

# The Heart of a CNA

Hannah Davis

Hannah Davis dives into some of the different kinds of knowledge and literacies involved in the working life and habits of a certified nursing assistant (CNA) and a patient care technician (PCT). Davis discusses what a CNA/PCT is, how to become one, and the emotional connections that develop with residents/patients. While there are important aspects of learning that involve conventional literacies (reading, observing, test taking), there are also important emotional literacies involved in this work.

Ever since I was a little girl, I have wanted to be a doctor. I was always helping my family when they got hurt and would practice bandaging up my stuffed animals. The driving factor of wanting to help people started when my little brother was born at 1 pound 6 ounces. My dad's wedding band fit around his extremely small ankle. I was only three years old at the time and couldn't do much to help him. I did my big sister duties, but I couldn't hold him very often as my germ-filled toddler body posed a threat to his health. That's when I knew that I wanted to be able to save little babies born early just like him. When I started high school, I set myself up to take the CNA course my senior year to get familiar with working in the hospital and nursing home settings. I also thought that it would be a wonderful opportunity to get to help people while working towards my Bachelor of Science in Nursing (BSN) degree. Working as a CNA/PCT enhances your bedside care abilities and gives you experience in navigating hospitals or nursing homes. It also provides you with practice taking

**Vital Signs** are taken to indicate the health of a person. There are five vital signs that are taken: temperature, blood oxygen (SpO<sub>2</sub>), blood pressure, respiratory (breathing) rate, and pulse. Vitals are usually taken when you go to the doctor so you may be familiar with this action.

vital signs, which is a basic skill for nurses. Along with that, the transition into becoming a nurse happens smoothly as there is less to learn on the job.

## What Exactly Is a CNA or PCT?

CNA is an abbreviation for certified nursing assistant. Just from the name it sounds like a very important job, right? That's because it is. The person that is with the patient and/or resident most is the CNA. They examine patients for pressure ulcers (injuries patients can get from lying in the same position for a long time), any open cuts, and changes in mood or behavior along with mobility. And these are just a few of the things they watch for throughout their shift. Another name for a CNA is PCT which is an abbreviation for patient care technician. There is really no difference between the two, but hospitals typically call their certified nursing assistants PCTs while assisted living and nursing homes call them CNAs. Becoming a CNA and PCT is something that I am very proud of, and I have worked very hard for it. Currently, I am working at a hospital, so I am considered a patient care technician. In the hospital there are a few tasks you need to accomplish that you wouldn't typically do in a nursing home. These include taking a catheter and IV out, taking vital signs three times a shift, giving baths with wipes, restocking, and taking soiled linen to the laundry chute. In the nursing home you only take vitals when someone falls or per policy (typically once a shift). Something that is unique to the nursing home is getting a patient dressed in their own clothes. Nursing homes typically don't put their residents in hospital gowns; instead, they get to wear their own clothes from home.

## Skills Checklist and Clinical

One of the first steps in becoming a CNA is demonstrating a list of twenty-one skills that can be completed either in lab or during clinical training, which usually takes place in a workplace setting (like a nursing home or hospital). This slightly intimidating skills checklist (Figure 1) includes a vast range of skills, and you only have a certain amount of time to complete the list. To get a skill checked off, you must have a clinical instructor watch you perform the skill. If you do something wrong, you get two tries at a different time to get that skill checked off. If you are unable to get a skill checked off, you are not able to sit for the state exam. There is a lot of pressure when it comes to making sure you complete them to become a CNA. Completing your clinical training is also required to sit for the state exam. Clinical training

is when you take what you learned from a class and apply it to real life. For clinicals, you're assigned to different locations that can include local nursing homes and hospitals. Before you start your clinicals, you must engage in a range of activities while learning and obtaining important skills to participate. First, students participating in clinical training are required to have the COVID-19 vaccine and a tuberculosis (TB) skin test. The TB test takes a while to complete because you must get the liquid injected under your skin, have it checked, and repeat the process. The equipment a student needs to begin clinical training includes scrubs, water resistant shoes, a watch, hand sanitizer, and a notepad. Since the clinical locations vary, the environments a student works in throughout clinicals can vary quite a bit. I participated in two different clinical environments: one in a hospital and one in a nursing home. In the end I preferred working with patients in a hospital setting because I enjoyed feeling like I was involved in their recovery.

