroke.
- 23) Use a clean washcloth with water.
- 24) Rinse the rectal area from front to back using a clean portion of the washcloth with each single stroke.
- 25) Pat dry.
- 26) Position the resident (manikin) on their back.
- 27) Place soiled linen in a designated laundry hamper.
- 28) Empty, rinse, dry, and return equipment to storage.
- 29) Remove gloves by turning them inside out as they are removed, and dispose of gloves in an appropriate container.
- 30) Lower bed.
- 31) Maintain respectful, courteous interpersonal interactions at all times.
- 32) Place the call light or signaling device within easy reach of the resident.
- 33) Wash hands: Turn on water.
- 34) Wet hands.
- 35) Apply soap to hands.
- 36) Rub hands together using friction with soap.
- 37) Scrub/wash hands together with soap for at least twenty (20) seconds.
- 38) Scrub/wash with interlaced fingers pointing downward with soap.
- 39) Wash all surfaces of hands and wrists with soap.
- 40) Rinse hands thoroughly under running water with fingers pointing downward.
- 41) Dry hands with a clean paper towel(s).
- 42) Turn off the faucet with a paper towel as a barrier.
- 43) Discard paper towel(s) to trash container as used.
- **44)** Do not re-contaminate by touching the sink with bare hands at any time during the hand-washing procedure or the faucet after washing hands. (Turning off the faucet with a paper towel(s) and then drying your hands with the same paper towel(s) is considered recontamination.)

# <u>Pivot Transfer a Weight-Bearing, Non-Ambulatory Resident from their Bed to a Wheelchair</u> using a Gait Belt

- 1) Knock on door.
- 2) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.

- b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Obtain a gait belt.
- 5) Lock bed brakes **BEFORE** transferring to ensure resident's safety.
- 6) Assist the resident to a sitting position.
- 7) Adjust the bed height to ensure that the resident's feet are flat on the floor when the resident is sitting on the edge of the bed.
- 8) Assist the resident in putting on non-skid footwear.
- 9) Position the wheelchair arm/wheel touching the side of the bed.
- 10) Lock wheelchair brakes to ensure resident's safety.
- 11) Place a gait belt around the resident's waist to stabilize the trunk.
- 12) Tighten gait belt.
- 13) Check the gait belt for tightness by slipping fingers between the gait belt and the resident.
- 14) Face the resident.
- 15) Grasp the gait belt with both hands.
- 16) Bring the resident to a standing position using proper body mechanics.
- 17) Assist the resident in pivoting/turning in a controlled manner that ensures safety.
- 18) Sit the resident in the wheelchair in a controlled manner that ensures safety.
- 19) Remove the gait belt.
- 20) Maintain respectful, courteous interpersonal interactions at all times.
- 21) Place 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.

## Position a Resident on their Side in their Bed

- 1) Knock on door.
- 2) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident and how the resident may help.
- 4) Provide privacy for the resident pull curtain.
- 5) Position the bed flat.
- 6) Raise the bed height to between mid-thigh and waist level.
- 7) From the working side of the bed, gently move the resident's upper body toward yourself.
- 8) From the working side of the bed, gently move the resident's hips toward yourself.
- 9) From the working side of the bed, gently move the resident's legs toward yourself.
- 10) Gently assist/turn resident on their side. (The correct side read to you by the RN Test Observer).
- 11) Ensure that the pillow never obstructs the resident's face.
- 12) Ensure that the resident is not lying on their downside arm.
- 13) Place support devices under the resident's head.
- 14) Place support devices under the resident's upside arm.
- 15) Place support devices behind the resident's back.
- 16) Place support devices between the resident's knees.
- 17) Do not cause any discomfort or pain at any time during the procedure.
- 18) Lower bed.

- 19) Maintain respectful, courteous interpersonal interactions at all times.
- 20) Place 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.

