Basic Nurse Assistant Program Hybridization: An Implementation Plan

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Basic Nurse Assistant Program Hybridization: An Implementation Plan

This field project addressed the efficacy of pedagogical revision of the Basic Nurse Assistant Program (BNATP) at McHenry County College prompted by the persistence of Coronavirus disease 2019 (COVID-19) throughout a two-year initiative. Current environmental instabilities secondary to the Coronavirus and the subsequent need to innovate traditional methodologies prompted an academic inquiry and resultant proactive program redesign to develop and graduate authentic learners while simultaneously hybridizing a traditional program. Best educational practices in nursing have historically endorsed face-to-face experiences. (American Association of Colleges of Nursing [AACN], 2019). However, national accrediting agencies have shifted this perspective to support initiatives that establish infrastructure designed to promote technology integration and faculty expertise (National League for Nursing [NLN], 2022).

Project Purpose

Educators' struggle to facilitate a relevant, meaningful, and rigorous virtual learning experience is magnified within allied health divisions (Cherry & Blackington, 2017; Posey & Pintz, 2017). Although the perception of student success is subjective, the fidelity of the BNATP is heavily influenced by stakeholder accountability to the Illinois Department of Public Health (IDPH). Without its endorsement, the program risks closure. The purpose of this field project is to address the following question, for first-year community college students enrolled in a BNATP, how do hybrid design and implementation influence student success? Supporting this inquiry required the assertive integration of evidence with curricular innovation.

The project introduced pedagogical transformations aimed to optimize learner outcomes and promote their eligibility as sustained healthcare contributors within the confines created by the pandemic. The primary intervention implemented in this initiative was program hybridization. In the educational discipline, hybridization connotes technological integration with in-person course components to maintain programmatic objectives and optimize learner success. The graduate candidate altered the pedagogical design of a previously traditional program to pro-actively to address the collegiate and student need for curricular innovation. The BNATP was converted from a traditionally formatted course into one reliant on technological innovation in all course components. Graduation from the BNATP requires the successful completion of three program aspects; lab, lecture, and clinical. The entire program is 88 hours, and typically runs for one term (15 weeks). The lab and lecture times are determined by the lead instructor, but the clinical component requires all students to complete 48 hours of hands-on patient care (these hours are non-negotiable, and facilitated off-campus).

The learner (i.e. program coordinator) served as the project manager and holds the authority needed for programmatic revision at McHenry County College. All project data was collected, collated, anonymized, and housed within the Illinois Department of Public health password-protected secure server. No new data collection methods were developed or utilized for this curricular innovation. As such, this project was not research and had no ethical implications.

Project Importance

At its onset, COVID-19 prompted faculty need to respond by developing and deploying innovative teaching strategies that stretched beyond the traditional face-to-face classroom while simultaneously upholding programmatic integrity. Although McHenry County College's nursing faculty veered appropriately, this challenge was exacerbated by the nursing program's inherent design. Namely, students' progression from theoretical understanding into the operationalization of nursing practice requires continual engagement (Boardman, 2016). Foundationally, students are tasked to develop the ability to progress from information attainment toward analysis into synthesis and application (AACN, 2019). Strategies to create a learning milieu that supports this maturation began with assessment and led to transformation.

Literature Review

The provided literature review defends the contextual rationale for the field project's conceptualization, implementation, and evaluation. The resultant synthesis broadens understanding of how all components of artificial intelligence are relevant supplements to traditional nursing education modalities (Gause et. al., 2022) and then clarifies the emergent need for nursing academics to embrace technology as the innovative complement needed for profession sustainment. The graduate candidate sourced, organized, summarized, and evaluated peer-reviewed literature for synthesis integration.

The robust literature review investigating the relationship between the nursing discipline, student success, and curricular methodology necessarily considered the contextual learning restrictions imposed by COVID-19.

Most significantly, this was a steep reduction in face-to-face time across the lab, clinical, and theoretical components of the BNATP. Rather than in-class, live engagement, all course participants had to adapt to e-learning. This adjustment was operationalized through clinical simulations, virtual recording technology, and the full integration of technology to support student academic success. All clinical simulations and pedagogical innovation was developed and implemented by the graduate learner. As virtual learning had not previously been supported in nursing academia, the graduate learner developed each component of the hybrid program from scratch. The process of integrating nursing and educational best practices with the immediate need to transition online was arduous.