The chart on the next few pages shows the clinical skills list, and for this article I've tried to emphasize how the items on this list are more than just specific skills (Table 1).

## The State Exam

Before taking the state exam, the student's clinical and lab hours must be completed. Lab hours include textbook material and other assignments that help you gain a complete understanding of the work involved in patient care. When I did my lab hours, I was given guided notes to complete weekly that covered each skill. I would have to read the textbook and fill in the blanks as well as answer multiple choice questions. The guided notes were big packets that were time consuming to complete. As soon as clinical hours and lab hours are complete and a person has an overall grade of 90 or above, they are allowed to sit for the state exam. In my experience, the CNA class was a dual credit class along with medical terminology. These classes were taken

| Skills   | Clinical |     |       |
|--|----------|-----|-------|
|  | 1st      | 2nd | Final |
| ✓ 1. Wash hands                                  | TBE      |     |       |
| 2. Perform oral hygiene                          |          |     |       |
| 3. Shave a resident                              |          |     |       |
| 4. Perform nail care                             |          |     |       |
| 5. Perform perineal care                         |          |     |       |
| 6. Give partial bath                             |          |     |       |
| 7. Give a Shower/Tub Bath                        |          |     |       |
| ✓ 8. Make Occupied Bed                           | TBE      |     |       |
| 9. Dress a Resident                              |          |     |       |
| 10. Transfer Resident to w/c using transfer belt |          |     |       |
| ✓ 11. Transfer using a mechanical lift           |          |     |       |
| ✓ 12. Ambulate with gait belt                    |          |     |       |
| 13. Feed a resident                              |          |     |       |
| ✓ 14. Calculate Input/Output                     |          |     |       |
| 15. Place resident in side-lying position        |          |     |       |
| 16. Perform: PROM                                |          |     |       |
| ✓ 17. Apply and remove: PPE                      | TBE      |     |       |
| ✓ 18. Measure & Record: T,P,R                    | ✓        | TBE |       |
| ✓ 19. Measure & Record: B/P                      |          |     |       |
| ✓ 20. Measure and Record: Wt                     |          |     |       |
| ✓ 21. Measure and Record: Ht                     |          |     |       |

