

R E P O R T R E S U M E S

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PITTSBURGH TECHNICAL HEALTH TRAINING INSTITUTE DEMONSTRATION
PROJECT. FINAL REPORT, VOLUME II.

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CURRICULUM, TEACHER SEMINARS, PROGRAM EVALUATION, ACHIEVEMENT
TESTS, STUDENT EVALUATION, TESTS, WORKSHEETS, STUDENT
RECORDS, LESSON PLANS,

APPENDIXES TO THE "FINAL REPORT," VOLUME I (VT 005 511),
ARE INCLUDED-- (1) A SCHEMATIC REPRESENTATION OF CURRICULUM
DEVELOPMENT, (2) TECHNICAL BEHAVIOR CHECKLISTS, (3)
PERFORMANCE INVENTORY FORMS USED IN ON-THE-JOB OBSERVATIONS,
(4) REPORT FORM FOR TYPICAL JOB BEHAVIOR OF EMPLOYEE, (5)
COOPERATING AREA HEALTH INSTITUTIONS, (6) TABLES OF Z SCORES
FOR THE FREQUENCY AND CRITICALITY OF TASKS, (7) A CORE
CURRICULUM PLAN, (8) LISTS OF TASKS COMMON TO NURSES AIDES,
PRACTICAL NURSES AND SURGICAL TECHNICIANS, (9) TASKS GROUPED
ACCORDING TO AREAS OF KNOWLEDGE, SKILL, AND ATTITUDE, (10)
THE TIME SCHEDULE FOR AN IN-SERVICE INSTRUCTOR SEMINAR, (11)
TEACHER INSERVICE WORKSHOP QUESTIONNAIRE, (12) INSTRUMENTS
USED IN THE DEMONSTRATION COURSE INCLUDING QUIZZES, TESTS,
SAMPLES OF WORKSHEETS, PROGRESS RECORDS, LESSON PLAN SAMPLES,
AND COURSE SCHEDULES, (13) "TRUE CASES OF NURSE AIDE
TECHNIQUES," A BOOKLET DEVELOPED ON THE BASIS OF THE TYPICAL
BEHAVIOR REPORTS AND DISTRIBUTED TO TRAINEE GRADUATES, (14) A
COMPETENCY RATING FORM FOR EMPLOYED NURSE AIDES, AND (15) A
FORM FOR EVALUATING TASKS BY GRADUATE TRAINEES TO INDICATE
WHETHER SPECIFIC TASKS WERE TAUGHT IN THE DEMONSTRATION
PROGRAM AND WHETHER THEY WERE PERFORMED ON-THE-JOB. (JK)

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

BR-6-2015-
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FINAL REPORT

GRANT NO. OEGI - 6 - 062015-1839-08

PITTSBURGH TECHNICAL HEALTH TRAINING INSTITUTE
DEMONSTRATION PROJECT
(Volume II)

DECEMBER 1967

U. S. DEPARTMENT OF
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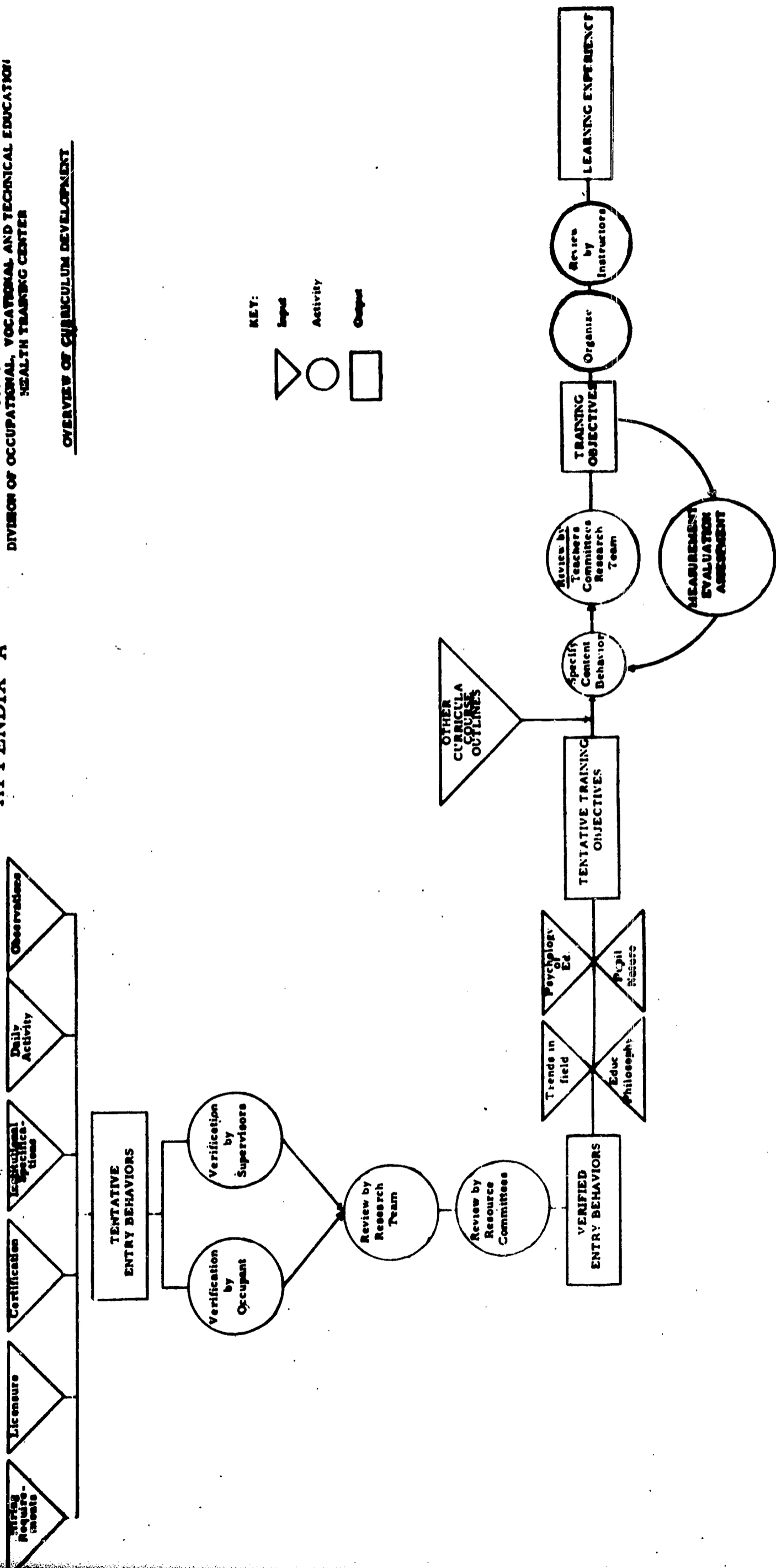
APPENDIX A

Schematic Representation
Of
Curriculum Development

APPENDIX A

PITTSBURGH PUBLIC SCHOOLS
 DIVISION OF OCCUPATIONAL, VOCATIONAL AND TECHNICAL EDUCATION/
 HEALTH TRAINING CENTER

OVERVIEW OF CURRICULUM DEVELOPMENT



KEY:
 Input: Triangle
 Activity: Circle
 Output: Rectangle

APPENDIX B

Technical Behavior Checklists

1.	Perform unit admitting procedures	1	2	3	4	5	6	7
2.	Assist with unit admitting procedures	1	2	3	4	5	6	7
3.	Perform unit discharge procedures	1	2	3	4	5	6	7
4.	Assist with unit discharge procedures	1	2	3	4	5	6	7
5.	Attend unit report	1	2	3	4	5	6	7
6.	Take notes on unit report	1	2	3	4	5	6	7
7.	Complete newborn nursery admission procedure, such as: footprints, weight, bath	1	2	3	4	5	6	7
8.	Assist with newborn nursery admission procedure	1	2	3	4	5	6	7
9.	Show babies	1	2	3	4	5	6	7
10.	Set up for bedside religious rites	1	2	3	4	5	6	7
11.	Deliver messages	1	2	3	4	5	6	7
12.	Read to patient	1	2	3	4	5	6	7
13.	Refer patient to social service agency	1	2	3	4	5	6	7
14.	Make charge slips	1	2	3	4	5	6	7
15.	Make credit slips	1	2	3	4	5	6	7
16.	Sort credit slips	1	2	3	4	5	6	7
17.	Sort charge slips	1	2	3	4	5	6	7
18.	Answer patient call	1	2	3	4	5	6	7
19.	Instruct patient in simple hygiene procedure	1	2	3	4	5	6	7
20.	Assist in teaching patient simple hygiene	1	2	3	4	5	6	7
21.	Teach patient to inject his own insulin	1	2	3	4	5	6	7
22.	Deliver mail	1	2	3	4	5	6	7
23.	Deliver flowers	1	2	3	4	5	6	7
24.	Make routine security check	1	2	3	4	5	6	7
25.	Process patient's valuables	1	2	3	4	5	6	7
26.	Explain patient condition to family	1	2	3	4	5	6	7

	1	2	3	4	5	6	7
27. Obtain patient signatures	1	2	3	4	5	6	7
28. Run personal errands for patients	1	2	3	4	5	6	7
29. Prepare requisitions for unit supplies	1	2	3	4	5	6	7
30. Fill out X-Ray requisitions	1	2	3	4	5	6	7
31. Fill out lab requisitions	1	2	3	4	5	6	7
32. Assist in enforcing visiting hours	1	2	3	4	5	6	7
33. Count unit supplies	1	2	3	4	5	6	7
34. Record count	1	2	3	4	5	6	7
35. Make narcotic count	1	2	3	4	5	6	7
36. Assist in narcotic count	1	2	3	4	5	6	7
37. Maintain unit supply level	1	2	3	4	5	6	7
38. Deliver supplies	1	2	3	4	5	6	7
39. Dust floor in patient's room	1	2	3	4	5	6	7
40. Clean discharged patient's unit	1	2	3	4	5	6	7
41. Make unoccupied bed	1	2	3	4	5	6	7
42. Make occupied bed	1	2	3	4	5	6	7
43. Make post-operative bed	1	2	3	4	5	6	7
44. Disinfect bathrooms	1	2	3	4	5	6	7
45. Wash glasses and pitchers	1	2	3	4	5	6	7
46. Clean utility area	1	2	3	4	5	6	7
47. Clean oxygen equipment	1	2	3	4	5	6	7
48. Clean aspiration equipment	1	2	3	4	5	6	7
49. Sterilize instruments	1	2	3	4	5	6	7
50. Separate laundry	1	2	3	4	5	6	7
51. Fold laundry	1	2	3	4	5	6	7
52. Stock laundry	1	2	3	4	5	6	7
53. Collect and return items to laundry	1	2	3	4	5	6	7

	1	2	3	4	5	6	7
54. Check food trays against patient diet list	1	2	3	4	5	6	7
55. Help patients plan for special diets	1	2	3	4	5	6	7
56. Collect and return items to central supply	1	2	3	4	5	6	7
57. Make diet substitutions	1	2	3	4	5	6	7
58. Change diet from liquid to soft	1	2	3	4	5	6	7
59. Prepare meals	1	2	3	4	5	6	7
60. Prepare snacks	1	2	3	4	5	6	7
61. Make infant formula	1	2	3	4	5	6	7
62. Put food on trays	1	2	3	4	5	6	7
63. Position patient for meals	1	2	3	4	5	6	7
64. Fill infant bottles	1	2	3	4	5	6	7
65. Assist patients in eating	1	2	3	4	5	6	7
66. Serve regular meals	1	2	3	4	5	6	7
67. Serve snacks	1	2	3	4	5	6	7
68. Feed babies	1	2	3	4	5	6	7
69. Provide water service	1	2	3	4	5	6	7
70. Ask patient about condition	1	2	3	4	5	6	7
71. Report observations	1	2	3	4	5	6	7
72. Record observations	1	2	3	4	5	6	7
73. Report treatments to R. N.	1	2	3	4	5	6	7
74. Record treatments	1	2	3	4	5	6	7
75. Record medications	1	2	3	4	5	6	7
76. Put information on patient's chart	1	2	3	4	5	6	7
77. Take the fetal heart tone	1	2	3	4	5	6	7
78. Take temperature	1	2	3	4	5	6	7
79. Take pulse	1	2	3	4	5	6	7
80. Take respiration	1	2	3	4	5	6	7