The pandemic's persistence necessitated a paradigm shift of thought and process related to curricular programming. In response to the state department's concession related to the mandatory face-to-face time needed for program accreditation, the program coordinator applied for and received permission to run a hybridized course. The justification for this pedagogical transformation is supported throughout the literature as a viable best practice option given the current healthcare climate (Gause et al., 2022; Hodges et. al., 2020).

Even though the AACN has endorsed distance education as a feasible response to the nursing shortage since 2000 (2019), the pivot toward technologically integrated programming has only recently gained traction among tertiary institutes (Booth et al., 2021). Specific to faculty, even nurse educators who report a moderate level of knowledge regarding online pedagogy fail to implement it (Cantamessa, 2017). However, failure to validate alternate curricular modalities creates a missed opportunity to integrate educational best practices with optimized learner outcomes and programmatic longevity.

The development of the hybridized program at McHenry County College addressed the modality challenges presented by COVID-19 while simultaneously responding to the need prioritized by the NLN and AACN to create a digitally-enabled profession (AACN, 2019; NLN, 2022). The themes emergent in the literature cohesively validated the project's curricular innovation as a best practice initiative designed to optimize learning outcomes through technology integration. Aligning this evidence with action informs pedagogical benchmarks aimed at maximizing academic success and discipline-specific professional sustainability.

A systematic search employing key terms (i.e., e-learning, nursing, artificial intelligence, COVID-19) and EBSCO/CINAHL and PubMed journal databases generated an over-abundance of results. From the initial query, further filtration by publication year, geographic location, academic level, and specified discipline (nursing) further narrowed the retrieved studies. The final articles chosen for application to the field project were full-text and relevant to the project query.

Much of the chosen literature utilized qualitative data and descriptive statistical analysis to support findings and validate perception regarding e-learning integration within non-baccalaureate nursing and allied health programs. Additional relevant information was garnered from reputable academic institutions specific to nursing licensure and accreditation. Astute synthesis of the literature results evolved into thematically relevant support for the project.

Themes

Program Accessibility Potentiates Legacy Planning

Nurses represent the largest group of active health care workers in the country and yet, are exhibiting professional burnout at alarming rates. Hastened by the pandemic, the rampant nursing shortage has reached critical levels. The United States Bureau of Labor Statistics projects a national need for 194,500 nurses to enter the field through 2026, just to fill vacancies and replace an unprecedented number of retirees (AACN, 2019; NLN, 2022). For institutes of higher education, this equates to a shortage average of two positions per nursing school (Kavilanz, 2018). The flexibility provided through digitally enhanced programming affords students an ability to pursue previously unattainable routes of secondary education.

Additionally, online offerings minimize challenges related to time lost in commuting, schedule constrictions, and class size (Xing et al., 2018). As proposed by the AACN and NLN, distance education may counter-balance the national nursing shortage by increasing access for students who cannot attend traditionally. Accrediting agencies are prioritizing access to education. Intense competition to successfully recruit academically mature and self-directed students has incentivized well-positioned academic stakeholders to heed national organizational directives.

Authentic Learning Crosses Delivery Modalities

Nursing leaders know learning in a well-designed online environment promotes multiple proficiencies in digital literacy across all artificial intelligence platforms and well-positions future professionals for marketplace success (Booth et al., 2021; Roddy et al., 2017; Sapci & Sapci, 2020).

For dedicated faculty, academic market pressures to graduate mature scholar candidates have inspired a paradigm shift toward adopting a position of inquiry rather than a habit of complacency. Effective e-learning prioritizes instructor presence and technological self-efficacy (Authement & Dormire, 2020; Steele et al., 2019). Additional determinants of success include engagement, communication, and andragogy (Cantamessa, 2018; Decelle, 2016; Frazer et al., 2017). As faculty transition from content experts to digitally savvy trailblazers, program transformation is catalyzed. Successfully cultivating the spirit of self-directedness inherent to adult learners is paramount to potentiating authenticity within the e-learning environment.

