

Prestige Nurse Aide Training Academy

Dialysis Technician Program

841 East 162nd Street

South Holland, IL 60473

Phone (708) 331-4580

Fax (708) 331-4581

www.prestigenurseaide.net

Email: prestigenurseaide@att.net

Course Catalog



Tamika Housley, RN, BSN Program Director

Prestige Nurse Aide Training Academy

Dialysis Technician Program

MISSION STATEMENT:

Prestige Nurse Aide Training Academy is committed to "Educating Tomorrow's Care Takers". We train health care leaders today to support the community in need tomorrow.

OBJECTIVE:

This is a 6 week comprehensive training program designed to train Hemodialysis Technicians in the basic skills necessary to perform hemodialysis functions and to be efficient in Patient Care Delivery. Dialysis is the process of removing waste products and excess fluid from the blood. Dialysis is necessary when the kidneys are not able to adequately filter the blood. Dialysis allows patients with kidney failure a chance to live productive lives. Hemodialysis Technicians work with patients whose kidneys are no longer working efficiently. This program is designed to provide the students with thorough knowledge about the Anatomy of the kidney and its primary function in the human body. Infection Control Principals, Medical Terminology, Patients Rights, HIPAA, Communication, and a Phlebotomy review will be covered. (Students must have active certification as a phlebotomist and an AHA Healthcare Provider CPR Card to register for this program). Students will be instructed and must return demonstration how to operate machines related to hemodialysis and peritoneal dialysis. The student technicians will have a working knowledge of commonly used concepts, practices, and procedure as it related to the care of patients with End Stage Renal Disease ESRD. Classroom theory and hands on practicals will be taught at Prestige Nurse Aide Training Academy. Students will have the opportunity to take tours of local dialysis centers.

Upon completion of this course, the student will be rewarded a certificate of completion. *Credit hours are not awarded for this course.*

PROGRAM ADMISSION PREREQUISITES: Applicants must be at least 17yrs of age at the time of enrollment, possess a high school diploma or GED equivalent. Have a valid state ID and Social Security Card. Authorization to have a fee app background check. Physical exam with a TB test current within a year; Submit proof of health insurance or signed release of liability waiver, passing of a 10 panel drug screen, submission of immunization records or titers for the Varicella, MMR, and Hepatitis B vaccinations. The Hepatitis B Declination form can be signed if you do not want this vaccination. (HEALTHFORMS can be picked up at the Admission Office) Must have active certification as a Phlebotomy Technician at time of registration. Must have a valid AHA Healthcare Provider CPR Card.

Classes are held two days a week Mondays and Fridays day or evening. Day classes are held 9:00am until 1:00pm or Evenings from 5:00pm until 9:00pm. Students should call the academy to discuss class start dates. Dates are subject to change

ATTENDANCE POLICY: Due to the extensiveness of the program's curriculum, attendance is expected for every class. There are no make-up days allowed. Student are allowed to only accrue one absence, but are still held responsible for missed theory content. Students that accrue more than one absence will be dropped from this program of study. No exceptions.

REFUND POLICY:

For a **FULL** refund students are expected to notify the program director One week **before** the start of classes, otherwise students will be issued a prorated reimbursement. Prestige Nurse Aide Training Academy will issue any refunds to students within 30 days. The student's withdrawal date will be effective when a letter in writing signed and dated by the student is received by a school official.

INSURANCE POLICY:

We recommend that students participating in this course have healthcare insurance in the event of accidental needle punctures. Students that do not have healthcare insurance will be charged according to the hospital billing policy. Students will be sent to the nearest ER for blood work and follow up.

GRADING SCALE:

| | | | |
|---------------|-----------------|-------------------------------|----------------------------|
| 4 QUIZZES | :25 QUESTIONS | 50 points possible each quiz | = 200 points |
| 2 EXAMS | :50 QUESTIONS | 100 points possible each exam | = 200 points |
| 1 FINAL | :100 QUESTIONS | 200 points possible for final | = 200 points |
| HOMEWORK | :12 assignments | 12 points possible/assign | =120 points |
| TOTAL: | | | 720 points possible |

- A: 100%- 95% = 720 – 684 points
- B: 94% - 89% = 683 – 640 points
- C: 88% - 80% = 639 --576 points
- F: 79% - below = 575 -- Below

UNSATISFACTORY PROGRAM COMPLETION

In the event a student does not successfully pass the Dialysis Technician Program, students will be granted the opportunity to repeat the course during the next session for a discounted rate. Students will be charged \$770.00 for the class.