	1	2	3	4	5	6	7
81. Record TPR	1	2	3	4	5	6	7
82. Take blood pressure	1	2	3	4	5	6	7
83. Record blood pressure	1	2	3	4	5	6	7
84. Weigh patient	1	2	3	4	5	6	7
85. Obtain an apical pulse	1	2	3	4	5	6	7
86. Take vital signs following anesthesia	1	2	3	4	5	6	7
87. Collect sputum specimen	1	2	3	4	5	6	7
88. Collect urine specimen	1	2	3	4	5	6	7
89. Collect stool specimen	1	2	3	4	5	6	7
90. Deliver specimen	1	2	3	4	5	6	7
91. Perform clinitest	1	2	3	4	5	6	7
92. Record results of clinitest	1	2	3	4	5	6	7
93. Strain urine for stones	1	2	3	4	5	6	7
94. Insert tube for gastric specimen	1	2	3	4	5	6	7
95. Measure intake and output	1	2	3	4	5	6	7
96. Record intake and output	1	2	3	4	5	6	7
97. Report unusual incidents	1	2	3	4	5	6	7
98. Write reports of incidents	1	2	3	4	5	6	7
99. Record condition of skin	1	2	3	4	5	6	7
100. Record appearance of body discharges	1	2	3	4	5	6	7
101. Assist physician with rounds	1	2	3	4	5	6	7
102. Take verbal order from doctor for medication or treatment	1	2	3	4	5	6	7
103. Carry out doctor's verbal orders for medication or treatment	1	2	3	4	5	6	7
104. Record doctor's orders	1	2	3	4	5	6	7
105. Drape patient for examination	1	2	3	4	5	6	7

106.	Change dressings	1	2	3	4	5	6	7
107.	Apply external medicine	1	2	3	4	5	6	7
108.	Perform rectal examination of patient in labor.	1	2	3	4	5	6	7
109.	Scrub for surgery	1	2	3	4	5	6	7
110.	Scrub for obstetrics	1	2	3	4	5	6	7
111.	Circulate in operating room	1	2	3	4	5	6	7
112.	Assist physician in gowning	1	2	3	4	5	6	7
113.	Do pre-operative shaving	1	2	3	4	5	6	7
114.	Assist with pre-operative care	1	2	3	4	5	6	7
115.	Hold and hand instruments	1	2	3	4	5	6	7
116.	Assemble instrument packs	1	2	3	4	5	6	7
117.	Observe isolation techniques	1	2	3	4	5	6	7
118.	Check drainage tubes	1	2	3	4	5	6	7
119.	Check patients for bleeding	1	2	3	4	5	6	7
120.	Assist patient in postural drainage	1	2	3	4	5	6	7
121.	Give enema	1	2	3	4	5	6	7
122.	Empty catheter collection bag	1	2	3	4	5	6	7
123.	Insert rectal suppositories	1	2	3	4	5	6	7
124.	Insert vaginal suppositories	1	2	3	4	5	6	7
125.	Administer vaginal douche	1	2	3	4	5	6	7
126.	Give urinary bladder instillations	1	2	3	4	5	6	7
127.	Give urinary bladder irrigations	1	2	3	4	5	6	7
128.	Catheterize patient	1	2	3	4	5	6	7
129.	Insert indwelling catheter	1	2	3	4	5	6	7
130.	Care for colostomy	1	2	3	4	5	6	7
131.	Care for tracheotomy	1	2	3	4	5	6	7
132.	Give sitz bath	1	2	3	4	5	6	7

133.	Remove nasal pack	1	2	3	4	5	6	7
134.	Remove fecal impaction	1	2	3	4	5	6	7
135.	Give perineal care	1	2	3	4	5	6	7
136.	Give post-partum care	1	2	3	4	5	6	7
137.	Give breast care to new mother	1	2	3	4	5	6	7
138.	Apply binders	1	2	3	4	5	6	7
139.	Assist patient with exercises	1	2	3	4	5	6	7
140.	Assist patients in walking	1	2	3	4	5	6	7
141.	Dangle patients	1	2	3	4	5	6	7
142.	Prepare hot and cold compresses	1	2	3	4	5	6	7
143.	Apply hot and cold compresses	1	2	3	4	5	6	7
144.	Apply Ace bandage	1	2	3	4	5	6	7
145.	Apply poultices and plasters	1	2	3	4	5	6	7
146.	Order prescription from pharmacy	1	2	3	4	5	6	7
147.	Compute fractional doses of medicine	1	2	3	4	5	6	7
148.	Pour oral medication	1	2	3	4	5	6	7
149.	Give oral medication	1	2	3	4	5	6	7
150.	Put medication in the eye, ear, or nose	1	2	3	4	5	6	7
151.	Care for incontinent patient	1	2	3	4	5	6	7
152.	Administer post-mortem care	1	2	3	4	5	6	7
153.	Administer narcotics	1	2	3	4	5	6	7
154.	Give immunizations	1	2	3	4	5	6	7
155.	Give subcutaneous injections	1	2	3	4	5	6	7
156.	Give intramuscular injections	1	2	3	4	5	6	7
157.	Dress and undress patient	1	2	3	4	5	6	7
158.	Furnish bedpan/urinal service	1	2	3	4	5	6	7
159.	Give oral hygiene	1	2	3	4	5	6	7

	1	2	3	4	5	6	7
160. Give oral hygiene to an unconscious patient	1	2	3	4	5	6	7
161. Give back rub	1	2	3	4	5	6	7
162. Shampoo patient's hair	1	2	3	4	5	6	7
163. Care for patient's hair and nails	1	2	3	4	5	6	7
164. Bathe patient	1	2	3	4	5	6	7
165. Bathe patient in an oxygen tent	1	2	3	4	5	6	7
166. Operate autoclave	1	2	3	4	5	6	7
167. Prepare tray for prep team	1	2	3	4	5	6	7
168. Set up croupette	1	2	3	4	5	6	7
169. Service croupette	1	2	3	4	5	6	7
170. Adjust bed rails	1	2	3	4	5	6	7
171. Apply rubber or cotton rings	1	2	3	4	5	6	7
172. Set up oxygen equipment	1	2	3	4	5	6	7
173. Regulate oxygen equipment	1	2	3	4	5	6	7
174. Administer oxygen	1	2	3	4	5	6	7
175. Administer an electro-cardiograph	1	2	3	4	5	6	7
176. Assist with electro-cardiograph	1	2	3	4	5	6	7
177. Take X-Ray pictures	1	2	3	4	5	6	7
178. Assist in taking X-Ray pictures	1	2	3	4	5	6	7
179. Set up aspirator	1	2	3	4	5	6	7
180. Aspirate patient	1	2	3	4	5	6	7
181. Suction patient	1	2	3	4	5	6	7
182. Regulate flow of blood transfusions	1	2	3	4	5	6	7
183. Discontinue I V. solutions	1	2	3	4	5	6	7
184. Add additional solution to continue I. V.	1	2	3	4	5	6	7
185. Start an I V solution	1	2	3	4	5	6	7
Check flow of I V.	1	2	3	4	5	6	7

LICENSED PRACTICAL NURSE

INSTRUCTIONS:

In columns 1, 2, 3, 4, and 5, please judge the importance of each task by placing a check (✓) in the appropriate column. (For the purpose of this study, IMPORTANT is defined as critical or crucial.)

In column 6 place a C if you feel the task should be taught during the FORMAL TRAINING COURSE which includes both classroom and clinical instruction. Place an O in column 6 if you feel this task should be learned ON-THE-JOB.

Place a dash (—) in column 7 for any task that is Not a Function of a Licensed Practical Nurse

EXAMPLES

Example A is not a function and, therefore, is not rated for importance and only a (—) is placed in column 7.

Example B is rated extremely important because of the danger of scalding the patient, and should be taught during the Training Course.

Example C is rated not important and is a task that is normally learned on the job.

	Extremely important	Very important	Moderately important	Slightly important	Not important	C - During Training Course or O - On-The-Job	Not a Function
	1	2	3	4	5	6	7
A. Teach prenatal classes							—
B. Control temperature of water for sitz bath	✓					C	
C. Operate Dumbwaiter					✓	O	

187.	Set up bone fracture equipment	1	2	3	4	5	6	7
188.	Assist in putting on braces	1	2	3	4	5	6	7
189.	Adjust traction apparatus	1	2	3	4	5	6	7
190.	Apply artificial limbs	1	2	3	4	5	6	7
191.	Remove artificial limbs	1	2	3	4	5	6	7
192.	Apply arm slings	1	2	3	4	5	6	7
193.	Apply restraints	1	2	3	4	5	6	7
194.	Apply tourniquet	1	2	3	4	5	6	7
195.	Position patient	1	2	3	4	5	6	7
196.	Lift patient to bed, chair, or table	1	2	3	4	5	6	7
197.	Assist in restraining patient	1	2	3	4	5	6	7
198.	Transport patient in wheelchair or carriage	1	2	3	4	5	6	7

	1	2	3	4	5	6	7
1. Perform unit admitting procedures	1	2	3	4	5	6	7
2. Assist with unit admitting procedures	1	2	3	4	5	6	7
3. Perform unit discharge procedures	1	2	3	4	5	6	7
4. Assist with unit discharge procedures	1	2	3	4	5	6	7
5. Attend unit report	1	2	3	4	5	6	7
6. Take notes on unit report	1	2	3	4	5	6	7
7. Complete newborn nursery admission procedure, such as: footprints, weight, bath	1	2	3	4	5	6	7
8. Assist with newborn nursery admission procedure	1	2	3	4	5	6	7
9. Show babies	1	2	3	4	5	6	7
10. Set up for bedside religious rites	1	2	3	4	5	6	7
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21. Teach patient to inject his own insulin	1	2	3	4	5	6	7
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26. Explain patient condition to family	1	2	3	4	5	6	7

	1	2	3	4	5	6	7
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31. Fill out lab requisitions	1	2	3	4	5	6	7
32. Assist in enforcing visiting hours	1	2	3	4	5	6	7
33. Count unit supplies	1	2	3	4	5	6	7
34. Record count	1	2	3	4	5	6	7
35. Make narcotic count	1	2	3	4	5	6	7
36. Assist in narcotic count	1	2	3	4	5	6	7
37. Maintain unit supply level	1	2	3	4	5	6	7
38. Deliver supplies	1	2	3	4	5	6	7
39. Dust floor in patient's room	1	2	3	4	5	6	7
40. Clean discharged patient's unit	1	2	3	4	5	6	7
41. Make unoccupied bed	1	2	3	4	5	6	7
42. Make occupied bed	1	2	3	4	5	6	7
43. Make post-operative bed	1	2	3	4	5	6	7
44. Disinfect bathrooms	1	2	3	4	5	6	7
45. Wash glasses and pitchers	1	2	3	4	5	6	7
46. Clean utility area	1	2	3	4	5	6	7
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48. Clean aspiration equipment	1	2	3	4	5	6	7
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51. Fold laundry	1	2	3	4	5	6	7
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53. Collect and return items to laundry	1	2	3	4	5	6	7

54.	Check food trays against patient diet list	1	2	3	4	5	6	7
55.	Help patients plan for special diets	1	2	3	4	5	6	7
56.	Collect and return items to central supply	1	2	3	4	5	6	7
57.	Make diet substitutions	1	2	3	4	5	6	7
58.	Change diet from liquid to soft	1	2	3	4	5	6	7
59.	Prepare meals	1	2	3	4	5	6	7
60.	Prepare snacks	1	2	3	4	5	6	7
61.	Make infant formula	1	2	3	4	5	6	7
62.	Put food on trays	1	2	3	4	5	6	7
63.	Position patient for meals	1	2	3	4	5	6	7
64.	Fill infant bottles	1	2	3	4	5	6	7
65.	Assist patients in eating	1	2	3	4	5	6	7
66.	Serve regular meals	1	2	3	4	5	6	7
67.	Serve snacks	1	2	3	4	5	6	7
68.	Feed babies	1	2	3	4	5	6	7
69.	Provide water service	1	2	3	4	5	6	7
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71.	Report observations	1	2	3	4	5	6	7
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75.	Record medications	1	2	3	4	5	6	7
76.	Put information on patient's chart	1	2	3	4	5	6	7
77.	Take the fetal heart tone	1	2	3	4	5	6	7
78.	Take temperature	1	2	3	4	5	6	7
79.	Take pulse	1	2	3	4	5	6	7
80.	Take respiration	1	2	3	4	5	6	7