Information technology integration creates relationship between content and application (Frazer et al., 2017; Roddy et al., 2017). As contextual lines are drawn between foundational, theoretical knowledge and real-life nursing practice, applicable knowledge is imprinted. An instructor's honed ability to deploy precepts of constructivist theory further aligns the principles of andragogy with the essential connections needed to promote adult learners' success in the hybridized classroom (Decelle, 2016).

Stakeholder Commitment Influences Program Sustainability

Technological competence is no longer an elective proficiency. Digital literacy is now an expected core competency of the nursing profession (AACN, 2019; National Academies of Sciences, Engineering, and Medicine [NASEM], 2021; NLN, 2022). Prompted by current healthcare instabilities, administrative leaders are asking faculty educators to develop digitally current and content-relevant delivery modalities. Pressuring faculty to respond while maintaining programmatic integrity, often without support, risks alienating already-weary professionals.

Stakeholder commitment to identifying institutional weaknesses, validating needs, and then providing opportunities for professionals to develop the pedagogical expertise needed to excel is essential (Cantamessa, 2018). Without collective methodological and operational buy-in, college leadership and decision-makers risk alienating nursing faculty both in and outside the classroom.

The pandemic's tenacity has thrust nurse educators into the unenviable role of curricular adapters without the benefit of first universalizing methodological best practices through national benchmarking and endorsement (Nabolsi et. al., 2021; United Nations, 2020). Operationalizing an effective transition from in-person to e-supplemented learning requires faculty persistence and student resilience (Boardman, 2016; Frazer et al., 2017; Wilson et al., 2021). Equally important is the adoption of a best-practices framework from which standards of quality for online education can be innovated and universalized. In their comprehensive literature review, Authement and Dormier (2020) examined the viability of online nursing education as an appropriate response to societal demand and then identified the characteristics needed to roadmap success. As the resultant Online Nursing Education Best Practice Guide (ONE-guide) gains traction beyond its Texas origin, all nurse faculty are empowered to benchmark their pedagogical practices against the characteristics provided in the guide. Utilization of this resource is one concrete way faculty can accept the responsibility of excellence inherent to professional nursing as well as the moral obligation to inform success beyond the average 70% attrition rate realized nationwide for first-year nursing students (AACN, 2019). Program sustainability relies on a learning environment where faculty tenacity and student diligence reign.

Applying best practices to smoothly transition toward a technologically adapted environment secures the future of nursing without sacrificing pedagogical rigor. The learner's implemented field project addressed the emergent need for curricular adaptation beyond previously unimaginable boundaries.

Summary

The literature review and synthesis conducted for the field project present thematic consistencies for motivating innovation in a digitally enhanced classroom. Namely, the hybridization of the nursing curriculum is a viable methodology for addressing pandemic-related challenges and beyond. Accessibility, authenticity, and sustainability are quality learning characteristics that cross virtual lines and contextual barriers (Roddy et al., 2017). Literature review results defend the field project's goals of informing practice change, moderating perceptions of the e-learning environment, and fostering student success. These goals stretch past the implementation timeframe, and will require ongoing assessment and adaptation.

Implementation

Introduction

This field project introduced curricular changes to the BNATP prompted by the pandemic's onset and persistence. The project aimed to integrate technology across all program aspects to innovate methodology without sacrificing programmatic outcomes or student success. The academic institute partnering in project implementation is a rural community college dedicated to fostering a mission and philosophy built on serving all stakeholders. Its population of 7,473 students reside within the seventh-largest growing rural county in Northwestern Illinois.

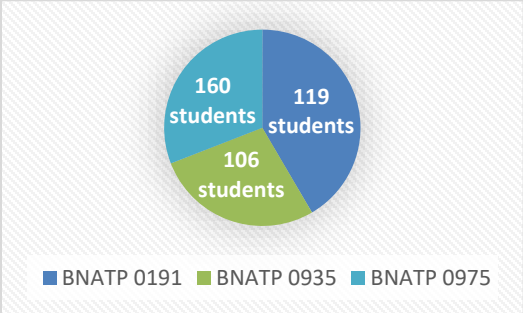
In contrast to other community colleges, the chosen institution has appreciated a 2.5% enrollment increase since Spring, 2021 and an average first-year retention rate of 69% (McHenry County College, 2022). During a time of unprecedented societal and environmental instabilities, these data reflect the college's dedication to pioneer benchmarks in educational excellence.