*Skills that can be done in lab:  
# 1, 8, 11, 12, 14, 17, 18, 19, 20, 21*

**Figure 1:** An example of a skills checklist that is signed by the instructor.

**Table 1:** Clinical Skills

| THE SKILL   | WHAT YOU NEED TO KNOW TO PASS THE SKILL   |
|---|---|
| <b>Wash Hands</b><br>This isn't just about washing hands, of course. The details here are meant to prevent the spread of disease, and CNAs need to be conscious of this in all their tasks. | <ul style="list-style-type: none"> <li>- Don't touch your body to the sink</li> <li>- Wash hands for 20 seconds</li> <li>- Don't flick hands to dry them</li> <li>- Use paper towel to shut water off</li> <li>- Dry hands from fingertips to wrist</li> <li>- Part of infection control</li> </ul>   |
| <b>PATIENT CARE</b>   | The next items on the list are all about learning how to properly care for patients. These literacies are specific, but they also include an overall understanding of how to help people feel better while they're in the hospital or a nursing home.   |
| <b>Perform Oral Hygiene</b>   | <ul style="list-style-type: none"> <li>- Brush patient's teeth and tongue</li> <li>- Use emesis basin (curved pan) for spitting toothpaste</li> <li>- Take out dentures appropriately (use gauze instead of bare hands)</li> </ul>  |
| <b>Shave a Resident</b>   | <ul style="list-style-type: none"> <li>- Shave resident's face or legs</li> <li>- Use real razor or electric razor</li> <li>- Open patient's pores on face with warm water</li> <li>- Use shaving cream to prevent cuts</li> <li>- Confirm patient is not on an anticoagulant medication (will bleed out if cut because blood will not clot)</li> </ul> |
| <b>Perform Nail Care</b>  | <ul style="list-style-type: none"> <li>- File nails with emery board</li> <li>- Clean under nails with orangewood stick</li> <li>- Paint nails if requested</li> <li>- NEVER trim patient's toenails with clippers (Nurse task)</li> </ul>  |
| <b>Perform Perineal Care</b>  | <ul style="list-style-type: none"> <li>- Properly clean male and female genitalia</li> <li>- Wipe after changing a Depends (diaper)</li> </ul>  |
| <b>Give Partial Bath</b>  | <ul style="list-style-type: none"> <li>- Clean all areas of the body</li> <li>- Patient is in bed (bed bath)</li> <li>- Grab all towels and supplies needed</li> <li>- Wash everything except for the resident's hair</li> </ul>  |
| <b>Give a Shower/Tub Bath</b>   | <ul style="list-style-type: none"> <li>- Grab all towels, clothes, linens needed beforehand</li> <li>- Change bed sheets and give fresh linens</li> <li>- Wash whole body including hair</li> <li>- Provide privacy</li> <li>- Get water at appropriate temperature</li> </ul>  |
| <b>Dress a Resident</b>   | <ul style="list-style-type: none"> <li>- Put on resident's clothes</li> </ul>   |
| <b>MOVING and FEEDING PATIENTS</b>  | Notice how these literacies focus mostly on helping patients move around and feeding patients who need that care. Again, they're specific, but overall, they focus on both helping patients who need help AND on using the equipment needed to do that work. Getting patients up and moving can be important in a patient's recovery.                   |
| <b>Transfer Resident to w/c using Transfer Belt</b>   | <ul style="list-style-type: none"> <li>- Resident needs to move from bed to wheelchair</li> <li>- Use transfer belt to get a good grip on them</li> </ul>   |