	1	2	3	4	5	6	7
81. Record TPR	1	2	3	4	5	6	7
82. Take blood pressure	1	2	3	4	5	6	7
83. Record blood pressure	1	2	3	4	5	6	7
84. Weigh patient	1	2	3	4	5	6	7
85. Obtain an apical pulse	1	2	3	4	5	6	7
86. Take vital signs following anesthesia	1	2	3	4	5	6	7
87. Collect sputum specimen	1	2	3	4	5	6	7
88. Collect urine specimen	1	2	3	4	5	6	7
89. Collect stool specimen	1	2	3	4	5	6	7
90. Deliver specimen	1	2	3	4	5	6	7
91. Perform clinitest	1	2	3	4	5	6	7
92. Record results of clinitest	1	2	3	4	5	6	7
93. Strain urine for stones	1	2	3	4	5	6	7
94. Insert tube for gastric specimen	1	2	3	4	5	6	7
95. Measure intake and output	1	2	3	4	5	6	7
96. Record intake and output	1	2	3	4	5	6	7
97. Report unusual incidents	1	2	3	4	5	6	7
98. Write reports of incidents	1	2	3	4	5	6	7
99. Record condition of skin	1	2	3	4	5	6	7
100. Record appearance of body discharges	1	2	3	4	5	6	7
101. Assist physician with rounds	1	2	3	4	5	6	7
102. Take verbal order from doctor for medication or treatment	1	2	3	4	5	6	7
103. Carry out doctor's verbal orders for medication or treatment	1	2	3	4	5	6	7
104. Record doctor's orders	1	2	3	4	5	6	7
105. Drape patient for examination	1	2	3	4	5	6	7



	1	2	3	4	5	6	7
106. Change dressings	1	2	3	4	5	6	7
107. Apply external medicine	1	2	3	4	5	6	7
108. Perform rectal examination of patient in labor	1	2	3	4	5	6	7
109. Scrub for surgery	1	2	3	4	5	6	7
110. Scrub for obstetrics	1	2	3	4	5	6	7
111. Circulate in operating room	1	2	3	4	5	6	7
112. Assist physician in gowning	1	2	3	4	5	6	7
113. Do pre-operative shaving	1	2	3	4	5	6	7
114. Assist with pre-operative care	1	2	3	4	5	6	7
115. Hold and hand instruments	1	2	3	4	5	6	7
116. Assemble instrument packs	1	2	3	4	5	6	7
117. Observe isolation techniques	1	2	3	4	5	6	7
118. Check drainage tubes	1	2	3	4	5	6	7
119. Check patients for bleeding	1	2	3	4	5	6	7
120. Assist patient in postural drainage	1	2	3	4	5	6	7
121. Give enema	1	2	3	4	5	6	7
122. Empty catheter collection bag	1	2	3	4	5	6	7
123. Insert rectal suppositories	1	2	3	4	5	6	7
124. Insert vaginal suppositories	1	2	3	4	5	6	7
125. Administer vaginal douche	1	2	3	4	5	6	7
126. Give urinary bladder instillations	1	2	3	4	5	6	7
127. Give urinary bladder irrigations	1	2	3	4	5	6	7
128. Catheterize patient	1	2	3	4	5	6	7
129. Insert indwelling catheter	1	2	3	4	5	6	7
130. Care for colostomy	1	2	3	4	5	6	7
131. Care for tracheotomy	1	2	3	4	5	6	7
132. Give sitz bath							

133.	Remove nasal pack	1	2	3	4	5	6	7
134.	Remove fecal impaction	1	2	3	4	5	6	7
135.	Give perineal care	1	2	3	4	5	6	7
136.	Give post-partum care	1	2	3	4	5	6	7
137.	Give breast care to new mother	1	2	3	4	5	6	7
138.	Apply binders	1	2	3	4	5	6	7
139.	Assist patient with exercises	1	2	3	4	5	6	7
140.	Assist patients in walking	1	2	3	4	5	6	7
141.	Dangle patients	1	2	3	4	5	6	7
142.	Prepare hot and cold compresses	1	2	3	4	5	6	7
143.	Apply hot and cold compresses	1	2	3	4	5	6	7
144.	Apply Ace bandage	1	2	3	4	5	6	7
145.	Apply poultices and plasters	1	2	3	4	5	6	7
146.	Order prescription from pharmacy	1	2	3	4	5	6	7
147.	Compute fractional doses of medicine	1	2	3	4	5	6	7
148.	Pour oral medication	1	2	3	4	5	6	7
149.	Give oral medication	1	2	3	4	5	6	7
150.	Put medication in the eye, ear, or nose	1	2	3	4	5	6	7
151.	Care for incontinent patient	1	2	3	4	5	6	7
152.	Administer post-mortem care	1	2	3	4	5	6	7
153.	Administer narcotics	1	2	3	4	5	6	7
154.	Give immunizations	1	2	3	4	5	6	7
155.	Give subcutaneous injections	1	2	3	4	5	6	7
156.	Give intramuscular injections	1	2	3	4	5	6	7
157.	Dress and undress patient	1	2	3	4	5	6	7
158.	Furnish bedpan/urinal service	1	2	3	4	5	6	7
159.	Give oral hygiene	1	2	3	4	5	6	7

	1	2	3	4	5	6	7
160. Give oral hygiene to an unconscious patient	1	2	3	4	5	6	7
161. Give back rub	1	2	3	4	5	6	7
162. Shampoo patient's hair	1	2	3	4	5	6	7
163. Care for patient's hair and nails	1	2	3	4	5	6	7
164. Bathe patient	1	2	3	4	5	6	7
165. Bathe patient in an oxygen tent	1	2	3	4	5	6	7
166. Operate autoclave	1	2	3	4	5	6	7
167. Prepare tray for prep team	1	2	3	4	5	6	7
168. Set up croupette	1	2	3	4	5	6	7
169. Service croupette	1	2	3	4	5	6	7
170. Adjust bed rails	1	2	3	4	5	6	7
171. Apply rubber or cotton rings	1	2	3	4	5	6	7
172. Set up oxygen equipment	1	2	3	4	5	6	7
173. Regulate oxygen equipment	1	2	3	4	5	6	7
174. Administer oxygen	1	2	3	4	5	6	7
175. Administer an electro-cardiograph	1	2	3	4	5	6	7
176. Assist with electro-cardiograph	1	2	3	4	5	6	7
177. Take X-Ray pictures	1	2	3	4	5	6	7
178. Assist in taking X-Ray pictures	1	2	3	4	5	6	7
179. Set up aspirator	1	2	3	4	5	6	7
180. Aspirate patient	1	2	3	4	5	6	7
181. Suction patient	1	2	3	4	5	6	7
182. Regulate flow of blood transfusions	1	2	3	4	5	6	7
183. Discontinue I V. solutions	1	2	3	4	5	6	7
184. Add additional solution to continue I. V	1	2	3	4	5	6	7
185. Start an I V solution	1	2	3	4	5	6	7
86. Check flow of I V.							

NURSE'S AIDE/ORDERLY

INSTRUCTIONS:

In columns 1, 2, 3, 4, and 5, please judge the importance of each task by placing a check (✓) in the appropriate column. (For the purpose of this study, IMPORTANT is defined as critical or crucial.)

In column 6 place a C if you feel the task should be taught during the FORMAL TRAINING COURSE which includes both classroom and clinical instruction. Place an O in column 6 if you feel this task should be learned ON-THE-JOB.

Place a dash (—) in column 7 for any task that is not a function of a Nurse's Aide/Orderly.

EXAMPLES

Example A is not a function and, therefore, is not rated for importance and only a (—) is placed in column 7.

Example B is rated extremely important because of the danger of scalding the patient, and should be taught during the Training Course.

Example C is rated not important and is a task that is normally learned on the job.

	Extremely Important	Very Important	Moderately Important	Slightly Important	Not Important	C During Training Course or O On-The-Job	Not a Function
	1	2	3	4	5	6	7
A. Teach prenatal classes.							—
B. Control temperature of water for sitz bath.	✓					C	
C. Operate dumbwaiter.					✓	O	
	1	2	3	4	5	6	7

	1	2	3	4	5	6	7
187. Set up bone fracture equipment	1	2	3	4	5	6	7
188. Assist in putting on braces	1	2	3	4	5	6	7
189. Adjust traction apparatus	1	2	3	4	5	6	7
190. Apply artificial limbs	1	2	3	4	5	6	7
191. Remove artificial limbs	1	2	3	4	5	6	7
192. Apply arm slings	1	2	3	4	5	6	7
193. Apply restraints	1	2	3	4	5	6	7
194. Apply tourniquet	1	2	3	4	5	6	7
195. Position patient	1	2	3	4	5	6	7
196. Lift patient to bed, chair, or table	1	2	3	4	5	6	7
197. Assist in restraining patient	1	2	3	4	5	6	7
198. Transport patient in wheelchair or carriage							

Pre-Operative Functions

1. Scrub hands

1 2 3 4 5 6

2. Glove and gown

1 2 3 4 5 6

3. Assist with gloving and gowning

1 2 3 4 5 6

4. Obtain equipment

1 2 3 4 5 6

5. Connect electrical-surgical units, drills, suction

1 2 3 4 5 6

6. Adjust electrical-surgical units, lights

1 2 3 4 5 6

7. Assemble drills

1 2 3 4 5 6

8. Inspect equipment

1 2 3 4 5 6

9. Test equipment

1 2 3 4 5 6

10. Lubricate equipment

1 2 3 4 5 6

11. Request equipment

1 2 3 4 5 6

12. Obtain sterilized linen packs

1 2 3 4 5 6

13. Drape tables, stands

1 2 3 4 5 6

14. Arrange linens on linen table

1 2 3 4 5 6

15. Obtain sterilized instrument packs

1 2 3 4 5 6

16. Arrange instruments

1 2 3 4 5 6

17. Check instruments

1 2 3 4 5 6

18. Count instruments

1 2 3 4 5 6

19. Request additional instruments

1 2 3 4 5 6

20. Obtain sterile sponge packs

1 2 3 4 5 6

21. Count sponges

1 2 3 4 5 6

22. Arrange sponges

1 2 3 4 5 6

23. Prepare sponges

1 2 3 4 5 6

24. Obtain sterilized suture packs

1 2 3 4 5 6

25. Count sutures

1 2 3 4 5 6

26. Prepare sutures

1 2 3 4 5 6

	1	2	3	4	5	6
27. Arrange sutures	1	2	3	4	5	6
28. Obtain sterilized basin packs	1	2	3	4	5	6
29. Position basins	1	2	3	4	5	6
30. Obtain prep solutions, water	1	2	3	4	5	6
31. Pour water, prep solutions	1	2	3	4	5	6
32. Request special solutions	1	2	3	4	5	6
33. Prepare solutions	1	2	3	4	5	6
34. Soak optic devices in disinfectant for operative procedure	1	2	3	4	5	6
35. Ask questions for clarification	1	2	3	4	5	6
36. Orient assistant/orderly personnel	1	2	3	4	5	6
37. Receive instructions	1	2	3	4	5	6
38. Relay messages	1	2	3	4	5	6
39. Place X-rays on view box	1	2	3	4	5	6
40. Shave operative area of patient	1	2	3	4	5	6
41. Talk reassuringly to patient	1	2	3	4	5	6
42. Assist with positioning patient	1	2	3	4	5	6
43. Restrain patient	1	2	3	4	5	6
44. Tell patient of procedural intent	1	2	3	4	5	6
45. Assist with sterile prep	1	2	3	4	5	6
46. Assist with draping patient	1	2	3	4	5	6
47. Obtain O-R forms	1	2	3	4	5	6
48. Stamp patient's name on O-R forms	1	2	3	4	5	6
49. Write operative information on O-R forms	1	2	3	4	5	6
50. Fill hypodermic syringe						
OTHER PRE-OPERATIVE FUNCTIONS						