Programmatic Overview

Three nurse assistant programs run concurrently at McHenry County College, although prior to 2020, only two options were available. Adult learners were included in program number 0191, and high school students were enrolled in number 0935. The high school program is an option for junior and senior level high school students to earn dual credit; they are simultaneously enrolled in high school coursework and the BNATP college program. Once the hybrid program was approved by the state department, its assigned program number became 0975. Since the Spring of 2020, all three programs run each semester, and amazingly, program 0975 enrollment and student completion rates have surpassed both traditional programs (Figure 1). The unprecedented growth of 0975, and the success of the hybrid students, is a strong indicator of its pedagogical strength and validity.

Figure 1

BNATP Completion by Program Type 2020-2022



Procedures

The project's key stakeholders were the designated student population, nurse faculty project manager, and the Director of Nursing. Administrative endorsement was secured prior to pedagogical reconstruction. Project implementation began during the Spring, 2020 semester with a feasibility assessment. First, the project manager determined the viability of hybridized programming was contingent on approval from the Illinois Department of Public Health (IDPH). All face-to-face and digitized hours for the hybrid program were submitted and approved per the IDPH template (Appendix A) prior to faculty making any ground-level changes. The total number of hours for the approved hybrid program is 136 (48 hours for clinical and 88 for theory/lab). Once IDPH endorsement was obtained, faculty explored evidence to determine best practices in technology integration for allied health programs and then proceeded to innovate the selected BNATP. Per approved project processes, the program manager utilized the CANVAS learning management system to streamline course appearance and navigation.

The faculty learner also aligned course content to reflect the curricular track and programmatic objectives determined by IDPH and the partnering academic institution. This content began with the 16 defined IDPH modules are required for program approval; no academic license to alter content was taken. Once these were embedded, the graduate learner then progressed into sourcing and integrating on-line materials and activities to enhance learner’s ability to engage with the content. Program alterations were reflected in the creation of a color-coded daily calendar. This schedule served to supplement syllabus information and provide an additional layer of organization. The resultant section samples calendar is provided in Appendix B.

Specific programmatic changes included color-coding all course aspects, defining IDPH module priorities, specifying weekly format, and optimizing the capacities of the learning management system to drive time management by stringently adhering to specific course expectations and deadlines. All exams were constructed for online proctoring using the Respondus lockdown browser scanning software. The intentionality of the graduate candidate's design was motivated by a desire to communicate all course expectations and assignments while also motivating students toward self-directed learning. The instructor created distinct learning activities for each module and ensured their alignment with programmatic outcomes. All supplements were sourced and developed using vetted resources in addition the published course textbook.

The theoretical and lab components of the hybrid program were designed by the project manager to incorporate face-to-face, synchronous, and asynchronous learning activities. The Illinois Department of Public Health requires 22 hours of face-to-face lab time for the hybrid program, so the remaining 66 were adapted using technologies to optimize students' asynchronous engagement. The finalized course shell includes an example of the integration of supplemental course materials and activities built to facilitate the adult learning process throughout each programmatic aspect (Appendix C).

Design and Instrumentation

The field project utilized pre and post-test design to gain relational insight between student success, the first-time pass rate (FTPR) for the state competency exam, and the innovations designed to optimize learning outcomes.

This methodologically appropriate choice (Stratton, 2019) informed the influence of this project's implemented strategies on student perceptions and provided objective data to defend those chosen strategies. Data collection, review, and analysis from the standardized final exam and capstone competency assessment (hosted by IDPH) provided the information necessary to infer the perceived efficacies of the implementation. Field project outcomes were assessed and analyzed using Microsoft Excel. Aside from nuanced modifications prompted by faculty assessment and student feedback, the original programmatic redesign remains. This is an ongoing project. As such, causative relational conclusions expand beyond the allotted implementation timeframe and will need ongoing evaluation.

Results

Student success in the BNATP is defined by two high-stakes exams; the course final, and the state competency test. Eligibility to sit for the state-specific competency exam is determined by a student's ability to pass the final capstone with a minimum average of 75% out of a one-hundred-point multiple choice exam.