# Put on an Isolation Gown and Gloves, Empty a Urinary Drainage Bag, Measure and Record the Output, Remove the Gown and Gloves with Hand Washing

(ONE OF THE POSSIBLE MANDATORY FIRST SCENARIOS)

- 1) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 2) Apply the gown with the opening in the back.
- 3) Place your arms through each sleeve.
- 4) Fasten the neck opening behind the neck.
- 5) Secure the waist, making sure the back flaps cover clothing as completely as possible.
- 6) Put on gloves overlapping the gown sleeves at the wrist.
- 7) Knock on door.
- 8) Explain the procedure to be performed to the resident.
- 9) Provide privacy for the resident pull curtain.
- **10)** Place a clean barrier on the floor under the drainage bag. (paper towel or linen)
- 11) Place the graduate on the previously placed barrier. Open the drain to allow the urine to flow into the graduate until the bag is empty.
- 12) Avoid touching the graduate or urine in the graduate with the tip of the tubing. Close the drain.
- 13) Wipe the drain with an uncontaminated antiseptic wipe.
- 14) Place the graduate on the designated level, flat surface, and at eye level, and measure output.
- 15) Empty the graduate into the designated toilet/commode. Rinse and dry equipment. Return equipment to storage.
- 16) Place the barrier in an appropriate container.
- 17) Leave the resident in a position of comfort and safety.
- 18) Record the output in ml on the previously signed recording form.
- 19) The candidate's recorded measured output reading is within 25mls of the RN Test Observer's output reading.
- 20) Maintain respectful, courteous interpersonal interactions at all times.
- 21) Place the call light or signaling device within easy reach of the resident.
- 22) Remove gloves BEFORE removing the gown, turning them inside out as they are removed.
- 23) Dispose of the gloves in the designated container.
- 24) Unfasten the gown at the neck AFTER the gloves have been removed.
- 25) Unfasten the gown at the waist AFTER the gloves have been removed.
- 26) Remove the gown by folding the soiled area to the soiled area.
- 27) Place the gown in a designated container.

- 28) Wash hands: Turn on water.
- 29) Wet hands.
- 30) Apply soap to hands.
- 31) Rub hands together using friction with soap.
- 32) Scrub/wash hands together with soap for at least twenty (20) seconds.
- 33) Scrub/wash with interlaced fingers pointing downward with soap.
- 34) Wash all surfaces of hands and wrists with soap.
- 35) Rinse hands thoroughly under running water with fingers pointing downward.
- 36) Dry hands with a clean paper towel(s).
- 37) Turn off the faucet with a paper towel as a barrier.
- 38) Discard the paper towel(s) to the trash container as used.
- 39) Do not re-contaminate by touching the sink with bare hands at any time during the hand-washing procedure or the faucet after washing hands. (Turning off the faucet with a paper towel(s) and then drying your hands with the same paper towel(s) is considered recontamination.)

## Range of Motion Exercises for a Resident's Hip and Knee

- 1) Knock on door.
- 2) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for the resident pull curtain.
- 5) Raise the bed height to between mid-thigh and waist level.
- 6) Position resident supine (bed flat).
- 7) Correctly support the resident's joints at all times by placing one hand under the resident's knee and the other hand under the resident's ankle.
- 8) Move the entire leg away from the body.
- 9) Move the entire leg back toward the body.
- 10) Complete abduction and adduction of the hip at least three times.
- 11) Continue correctly supporting the resident's joints by placing one hand under the resident's knee and the other hand under the resident's ankle.
- 12) Bend the resident's knee and hip toward the resident's trunk.
- 13) Straighten the resident's knee and hip.
- 14) Complete flexion and extension of the resident's knee and hip at least three times.
- 15) Do not force any joint beyond the point of free movement.
- 16) The candidate must ask the resident at least once during the ROM exercise if there is/was any discomfort/pain. Do not cause discomfort or pain at any time during ROM.
- 17) Leave the resident in good body alignment.
- 18) Lower bed.
- 19) Maintain respectful, courteous interpersonal interactions at all times.
- 20) Place 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.

## Range of Motion Exercises for a Resident's Shoulder

- 1) Knock on door.
- 2) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for the resident pull curtain.
- 5) Raise the bed height to between mid-thigh and waist level.
- 6) Position resident supine (bed flat) on back.
- 7) Correctly support the resident's joints by placing one hand under the resident's elbow and the other hand under the resident's wrist.
- 8) Raise the resident's arm up and over the resident's head.
- 9) Bring the resident's arm back down to the resident's side.
- 10) Complete flexion and extension of the resident's shoulder at least three times.
- 11) Continue correctly supporting the resident's joints by placing one hand under the resident's elbow and the other hand under the resident's wrist.
- 12) Move the resident's entire arm out away from the body.
- 13) Return the resident's arm to the middle of the resident's body.
- 14) Complete abduction and adduction of the resident's shoulder at least three times.
- 15) Do not force any joint beyond the point of free movement.
- 16) The candidate must ask at least once during the ROM exercise if there is any discomfort/pain. Do not cause any discomfort or pain at any time during the ROM.
- 17) Leave the resident in good body alignment.
- 18) Lower bed.
- 19) Maintain respectful, courteous interpersonal interactions at all times.
- 20) Place 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.