Operative Functions

51. Hand instruments

1 2 3 4 5 6 7

52. Hold retractors

1 2 3 4 5 6 7

53. Prepare sutures

1 2 3 4 5 6 7

54. Cut sutures as directed by surgeon

1 2 3 4 5 6 7

55. Hold organs or tissue as directed

1 2 3 4 5 6 7

56. Apply hand pressure as directed

1 2 3 4 5 6 7

57. Anticipate surgeon's need

1 2 3 4 5 6 7

58. Adjust electrical-surgical equipment

1 2 3 4 5 6 7

59. Focus lights

1 2 3 4 5 6 7

60. Request additional supplies

1 2 3 4 5 6 7

61. Provide emergency equipment

1 2 3 4 5 6 7

62. Aspirate incision

1 2 3 4 5 6 7

63. Check drainage of urinary catheter

1 2 3 4 5 6 7

64. Sponge incision

1 2 3 4 5 6 7

65. Receive organs/tissue specimens

1 2 3 4 5 6 7

66. Identify specimens

1 2 3 4 5 6 7

67. Label specimens

1 2 3 4 5 6 7

68. Receive additional linens

1 2 3 4 5 6 7

69. Change soiled linens

1 2 3 4 5 6 7

70. Chart operative information on O-R form

1 2 3 4 5 6 7

71. Rinse instruments

1 2 3 4 5 6 7

72. Sort and separate instruments not to be used again

1 2 3 4 5 6 7

73. Wipe instruments

1 2 3 4 5 6 7

74. Moisten sponges

1 2 3 4 5 6 7

75. Rearrange instruments

1 2 3 4 5 6 7

76. Hold I. V. bottles for anesthetist

1 2 3 4 5 6 7

	1	2	3	4	5	6	7
77. Obtain needed supplies for anesthetist	1	2	3	4	5	6	7
78. Help anesthetist hold patient in position	1	2	3	4	5	6	7
79. Hand tape to anesthetist	1	2	3	4	5	6	7
80. Obtain blood for anesthetist	1	2	3	4	5	6	7
81. Cut sterile surgical adhesive strips	1	2	3	4	5	6	7
82. Prepare packing	1	2	3	4	5	6	7
83. Assist with sponge count	1	2	3	4	5	6	7
84. Unfold soiled, counted sponges	1	2	3	4	5	6	7
85. Thread needle	1	2	3	4	5	6	7
86. Prepare dressing	1	2	3	4	5	6	7
87. Assist with applying dressing	1	2	3	4	5	6	7
88. Cut adhesive strips	1	2	3	4	5	6	7
89. Assist with taping dressing	1	2	3	4	5	6	7
90. Assist surgeon in removing gloves & gown	1	2	3	4	5	6	7
91. Request recovery bed							
OTHER OPERATIVE FUNCTIONS							
<u>Post-Operative Functions</u>							
92. Remove drape from patient	1	2	3	4	5	6	7
93. Remove knee restrainers from patient	1	2	3	4	5	6	7
94. Assist in moving patient to recovery bed	1	2	3	4	5	6	7
95. Transfer patient from operating room to recovery room							
96. Check position of drainage tube, urinary catheter	1	2	3	4	5	6	7
97. Connect new drainage tube & collection bag to urinary catheter	1	2	3	4	5	6	7

98.	Clean instruments	1	2	3	4	5	6	7
99.	Prepare germicide solution	1	2	3	4	5	6	7
100.	Soak contaminated instruments	1	2	3	4	5	6	7
101.	Prepare instrument packs	1	2	3	4	5	6	7
102.	Sterilize instrument packs	1	2	3	4	5	6	7
103.	Dispose of used and soiled linens	1	2	3	4	5	6	7
104.	Replenish linen packs	1	2	3	4	5	6	7
105.	Disassemble drills, suction apparatus	1	2	3	4	5	6	7
106.	Disconnect electrical-surgical unit	1	2	3	4	5	6	7
107.	Wipe equipment	1	2	3	4	5	6	7
108.	Remove equipment from O-R	1	2	3	4	5	6	7
109.	Wipe off stands and tables	1	2	3	4	5	6	7
110.	Clean O-R	1	2	3	4	5	6	7
111.	Empty/clean containers(basin, bucket, aspirator jar)	1	2	3	4	5	6	7
112.	Mop floors	1	2	3	4	5	6	7
113.	Use housekeeping cleaning machines	1	2	3	4	5	6	7
114.	Check sponge count	1	2	3	4	5	6	7
115.	Complete O-R forms	1	2	3	4	5	6	7
116.	Sign O-R forms	1	2	3	4	5	6	7
117.	Prepare charge slips	1	2	3	4	5	6	7
118.	Prepare specimen reports	1	2	3	4	5	6	7
119.	Hand carry forms to pick-up stations	1	2	3	4	5	6	7
120.	Position awake patients in lithotomy in cysto room	1	2	3	4	5	6	7
121.	Clean special instruments in cysto room	1	2	3	4	5	6	7
122.	Obtain plaster in cast room	1	2	3	4	5	6	7
123.	Prepare plaster	1	2	3	4	5	6	7

SURGICAL TECHNICIAN

IMPORTANCE OF TASKS

Please check the tasks performed on the job and judge the importance of each task. By important we mean critical or crucial. We are interested in those functions that are performed by surgical technicians in your hospital. Place a dash in the appropriate place in the answer column for those functions not performed by a surgical technician.

An example of how the answers might look is presented below.

	Not a function	Extremely Important	Very Important	Moderately Important	Slightly Important	Not Important
	1	2	3	4	5	6
1. Pass instruments			✓			
2. Transport patients				✓		
3. Operate bone drill	—					

A check (✓) for Item 1 indicates that it is a function of a surgical technician and is considered very important. A dash (—) for Item 3 indicates that it is not a function of a surgical technician. It, therefore, should not be rated for importance.

Additional comments may be written in the margin or beside the item.

Not a Function	Extremely Important	Very Important	Moderately Important	Slightly Important	Not Important
----------------	---------------------	----------------	----------------------	--------------------	---------------

1	2	3	4	5	6

	1	2	3	4	5	6
125. Assist in applying cast	1	2	3	4	5	6
126. Hold Patient's extremities in cast room	1	2	3	4	5	6
127. Lift patients	1	2	3	4	5	6
128. Assist in removing cast	1	2	3	4	5	6
129. Verify correct patient	1	2	3	4	5	6
130. Report defective equipment to superiors	1	2	3	4	5	6
131. Report defective supplies to superiors	1	2	3	4	5	6
132. Report shortages	1	2	3	4	5	6
133. Report unusual happenings	1	2	3	4	5	6
134. Assist with inventory	1	2	3	4	5	6
135. Assist in checking incoming supplies	1	2	3	4	5	6
136. Read literature on operating room procedures	1	2	3	4	5	6
OTHER POST-OPERATIVE FUNCTIONS						

Check one answer for the following questions.

- A. Do surgical technicians in your hospital "scrub"?
1. frequently ()
 2. occasionally ()
 3. rarely ()
- B. Do surgical technicians in your hospital "circulate"?
1. frequently ()
 2. occasionally ()
 3. rarely ()

APPENDIX C

Performance Inventory Form

Performance Inventory Form

Duty _____ Date _____ Observer _____

Use the back of this form for recording a Detailed Step-By-Step description of the duty observed.

Condition

- Patient Request — 01 →
- Patient Condition — 02 →
- Doctor's Orders — 03 →
- Nurse's Orders — 04 →
- Family Request — 05 →
- Independent Judgment — 06 →
- Hospital Routine — 07 →

∞ ∞

Performs

- Adjust — 11 →
- Answer — 12 →
- Apply — 13 →
- Assemble — 14 →
- Assist — 15 →
- Change — 16 →
- Clean — 17 →
- Collect — 18 →
- Conduct — 19 →
- Deliver — 110 →
- Give — 111 →
- Make — 112 →
- Measure — 113 →
- Observe — 114 →
- Perform — 115 →
- Prepare — 116 →
- Provide — 117 →
- Position — 118 →
- Record — 119 →
- Replenish — 120 →
- Report — 121 →
- Rub — 122 →
- Serve — 123 →
- Take — 124 →
- Talk — 125 →
- Transport — 126 →
- _____ 127 →
- _____ 128 →
- _____ 129 →
- _____ 130 →

- Medical — 1 →
- Patient Comfort — 2 →
- Housekeeping — 3 →
- Administrative — 4 →

Equipment

- Bathing Equipment — 21 →
- Beds — 22 →
- Bed Pans — 23 →
- Bed Rails — 24 →
- Beverage Cart — 25 →
- Catheters — 26 →
- Linens — 27 →
- Oxygen Equipment — 28 →
- Restrainers — 29 →
- Special Equipment — 210 →
- Stretchers — 211 →
- Thermometers — 212 →
- Urinals — 213 →
- Weights — 214 →
- Wheelchairs — 215 →
- _____ 216 →
- _____ 217 →
- _____ 218 →
- _____ 219 →
- _____ 220 →

Trouble Report

End Indication

PERFORMANCE INVENTORY FORM

Duty _____ Date _____ Observer _____
 Use the back of this form for recording a detailed step-by-step description of the duty observed.

FEEDBACK

EQUIPMENT

PERFORMS

- Arranges → 001 →
- Assists → 002
- Caters → 003 →
- Cleans → 004 →
- Delivers → 005 →
- Distributes → 006 →
- Loads → 007 →
- Operates → 008 →
- Performs → 009 →
- Prepares → 010 →
- Relieves → 011
- Tests → 012
- Alters → 013
- Assigns → 014 →
- Checks → 015 →
- Confers → 016
- Expedites → 017 →
- Inspects → 018 →
- Instructs → 019 →
- Interviews → 020 →
- Observes → 021
- Plans → 022 →
- Portions → 023
- Recommends → 024
- Reports → 025
- Routes → 026 →
- Collects → 027 →
- Estimates → 028
- Inventories → 029
- Maintains Supplies → 030
- Orders → 031
- Processes → 032
- Receives → 033 →
- Records → 034
- Replenishes → 035
- Submits → 036
- Types → 037

CONDITION

- Dietician's → 1
- Orders → 2
- Hospital → 2
- Routine → 2
- Judgment → 3
- Patient → 4
- Request → 4

- Operations → 01
- Supervision → 02
- Administrative/ → 03
- Clerical

- Diet Menu → 101 →
- Menu Slips → 102 →
- Order Sheet → 103 →
- Tray Tags → 104 →
- Trays → 105 →
- Tray Conveyer → 106 →
- Utensils → 107 →
- Dishwasher → 108 →
- Kartwasher → 109 →
- Traywasher → 110 →
- Storage Rooms → 111 →
- Storage Bins → 112 →
- Refrigeration → 113 →
- Surface Units → 114 →
- Ovens → 115 →
- Steam Cookers → 116 →
- Steam Table → 117 →
- Food Mixing Machinery → 118 →
- Food Cleaning Machinery → 119 →
- Garbage Disposal → 120 →
- Typewriter → 121 →
- Adding Machine → 122 →
- Cash Register → 123 →
- Utility Cart → 124 →
- 125

- Patient Reports → 201
- Staff Reports → 202
- Employee → 203
- Suggestions → 204
- Future Menu → 204
- Planning → 205
- Maintain State → 205
- Standards

PERFORMANCE INVENTORY FORM

Duty _____ Date _____ Observer _____

Use the back of this form for recording a detailed step-by-step description of the duty observed.

CONDITION

PERFORMS

EQUIPMENT

FEEDBACK

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APPENDIX D

Typical Job Behavior of Employee

REPORT OF TYPICAL BEHAVIOR

During the past three or four days there has probably been a time when _____ has said or done something which impressed you as being indicative of his/her typical behavior on the job. Please think of the last time such an incident occurred and then complete the following form.

- - - - -

1. What led up to the event? Please describe the circumstances which led up to the event in as much detail as possible.

2. Exactly what did the employee say or do that impressed you as being typical of his/her on-the-job behavior?

3. a. If this behavior was effective in accomplishing the task assigned, why in your opinion was this behavior effective?

b. If this behavior was ineffective in accomplishing the task assigned, what in your opinion should he/she have done?

APPENDIX E

List Of Cooperating Area Health Institutions

Allegheny General Hospital
Allegheny Valley Hospital
Allegheny Valley School for Exceptional Children
Braddock General Hospital
Butler County Memorial Hospital
Charleroi-Monessen Hospital
Children's Hospital of Pittsburgh
Citizens General Hospital
Columbia Hospital
Conemaugh Valley Hospital
Divine Providence Hospital of Pittsburgh
Eye & Ear Hospital
Harmarville Rehabilitation Center
Home for Crippled Children
Homestead Hospital
Jeannette Hospital
Jewish Home
John J. Kane Hospital
Magee-Womens Hospital
McKeesport Hospital
Mercy Hospital
Montefiore Hospital

Negley House

North Hills Passavent Hospital

Ohio Valley General Hospital

Presbyterian-University Hospital

Providence - Beaver Falls

St. Clair Memorial Hospital

St. Francis General Hospital

St. John's General Hospital

St. Joseph's Hospital & Dispensary

St. Margaret Memorial Hospital

Sewickley Valley Hospital

Shadyside Hospital

Shenango Valley Hospital

South Side Hospital

Suburban General Hospital

Valley View Nursing Home

Veterans Administration - Aspinwall

Veterans Administration - Leech Farm

Washington Hospital

Western Pennsylvania Hospital

Private Duty

APPENDIX F

**Tables Of Z Scores for Frequency and Criticality Of Tasks
for: Surgical Technician
Licensed Practical Nurse
Nurse Aide**

SUMMARY*

<u>Item</u>	<u>Surgical Technician</u>
Scrub hands	7.24
Anticipate Surgeon's needs	7.25
Glove and gown	7.30
Drape tables, stands	7.34
Hand instruments	7.58
Receive organs tissue specimens	7.66
Assist with sponge count	7.68
Count sponges	7.78
Arrange instruments	7.89
Verify correct patient	7.94
Ask questions for clarification	8.07
Prepare sutures	8.10
Arrange linens on linen table	8.14
Assist with gloving and gowning	8.15
Check instruments	8.18
Report defective equipment to superiors	8.22
Thread needle	8.22
Receive instructions	8.29

*The sum of the means for criticality and frequency are used to provide a summary number for ranking the Surgical Technician to the Z scores. A constant of 5 was added to the scores to eliminate negative values.