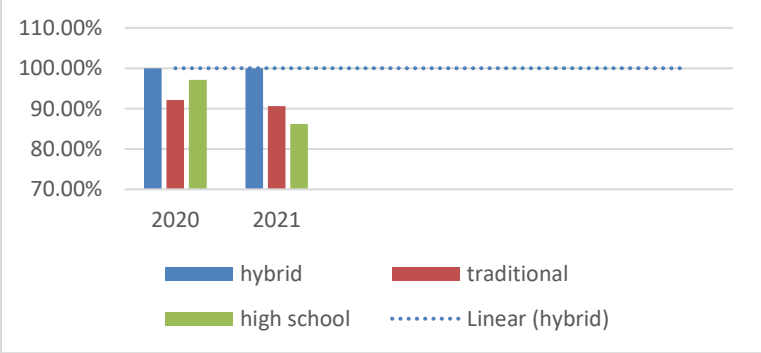
Student Success and BNATP Final Exam

Students must pass the entire BNATP with a progressive average of 75% across the semester in order to sit for the state competency exam. Students who do not pass the program with a 75% cumulative average across all assessments are ineligible for certification testing. The current BNATP final exam was re-constructed by the graduate learner in 2020, and is administered across all the program numbers (0191, 0975, and 0935).

The final exam is weighted at 50% of the student's overall earned grade and is considered a predictor of state competency proficiency. Figure 2 provides an overview of the final exam scores as graphed from project initiation through the current term (Spring, 2022). As indicated by the trend line, the average score for students who have successfully progressed through the innovated program is 78.2%. Historical data on final exam pass rates were not available before electronic proctoring and storage. However, on average, each cohort in the digitized course exceeded the program standard of 75% for successful completion. Any additional variables (i.e. class size) potentially influencing scores were not assessed as part of the field project's scope.

Figure 2

BNATP Final Exam Scores



Student Success and State Competency Exam

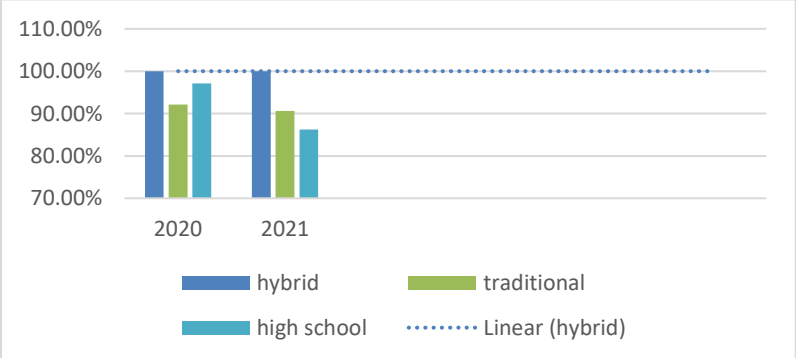
In order to become certified as a nursing assistant in the state of Illinois, each candidate must pass the state competency exam. The Illinois Department of Public Health does not release a passing percentage for the certification exam. Rather, students are simply notified of their certification as "pass" or a "fail." However, the state department does collect, collate, and analyze data regarding the pass rate for first time candidates for each program in the state.

Commiserate with other allied health professions, the agency expects nursing candidates to demonstrate proficiency as progression through the capstone is completed. Any program with an average aggregate score of 70% or fewer risks loss of accreditation, so academic institutions and respective faculty aim to score above this published benchmark. These datasets are collated and housed within the state department's encrypted internal server and anonymized by numeric code. As the coordinator of the BNATP, the field project program manager tracks specific scores for each of the 16 program domains and intervenes appropriately to maintain the standard of excellence established by IDPH and expected of adult college learners.

Of the three facilitated programs at the chosen academic site, the hybridized program has maintained the highest aggregate scores since field project onset (R. Carey-Walden, personal communication, June 24, 2022). An overview of the competency exam scores trend from project initiation through the currently available datasets across all three programs is provided in Figure 3. Aggregate scores are available annually.

Figure 3

BNATP State Competency Scores



The identified trend line indicates the average first-time pass rate (FTPR) for the competency exam for all programs was greater than 90% in 2020, and 86% in 2021.

The FTPR for the hybridized program has anchored it within the top 3% of operating programs statewide (R. Carey-Walden, personal communication, June 24, 2022).