Prestige Nurse Aide Training Academy **Dialysis Technician Program Outline**

I. Dialysis Environment

Overview of Dialysis
Hemodialysis (HD)
Peritoneal Dialysis (PD)
Payment for Dialysis and Transplant
Guidelines for Dialysis Care
ESRD Quality Initiative
Quality Standards for Dialysis
Continuous Quality Improvement (CQI) in Dialysis
Dialysis Technician Professionalism

II. The Person with Kidney Failure

Renal Anatomy
Structure of the Kidneys
The Functions of the Kidney
Removal of Wastes
Fluid and Electrolyte Balance
Blood Pressure Control
Hormones
Types of Kidney Disease
Acute VS Chronic Kidney Failure
-Diabetes, High Blood Pressure, Glomerular Diseases, and Polycystic Kidney Disease (PKD)
Problems Caused by Kidney Failure
Treatment Options

III. Communication

Patient Confidentiality
The Health Insurance Portability and Accountability Act (HIPAA)
Patient Education
Patient Rights

IV. Principles of Dialysis

Scientific Principles Used in Dialysis
Solution
Solubility
Semipermeable Membrane
Diffusion and Osmosis (Experiment)
Filtration and Ultrafiltration

V. Hemodialysis Devices Introduction

Dialyzers
How They Work
Dialyzer Design

Measuring Dialyzer Effectiveness

Dialyzer Clearance

Purpose of Dialysate

What is in Dialysate

Hemodialysis/Dialysate Delivery Systems

VI. Vascular Access

Types of Access

Fistulas/Graft Fistula

How Fistulas are Made (VIDEO)

Prepare Access Skin/Needle Insertion

Complications of Fistulas during Treatment

Types of Catheters

Calculating Amount of water to remove

IV Fluids and Drawing up medications

VII. Getting Started

Setting up Equipment

Patient Evaluation/Monitoring

Vital Signs

Transfers

Emergency Preparedness

Documentation

VIII. Post Dialysis

Clean and Disinfect the Header

Documentation Quality Assurance and Quality Control

ACADEMIC INTERGRITY:

Honesty and academic integrity is essential to the credibility of the Prestige Nurse Aide Academy's Dialysis Technicians curriculum. Therefore, any acts of cheating, plagiarism, falsification of academic records, theft, or violations of confidentiality is classified as a major offense and **will result in immediate disenrollment from the training program.**

**PRESTIGE NURSE AIDE TRAINING ACADEMY
TUITION PAYMENT PLAN OPTION
AND REFUND POLICY**

Prestige Nurse Aide Training Academy is dedicated to maintaining academic success and career advancement.. Tuition payments can place a burden on some and have potential of delaying one's career goals. Our program has implemented a payment plan option to those that choose to take advantage of it. Individuals enrolled in a Payment Plan, must have an active checking account at time of registration. A down payment of \$500 is due one week prior the start of class and one post dated check for the remainder of the balance must be filled out and endorsed to Prestige Nurse Aide Academy. The remainder of the balance is due at the start of the third week. One week prior the deposit a courtesy reminder notice will be issued to you in writing that your next payment is coming up and will state your unpaid balance as of date.

There is *no* charge for setting up a payment plan agreement; however there will be a \$50.00 charge added to your tuition for any returned checks or insufficient funds notices plus any late fee accruing at \$50.00 per week.

Program Cost includes; Registration, Lab, Tuition, Textbook Rental, and Uniform.

Registration 50.00 Lab 100.00 Uniform \$55.00 Tuition 770.00 Total 975.00

Tuition is payable in cash, check, Visa/MC, or money order.

BUYERS RIGHT TO CANCEL

- The student has the right to cancel the initial enrollment agreement until 5:00pm of the fifth business day after the student has been accepted; and if the right to cancel is not given to any prospective student at the time of the enrollment agreement is signed, then the student has the right to cancel the agreement at any time and receive a refund of all monies paid to date within 15 days of cancellation.
- Any Cancellation should be in writing and must be delivered to school management.