<u>Item</u>	<u>Surgical Technician</u>
Check sponge count	8. 30
Report defective supplies to superiors	8. 34
Obtain sterilized instrument packs	8. 52
Obtain sterile sponge packs	8. 52
Label specimens	8. 58
Soak contaminated instruments	8. 69
Assist in draping patient	8. 76
Obtain sterilized suture packs	8. 76
Obtain equipment	8. 81
Prepare dressing	8. 83
Clean instruments	8. 86
Connect electrical-surgical units. drills, suction	8. 87
Disassemble drills, suction apparatus	8. 90
Count sutures	8. 93
Obtain sterilized linen packs	8. 93
Cut sutures as directed by surgeon	8. 94
Obtain sterilized basin packs	8. 95
Test Equipment	8. 95
Change soiled linens	8. 97
Request Additional supplies	8. 98
Disconnect electrical-surgical unit	9. 04
Dispose of used and soiled linens	9. 08

<u>Item</u>	<u>Surgical Technician</u>
Report unusual happenings	9.08
Wipe instruments	9.14
Rinse instruments	9.21
Moisten sponges	9.23
Obtain prep solutions, water	9.27
Wipe equipment	9.29
Pour water, prep solutions	9.30
Adjust electrical-surgical units, lights	9.34
Prepare specimen reports	9.36
Receive additional linens	9.38
Relay messages	9.39
Remove drape from patient	9.40
Shave operative area of patient	9.40
Clean O-R	9.41
Count instruments	9.44
Empty, clean containers (basins, bucket, aspirator jar)	9.48
Identify specimens	9.50
Inspect equipment	9.52
Assist in moving patient to recovery bed	9.54
Read literature on operating room procedures	9.54
Wipe off stands and tables	9.60
Arrange sutures	9.61

<u>Item</u>	<u>Surgical Technician</u>
Hold retractors	9.61
Restrain patient	9.61
Complete O-R forms	9.62
Report Shortages	9.63
Talk Reassuringly to patient	9.65
Adjust electrical-surgical equipment	9.69
Request additional instruments	9.69
Sterilize instrument packs	9.70
Assist with applying dressing	9.72
Hold organs or tissue as directed	9.73
Replenish linen packs	9.79
Focus lights	9.81
Position basins	9.82
Rearrange instruments	9.82
Lift patients	9.86
Sort and separate instruments not to be used again	9.90
Arrange sponges	9.92
Chart operative information on O-R form	9.96
Write operative information on O-R forms	9.96
Obtain O-R forms	10.00
Prepare sponges	10.00
Unfold soiled, counted, sponges	10.04

<u>Item</u>	<u>Surgical Technician</u>
Prepare instrument packs	10.13
Remove knee restrainers from patient	10.14
Assemble drills	10.16
Request special solutions	10.24
Sponge incision	10.24
Remove equipment from O-R	10.27
Assist in sterile prep	10.35
Sign O-R forms	10.35
Provide emergency equipment	10.36
Soak optical devices in disinfectant for operative procedures	10.40
Apply hand pressure as directed by surgeon	10.54
Prepare germicide solution	10.61
Assist with positioning patient	10.62
Prepare plaster	10.72
Assist in applying plaster	10.84
Prepare solutions	10.85
Clean special instruments in cysto room	10.87
Stamp patient's name on O-R forms	10.88
Obtain plaster in cast room	10.92
Prepare packing	11.02
Fill hypodermic syringe	11.04

<u>Item</u>	<u>Surgical Technician</u>
Transfer patient from operating room to recovery room	11.07
Request equipment	11.07
Hold patients' extremities in cast room	11.15
Assist in applying cast	11.21
Check position of drainage tube, urinary catheter	11.26
Cut adhesive strips	11.28
Assist with taping dressing	11.35
Prepare charge slips	11.36
Help anesthetist hold patient in position	11.40
Hand-carry forms to pick-up stations	11.48
Aspirate incision	11.51
Position awake patients in lithotomy in cysto room	11.51
Connect new drainage tube and collection bag to urinary catheter	11.63
Lubricate equipment	11.70
Assist surgeon in removing gloves and gown	11.95
Place x-rays on view box	12.11
Assist in removing cast	12.16
Request for recovery bed	12.33
Check drainage of urinary catheter	12.37
Obtain blood for anesthetist	12.58
Cut sterile surgical adhesive strips	13.21

<u>Item</u>	<u>Surgical Technician</u>
Obtain needed supplies for anesthetist	13.62
Orient assistant/orderly personnel	13.86
Mop floors	13.98
Tell patient of procedural intent	13.98
Assist with inventory	14.01
Use housekeeping cleaning machines	14.03
Assist in checking incoming supplies	14.14
Hand tape to anesthetist	14.82
Hold I. V. bottles for anesthetist	15.04

SUMMARY*

<u>Nurse Aide</u>	<u>Item</u>	<u>Licensed Practical Nurse</u>
6.08	Furnish bedpan/urinal service	8.09
6.27	Report observations	6.96
6.36	Collect urine specimen	7.82
6.59	Answer patient call	7.24
6.62	Measure intake and output	7.35
6.69	Perform clinitest	7.70
6.72	Lift patient to bed, chair or table	7.83
6.75	Care for incontinent patient	7.85
6.87	Give oral hygiene	7.94
6.87	Collect stool specimen	8.40
6.89	Make occupied bed	7.57
6.92	Assist patients in eating	7.94
6.95	Bathe patient	8.74
7.00	Take temperature	7.08
7.08	Take pulse	7.13
7.08	Deliver messages	9.37
7.11	Take respiration	7.03

* The sum of the means for criticality and frequency are used to provide a summary number for ranking the Nurse Aide to the Z scores. A constant of 5 was added to the scores to eliminate negative values.

<u>Nurse Aide</u>	<u>Item</u>	<u>Licensed Practical Nurse</u>
7.14	Empty catheter collection bag	8.03
7.16	Provide water service	10.31
7.19	Make post-operative bed	8.06
7.20	Dangle patients	8.10
7.24	Transport patient in wheelchair or carriage	8.26
7.27	Position patient	7.55
7.30	Clean utility area	10.61
7.36	Adjust bed rails	8.13
7.44	Dress and undress patient	8.64
7.45	Deliver specimen	10.26
7.46	Position patient for meals	7.91
7.50	Assist with unit admitting procedure	7.98
7.52	Attend unit report	7.15
7.54	Instruct patient in simple hygiene procedure	7.49
7.57	Assist in teaching patient simple hygiene	8.02
7.57	Collect sputum specimen	8.46
7.57	Make unoccupied bed	8.31
7.64	Report treatment to R. N.	7.20
7.65	Assist with unit discharge procedure	8.56
7.65	Assist patients in walking	8.39

<u>Nurse Aide</u>	<u>Item</u>	<u>Licensed Practical Nurse</u>
7.65	Weigh patient	7.76
7.73	Give enema	7.77
7.78	Assist in restraining patient	8.47
7.80	Perform unit discharge procedures	8.29
7.82	Report unusual incidents	7.49
8.06	Strain urine for stones	8.72
8.09	Give sitz bath	8.64
8.09	Wash glasses and pitchers	11.51
8.12	Collect and return items to central supply	10.43
8.13	Record TPR	7.47
8.17	Ask patient about condition	7.92
8.26	Deliver flowers	11.03
8.26	Care for patient's hair and nails	9.02
8.32	Observe isolation techniques	8.28
8.33	Deliver mail	11.13
8.33	Record intake and output	8.33
8.40	Apply poultices and plasters	8.01
8.57	Administer post-mortem care	9.11
8.61	Take notes on unit report	7.76
8.65	Process patient's valuables	9.05
8.74	Prepare hot and cold compresses	7.84

<u>Nurse Aide</u>	<u>Item</u>	<u>Licensed Practical Nurse</u>
8.81	Apply binders	8.34
8.82	Apply restraints	8.86
8.87	Check drainage tubes	7.68
8.88	Set up for bedside religious rites	10.07
8.90	Check patients for bleeding	7.47
8.92	Give back rub	8.31
8.94	Serve snacks	10.48
9.06	Run personal errands for patients	11.43
9.06	Check food trays against patient diet list	8.56
9.12	Count unit supplies	11.42
9.14	Apply hot and cold compresses	7.80
9.18	Record results of clinitest	7.61
9.20	Assist with newborn nursery admission procedure	10.42
9.22	Assist in enforcing visiting hours	9.36
9.34	Shampoo patient's hair	10.44
9.41	Check flow of I. V.	7.95
9.43	Read to patient	10.98
9.51	Bathe patient in an oxygen tent	8.71
9.51	Assist with pre-operative care	8.48
9.56	Stock laundry	12.71
9.58	Separate laundry	12.47

<u>Nurse Aide</u>	<u>Item</u>	<u>Licensed Practical Nurse</u>
9.59	Assist patient with exercises	9.21
9.64	Apply rubber or cotton rings	9.53
9.65	Drape patient for examination	8.83
9.67	Deliver supplies	12.11
9.70	Maintain unit supply level	11.33
9.77	Make routine security check	9.81
9.87	Apply arm slings	9.40
9.91	Give perineal care	8.78
9.94	Fold laundry	12.93
9.94	Record appearance of body discharges	7.57
10.00	Serve regular meals	10.33
10.03	Give oral hygiene to an unconscious patient	8.71
10.03	Prepare snacks	11.62
10.05	Prepare requisitions for unit supplies	11.15
10.07	Make charge slips	10.43
10.07	Clean aspiration equipment	10.67
10.14	Clean oxygen equipment	11.54
10.23	Clean discharged patient's unit	12.25
10.30	Collect and return items to laundry	12.44
10.31	Obtain patient signatures	10.52
10.33	Assist in putting on braces	10.69

<u>Nurse Aide</u>	<u>Item</u>	<u>Licensed Practical Nurse</u>
10.40	Take blood pressure	7.17
10.54	Sort charge slips	12.50
10.57	Feed babies	9.72
10.64	Show babies	11.11
10.64	Sterilize instruments	11.25
10.65	Record condition of skin	7.82
10.84	Set up oxygen equipment	10.14
10.94	Record observations	7.00
10.95	Assist patient in postural drainage	9.19
10.96	Regulate oxygen equipment	9.39
10.98	Record count	11.83
11.01	Record treatments	7.11
11.02	Put food on trays	12.47
11.02	Give post-partum care	9.78
11.11	Disinfect bathrooms	12.90
11.16	Assemble instrument packs	12.11
11.18	Operate autoclave	12.45
11.32	Record blood pressure	7.27
11.32	Apply artificial limbs	11.17
11.35	Assist in taking x-ray pictures	12.36
11.36	Remove artificial limbs	10.94
11.36	Suction patient	9.52

<u>Nurse Aide</u>	<u>Item</u>	<u>Licensed Practical Nurse</u>
11.40	Adjust traction apparatus	11.19
11.41	Make credit slips	11.22
11.42	Administer oxygen	9.47
11.44	Sort credit slips	12.77
11.47	Administer vaginal douche	9.53
11.48	Do pre-operative shaving	10.83
11.49	Put information on patient's chart	7.36
11.51	Apply ace bandage	9.80
11.52	Discontinue I. V. solutions	8.82
11.55	Give urinary bladder irrigations	8.91
11.55	Change dressings	7.77
11.55	Assist in narcotic count	11.28
11.57	Set up croupette	11.34
11.58	Prepare tray for prep team	12.66
11.59	Set up aspirator	10.41
11.59	Give breast care to new mother	10.11
11.60	Take vital signs following anesthesia	8.10
11.60	Insert tube for gastric specimen	13.50
11.60	Care for colostomy	8.73
11.62	Change diet from liquid to soft	12.11
11.63	Apply external medicine	8.82
11.66	Catheterize patient	8.68

