CNA Training Requirements for LTC:
The Root of Poor Quality of Care

"Sophisticated levels of scientific knowledge, skills, and attitudes need to be integrated to develop successful practitioners." – Fisher, 2014

The Gerontological Society of America recommends that all professionals working with older adults should have an adequate educational background in geriatrics (Van Dussen and Leson 2010). In order to provide quality care to older adults, the workforce must be knowledgeable about the aging process, skilled in assessment and management of chronic illness, and be capable of practicing in an interdisciplinary setting. However, the findings in many studies have illustrated that current health care professionals across all disciplines are not well trained in geriatrics. Schools and programs are not sufficiently equipped with faculty, coursework and/or clinical experiences to prepare the future health workforce for the impending demand of the aging population (Harahan et al. 2009; Mezey et al. 2008).

It is well known that CNAs provide the majority of hands-on care to residents in long-term care settings. Specifically, their daily responsibilities include assisting with activities of daily living (such as bathing, eating, dressing, toileting, and transfers) and providing basic health monitoring (such as taking temperature or blood pressure). These daily tasks may seem mundane to the average person, but to a frail older adult it can mean life or death. Well-trained CNAs are crucial if residents are to receive quality care. **Yet, when compared to all other health care professionals, CNAs have the least amount of educational and training requirements.**

Various competencies for geriatric specialization are identified across all heath care disciplines that have contact with the aging population. All professions, excluding CNAs, require some type of degree and a licensing/certification examination that provides recognition of having met the specialty standard (See Table 1 for a detailed description) (Mezey et al. 2008). However, for CNAs the federal government only mandates 75 hours of initial training (based on the guidelines established in the Nurse Aide Training and Competency Evaluation Program of the

Omnibus Reconciliation Act of 1987), and 16 hours must consist of supervised clinical training. They are also required to pass a state certification exam and skills test, and must complete 12 hours annually of continuing education (IOM 2008; Sengupta et al. 2010).

By comparison, most undergraduate college courses are 3 Semester Credit Hours (SCH) or 45-48 contact hours. For a 3 SCH course, the students usually meet for three hours per week over a 15-week semester. **To provide some perspective on just how little training the CNAs are required, if broken down into credit hours, the federally mandated 75 hours of training is equivalent to approximately 1 ½ university classes.** This is less than the half of the course load a student does in one semester. Clearly, this is not a sufficient amount of time to prepare CNAs to provide good quality care to residents. In no other health care professions would this be considered an adequate amount of education. And yet these other professions are not the ones providing the close and personal care to the frail aging residents.

There are additional problems with the CNA training requirements that can affect quality of care. First, unlike any other health care profession, CNA students may be employed by a nursing home up to four months before the completion of their training and passing the exam (Hernández-Medina et al. 2006). With any other type of nurse, all states require that their nurses be licensed before they can begin legally providing care. Would you feel comfortable with a doctor, nurse, or dietician deciding on the care of your loved one if they had not completed their training yet? Why is it acceptable to let a partially trained CNA provide direct care to a resident that, if not done properly, could cause harm to the resident?

Second, federal law has no requirements that CNAs be able to read and write in English (Hernández-Medina et al. 2006). To do their jobs effectively, CNAs need to be able to read and write in English at a minimum level of fluency because it is important for understanding the concepts taught in training, following directions, communicating with other staff and residents, and delivering quality care.

Third, federal requirements do not specify the environment or conditions under which the clinical training is to take place, but only that it may occur "in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or a licensed practical nurse" (42 CFR § 483.152a(6)(b)(1)(i-v) (Hernández-Medina et al. 2006: p. 18). Clinical training for other professions, such as physicians and

nurses, usually take place in a hospital, Teaching Nursing Home, or geriatric center. This allows the student to get a real life feeling of what to expect in the workplace. Qualitative studies focusing on CNA dropout rates and turnover have illustrated that many times it is because the CNA was not fully prepared for the various situations that could occur in the nursing home (Hernández-Medina et al. 2006).

In sum, preparing the health care workforce to meet the needs of a frailer and more medically complex population is a major challenge for 21st century (Ehlman et al. 2012). There is growing evidence that the level of education is strongly associated with resident outcomes (Tanner 2010). Residents with chronic conditions who require person-centered approaches to long-term services and supports are likely to receive better attention to health needs when they are cared for by staff who are trained to recognize complicated conditions (Harahan et al. 2009).

It is critical that we re-examine possible expectations for CNAs collaboratively with other health professions, based on population needs and care delivery models, then align the educational requirements accordingly (Tanner 2010). A first step in improving the initial training, credentialing, and continuing education of CNAs is to define the competencies needed by licensed staff to effectively care for older adults in long-term care settings (Harahan et al. 2009). As Hernández-Medina and colleagues state, "Ideally, a CNA's knowledge of intimate details, such as knowing each resident's level of cognitive functioning or how best to approach a resident for a bath, enables the individualization of care that enhances both quality of life and quality of care" (Hernández-Medina et al. 2006: p.10).