| THE SKILL   | WHAT YOU NEED TO KNOW TO PASS THE SKILL   |
|---|---|
| <b>Transfer Using Mechanical Lift</b>                                 | <ul style="list-style-type: none"> <li>- Allows the transfer of residents that cannot bear weight on their feet</li> <li>- Must be 18 to operate this lift</li> <li>- Must demonstrate hooking up sling to the lift according to hospital or nursing home standards</li> <li>- Must safely operate lift</li> </ul>  |
| <b>Ambulate with Gait Belt</b>  | <ul style="list-style-type: none"> <li>- Walking up and down hallways</li> <li>- Gait belt is for your and their safety</li> </ul>  |
| <b>Feed a Resident</b>  | <ul style="list-style-type: none"> <li>- NEVER feed resident with a fork</li> <li>- Only fill spoon 1/3 full</li> <li>- Provide resident with a drink every few bites</li> <li>- Clean resident's face and hands when done</li> </ul>   |
| <b>Make Occupied Bed</b>  | <ul style="list-style-type: none"> <li>- Make patient's bed while they are in it</li> <li>- Includes taking off their linens and putting new linens on</li> </ul> <p>Notice how this skill combines caring for patients who can't move very well, making sure the space is clean and pleasant for patients, and doing tasks that help prevent the spread of disease. So, although making a bed seems like a simple thing, for a CNA it means combining several kinds of literacies.</p> |
| USING EQUIPMENT TO GATHER AND RECORD INFORMATION                      | These next skills all involve gathering and recording information about patients that the medical staff needs to treat them properly. These skills all involve reading, writing, and math literacies, but also the mechanical knowledge of how to properly use the equipment.   |
| <b>Calculate Intake/Output</b>  | <ul style="list-style-type: none"> <li>- Accurately record patient intake</li> <li>- Accurately record patient output</li> <li>- Use urinal or urinal hat to collect urine</li> <li>- Dump urine in toilet after recording</li> </ul>   |
| <b>Place Resident in Side-Lying Position</b>                          | <ul style="list-style-type: none"> <li>- Place in certain position (learn in class)</li> <li>- Pillows must protect bony prominences</li> </ul>   |
| <b>Perform: PROM (Passive Range of Motion)</b>                        | <ul style="list-style-type: none"> <li>- Passive range of motion</li> <li>- Assist resident with movement of joints and appendages</li> </ul>   |
| <b>Apply and Remove PPE (Personal Protective Equipment)</b>           | <ul style="list-style-type: none"> <li>- Don and doff PPE in correct order</li> <li>- Sanitize hands after removing gloves</li> <li>- Do not touch soiled PPE</li> </ul>  |
| <b>Measure and Record: T, P, R (Temperature, Pulse, Respirations)</b> | <ul style="list-style-type: none"> <li>- Take patient's temperature</li> <li>- Take patient's pulse</li> <li>- Take patient's respirations</li> <li>- Must be accurate to instructors reading</li> </ul>  |
| <b>Measure and Record: B/P (Blood Pressure)</b>                       | <ul style="list-style-type: none"> <li>- Use sphygmomanometer (blood pressure cuff) to take patient's blood pressure</li> <li>- Must be accurate to instructors reading</li> </ul>  |
| <b>Measure and Record: Wt. (Weight)</b>                               | <ul style="list-style-type: none"> <li>- Put patient on scale and appropriately record weight</li> </ul>  |
| <b>Measure and Record: Ht. (Height)</b>                               | <ul style="list-style-type: none"> <li>- Measure patient's height (sit or stand)</li> <li>- If laying down, record the straight sections of the body and add them together to get most accurate reading</li> </ul>  |

**Antecedent Knowledge**

According to the ISU Writing Program, “**antecedent knowledge** refers to the facts, information, and skills that we each bring with us into familiar and new-to-us writing situations. When we talk about antecedent knowledge, we include our previous writing experiences with particular kinds of writing and prioritize articulating previous knowledge that we are often not required to describe or unpack explicitly” (“Uptake Terms”). In my case, I was transferring the knowledge I’d learned in these settings, but then I had to try to apply it to the specific questions on the exam.

simultaneously in a two-hour class period. The first hour was to account for the hands-on CNA skills and bookwork and the other hour was for the medical terminology portion that I got college credit for. My community college paid the \$75.00 for the exam. The state exam is the written portion of the test to get a CNA license. I remember going to Illinois Central College and walking into a room where there were a bunch of computers and dividers that separated me from the person next to me. It was an intimidating space as it was completely

silent. The questions on the exam were all multiple choice, and I had to sit at a computer to record my responses. There was not an oral part to my exam, just written. You get three tries to pass it, but my college only paid for the first attempt. The thing that prepared me most for the exam was the clinical experience and studying the notes I’d taken during my lab. I knew that if I applied the questions on the exam to real life (my **antecedent knowledge**), I’d be able to figure out the answer. I tried not to overload my brain before the exam because when I do this, I often end up second-guessing myself. Honestly, I was not particularly confident in my work on the exam right after I took it, but it ended up not being as bad as I thought. For me, the best way to prepare was to try to make sure I was understanding the material as I went through the class and thinking about that material as I was doing my clinical, and then I used both experiences to help me remember the material during the exam. To me, it makes the most sense to remember material as you go. A lot of questions are application based and it helps to have that experience to look back on. If you wait till the last minute to cram information, it will be more stressful, and you’ll be less likely to pass.