<u>Nurse Aide</u>	<u>Item</u>	<u>Licensed Practical Nurse</u>
11.67	Obtain an apical pulse	9.02
11.71	Regulate flow of blood transfusions	10.95
11.72	Assist physician with rounds	10.24
11.72	Explain patient condition to family	12.00
11.72	Insert rectal suppositories	10.45
11.74	Fill out x-ray requisitions	11.90
11.75	Give urinary bladder instillations	10.65
11.78	Apply tourniquet	11.43
11.78	Service croupette	11.91
11.79	Help patients plan for special diets	11.12
11.82	Teach patient to inject his own insulin	12.82
11.82	Fill infant bottles	11.63
11.82	Order prescription from pharmacy	12.01
11.84	Fill out lab requisitions	11.32
11.88	Set up bone fracture equipment	12.76
11.95	Assist with electro-cardiograph	12.11
11.96	Assist physician in gowning	11.64
11.97	Put medication in the eye, ear, or nose	10.60
11.99	Make narcotic count	12.10
12.04	Start an I. V. solution	13.69
12.06	Hold and hand instruments	11.60
12.11	Care for tracheotomy	9.59

<u>Nurse Aide</u>	<u>Item</u>	<u>Licensed Practical Nurse</u>
12.14	Take x-ray pictures	13.79
12.14	Aspirate patient	10.68
12.16	Make diet substitutions	12.04
12.17	Remove fecal impaction	11.40
12.20	Make infant formula	12.20
12.21	Refer patient to social service agency	12.19
12.26	Give oral medication	5.53
12.28	Give immunizations	13.07
12.29	Dust floor in patient's room	13.45
12.34	Scrub for surgery	12.32
12.34	Give subcutaneous injections	12.24
12.34	Carry out doctor's verbal orders for medication or treatment	12.48
12.35	Complete newborn nursery admission procedure: Footprints, weight, bath	10.69
12.38	Pour oral medication	10.56
12.39	Circulate in operating room	12.37
12.42	Give intramuscular injections	12.01
12.43	Take verbal order from doctor for medication or treatment	12.90
12.43	Prepare meals	13.32
12.46	Add additional solution to continue I. V.	10.99
12.47	Take the fetal heart tone	11.33

<u>Nurse Aide</u>	<u>Item</u>	<u>Licensed Practical Nurse</u>
12.48	Scrub for obstetrics	12.08
12.49	Insert indwelling catheter	9.38
12.53	Record doctor's orders	12.26
12.54	Record medications	10.23
12.55	Perform rectal examination of patient in labor	13.58
12.58	Compute fractional doses of medicine	12.12
12.58	Administer narcotics	11.51
12.61	Administer an electro-cardiograph	13.72
12.63	Insert vaginal douche	11.28
12.64	Remove nasal pack	13.30

APPENDIX G

Core Curriculum

CORE CURRICULUM

<p>Day 1</p> <p>Class: Orientation Role of Nurse Aide Pract. Nurse Surg. Tech. Personal Hyg. Film: Hope in Peru Filmstrip: Handwashing Demonstration Return</p> <p>Quiz</p>	<p>Day 2</p> <p>Class: Handwashing Film: A Communicable Disease Organization of the hospital Clinic: Guided Tour</p> <p>Quiz Hw: read for Day 3</p>	<p>Day 3</p> <p>Clinic: Cleaning Utility Linens, Housekeeping</p> <p>Class: Medical Records Kardex Assignment Sheet Property List Worksheet on records</p> <p>Quiz Hw: read for Day 4</p>	<p>Day 4</p> <p>Class: Film: Balance in Action Filmstrip: Positioning the Patient Demonstration, roleplay Review: Medical Records</p> <p>Clinic: Positioning Pat. in wheelchair, walker</p> <p>Quiz Hw: for Day 5</p>	<p>Day 5</p> <p>Clinic: Utility Room Linen Positioning Pat.</p> <p>Class: Filmstrip: Asepsis Sterilization Handling Sterile Supplies Demonstration-return</p> <p>Quiz Hw: read for Day 6</p>
<p>Day 6</p> <p>Clinic: Utility Housekeeping Sterilization Positioning Patient</p> <p>Class: Terminology Worksheet</p> <p>Quiz Hw: reading for Day 7</p>	<p>Day 7</p> <p>Clinic: Utility, Linens, Sterilization</p> <p>Class: Instruments handling cleaning storing Worksheet on Terminology</p> <p>Quiz Hw: read for Day 8</p>	<p>Day 8</p> <p>Clinic: Utility</p> <p>Class: Draping Patient Review: Instruments Assist examination Demonstration Roleplay</p> <p>Quiz Hw: read for Day 9</p>	<p>Day 9</p> <p>Clinic: Drape Patient Assist Exam. Utility</p> <p>Class: Preoperative care Shaving</p> <p>Quiz Hw: read for Day 10</p>	<p>Day 10</p> <p>Clinic: Assist Examination Utility Preoperative care</p> <p>Class: Film: Urinary Care Catheter Demonstration</p> <p>Quiz Hw: read for Day 11</p>
<p>Day 11</p> <p>Clinic: Assist Exam. Catheter Care.</p> <p>Class: Assist with gowning, gloving, mask Demonstration Roleplay</p> <p>Quiz Hw: Day 12</p>	<p>Day 12</p> <p>Clinic: Assist Exam. Preoperative Care Catheter Care</p> <p>Class: Alarm Situations First Aid Roleplay</p> <p>Quiz</p>			

APPENDIX H

List Of Tasks Common to

Surgical Technician
Practical Nurse
Nurse Aide

Tasks Common To Licensed Practical Nurse, Nurse Aide
and Surgical Technician

Housekeeping

clean utility area
wipe off stands and tables
stock laundry
fold laundry
change soiled linens
dispose of used and soiled linens
collect and return items to central supply
empty, clean containers

Recording-Reporting, Measuring-Gathering Data

deliver messages
attend unit report
take notes on unit report
receive instructions
count unit supplies
maintain unit supply level
report observations
write reports of incidents
report unusual incidents
verify correct patient
ask questions for clarification
report shortages
report defective equipment to superiors
report defective supplies to superiors
obtain equipment
report treatments to RN
label specimen
request additional supplies
relay messages
hand and carry forms
assist with inventory
assist checking incoming supplies
obtain patient signatures

Positioning and Transporting Patients

lift the patient
lift the patient to bed, chair or table
transport the patient in wheelchair or carrier
position the patient
assist in restraining the patient
drape the patient for examination
remove the drape from the patient
assist in moving the patient
talk reassuringly to the patient
apply restraints

Set-Up, Operate, and Service Equipment

empty catheter bag
check drainage tubes
check drainage of catheters
check position of drainage tube and catheter

APPENDIX I

Tasks Grouped

By

Areas Of Knowledge

AREAS OF KNOWLEDGE WHICH ARE NECESSARY FOR PERFORMANCE OF THE FOLLOWING TASKS:

<u>Knowledge of the organization and supply sources of the hospital</u>	<u>Knowledge of asepsis</u>	<u>Knowledge of the mechanical structure of the human body</u>
Report Defective Equipment	Sterilize Instruments	Position Patient
Report Defective Supplies	Check Instruments	Restrain Patient
Request Additional Supplies	Clean Instruments	Apply Restraints
Report Shortages	Hold and Hand Instruments	Preoperative Care
Hand - Carry Forms	Wash and Scrub Hands	Lift Patient
Transport Patient in Wheelchair/Carrier	Assisting - Gloving & Gowning	Lift Patient to Bed, Chair or Table
Stock Laundry	Assist Removing Gloves & Gown	Transport Patient in Wheelchair
Relay Messages	Obtain Sterile Instruments Packs	Assist in Moving Patient
Collect/Return Items to Central Supply	Soak Contaminated Instruments	
Maintain Unit Supply Level	Clean Contaminated Instruments	
Arrange Linens on Linen Table	Shave Operative Area	
Obtain Equipment	Clean Utility Area	
	Assist with Preoperative Care	

AREAS OF KNOWLEDGE WHICH ARE NECESSARY FOR PERFORMANCE OF THE FOLLOWING TASKS:

Knowledge of terminology: supplies, equipment, treatments, positions	Knowledge of function and/or operation of equipment	Knowledge of established procedures (not patient care)
<p>Attend Unit Report Take Notes on Unit Report Ask Questions for Clarification Receive Instructions Report Unusual Incidents Report Observations Report Shortages Count Unit Supplies Position the Patient Drape the Patient Remove Drape from Patient Report Treatments to RN Write Reports of Incidents Verify Correct Patient and Order Label Specimen Verify Correct Patient Assist in Moving Patient Assist in Restraining Patient Apply Binders Check Flow of IV Sterilize Instruments Hold and Hand Instruments Arrange Instruments Check Instruments Report Defective Equipment Report Defective Supplies Obtain Sterile Instrument Packs Obtain Equipment Request Additional Supplies/Assist Inventory</p>	<p>Restrain Patient Apply Restraints Check Flow of IV Empty Catheter Bag Assist in Restraining Patient Check Drainage Tubes Apply Binders Arrange Instruments Hold and Hand Instruments Check Instruments Assist in Moving Patient Lift Patient to Bed, Chair or Table Transport Patient in Wheelchair/Carr. Check Catheter Connect new Drain, Tube and Catheter Check Drainage of Catheter Apply Restraints Arrange Linens on Linen Table Shave Operative Area</p>	<p>Attend Unit Report Take Notes on Unit Report Ask Questions for Clarification Receive Instructions Clean Utility Area Stock Laundry Fold Laundry Change Soiled Linens Dispose of Used, Soiled Linen Empty and Clean Containers Wipe off Stands and Tables Count Unit Supplies Assist Inventory Maintain Unit Supply Level Assist Checking Incoming Supplies Request Additional Supplies Collect & Return Items to Central Sup Assist with Gloving and Gowning Assist Removing Gloves and Gown</p>



APPENDIX J

Tasks Grouped

By

Areas of Skills

AREAS OF SKILLS WHICH ARE NECESSARY FOR PERFORMANCE OF THE FOLLOWING TASKS:

Using Cleaning Materials

Clean Stands, Tables (Utility)

Clean Utility Area

Empty, Clean Containers

Caring and Treating of Patient

Drape the Patient

Shave Operative Area

Assist with Preoperative Care

Moving Patient

Assist in Moving the Patient

Moving Own Body

Assist in Restraining the Patient

Restrain Patient

Apply Restraints

Talk Reassuringly to Patient

Lift Patient

Lift the Patient to Bed, Chair or Table

Position Patient

Tell Patient of Procedure Intent

Transport Patient in Wheelchair

or Carrier

Check for Bleeding

Wash and Scrub Hands

Assist with Gloving and Gowning

Remove Drape from Patient

Assist with Removing Gloves and Gown

Ask Questions for Clarification

Obtain Patient Signatures

Apply Binders

Handling Instruments-Operating Equipment

Arrange Instruments

Hand Instruments

Gloves - Gowns

Clean Instruments

Prepare Dressing

Change Linen

Transport the Patient in Wheelchair
or Carrier

Empty, Clean Containers

Apply Restraints

Sterilize Instruments

Assist Applying Dressing

Prepare Instrument Packs

Obtain Sterile Instrument Packs

Provide Emergency Equipment

Check Drainage Tube, Catheter

Check IV

Empty Catheter Bag

Arrange Linens on Linen Table

Check Instruments

Soak Contaminated Instruments

Check Position of Drainage Tube
and Catheter

Connect new Drainage Tube, Catheter

AREAS OF SKILLS WHICH ARE NECESSARY FOR PERFORMANCE OF THE FOLLOWING TASKS:

<u>Writing - Reading</u>	<u>Counting</u>	<u>Using Proper Terminology</u>
Verify Patient - Order	Sponges, Check-count	Attend Unit Report
Label Specimen	Report Shortages	Receive Instructions
Deliver Specimen	Check Supplies	Report Unusual Happenings
Relay Messages	Stock, Check Laundry	Label Specimen
Deliver Messages	Ask Questions for Clarification	Prepare Specimen Reports
Transfer Patient	Count Unit Supplies	Report Shortages
Carry Forms to Station	Maintain Unit Supply Level	Report Treatments
Assist Inventory	Assist Checking Incoming Supplies	Report Observations
Report Treatments	Assist with Inventory	Report Defective Equipment to Superiors
Take Notes on Unit Report		Report Defective Supplies
Report Observations		Obtain Equipment
Report Unusual Incidents		Collect and Return Items to Central Supply
Write Reports of Incidents		Maintain Unit Supply Level
Receive Instructions		Ask Questions for Clarification
Request Additional Supplies		Request Additional Supplies
		Assist with Inventory
		Assist Checking Incoming Supplies
		Arrange Linens on Linen Table

APPENDIX K

Tasks Grouped

By

Areas Of Attitude

AREAS OF ATTITUDES WHICH ARE NECESSARY FOR PERFORMANCE OF THE FOLLOWING TASKS:

