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|  | **Emphasis on Hands-On Skills Practice:**  **Planning Attestation** | | | |
| **Skill Tasks** | | | **Skills that students struggle with on the Prometric test** | **The following equipment must be on site for skills training.**   * Basins * Bath blanket or large towels * Bed (adjustable preferred) * Bed pads or large towels * Bed * Bedpan * Catheter / condom catheter supplies * Nail clippers * Clothing and footwear * Clothing protector or cover * Denture cup * Denture storage container * Dentures * Eating utensils * Emery boards * Food, beverage * Gait belt * Gloves * Gown or sleepwear * Lotion * Mannequin * Medication documentation paper * Napkins * Orange sticks * Paper cups * Paper towels * Pillows * Running water * Safety razor * Shaving lather * Sheets and bedding * Simulated medications and supplies * Sink * Sink liners * Skin cleanser (soap) * Soiled linen container * Stockings * Toilet * Toilet tissue * Toothbrushes or toothettes * Towels * Washcloths * Waste basket * Wheel chair with footrests |
| Hand washing | | |  |
| Putting on / taking off gloves | | |  |
| Assisting a client to eat | | | **X** |
| Helping a client walk | | |  |
| Medication assistance | | | **X** |
| Mouth care | | |  |
| Clean and store dentures | | |  |
| Fingernail care | | |  |
| Foot care | | |  |
| Assist client with weak arm to dress | | |  |
| Put knee-high stocking on client | | |  |
| Provide passive Range of Motion (ROM) exercises to client’s shoulder, knew, and ankle | | |  |
| Provide perineal care to a female client | | | **X** |
| Catheter care | | |  |
| Transfer a client from a bed into a wheelchair | | |  |
| Turn and reposition a client in bed | | | **X** |
| The shave (with safety razor) | | | Not included in skills test. |
| Bed bath | | | Not included in skills test. |
| Assist client with use of bedpan | | | Not included in skills test. |
| Assist client with condom catheter care | | | Not included in skills test. |
| **Total hands-on skills time:**  These hours are **in addition** to the eight hours of skills practice in the RFOC. | | **WAC Required: 16 hours** | |
| My signature below indicates that I attest that:   * I understand that a **16 hours of hands-on skills practice are required by DSHS** as part of the 75 hour HCA certification; * I understand that these hours are **in addition to the skills presented in Core Basic training**; * I understand that additional practice time should be provided for skills commonly failed during testing; * My students have access **to all the required equipment and supplies** needed for quality skills emphasis practice. | | | | |
| TRAINING PROGRAM NAME | | | | TRAINING PROGRAM NUMBER |
| CORE BASIC INSTRUCTOR’S SIGNATURE DATE | | | | CORE BASIC INSTRUCTOR’S PRINTED NAME |