## Getting the Job

After you pass your exam, you are ready to start looking for jobs. I found this to be an intimidating process, and I think that’s true for lots of people as you are a brand-new CNA and have only worked under the supervision of your instructor. Out in the real world there are places that are extremely short staffed, so most of the time you are working by yourself and don’t have anyone to help you. This is quite different than it was for me in my clinical setting

because there were a lot of us, and we got to work in groups to complete tasks. I waited to get a job until after graduation so that I would have flexible hours and more time to work. My first CNA job was at a nursing home where I worked second shift from 3–11 p.m. Currently I work as a PCT at OSF St. Joseph. I work one 12-hour night shift a week. My shift that I work is from 7 p.m.–7:30 a.m. It is a little longer than 12 hours to allow for a 30-minute break. Places are always hiring, and a lot of places have competitive wages. You must be employed as a CNA within a year after you take your exam to maintain your license otherwise you have to take the test again. If you would like to further your education and move on in the medical field, there are a lot of places that are very understanding and will work with your schedule while you go to school. This gives you the experience of working as a CNA and is a flexible way to earn money while going to college. Working as a CNA or PCT means working within a particular **activity system**. In addition to the patients, there are other professionals that I interact with regularly; like me, they all share in the overall goal of the system, which is to make sure everything runs smoothly, and the patient is getting the greatest care. This includes ensuring that the patient is being checked on often. Nurses and PCTs have specific tasks that need to be completed for each patient because some patients need more care than others. For example, a patient may need their vitals taken more often because of a medication they are on. It is also very important that everything that is done in a patient's room is documented and recorded. If it's not documented, it didn't happen. Some of the professionals who participate in the patients' care include the occupational therapist, charge nurse, nurse, other PCTs, and the cafeteria staff. Occasionally at the hospital I will see a physician, doctor, or advanced practice nurse (APN). They come in to talk to the patient to make sure that the care plan is being followed and to check whether any changes need to be made regarding the patient's care. This ensures that the patient is getting the most effective care. As I mentioned, health care activity systems include rules that everyone within the system must follow, and constant, accurate communication is one of the most important rules for patient and resident care. Communication between individuals and groups within the system can be complicated, especially at points where one group of people might be taking over for other people, which happens regularly during the shift change. Communication when changing shifts is extremely crucial. As a PCT taking over a shift you would want the PCT that just worked the shift to

**Activity Systems** are defined as a group of people who share a common objective and motive over time. When we're studying activity using the idea of activity systems, we're interested in the people involved but also the rules, tools, texts, and other semiotic resources they use to achieve their goals, as well as the ways they plan and participate in the activity (ISU Writing Program's "Literate Activity Terms").

explain everything about the patient to you. You would want to know if they use the urinal, bedpan, or commode; if they are independent; if they may be aggressive; and if anything is unusual. You give a report after every shift and the goal is to be as specific as you can be. Another thing that is important to note is if you gave that patient a bath because the patient doesn't want two baths in one day. Along with the communication with other PCTs, it is important to communicate with the patient's nurse. Communicating with the nurse at a nursing home is different than communicating with a nurse at the hospital. In the nursing home, it is mainly just verbal communication as the charting can vary and may not transfer to the nurse right away. Verbal communication may consist of telling the nurse when things are abnormal. For example, if a resident is being combative and confused. This is important so the nurse can assess the resident and potentially figure out why they are acting out. However, in most nursing homes, like the one I used to work in, CNAs run on a strict schedule, which is based on company policy. There are certain papers that you must fill out to document showers and other forms of care. In the hospital there are many ways that you can communicate with the nurse. It varies on the importance or urgency of the message. I am currently employed at a hospital as a PCT. At the hospital I am employed at, PCTs are required to notify the nurse verbally when a patient's vital sign or blood sugar is out of range. For example, if the patient's temperature is 104, I would immediately notify the nurse as that is a high-grade fever and we would need to get their temperature down as soon as possible. You are also required to chart this in an online charting program. The charting program is an essential tool that tells the nurses, PCTs, and other healthcare professionals what tasks have been completed for each patient. Since communication is one of the most important rules to follow within this activity system, a principal belief is that if a task or interaction is not charted, it wasn't completed or didn't happen. At my old place of employment, we used a computer charting system that let us know what care had been given and what was still to be done. Another form of communication is a secure chat, like a text message, through the same charting program that is used to communicate with all nurses and PCTs. This is helpful when someone is in a patient's room, and you have information to give the nurse or PCT. The last form of communication is another tool called a Vocera. This is a small device, like a phone, that you are required to log into every shift (another rule to follow within the system). This device is clipped to your scrubs and lets you know when a patient's call light is going off. You can also use this to communicate with other nurses and PCTs as well as the cafeteria when needing to order food for the patient. A CNA or PCT is the first person to notice abnormalities of the skin or other things that are out of the norm for that patient. It is crucial that you tell the nurse when you have any concerns