<u>Adherence to Asepsis</u>	<u>Alertness</u>	<u>Accuracy</u>
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<p>Wash, Scrub Hands</p> <p>Glove and Gown</p> <p>Assist with Gloving & Gowning</p> <p>Soak Contaminated Instruments</p> <p>Clean Instruments</p> <p>Clean Equipment</p> <p>Change Soiled Linens</p> <p>Shave Operative Area</p> <p>Empty, Clean Containers</p> <p>Clean Utility (Stands, Tables)</p> <p>Sterilize Instruments</p> <p>Empty Catheter Bag</p> <p>Assist with Preoperative Care</p> <p>Hold and Hand Instruments</p> <p>Dispose of Used and Soiled Linens</p> <p>Connect New Drainage Tube and Catheter</p>	<p>Anticipate Doctor's or Surgeon's Need</p> <p>Hand Instruments</p> <p>Report Defective Equipment/Supplies</p> <p>Attend Unit Report</p> <p>Receive Instructions</p> <p>Report Unusual Happenings</p> <p>Assist with Applying Dressings</p> <p>Check Drainage Tube, Catheter</p> <p>Check IV</p> <p>Report Observations</p> <p>Write Reports of Incidents</p> <p>Ask Questions for Clarifications</p> <p>Relay Messages</p> <p>Report Shortages</p>	<p>Wipe off Stands & Tables</p> <p>Clean Utility Area</p> <p>Wash, Scrub Hands</p> <p>Glove and Gown</p> <p>Empty and Clean Containers</p> <p>Arrange Instruments</p> <p>Arrange Linens on Linen Table</p> <p>Obtain Sterile Instrument Packs</p> <p>Label Specimens</p> <p>Write Report of Incidents</p> <p>Obtain Equipment</p> <p>Obtain Sterile Dressing Packs</p> <p>Prepare Specimen Reports</p> <p>Relay Messages</p> <p>Deliver Messages</p> <p>Shave Operative Area</p> <p>Verify Correct Patient</p> <p>Patient Transfer</p> <p>Assist with Inventory</p> <p>Assist Checking Incoming Supplies</p> <p>Verify (Patient and Order, Etc.)</p> <p>Obtain Patient Signature</p> <p>Count (Sponges, Unit Supply)</p> <p>Check IV</p> <p>Stock Laundry</p> <p>Change Soiled Linens</p> <p>Report Treatments</p> <p>Report Unusual Incidents</p> <p>Take Notes on Unit Report</p>
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AREAS OF ATTITUDES WHICH ARE NECESSARY FOR PERFORMANCE OF THE FOLLOWING TASKS: cont'd.

Responsibility	Tact
Arrange Instruments	Draping Patient
Check Instruments	Remove Drape
Verify Correct Patient	Shave Operative Area
Request Additional Supplies	Assist in Moving the Patient
Report Shortages	Restrain Patient
Assist in Moving Patient	Assist in Restraining Patient
Restrain Patient	Talk Reassuringly to Patient
Assist in Restraining Patient	Tell Patient of Procedure Intent
Assist in Positioning Patient	Assist Preoperative Care
Take Forms to Station	Position the Patient
Deliver Messages	Lift the Patient
Transport Patient (Wheelchair/Carriage)	Obtain Patient Signatures
Lift the Patient	
Lift Patient to Bed, Chair, or Table	
Collect & Return Items to Central Supply	
Check Drainage Tubes, Catheter	
Check Flow of IV	
Maintain Unit Supply Level	
Arrange Linens on Linen Table	
Check Positions of Drain Tube/Catheter	
Report Defective Equipment & Supplied	
Apply Restraints	
Connect New Drainage Tubes	
Apply Binders	

APPENDIX L

Time Schedule In-Service Seminar

PITTSBURGH PUBLIC SCHOOLS
DIVISION OF OCCUPATIONAL, VOCATIONAL, AND TECHNICAL EDUCATION

IN-SERVICE SEMINAR TIME SCHEDULE

Nurses Residence
Allegheny General Hospital
319 Hemlock Street

Session I May 27, 1967 9:00 a.m. to 12:00 noon
Curriculum
A. Philosophy
B. How to develop a curriculum rationale

Session II June 3, 1967 9:00 a.m. to 12:00 noon
Educational Objectives
A. The value of stating terminal objectives
B. The implications of objectives for learning
C. How to write educational objectives
D. Evaluation of educational objectives

Session III June 10, 1967 9:00 a.m. to 12:00 noon
Sociology of Student Body (Adult)
A. Assessment of student environment -
 disadvantaged, urbanized
B. Assessment of student attitudes - self, job,
 and school

Session IV June 17, 1967 9:00 a.m. to 4:00 p.m.
Principles of Learning
A. Theories
B. Methods and techniques
C. Teaching aids

APPENDIX M

Questionnaire For In-Service Workshop

For

Teachers

Date _____

Research Office

QUESTIONNAIRE FOR IN-SERVICE WORKSHOP FOR TEACHERS

To the teacher: Please do NOT sign your name to this sheet. Be as frank as possible in your replies, as it is only by such honest responses that the goals of this evaluation will be fulfilled. After completing the questionnaire, place it in the envelope, seal the envelope, and deposit it in the box before you leave.

Subject field _____ Male _____ Female _____

Below are some statements about this workshop. Following each statement are four response choices. By placing a check in the appropriate space you can express the degree to which you agree or disagree with each item. **THERE ARE NO RIGHT OR WRONG ANSWERS!** Please indicate your agreement or disagreement with each item:

1. Frequently the level at which the material of this workshop was presented was much too difficult for me.
 Strongly agree Agree Disagree Strongly disagree
2. This workshop was worth the time and effort it required.
 Strongly agree Agree Disagree Strongly disagree
3. Most new teachers in my field could profit by taking a workshop like this one.
 Strongly agree Agree Disagree Strongly disagree
4. While the material covered in this workshop is good to know, it has little to do with being a teacher in my field.
 Strongly agree Agree Disagree Strongly disagree
5. Certain topics in this workshop would not be missed if they were left out.
 Strongly agree Agree Disagree Strongly disagree
6. More time should be devoted to covering the material of this workshop.
 Strongly agree Agree Disagree Strongly disagree
7. While the content of this workshop was not difficult, the instructors tended to make it so, i. e., they unnecessarily complicated the workshop.
 Strongly agree Agree Disagree Strongly disagree
8. Workshops such as this one are actually an investment in one's future.
 Strongly agree Agree Disagree Strongly disagree
9. Time spent on this workshop could have better been devoted to some other activity.
 Strongly agree Agree Disagree Strongly disagree
10. By and large, those who conducted the workshop made the content as easy to understand as possible.
 Strongly agree Agree Disagree Strongly disagree
11. The quality of this workshop left something to be desired.
 Strongly agree Agree Disagree Strongly disagree

Subject field _____ Male _____ Female _____

- 12. This workshop offered a convenient way of getting material that could have been obtained through other methods.
 Strongly agree Agree Disagree Strongly disagree
- 13. Most of the material covered in this workshop was already known to me.
 Strongly agree Agree Disagree Strongly disagree
- 14. This workshop is essential to the teacher who wants to fulfill his obligation to his profession and to his pupils.
 Strongly agree Agree Disagree Strongly disagree
- 15. There are many ways in which this workshop could have been improved.
 Strongly agree Agree Disagree Strongly disagree
- 16. This workshop will be helpful to me in my everyday work.
 Strongly agree Agree Disagree Strongly disagree
- 17. If a similar workshop were to be offered again, I would give up a Saturday morning to attend.
 Strongly agree Agree Disagree Strongly disagree

Everyone who participates in an in-service workshop has certain expectations concerning it and what he expects to get out of it. Think back to the time when you were first aware that you would attend this workshop, and try to recall what you expected to get out of it.

What aspects of the workshop do you think were particularly well covered? (Be specific)

What aspects of the workshop do you feel were inadequately covered? (Be specific)

What topics covered in this workshop do you think will be most useful to you in your own classroom?



APPENDIX N

Evaluation Of In-Service Training

By

Participants

QUESTIONNAIRE FOR IN-SERVICE WORKSHOP FOR TEACHERS

	%AGREE	%DISAGREE
1. Frequently the level at which the material of this workshop was presented was much too difficult for me.	7.4	92.6
2. This workshop was worth the time and effort it required.	96.1	3.9
3. Most new teachers in my field could profit by taking a workshop like this one.	96.1	3.9
4. While the material covered in this workshop is good to know, it has little to do with being a teacher in my field.	7.4	92.6
5. Certain topics in this workshop would not be missed if they were left out.	37.1	62.9
6. More time should be devoted to covering the material of this workshop.	55.6	44.4
7. While the content of this workshop was not difficult, the instructors tended to make it so, i. e., they unnecessarily complicated the workshop.	3.7	96.3
8. Workshops such as this one are actually an investment in one's future.	92.6	7.4
9. Time spent on this workshop could have better been devoted to some other activity.	11.1	88.9
10. By and large, those who conducted the workshop made the content as easy to understand as possible.	96.3	3.7
11. The quality of this workshop left something to be desired.	11.1	88.9
12. This workshop offered a convenient way of getting material that could have been obtained through other methods.	81.5	18.5
13. Most of the material covered in this workshop was already known to me.	44.4	55.6
14. This workshop is essential to the teacher who wants to fulfill his obligation to his profession and to his pupils.	85.2	14.8
15. There are many ways in which this workshop could have been improved.	50.0	50.0
16. This workshop will be helpful to me in my everyday work.	92.6	7.4
17. If a similar workshop were to be offered again, I would give up a Saturday morning to attend.	92.3	7.7

APPENDIX O

Quizzes

NAME _____

SCORE _____

ASEPSIS

Put an X in the box for every correct statement

- Asepsis is the medical term used to indicate the absence of disease producing micro-organisms.
- No micro-organisms are beneficial to man.
- The human eye can see micro-organisms with the aid of a microscope.
- Some types of organisms can move under their own power and invade new areas.
- Micro-organisms can grow in water, milk, foods, and on internal and external body areas.
- The harmful type of micro-organisms are called pathogens.
- Diseases that can spread from one person to another are called communicable.
- If you do not have a disease you cannot be a carrier of the disease.
- You can help to prevent the spread of disease by keeping yourself and your uniform clean.

NAME _____

SCORE _____

ASEPSIS

Handwashing

Put an X in the box for every correct statement

- Since disease and infection are spread so easily the nurse aide should wash her hands before going to each patient.
- A foot controlled sink provides a more aseptic method for handwashing than the hand operated sink.
- When washing hands at a hand operated sink the faucet should be turned off with a clean paper towel so that your hands do not come in contact with the sink or faucet.
- The water should be turned on and off several times during the handwashing procedure.
- The hands should always be kept lower than the elbows when washing them.
- If you touch the side of the sink, the handwashing procedure must be started all over again.
- The lathering and rinsing of the hands should take about 30 seconds.
- Three minutes of handwashing are required if your hands touch pus, blood or excrement.

NAME _____

SCORE _____

BEDMAKING

Unoccupied Bed

- A small wrinkle in a patient's bed can cause bed sores.
- When the bottom sheet is placed on the bed the hem should be even with the bottom of the mattress.
- Hospital corners, square corners, and miter corners are all names for the same kind of fold.
- Hospital corners are made at the head of the bed with the bottom sheet, and at the foot of the bed with the top sheet.
- A draw sheet is a sheet folded in half lengthwise.
- The draw sheet is started across the bed about 12 inches from the head of the bed.
- A rubber sheet is sometimes placed inside the folded draw sheet.
- A pleat is never made in the middle of the top sheet to leave room for the patient's feet.
- The blanket and the bedspread are started 24 inches from the head of the bed.
- To put a pillow case on a pillow, the case is first turned inside-out over your arm.

NAME _____

SCORE _____

FEEDING

Put an X in the box for every correct statement

The patient should be encouraged to feed himself if possible.

The nurse aide should check the orders to see what diet her patients are on.

The input contained on the food tray is counted by the nurse aide and put on the intake-output record.

The patient's hands should not be washed before meals.

The location of food on a blind person's plate should be described by comparing the plate to a clock.

The patient's teeth should be brushed after every meal.

The dietary department is interested in the comments the patients make about the food.

Some patients will be encouraged to eat between meals.

The nurse aide is allowed to substitute items of food on the patient's tray.

The nurse aide should observe and report patients who do not take any liquids.

NAME _____

SCORE _____

MEDICAL RECORDS

Put an X in the box for every correct statement

- The first step in giving proper treatment to a patient is reading the order accurately.
- The unit report is the end of the month report of unit activities.
- When you make a mistake in recording, you are not allowed to erase.
- Observations from your note pad are transferred to the patient's record by the nurse.
- The patient's life can depend on the accuracy of your notes.