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

- 1) Knock on door.
- 2) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Locate the radial pulse by placing your fingertips on the thumb side of the resident's wrist.
- 5) <u>Verbalize Start and</u> count the resident's <u>pulse</u> for a full 60 seconds <u>and then verbalize Stop</u>, and <u>record the pulse rate</u> on the previously signed recording form.
  - a. You must tell the RN Test Observer when you start counting and tell them when you stop counting.
- 6) The candidate's recorded pulse rate is within four (4) beats of the RN Test Observer's recorded pulse rate.

- 7) <u>Verbalize Start and</u> count the resident's <u>respirations</u> for a full 60 seconds <u>AND THEN VERBALIZE STOP</u>, and <u>record the respirations</u> on the previously signed recording form.
  - a. You must tell the RN Test Observer when you start counting and tell them when you stop counting.
- 8) The candidate's recorded respiratory rate is within two (2) breaths of the RN Test Observer's recorded respiratory rate.
- 9) Maintain respectful, courteous interpersonal interactions at all times.
- 10) Place the call light or signaling device within easy reach of the resident.
- 11) 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 Blood Pressure

- 1) Knock on door.
- 2) Perform hand hygiene.
  - a. Cover all surfaces of hands with hand sanitizer.
  - b. Rub your hands together until they are completely dry.
- 3) Explain the procedure to be performed to the resident.
- 4) Provide privacy for the resident pull curtain.
- 5) Position resident with forearm relaxed and supported in a palm-up position approximately at the level of the heart.
- 6) Roll the resident's sleeve about five (5) inches above the elbow.
- 7) Apply the appropriate size cuff correctly around the upper arm just above the elbow.
- 8) Clean the stethoscope's earpieces appropriately and place them in your ears.
- 9) Place the stethoscope over the resident's brachial artery.
- 10) Hold the stethoscope snugly in place.
- 11) Inflate the cuff until 30mmHG above the average systolic rate provided by the RN Test Observer.
- 12) Slowly release air from the cuff to the disappearance of pulsations. Remove cuff.
- 13) Record reading on the previously signed recording form.
- 14) The candidate's recorded systolic blood pressure is within 8mmHG of the RN Test Observer's recorded systolic blood pressure.
- 15) The candidate's recorded diastolic blood pressure is within 8mmHG of the RN Test Observer's recorded diastolic blood pressure.
- 16) Maintain respectful, courteous interpersonal interactions at all times.
- 17) Place the call light or signaling device within easy reach of the resident.
- 18) 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 abdominal thrust abductor wedge abduction abnormal vital signs absorption abuse accidents activity acute adaptive adaptive devices adaptive equipment adduction  ADLs admission admitting residents advance directives afebrile affected side aging process agitation  AIDS alarms alternating pressure mattress  Alzheimer's ambulate with assistance ambulation
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affected side aging process agitation AIDS alarms alternating pressure mattress Alzheimer's ambulate with assistance
aging process agitation AIDS alarms alternating pressure mattress Alzheimer's ambulate with assistance
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AIDS  alarms  alternating pressure mattress  Alzheimer's  ambulate with assistance
alarms alternating pressure mattress Alzheimer's ambulate with assistance
alternating pressure mattress  Alzheimer's  ambulate with assistance
Alzheimer's ambulate with assistance
ambulate with assistance
ambulation
ambulatory resident
amputees
anatomy
anger
angina

antibiotics
anti-embolic stocking
antisepsis
anxiety
aphasia
apical pulse
apnea
appropriate response
arteries
arthritis
aseptic
aspiration
assault
assistive device
atrophy
attitudes
authorized duty
avoiding falls
axillary temperature
back strain
bacteria
bargaining
basic needs
basic nursing skills
basic skincare
bath water temperature
bathing
bed bath
bed cradle
bed height
bed making
bed position
bed rails
bed rest

bed sore
behavior
behavioral care plan
beliefs
biohazard bag
bladder training
blindness
blood pressure
bodily fluids
body alignment
body mechanics
body system
body temperature
bowel and bladder programs
bowel movements
ВР
bradycardia
brain stem
break time
breathing
burnout
burns
call light
cancer
cardiac arrest
cardiopulmonary resuscitation
cardiovascular system
care impaired
care plan
cast
cataracts
catheter
catheter care
ccs in an ounce