as the nurse is not always going to notice the small things since they are not the one to give the resident or patient a bath. The nurse doesn't typically see their bowel movements either which can tell you a lot about a resident's health. Overall, there are many people working behind the scenes who make it possible to keep nursing homes and hospitals open, and there are many tools and rules in place to help keep patients and residents alive and well.

## Emotional Connections

As a CNA/PCT, you develop emotional connections with the residents and patients that you take care of. This can be related to **emotional literacy**. It is important to be able to connect emotionally with patients, especially since they are often in the most vulnerable state, and you want to gain their trust. This idea connects to the ISU Writing Program's explanation of **literacies** as "the ways that we interact and communicate in the world not just by reading and writing, but also by speaking and listening, to create communication and share our experience of the world as we know it" ("Writing Research Terms"). For CNA literacies, it's definitely about more than just reading and writing—although those kinds of literacies are also involved.

For me, it's like the patients are my grandparents, in a way. Patients often let me know if I'm doing a good job or not. In my experience, the residents and patients are obsessed with my hair, especially when I wear my hair in two braids. Although most of the residents are sweet and kind, there are some residents that are short-tempered. They can be this way for several reasons. One reason could be that they are confused and the only way they know how to show their emotion and confusion is through aggression. These residents you must take care of differently and remember not to take the things they say to heart. In this field you have empathy for the residents, and it's hard to think about how they must be feeling. They are lost, confused, and most of the time lonely because they don't have any family left. The activity system of the nursing home space and a hospital has a shared goal (among the professionals) to care for the patients, but that doesn't mean things always go smoothly or that you can treat all the patients the same way. Instead, you must pay attention to their specific needs and try to understand them as individuals with histories; remember that they have good and bad days, just like other people, and that some patients will be more pleasant or easier to deal with than others.

As a CNA and PCT, you hear a lot about the resident's lives as you chat with them while caring for them, or you ask questions generated by the

pictures that many of them have around their rooms. I believe it makes my patients happy to know that I really care about their lives and that I love it when they tell me stories about their adventures through life. Of course, the most devastating part of the job is when a resident or patient passes away. It is almost as devastating as one of your own loved ones passing away, as you've often developed a close relationship with them. I have experienced a few times when one of the residents has passed away. Even though I wasn't super close to those residents, it was still very devastating each time.

## Conclusion

Now you know the answer to the question: Why become a CNA? You know about some of the work and study that goes into training, and you have a good idea about the complexities and hard work required. You also know something about the many tasks that CNAs perform and the literacies they must have to do their jobs well. Hopefully, this article might also encourage you to treat CNAs and other medical professionals with respect because this helps make their jobs easier. That brings me to a final reason that I think becoming a CNA/PCT was a great choice for me. When I become a nurse, I will have so much respect for my nursing assistants and treat them with respect and kindness. It really does take a village to make things work in the healthcare field, and I think care teams can do better work if there is an understanding of what each person knows and their contributions to the patient's care. Overall, I would recommend becoming a CNA/PCT, but don't stop there! I'd also advise folks to continue their education and become a nurse or doctor. Getting your CNA certification is a great foundation to many kinds of professional work in health care.

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# Notes