Regarding the final exam and state competency aggregate scores for the hybridized program as compared to the traditionally formatted programs, the graduate candidate offers the additional assumption that the variables of class size and student demographics also influenced field project outcomes. However, this conjecture was not exhaustively examined or statistically substantiated. Further investigation of these contextual variables is warranted to determine relational correlation specific to the project's implementation interventions.

Discussion and Implications

This project manager's determination to bridge the gap between technological adaptation and sound nursing education required the stalwart determination to innovate a historically traditional program using evidence. The fluid process of moving from ideation toward field project implementation created academic feasibility for programmatic challenges prompted by COVID-19. The successful integration of technology into a highly regulated program offered accessibility amidst a myriad of academic and societal uncertainties. Narrowing the divide between conceptualizing and operationalizing technology as a methodologically sound, proactive response validates the process undertaken by the project manager to secure program viability. Field project results provide the preliminary benchmarking needed to acknowledge the value of technology in nursing education and prompt further investigation into best next steps.

Recommendations

Maintaining this field project's implementation at the chosen academic site requires ongoing stakeholder commitment to optimizing student learning and programmatic outcomes. Recommendations include continuing the programmatic assessment, evaluation, and innovation established by this project's implementation. Extending technological design and integration in perpetuity beyond the project's timeframe would bolster the data required for widespread benchmarking and potential applicability to similarly positioned allied health programs.

Proposed additional next steps include diligent assessment of term-to-term cohort proficiency in each of the IDPH 16 content areas. The extended study of the resultant data would provide deeper insight into the relational correlation between specified categories and the students' overall learning experience. By providing explicit detail, these data could serve to remediate the current incongruence in best practices for defining, examining, and applying technological innovation as an integral component of nursing education. As aligned with the literature, other considerations for future practice include investigating specific idiosyncratic variables (such as class size) correlated to sustained student success and distance learning (AACN, 2019; United Nations, 2020). Prioritizing this query would substantiate the evidence base needed to operationalize technology as a pedagogical strategy appropriately implemented for adult nursing students, and elucidate the currently divergent conclusions drawn from the literature regarding technology as a significant academic influence (NASEM, 2021; NLN, 2022). The permanent adoption of technological assessment, intervention, and evaluation would align nursing academia and practice as exemplified best practice discipline standards.

Summary and Conclusion

Prioritizing technological integration as sound methodological in nursing curriculum is an urgent priority. Its direct relation to student and programmatic outcomes within the societal context shaped by the pandemic's persistence propels forward an emergent need to universalize best practice standards aimed at minimizing academic disruption for students entering the nursing discipline. This project's outcomes validated the graduate candidate's initial inquiry into the relational dynamics between programmatic outcomes, student success, and the feasibility of supplementing a traditionally formatted program with a myriad of evidence-based technologies. Namely, a tentative relationship does exist between the identified variables. However, causation cannot be wholly determined at this time. Finally, this field project highlighted an ongoing opportunity for nurse educator leaders to proactively address the nursing crisis by creating a sustainable curricular methodology aimed at graduating exceptional health care providers. The ability to do so secures legacy planning among a fatigued discipline currently drowning in emotional and professional invalidation.

Reflection

Introduction

Conceptualization of the implemented field project was originally idealized as a response to the academic upheaval created by COVID-19 specific to nursing practice and education. Growing instabilities across all social, academic, and health-related domains created pressure to establish programmatic viability without sacrificing academic integrity or personal safety. As a veteran nurse, tenured faculty member, and program coordinator, I initiated the responsibility of innovating our program as a strategic response to current contextual instabilities.

Conclusion

Shouldering this project's weight while simultaneously completing my doctoral work in clinical excellence for practitioners called to address the emotional health of vulnerable patients created unprecedented levels of personal stress. The wisdom of retrospection allows me to now more clearly see the plan and purpose in my struggle. Creating a sustainable, academically rigorous alternative to traditionally offered coursework has afforded me previously unimaginable service opportunities. Using evidence to substantiate my efforts increased credibility for all stakeholders, including students. As a lifelong educator, I have always prioritized the value of relationships in learning, but this field project has served to firmly ground that perception as a best practice standard. The technological integration of evidence-based tools to supplement and enhance traditional methodology in the BNATP was a pedagogically appropriate, strategic innovation resulting in optimized outcomes across the program.