central nervous system
cerebral vascular accident
chain of command
chain of infection
charge nurse
chemical restraint
chemical safety
chemotherapy
CHF
choking
chronic
circulatory system
clarification
cleaning spills
clear liquid diet
clergy
cognitively impaired
cold application
cold compress
colostomy
colostomy bag
colostomy care
coma
comatose resident
combative resident
comfort care
communicable
communication
compensation
compression
conduct
confidentiality
conflict resolution
confused resident
congestive heart failure

constipation
constrict
contact isolation
contamination
contracture
converting measures
COPD
coping mechanisms
coughing excessively
CPR
cueing
CVA
cyanotic
data collection
death and dying
decubitus ulcer
deeper tissue
defamation
dehydration
delegation
delirium
dementia
denial
dentures
depression
dermatitis
development
developmental disability
diabetes
diabetic
dialysis
diarrhea
diastolic
diet
dietitian

digestio	<u> </u>
digestive	e system
dilate	
discharg	ing resident
disease	process
disinfect	ants
disinfect	ion
disorien	ted
disorien	ted resident
disposing materials	of contaminated
disrespe	ct
dizziness	5
DNR	
docume	ntation
domesti	c abuse
draw/lift	į.
dressing	resident
droplet	orecautions
drowsy	
drug tole	erance
dry skin	
dysphag	ia
dyspnea	
dysuria	
edema	
elastic st	tockings
elderly	
electrica	l equipment
elevate l	nead
eliminat	ion
emerger	ncy situation
emesis	
emesis b	oasin
emotion	al abuse

emotional needs
emotional stress
emotional support
empathetic
empathy
emphysema
end of life care
enema
epilepsy
ethical code
ethical issues
ethics
evacuation
expressive aphasia
eyeglasses
facility policy
falls
false imprisonment
fasting
faulty equipment
fecal impaction
feces
feeding
feeding resident
feeding tube
financial abuse
fingernail care
fire
fire safety
fire safety procedures
first aid
flatus
flexed
flexion
fluid intake

Foley catheter
foot care
Fowler's position
fractures
fraud
frayed cord
free from disease
frequent urination
gait belt
gastric feedings
gastrostomy tube
geriatrics
germ transmission
gerontology
gestures
gifts
gloves
grand mal seizure
grieving process
group settings
HAI
hair care
hallucination
hand tremors
hand washing
hazardous substance
health-care team
hearing
hearing aid
hearing impaired
hearing loss
heart muscle
heat application
height
hemiplegia

hepatitis B
HIPAA
HIV
hormones
hospice
hospice care
hydration
hyperglycemia
hypertension
hyperventilation
hypoglycemia
I&O (input and output)
immobility
immune
impairment
in-house transfer
in-service programs
incontinence
indwelling catheter
infection
infection control
infection prevention
infectious disease
initial observations
input and output
insomnia
insulin
intake
intake and output
integumentary system
intermediate care facility
interpersonal skills
isolation
isolation precautions
jaundice

job description
job interview
kidney failure
laxatives
life support
lift/draw sheets
linen
listening
log rolling
loose teeth
low sodium diet
making occupied bed
manipulative behavior
mask
Maslow's
masturbation
material safety data sheets
MDS
mealtime
measuring height
measuring temperature
mechanical lift
mechanical soft diet
medical asepsis
medical record
medications
memory loss
mental health
mentally impaired
metastasis
microorganisms
milliliters
minerals
misappropriation
mistakes

mobility
mouth care
moving
moving a resident
MSDS
mucous membrane
Multiple Sclerosis
musculoskeletal
musculoskeletal system
myocardial infarction
nail care
nasal cannula
neglect
negligence
new resident
non-contagious disease
nonverbal communication
nosocomial
nosocomial infection
NPO
nurse's station
nursing assistant behavior
nursing assistant's role
nutrition
nutritional status
objective
objective data
OBRA
observation
official records
ombudsman
open-ended questions
oral care
oral hygiene
oral temperature

orientation
oriented
osteoporosis
ostomy bag
output
over-bed table
oxygen therepy
oxygen therapy
pain
palliative care
paralysis
paranoia
Parkinson's
partial assistance
passive
passive range of motion
pathogens
patience
pediculosis
perineal care
peripheral vascular disease
peristalsis
personal belongings
personal care
personal items
personal possessions
personal protective equipment
personal stress
personal values
pet therapy
phantom pain
phone etiquette
physical needs
physical therapist
physician's authority