SCHOOLS REFUND POLICY

1. When notice of cancellation is given before 5:00pm of the fifth business day after the date of enrollment, but One week prior to the first day of class, all fees minus the registration processing fee shall be refunded to the student.
2. Should a student's enrollment be terminated after the start of class or less than one week prior the course beginning, the student will be entitled to a prorated refund.
3. Refunds shall be based on when written notice of cancellation from the student is submitted.
4. Applicants not accepted by the school shall receive a refund of all tuition and fees paid within 30 calendar days after the determination of non-acceptance is made. The refund amount will show the registration fee of \$50 deducted.
5. Deposits or down payments shall become part of the tuition.

6. The school shall mail a written acknowledgement of a student's cancellation or written withdrawal to the student within 15 calendar days of the postmark date of notification. Such written acknowledgement is not necessary if a refund has been mailed to the student within the 15 calendar days.
7. A student's refund shall be made by the school within 30 calendar days from the date of receipt of the student's cancellation.
8. The student's registration, uniform, ID, background, and Lab fees are non-refundable expenses.
9. A school shall refund all monies paid to it in any of the following circumstances:
 - A) The school did not provide the prospective student with a copy of the student's valid enrollment agreement and a current catalogue or bulletin;
 - B) The school cancels or discontinues the course of instruction in which he student has enrolled;
 - C) The school fails to conduct classes on days or times scheduled, detrimentally affecting the student.

DIALYSIS TECHNICIAN

Tuition Reimbursement Scale

| Day Withdrawal Occurred | % of Term Enrolled | Entitled Refund \$770 – Minus Registration/Lab/Uniform/ID |
|--------------------------------|---------------------------|--|
| 1 | 8% | \$706 |
| 2 | 16% | \$642 |
| 3 | 25% | \$578 |
| 4 | 33% | \$514 |
| 5 | 41% | \$450 |
| 6 | 50% | \$385 |
| 7-12 | 58-100% | \$0.00 |

- ❖ Discounts that were received for payments in full will not be honored if a student withdrawals.

Complaints against the school may also be registered at the address listed below:

Illinois Board of Higher Education
Division of Private Business and Vocational Schools
1 N. Old State Capitol Plaza,
Suite 333
Springfield, Illinois 62701-1394
www.ibhe.org

TRANSCRIPTS:

Transcript request must be in writing addressed to the school with the student signature and year of program completion. There may be up to 3 business days processing time in some cases. Transcripts are \$5.00 each for official copies and \$3.00 each for unofficial copies.

ACADEMIC CALENDAR:

Prestige Nurse Aide Training Academy will be closed on the following recognized federal holidays; **New Years Day, Martin L. King Holiday, Presidents Day, Memorial Day, Labor Day, Independence Day, Veterans Day, Thanksgiving, and Christmas.** The day following Thanksgivings, Christmas, and New Years will also be observed. Lecture and clinical schedules will be made accordingly to accommodate the holidays.

Prestige Nurse Aide Training Academy 2015 Projected Calendar of Course Offerings:

January 6- February 24- CNA
February 17- March 14-Phlebotomy
April 6 –June 1- CNA
March 24-May 28 –EKG
March 31– May 2- Phlebotomy
May 11- June 13 - Phlebotomy

June 15 – August 7- CNA
June 23- August 1-Phlebotomy
August 25 -October 27- EKG
August 31- October 23- CNA
September 15- October 24-Dialysis
August 25- September 26- Phlebotomy
October 27 – December 23- Dialysis
November 30- February 5, 2016-CNA

Certificate of Approval to Operate Issued by the Illinois Board of Higher Education

1 N. Old State Capitol Plaza,
Suite 333
Springfield, Illinois 62701-1394

NOTICE TO THE STUDENT

- Do not sign this catalog before you read it or if it contains any blank spaces.
- This is a legally binding instrument and is only binding when the agreement is accepted, signed, and dated by the authorized official of the school or the admission officer at the school's principal place of business. Read all pages of this contract before signing.
- You are entitled to receive an exact copy of the catalog, enrollment agreement, and any disclosure pages you sign.
- Any changes in the agreement shall not be binding on either the student or the school unless such changes have been approved in writing by an authorized official of the school and by the student or the student's parent or guardian if the student is a minor.
- The terms and conditions of the catalog are not subject to amendment or modifications by oral agreement.
- The school does not guarantee the transferability of credits to another school, college, or university. Credits or coursework are not likely to transfer; any decision on the comparability, appropriateness and applicability of credit and whether credit should be accepted is the decision of the receiving institution.