The cost and quality of healthcare in the future will be determined in part by whether we have a well-trained, coordinated workforce. **In order to improve quality of care and lower cost, it is crucial to increase the skill level of all healthcare providers. (EWA issue brief 2014).** This change to the educational system will require partnership across all levels of nursing education and health systems, redirecting Medicare funding and expanding Title VIII funding, along with other federal resources for support of educational reform. The return on investment would be improved educational competence and a better prepared workforce, responsive to emerging health care needs and rapidly changing health care delivery systems, and thus, an overall better quality of life for the LTC residents (Tanner 2010).

Recommendations for CNA Educational Requirements

- To be eligible for a CNA training program, candidates should have a high school diploma or equivalent degree, as well as a clean criminal record.
- Education requirements for the program should include at least 2 years of post-secondary education made available at community college and universities, including clinical rotations, followed by a license exam and continuing education. Upon successfully passing the test, the graduate is free to seek employment.
- The curriculum will be different than the LPN education, focusing on all areas of CNA responsibilities. The increase in program length and requirements will allow more time for learning and practicing the needed skills to provide adequate quality of care directly to the resident.
- Develop a sustainable and replicable Teaching Nursing Home model that would prepare CNAs to work in long-term care.
- Provide tuition reimbursement for CNAs completing their education and working in LTC for at least 5 years.
- The name should be changed to "Licensed Nurse Assistant."
- Increase salary and benefits that are appropriate for a licensed professional.

Table 1: Educational Requirements for Health Care Professionals in LTC

Job Type	Required Education	Licensure Process	Other Requirements (not including CE)
Doctor of Medicine, Geriatric Specialty	Doctor of Medicine, Geriatric Specialty Rotations (minimum 1 year to complete)	National Examination for Internal Medicine to practice as geriatric care specialists	Geriatric care fellows typically spend 6 to 8 weeks *per rotation*, and are tested throughout the rotation to determine knowledge of the subject areas.
LTC Nurse	A diploma in nursing (3 yrs.), Associate Degree in Nursing (2-3 yrs.) or a Bachelor of Science in Nursing (4 yrs.)	National Council Licensing Examination for Registered Nurses (NCLEX-RN)	All states require that their nurses be licensed *before* they can begin legally providing care as a nurse. Individual states may have additional licensure requirements.
LPN	Post-secondary education (1-2 years), and a supervised clinical practice	National Council Licensure Examination for Practical Nurses (NCLEX-PN)	Upon successfully passing the test, the graduate is free to seek employment.
CNA	75 hours of initial training based on the guidelines established in the Nurse Aide Training and	N/A	CNAs working in MCR or MCD certified nursing homes are required to complete a competency evaluation and become state certified. May be employed up to 4

Job Type	Required Education	Licensure Process	Other Requirements (not including CE)
	Competency Evaluation Program, including 16 hours of clinical training		months *before* completion of training program.
Physician Assistant	A program approved by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) available at the Master's level (2 years)	Physician Assistant National Certifying Examination (PANCE)	Becoming a specialist entails completion of an additional postgraduate training program and certification from the NCCPA. Candidates for specialty certification must hold PA-C certification, have 2 years of experience and complete a specialty certification program.
EMT-Paramedic Training	Paramedic-level training programs lead to certificates or associate's degrees in EMT-Paramedic (2 years)	NREMT Certification Exam	To be eligible for an EMT training program, candidates must have a high school diploma or equivalent degree, as well as a clean criminal record.
Clinical Dietician	At least a Bachelor's degree to practice	Registration Examination for Dietitians	For those seeking additional credentials, the American Dietetic Association offers the voluntary Registered Dietician Nutritionist (RDN or RD) designation for clinical dieticians.
Social Worker	At minimum a Bachelor's degree	All states have licensure or certification requirements for becoming a social worker.	State licensing requirements for clinical social workers typically involve 3,000 hours or two years of clinical experience along with completion of the MSW.
Physical Therapist	Doctor of physical therapy degree, although 20% of accredited programs still graduate PTs at a master's level	Must pass licensure exam	Specialized residency in geriatrics.
Occupational Therapist	Enter the workforce as entry-level clinicians with a master's degree.	Must pass licensure exam	Required to fulfill supervised field work
Speech Language Pathologist	Generally require a masters-level degree	Must pass licensure exam	Required to fulfill supervised field work
Pharmacist	Doctor of pharmacy degree	Must pass licensure exam	Option to complete a geriatric residency called a Certification in Geriatric Pharmacy

*Educational requirements listed in this table is from http://study.com

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