plaque
podiatrist
policy book
positioning
positioning resident
positive attitude
postmortem care
post-operative pneumonia
postural supports
PPE (personal protective equipment)
pressure sore
pressure ulcers
preventing falls
preventing injury
privacy
professional boundaries
progressive
projection
pronation
prone
prostate gland
prosthesis
prosthetic
protective equipment
psychological needs
psychosis
psychosocial
pulse
QID
quadriplegia
quality of life
radial
ramps
range of motion
rationalization

reality orientation
receptive aphasia
rectal
rectal temperature
refusal
regulation
rehabilitation
religious service
reminiscence therapy
reminiscing
renewal
reporting
reporting abnormal changes
reporting abuse
reporting observations
reposition
reposition residents
resident abuse
resident belongings
resident centered care
resident identification
resident independence
resident pain
resident pictures
resident rights
resident treatment
resident unit
Resident's Bill of Rights
resident's chart
resident's environment
resident's families
respectful treatment
respirations
respiratory condition
respiratory system

respoi behav	nding to resident ior
respoi	nsibility
restor	ative
restor	ative care
restra	ined resident
restra	ints
resusc	citation
right t	o equal care
right t	o refuse care
rights	
rigidit	У
risk fa	ctor
roles a	and responsibilities
rotatio	วท
safety	
saliva	
scabie	S
scale	
seclus	ion
securi	ty
seizur	е
self-ac	ctualization
self-es	steem
semi-f	Fowlers
senso	ry system
sexual	expression
sexual	harassment
sexual	needs
sexual	ity
Sharp	's container
shavin	g
shavin	g resident
sheari	ng of skin
side ra	ails

Sim's position
skin breakdown
skin integrity
slander
smoking
social needs
social well being
social worker
soiled linen
specimen
spills
spiritual needs
sputum test
standard/universal precautions
STAT
state survey
stealing
sterile
sterilization
stethoscope
stomach
stool specimen
stress
stroke
strong side
subjective
subjective data
substance abuse
suicide
sundowning
supine
supplemental feedings
suprapubic
survey
suspected abuse
suspected abuse

swallowing
swelling
systolic
tachycardia
telephone etiquette
temperature
tendons
terminal illness
thermometers
thickened liquids
threatening resident
tips
toenails
toileting schedule
trachea
transfers
transporting
transporting food
1 0 1-
treating residents with respect
treating residents with respect
treating residents with respect tub bath
treating residents with respect tub bath tube feeding
treating residents with respect tub bath tube feeding twice daily
treating residents with respect tub bath tube feeding twice daily tympanic
treating residents with respect tub bath tube feeding twice daily tympanic tympanic temperature
treating residents with respect tub bath tube feeding twice daily tympanic tympanic temperature unaffected
treating residents with respect tub bath tube feeding twice daily tympanic tympanic temperature unaffected unaffected side
treating residents with respect tub bath tube feeding twice daily tympanic tympanic temperature unaffected unaffected unconscious
treating residents with respect tub bath tube feeding twice daily tympanic tympanic temperature unaffected unaffected unconscious unconscious resident
treating residents with respect tub bath tube feeding twice daily tympanic tympanic temperature unaffected unaffected side unconscious unconscious resident undressing
treating residents with respect tub bath tube feeding twice daily tympanic tympanic temperature unaffected unaffected side unconscious unconscious resident undressing uniform
treating residents with respect tub bath tube feeding twice daily tympanic tympanic temperature unaffected unaffected side unconscious unconscious resident undressing uniform universal precautions
treating residents with respect tub bath tube feeding twice daily tympanic tympanic temperature unaffected unaffected side unconscious unconscious resident undressing uniform universal precautions unsteady
treating residents with respect tub bath tube feeding twice daily tympanic tympanic temperature unaffected unaffected side unconscious unconscious resident undressing uniform universal precautions unsteady urethral

urinary elimination	
urinary problems	
urinary system	
urinary tract	
urination	
urine	
urine filter	
urine specimen	
vaginal drainage	
validation	
validation therapy	
violent behavior	
vision change	
visually impaired	
vital signs	
vitamins	
vocabulary	
vomitus	
walker	
wandering resident	
water faucets	
water intake	
water temperature	
weak side	
weakness	
weighing	
weighing resident	
weight	
well-balanced meal	
well-being	
wheelchair safety	
white blood cells	
withdrawal	
withdrawn resident	
workplace violence	1

Notes:				