The following contains information for the most recent 12 month reporting period of July 1 through June 30 for the Dialysis Technician Program. (This is a New Program of Study and Data has not yet been compiled).

FY 2015-2016

| | |
|---|--|
| <p>1. <u>The number of students who were admitted in the course of instruction as of July 1 of that reporting period</u></p> | <p>_____</p> |
| <p>2. <u>Additions during the year due to:</u> a. <u>New Start</u> b. <u>Re enrollment</u> c. <u>Transfers in the course of instruction from other courses of instruction of the school</u></p> | <p>_____ _____ _____</p> |
| <p>3. <u>Total number of students admitted during the reporting period (the number of students reported under item (1) plus the additional reported under parts (A), (B),and (C) of item (2).</u></p> | <p>_____</p> |
| <p>4. <u>Of the total course of instruction enrollment, the number of students who:</u> a. <u>Transferred out of the course of instruction to another course of instruction</u> b. <u>Completed or graduated from a course of instruction</u> c. <u>Withdrew from the school</u> d. <u>Are still enrolled</u></p> | <p>_____ _____ _____ _____</p> |
| <p>5. <u>The number of students listed in item (3) who:</u> a. <u>Were placed in their field of study</u> b. <u>Were placed in a related field</u> c. <u>Placed out of the field</u> d. <u>Were not available for placement due to personal reason</u> e. <u>Were not employed</u></p> | <p>_____ _____ _____ _____ _____</p> |
| <p>6. <u>The number of students who took a State licensing examination, if any, during the reporting period.</u></p> | <p>_____</p> |
| <p>7. <u>The number of students who took and passed a State licensing examination or professional certification examination, if any, during the reporting period.</u></p> | <p>_____</p> |
| <p>8. <u>The number of graduates who obtained employment in the field who did not use the school's placement assistance during the reporting period; such information may be compiled by reasonable efforts of the school to contact graduates by written correspondence</u></p> | <p>_____</p> |
| <p>9. <u>The average starting salary for all school graduates employed during the reporting period; such information may be compiled by reasonable efforts of the school to contact graduates by written correspondence</u></p> | <p>_____</p> |

I have received and read the Prestige Nurse Aide Training Academy Dialysis Technician Course Catalog in its entirety. I understand the severity of its content. I understand that I am not exempt from any part of the student responsibility contract. I understand that I am not allowed to accrue more than one absence, even on an emergency basis. I also understand that any breach in academic honesty will result in program disenrollment at my expense.



DIALYSIS TECHNICIAN

Student signed agreement to the course content and academic policy.

Students Name Printed: _____

Students Signature: _____ **Date:** _____

Instructor witness: _____ **Date:** _____

**PRESTIGE NURSE AIDE TRAINING ACADEMY
WAIVER OF RESPONSIBILITY
DIALYSIS TECHNICIAN**

I, the undersigned, do agree to assume full and complete responsibility, financial, and otherwise, for injuries or illnesses, loss of income, pain and suffering or any other types of damages while participating in the Dialysis Technician Program, clinical, or in any facility having an agreement with Prestige Nurse Aide Academy. Prestige Training Academy or its Board of Trustees and/or employees and any cooperating agencies will not be held responsible for any accidents or injuries involved in any clinical or lab training. I am fully informed of the risks involved while training or working in a healthcare environment. I am aware that as a healthcare student or professional that I may NOT discriminate against caring for any patient based on their health history. I will always use caution while training and working. I will practice hand hygiene and wear the appropriate personal protective equipment, including gloves when handling blood or bodily fluids. I may be exposed to many types of infectious diseases and injuries, including but not limited to; Radiation exposure, Herpes Simplex 1 and 2, HIV and AIDS, Resistant Organisms MRSA and VRE, and Hepatitis A, B, and C. This waiver shall extend to each of the above, but not limited to them solely.

DIALYSIS TECHNICIAN

Student Signature

Date

Student Name (PRINTED)

Enrollment Coordinator Signature: _____ Date: _____