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2010 CHANGES TO MANUAL SKILLS EXAM

An Ad Hoc Test Advisory Panel met on January 13, 2010 to review elements of the nursing assistant exam program and make recommendations for improvement. The following recommendations were made and approved by the Arizona State Board of Nursing at the January 28, 2010 Board meeting:

- That clarification regarding acceptable translation dictionaries include that the dictionary must only be a word-for-word translation and not include a definition. For example “house=casa” and NOT “House=casa=separate dwelling where persons may reside”;
- Alphabetize the skill list in candidate handbook;
- A failing candidate may only take the manual skills exam twice with the same observer to reduce the perception of bias and lessen the chance of over-familiarity with the candidate;
- The instructor packet developed by D & S be given to new programs and placed on the D and S website;
- All references to “cc” be changed to “ml”;
- All skills requiring “non-skid slippers” should be changed to “non-skid slippers/shoes (no non skid socks)”
- All skills that currently require the bed to be in the lowest position in order to ambulate, transfer or return the patient to bed should be changed to, “adjust bed so that resident’s feet touch the floor”. Many beds in LTC facility beds go completely to the floor as the lowest position.
- Skills that currently specify a left or right will be altered so that either the left or the right will be used randomly by the observer. For example “position on left” will change to “position on side” and the observer will indicate whether the actor is to be positioned on the left or right. Scenarios where the actor has a weak side will alternate between left and right sided weakness. This is so that instructors do not limit instruction to students to the specific weakness or side tested on the exam.
- All skills where an observer is used as a safety precaution will be altered to delete the requirement to, “release the observer”. In a clinical situation, personnel would know when to leave and not wait for the CNA to “release” them.
- In scenarios requiring a transfer, specify that the actor is able to “bear weight but is non-ambulatory”. Some candidates are ambulating then placing the actor in a wheelchair, which is not the skill being tested.
- On both range of motion tasks delete the instruction to the candidate to verbalize “adduction, abduction, etc”. Observers shared that many times the candidates do the skill correctly but are very nervous and incorrectly verbalize the action. The observer only

grades the skill, not the verbalization, but asking them to do this adds unnecessary stress to the exam.

- No candidate should get both “Fluid Intake” and “Feeding the Dependent Resident” on the same exam as the intake skills are embedded in the “Feeding” scenario thereby testing a candidate twice on the same skill.
- All intake and output measurements must be within 30 ml of the correct amount on all skills requiring measurement;
- Delete current general instructions to candidates that tells them to “relax and perform like you would at work” since many do not work in health care and many of the skills, due to the nature of the exam, are discreet and do not include some items that would typically be expected in the workplace. Another reassuring/relaxing phrase will be substituted.
- Delete the requirement to provide privacy during taking of vital signs based on information from DHS that only the actual vital sign results need to be private.
- Modifications to Specific Manual Skills Tasks
 - HANDWASHING: clarify that if a separate bathroom is used for the skill, the skill ends in the bathroom (e.g. the candidate does not have to carry the paper towel into the patient area)
 - BEDPAN AND OUTPUT: Include in the scenario that the resident is able to lift his/her hips to avoid the necessity of turning the patient as this is a separately tested skill and jeopardizes safety.
 - DENTURE CARE: Specify that the sink must be lined with a cloth towel. Candidates have used only 1 paper towel which does not protect against damage to the dentures in case of accidental fumbling. Also add that the dentures must never touch a contaminated surface.
 - TRANSFER FROM BED TO WC: Add that the gait belt needs to be removed once resident is in the wheel chair
 - OCCUPIED BED: Provide an example of a clean barrier (e.g. a towel or under pad); Include in criteria that resident’s body is never lying on the bare mattress.
 - MOUTH CARE—BRUSHING TEETH: Include in the “set-up” that the patient is upright in bed.
 - DRESSING RESIDENT: Title be changed to “Dressing Bedridden Resident” and add a criteria that the actor not be seated on the side of the bed to be dressed.
 - PERINEAL CARE FEMALE: In step number 3 add that the resident is covered with a bath blanket so that instructors are aware that the resident is already covered.
 - MOUTH CARE OF THE COMATOSE RESIDENT: Indicate in the criteria that only swabs be used, not toothbrush and toothpaste.
 - BLOOD PRESSURE—Delete locate brachial artery due to the fact that many cannot palpate brachial pulse and may injure the actor in trying. Change sequence of steps so that candidate places the stethoscope over the brachial artery before inflating the cuff. Scoring the item will not depend on this sequence but participants thought it more common to place the stethoscope before inflation.

Test Advisory Panel participants were as follows:

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