

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

STATE OF NEW HAMPSHIRE

DIVISION OF HEALTH PROFESSIONS

Board of Examiners of Nursing Home Administrators

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CORE OF KNOWLEDGE CHECK LIST

Enclosed is a detailed guideline categorization of nine basic areas of the core of knowledge, which administrators should possess prior to sitting for the State of New Hampshire Licensure Examination. Upon your review of their contents, please indicate on this form the name of the course(s) you have completed that you view as fulfilling any given area and the accredited institution of higher education from which you received academic credit for it. You may provide additional details to further explain any situation to the Board. Your meeting the core of knowledge requirement requires completion of a minimum of **15 credits** from an accredited college or university. All Core of Knowledge areas must indicate a relevant college course. A course may cover more than one area. **Please be advised that all Core of Knowledge areas must be filled in.**

	<u>Core Area</u>	<u>Your Course*</u>	<u>College</u>
1.	Applicable standards of environmental health and safety	1.	1.
2.	Local health and safety regulations	2.	2.
3.	General administration	3.	3.
4.	Psychology of patient care	4.	4.

***Course titles should appear on official academic transcript(s) submitted with your application. The Licensure Board reserves the right to seek additional information concerning courses from applicants.**

	<u>Core Area</u>	<u>Your Course*</u>	<u>College</u>
5.	Principles of medical care	5.	5.
6.	Personal and social care	6.	6.
7.	Therapeutic and supportive care and services in long term care	7.	7.
8.	Departmental organization and management	8.	8.
9.	Community interrelationships	9.	9.

TOTAL CREDIT HOURS: _____

Federal Register, Vol. 37, No. 61 - Wednesday, March 29, 1972

To provide a basis for future licensure reciprocity between states, and to provide that the content of examinations and programs of training and instruction contain sufficient amounts of appropriate information relating to the proper and efficient administration of nursing homes, the following detailed guideline categorization of nine basic areas of the core of knowledge which it is deemed an administrator should possess are set forth as recommendations for appropriate use by State agencies and boards.

- (1) Applicable standards of environmental health and safety:
 - (i) Hygiene and sanitation
 - (ii) Communicable diseases
 - (iii) Management of isolation
 - (iv) The total environment (noise, color, orientation, stimulation, temperature, lighting, air circulation).
 - (v) Elements of accident prevention
 - (vi) Special architectural needs of nursing home patients
 - (vii) Drug handling and control
 - (viii) Safety factors in oxygen usage
- (2) Local health and safety regulations: Guidelines vary according to local provisions.
- (3) General administration:
 - (i) Institutional administration
 - (ii) Planning, organizing, directing, controlling, staffing, coordinating and budgeting
 - (iii) Human relations:
 - (a) Management/employee interrelationships
 - (b) Employee/employee interrelationships
 - (c) Employee/patient interrelationships
 - (d) Employee/family interrelationships
 - (iv) Training of personnel:
 - (a) Training of employees to become sensitive to patient needs
 - (b) Ongoing in-service training/education
- (4) Psychology of patient care:
 - (i) Anxiety
 - (ii) Depression
 - (iii) Drugs, alcohol, and their effect
 - (iv) Motivation
 - (v) Separation reaction
- (5) Principles of medical care:
 - (i) Anatomy and physiology
 - (ii) Psychology
 - (iii) Disease recognition
 - (iv) Disease process
 - (v) Nutrition
 - (vi) Aging processes
 - (vii) Medical terminology
 - (viii) Materia Medica
 - (ix) Medical Social Service
 - (x) Utilization review
 - (xi) Professional and medical ethics

- (6) Personal and social care:
 - (i) Resident and patient care planning
 - (ii) Activity programming:
 - (a) Patient participation
 - (b) Recreation
 - (iii) Environmental adjustment: Interrelationships between patient and -
 - (a) Patient
 - (b) Staff (staff sensitivity to patient needs as a therapeutic function)
 - (c) Family and friends
 - (d) Administrator
 - (e) Management (self-government/patient council)
 - (iv) Rehabilitation and restorative activities:
 - (a) Training in activities of daily living
 - (b) Techniques of group therapy
 - (v) Interdisciplinary interpretation of patient care to:
 - (a) The patient
 - (b) The staff
 - (c) The family
- (7) Therapeutic and supportive care and services in long-term care:
 - (i) Individual care planning as it embraces all therapeutic care and supportive services
 - (ii) Meaningful observations of patient behavior as related to total patient care
 - (iii) Interdisciplinary evaluation and revision of patient care plans and procedures
 - (iv) Unique aspects and requirements of geriatric patient care
 - (v) Professional staff interrelationships with patient's physician
 - (vi) Professional ethics and conduct
 - (vii) Rehabilitative and remotivational role of individual therapeutic and supportive services
 - (viii) Psychological, social, and religious needs in addition to physical needs of patient
 - (ix) Needs for dental service
- (8) Departmental organization and management:
 - (i) Criteria for coordinating establishment of departmental and unit objectives
 - (ii) Reporting and accountability of individual departments to administrator
 - (iii) Criteria for departmental evaluation (nursing, food service, therapeutic services, maintenance, housekeeping)
 - (iv) Techniques of providing adequate professional, therapeutic, supportive, and administrative services
 - (v) The following departments may be used in relating matters of organization and management:
 - (a) Nursing
 - (b) Housekeeping
 - (c) Dietary
 - (d) Laundry
 - (e) Pharmaceutical services

- (f) Social service
 - (g) Business office
 - (h) Recreation
 - (i) Medical records
 - (j) Admitting
 - (k) Physical therapy
 - (l) Occupational therapy
 - (m) Medical and dental services
 - (n) Laboratories
 - (o) X-Ray
 - (p) Maintenance
- (9) Community interrelationships:
- (i) Community medical care, rehabilitative and social services resources
 - (ii) Other community resources:
 - (a) Religious institutions
 - (b) Schools
 - (c) Service agencies
 - (d) Government agencies
 - (iii) Third party payment organizations
 - (iv) Comprehensive health planning agencies
 - (v) Volunteers and auxiliaries

(Sec. 1102, 49 Stat. 547, 42 U.S.C. 1302)

Effective Date. These regulations shall become effective 60 days following the date of their publication in the Federal Register.

Dated: February 14, 1972

John D. Twinamt
Administrator, Social and
Rehabilitation Services

Approved: March 16, 1972

Elliot L. Richardson, Secretary

F.S. Doc. 72-4528 Filed 3/28/72: 8:45 A.M.