A fully viable learning environment is one intentionally designed to engage, stimulate, encourage, and support learners toward academic success and life-enhancing experiences. This project allowed my skills as a nurse educator leader to emerge, and consequently illuminated the reality of how everything is possible with unwavering faith and a servant's heart. In the creation and implementation of this project, I pray I have modelled both.

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Appendix A

Allocation of Hours

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HYBRID BASIC NURSING ASSISTANT TRAINING PROGRAM

ALLOCATION OF HOURS

The total number of theory/clinical hours on the Allocation of Hours worksheet must match the total number of theory/clinical hours on Master Schedule for which the BNATP is approved.

MODULE	TITLE	There are no minimum face-to-face or online hours	PROGRAM FACE-TO-FACE	PROGRAM ONLINE
Module I	Introduction to the Health Care Systems			
Module II	Introduction to the Patient			
Module III	Your Working Environment			
Module IV	Safety			
Module V	The Patient's Unit			
Module VI	Lifting, Moving, and Transporting Patients			
Module VII	Basic Anatomy			
Module VIII	Personal Care of the Patient			
Module IX	Nutrition			
Module X	Fluid Balance			
Module XI	Observing and Recording Vital Signs			
Module XII	Supportive Care			
Module XIII	Fundamentals of Rehabilitation			
Module XIV	Patient Care Planning			
Module XV	The Patient in Isolation			
Module XVI	Care of the Terminally Ill Patient			

Appendix B

Hybrid Daily Schedule

Modules + Dates	TO; on-line F2F; face to face	Discussion/activities/readings	Key IDPH topics
MODULE I **Introduction to Healthcare** 1/18-1/24	F2F:1/18, 1/20	1.Readings as assigned: Chapter 2 Introduction to Health Care Chapter 5 Providing Holistic Nursing Care Chapter 1 The Holistic Nursing Assistant 1/25/2022 PAPERWORK DUE Orientation to course: syllabus, course objectives, forms, Q and A, clinical overview, CANVAS navigation, MCC resources **2. IDPH CMS module OPEN on CANVAS**	• Delegation • Scope of Practice • Professionalism
MODULE I 1/25-1/31	TO 1/25 F2F 1/27	Online 1/25 asynchronous 1. Readings as assigned: Chapter 4 Working in Healthcare Chapter 12 Planning, Observing, and Reporting Care FACE TO FACE LAB SKILLS: hand washing, bed-making, room orientation	• Holism • Healthcare Team • Care settings • Care purpose
MODULE II **Rights and Relationships** 2/1-2/7	**TEST #1** TO 2/1 F2F 2/3	**Test #1 2/1/2022 0800-2/2/2022 0800** On-line 2/1 asynchronous 1. Readings as assigned: Chapter 3 Legal and Ethical Practice Chapter 6 Human Behavior and Development Chapter 10 Communication, Advocacy, and Caring FACE TO FACE LAB SKILLS: bed making (review), resident positioning (sidelying, chair), GB use **2. IDPH CMS module CLOSES on CANVAS 2/7**	• Resident Rights • OBRA/HIPAA • Cultural Humility • Abuse/Neglect • Therapeutic Communication • Relational Boundaries
MODULE III **Infection Control in the Healthcare Setting** 2/8-2/14	TO 2/8 F2F 2/10	On-line 2/8 asynchronous 1. Readings as assigned: Chapter 14 Body Defenses and Infection Chapter 15 Infection Prevention and Control FACE TO FACE LAB SKILLS: PPE, GB transfer, Hoyer lift, and ambulation **2. Infection Control Module CLOSES on CANVAS 2/15**	• Chain of Infection • Isolation Techniques • PPE don/doff • Equipment Protocols • Standard + Transmission Based Precautions

MODULE IV **Emergency Procedures** 2/15-2/21	TEST #2 TO 2/15 F2F 2/17	Test #2 2/15/2022 0800-2/16/2022 0800 Online 2/15 asynchronous 1. BLS review on CANVAS 2. Readings as assigned: Chapter 26 Emergencies and Disasters FACE TO FACE LAB SKILLS: BLS certification/skills (via sign-up)	• Fire Safety • Disasters • FBAO • Incidents and Reporting • Personal Safety
MODULE V **Injury Prevention** 2/22-2/28	TO 2/22 F2F 2/24	1. BLS review on CANVAS 2. Readings as assigned: Chapter 16 Maintaining a Safe Environment and Practice FACE TO FACE LAB SKILLS: BLS certification/skills (via sign-up) 3. BLS module CLOSES on CANVAS on 2/22	• OSHA and Risk Management • Ergonomics + Body Mechanics • Resident Safety + Specific Issues
MODULE VI **Resident Care** 3/1-3/7	TO 3/1 F2F 3/3	On-line 3/1 asynchronous 1. Readings as assigned: Chapter 20 Creating a Safe, Restful Environment *Chapter 5.3* Admission/Discharge/Transfer Chapter 18 Vital Signs, Height, and Weight 3/3 FACE TO FACE LAB SKILLS: transfer review (all), VS, ht/wt **2. BP MODULE CLOSES on CANVAS 3/2**	• Safety and Personal Space • Bedmaking • Admission, Discharge, Transfer
MODULE VI 3/8-3/14	TEST#3 TO 3/8 F2F 3/10	Test #3 3/8-3/9/2022 0800 On-line 3/8 asynchronous 1. Readings as assigned/CANVAS materials on pathophysiology and disease processes Chapter 9 Diseases, Conditions, and Pain • Be prepared for in-class activities and assessments based on CANVAS resources Chapter 21 Assisting with Personal Hygiene 3/10 FACE TO FACE LAB SKILLS: personal care/ADL (all) **2. CANVAS module on ADLs CLOSES 3/15**	• Comfort Strategies • Body Structure + Systems + Common Health Concerns • Skin Care • Personal Care + ADLs

MODULE VI 3/15-3/21	TEST #4 TO 3/15 F2F 3/17	**TEST #4 3/15-3/16/2022 0800** Online 3/15 asynchronous 1. Readings as assigned: Chapter 17 Promoting Mobility Chapter 22 Healthy Eating and Nutritional Challenges 3/17 FACE TO FACE LAB SKILLS: personal care/ADL (all)	• Personal Care + ADLs • Therapeutic Applications (heat + cold) • Nutrition and Dining • Sensory Impairments
MODULE VII **Fundamentals of Rehabilitative and Restorative Care**	TO 3/22 F2F 3/24	Online 3/22 asynchronous 1. Readings as assigned: Chapter 17.2 Rehabilitation/Restorative Care Therapeutic Applications (heat and cold) 3/24 FACE TO FACE LAB SKILLS: personal care (review), catheter/bedpan/urinal, I and O	• Rehabilitative Principles • Restorative Principles • Team Dynamics • Adaptive Devices
MODULE VIII **End-of-Life Care** 4/5-4/11	**TEST #5** TO 4/5 F2F 4/7	**TEST #5 4/5-4/6/2022 0800** On-line 4/5 asynchronous 1. Readings as assigned: Chapter 27 End of Life Care 4/7 FACE TO FACE LAB SKILLS: ROM	• Legal Issues • Holistic Aspects • CNA Role • Hospice Care • Palliative Care • Post-mortem Care
MODULE IX **Alzheimer's and Related Dementias** 4/12-4/18	TO 4/12 F2F 4/14	Online 4/12 asynchronous Alzheimer's Disease and Related Dementias (ADRD) **4/14 LAST LAB F2F** **ADRD CANVAS module closes 4/14**	• Pathophysiology • Communication • Safety
MODULE IX 4/19-4/25	**TEST #6** TO4/19, 4/21	**TEST #6 4/19-4/20 0800** On-line asynchronous WEEK Alzheimer's Disease and Related Dementia (ADRD)	• Ancillary Support • Ability Centered Care • Mortality
MODULE REVIEW 4/26-5/2	TO; 4/26,4/28	On-line asynchronous WEEK Cumulative test #7 review	• Review all CANVAS modules and materials I-IX
MODULE REVIEW 5/3-5/9	**TEST #7** TO;5/3, 5/5	**TEST #7 5/3-5/4 0800** On-line asynchronous WEEK Final exam review materials and state exam prep	
5/10 final exam online via CANVAS			

Appendix C

Hybrid Course Shell Snapshot