Put a check on the line if the names are the same.

Robert J. Smith	_____	Robert J. Smith
Janet R. Brown	_____	Janice R. Brown
William H. Lance	_____	William H. Lence
Warren J. Friel	_____	Warren J. Fried
Thomas A. Green	_____	Thomas A. Greene

Match the abbreviations

- | | | |
|--------------|-------|-------------------|
| 1. bid. | _____ | by mouth |
| 2. aq. | _____ | dram |
| 3. cap. | _____ | every hour |
| 4. dr. | _____ | twice a day |
| 5. amt. | _____ | capsule |
| 6. p. o. | _____ | four times a day |
| 7. t. i. d. | _____ | amount |
| 8. tsp. | _____ | water |
| 9. tab. | _____ | three times a day |
| 10. o. m. | _____ | teaspoon |
| 11. q. h. | _____ | tablet |
| 12. q. i. d. | _____ | every morning |

QUIZ 5
(2)

Select the proper order of steps in giving care to a patient. Select one :
A, B, C, or D.

 A

1. Locate proper patient
2. Read orders
3. Render service
4. Enter on Patient Record

 B

1. Read orders
2. Locate proper patient
3. Render service
4. Enter on Patient Record

 C

1. Locate proper patient
2. Read orders
3. Enter on record
4. Render service

 D

1. Read orders
2. Enter on Patient Record
3. Locate proper patient
4. Render service

NAME _____

SCORE _____

CARE OF UNIT EQUIPMENT

Put an X in the box for every correct statement.

- Articles such as glassware and syringes are washed in warm soapy water before sterilizing.
- Glass may be sterilized by autoclaving or boiling for ten minutes.
- Instruments with cutting edges are sterilized in an autoclave.
- Some syringes have a serial number on each part so that the matched parts can be assembled.
- If a syringe is not taken apart soon after use, the parts may stick together.
- Hot water bottles and ice bags are dried by hanging them upside down.
- When the bag is dry the cap is replaced for storage.
- Allowing a little air to enter the bag before the cap is put on keeps the sides of the bag separated during storage.
- Instruments are scrubbed with a stiff brush during the cleaning process.
- In many hospitals articles are returned to central supply for sterilizing.
- Catheters are washed by forcing warm soapy water through the tube.
- Soap that is allowed to dry on rubber goods can cause the rubber to deteriorate.
- Scouring powder should not be used on rubber articles.
- The water sterilizer should be cleaned and filled with clean water each day.

QUIZ 6
(2)

- Scouring powder and steel wool may be used to clean the inside of the water sterilizer.
- Linens returned to the unit from central supply are stacked and stored by central supply workers.
- Linens are stacked with the folds to the front.
- All utensils from the bedside stand are taken to the utility room for washing and sterilization.
- The head half of the bed is washed before the bottom half.
- When preparing a unit for a new patient, the bed is stripped including the mattress cover.

NAME _____

SCORE _____

QUIZ 7

PATIENT HYGIENE

Oral Hygiene

Put an X in the box for every correct statement

- Oral hygiene should be completed before the bed bath.
- Oral hygiene, care of the mouth, should be done at least twice a day.
- An emesis basin should be used when giving oral hygiene.
- Brushing of the teeth should be done with a slight turning motion of the wrist, with the brush stroke starting at the gum and moving toward the edge of the teeth.
- Dental floss is used to remove food that the brush did not remove from between the teeth.
- Denture plates and removable bridges should be removed before giving oral hygiene.
- A patient who is too ill to sit should be turned on his side with his head on the pillow for oral hygiene.
- Oral hygiene for the unconscious patient is given by holding the patient's tongue down with a depressor and cleaning the mouth with an applicator dipped in mouthwash.

NAME _____

QUIZ 7 (2)
SCORE _____

PATIENT HYGIENE

Bed Bath

Put an X in the box for every correct statement

- The bed bath not only cleans the patient, but is a mild form of exercise that aids the circulation of the blood.
- Before starting the bed bath the patient should be asked if he needs a bedpan or urinal.
- After the blanket is placed over the top sheet, the top sheet is pulled out from the top.
- A bath towel is used under the arms and legs when they are washed to keep the bed dry.
- The patient's hands and feet are washed by placing them in a wash basin.
- During the bed bath the patient should be kept covered with the bed blanket and towel except where you are washing.
- The patient's nails should be cleaned with an orange stick.
- During the bed bath the nurse aide should be careful to observe the patient for any signs of redness or swelling.
- Before combing the patient's hair a towel should be spread under the patient's head.

NAME _____

SCORE

QUIZ 7
(3)

PATIENT HYGIENE

Back Rub

Put an X in the box for every correct statement

- The back rub is a gentle massage to relax muscles and stimulate blood circulation.
- The back rub should be given at least four times a day for about three to five minutes.
- The back rub helps to prevent bed sores (decubitus ulcers).
- Alcohol or lotion can be used for the back rub.
- Before starting the back rub your hands and the solution should be warmed.
- The heels of your palms are used for the long strokes of the back rub.

NAME _____

SCORE _____

QUIZ 8

BEDMAKING

Occupied Bed

Put an X in the box for every correct statement

- When making an occupied bed, good safety practice requires you to raise the bed rail on the side of the bed away from your working position.
- One of the first steps in occupied bedmaking is to turn the patient on his side with his back towards you.
- After the soiled linens are folded in the center of the bed, the patient is rolled over them to the other side of the bed.
- The postoperative bed is also called the recovery bed.
- Two rubber sheets are used in making a postoperative bed.
- The postoperative bed is never made with blankets.
- The top sheet and covers of the postoperative bed are not tucked in but fan-folded along one side of the bed when it is made.
- Side rails, and an intravenous pole are attached to a postoperative bed.

NAME _____

SCORE _____

BEDPAN

Put an X in the box for every correct statement

- A bedpan should be warmed before it is placed under the patient.
- Talcum powder is used around the top of the bedpan to keep the patient from sticking to the bedpan.
- The wide smooth low end of the bedpan is placed toward the head of the patient.
- The doctor's orders may allow you to raise the head of the bed to place the patient in a sitting position on the bedpan.
- When a patient is ill, the nurse aide should stay near a patient who is on a bedpan.
- The two methods of placing a patient on a bedpan are lifting and rolling.
- One method of helping a patient off a bedpan requires the nurse aide to lift with one arm under the patient's back and remove the bedpan with the other hand.
- The urinal used for the male bed patient looks something like a small pitcher.

NAME _____

SCORE _____

ASEPSIS

Sterilization

Put an X in the box for every correct statement

- The three most common methods of sterilizing equipment are hot water, pressurized steam, and hot air.
- Glassware and rubber articles are wrapped in gauze for sterilization in a water sterilizer.
- Rubber articles and small articles are sterilized for ten minutes in a water sterilizer.
- Large articles like basins, cans, and pitchers must be sterilized for 20 minutes in the water sterilizer.
- Rubber articles should not be mixed with pitchers for sterilization.
- Sterile packages are held on the open hand and the top flap is opened toward the body.
- Articles are removed from a sterile container with forceps.
- Forceps can become contaminated by touching the sides or rim of a sterile solution container.
- Forceps are closed when being placed in the sterile solution and opened when the forceps are in the solution.
- When using forceps the handle should always be kept above the prong ends.
- When the cap of a sterile bottle is removed, it should not be laid on a counter or table, but held with the top up.
- When there is even the slightest possibility that an article has been contaminated it should be replaced.

NAME _____

SCORE _____

POSITIONING

Put an X in the box for every correct statement

- When you have to lift or move a heavy patient, you should ask for help.
- A good rule to remember when lifting patients is--"Bend your knees, and not your back."
- When you move a patient away from you, the bed rail on the other side must be up.
- It takes at least two people to move a patient with a lifting sheet.
- The rolled edge of a lifting sheet should be rolled close to the patient's body for better control and easier lifting.
- The draw sheet can be used as a lifting sheet.
- The lifting sheet can be used to either roll or slide the patient to a new position.
- Moving a patient is usually easier when the patient understands what you plan to do.
- When turning a patient without a lifting sheet, one of the patient's legs is crossed over the other in the direction of the turn.
- Turning the patient is easier when his arms are folded across his chest.

Put an X in the box for every correct statement

- Dangling is a mild form of exercise, and is usually ordered by the doctor for patients after an operation.
- When a patient is seated on the edge of the bed and supported by another person, the position is called the dangling position.
- One of the first steps in dangling a patient is to crank up the bed to a 3/4 position.
- When you lift a person from the lying to the sitting position, you should pivot your feet toward the foot of the bed as you lift.
- To support the patient in the dangling position stand on the patient's right side.
- One of the dangers when exercising a patient is that he may become dizzy or faint.
- When placing a patient in a walker or wheelchair, lock the wheels or angle it into the bed.
- Always help the patient from the walker back into bed, even if he wants to do it alone.

NAME _____

SCORE _____

ENEMA

Put an X in the box for every correct statement

- The cleansing enema is an injection of water or solution into the large intestine.
- An enema is used to help the patient to have a bowel movement.
- An enema may be given by a nurse aide upon the direction of a nurse or doctor.
- The temperature of the enema solution should be about 150°
- The clamp on the irrigating can should be in the closed position when the solution is poured into it.
- A rubber sheet and a treatment sheet are placed under the patient before an enema is administered.
- For the Sims position:
- the patient is placed on his left side
- the right knee is drawn up
- the left hand is behind the back
- If the irrigating can is held higher than 18 inches above the patient, the water pressure could damage the large intestine.
- The tip of the rectal tube should not be lubricated with lubricating jelly.
- If the patient complains of pain during the enema, the flow of the solution should be slowed or stopped for a minute or two.

QUIZ 12
(2)

Put an X in the box for every correct statement

- During an enema, breathing through the mouth heavily should make the patient more comfortable.

- Patients should be encouraged to hold the enema solution for 4 to 5 minutes.

NAME _____

SCORE _____

TEMPERATURE, PULSE AND RESPIRATION

Put an X in the box for every correct statement

- The vital signs are Temperature, Pulse and Respiration, and are abbreviated as TPR.
- TPR are usually measured every four hours.
- The oral thermometer can also be used for taking the axillary (under arm) temperature.
- The rectal thermometer has a round bulb end, and is used only for rectal temperature taking.



- The thermometer shown above is a rectal type thermometer.
- The temperature shown above is 99.5°.
- The stem end of the thermometer above is the round end.
- The neck of a thermometer keeps the mercury from returning to the bulb until it is shaken down.
- When taking an oral temperature the thermometer is placed under the tongue for three minutes.
- When taking an axillary temperature the time count is for 10 minutes.
- When taking a rectal temperature the time count is for 3 minutes.

Put an X in the box for each correct statement.

- Before taking a temperature the thermometer should always be checked to make sure the reading is below 92 degrees.
- Rectal and oral thermometers can be soaked and cleaned together.
- Thermometers must soak in the disinfectant for ten minutes during the cleaning process.
- Warm or hot water that would not be uncomfortable on your hands could break a thermometer.
- Thermometers are always rinsed in cool water.
- Respiration is the number of breaths taken in one minute.
- If a patient knows you are counting his respiration he could control his rate of breathing.
- If the respiration rate is less than 14 or more than 28 per minute, you should report this to your supervisor at once.
- Pulse and respiration are usually taken during the time you are taking the temperature.
- You should report at once to your nurse any pulse that is below 60 or above 100 beats per minute.
- A weak or irregular pulse must be reported to your nurse immediately.
- After taking the pulse you should leave your hand on the patient's wrist while counting the respiration.
- Never use your thumb to press the artery when taking a pulse.

NAME _____

SCORE _____

ALARM SITUATIONS

Put an X in the box for every correct statement

Quick action is necessary in an alarm situation.

Check items below that may indicate an alarm situation:

 Change in appearance Change in behavior Pain Change in blood pressure Change in pulse Change in temperature Shivering Bleeding (unexpected) Blood in the patient's urine and stool could indicate an alarm situation.

If the oxygen supply is cut off the nurse aide should:

 Call the nurse to restore the oxygen. Restore the oxygen and report it to the nurse.

NAME _____

SCORE _____

HOT AND COLD APPLICATIONS

Put an X in the box for every correct statement

- Cold applications are applied to help reduce swelling and pain.
- Cold applications contract the blood vessels and can be used to help stop bleeding.
- Fever can be reduced by the use of cold applications.
- Cold applications left in position for a long time can cause skin tissue to die from lack of blood.
- The nurse aide must check with the nurse supervisor before applying hot or cold compresses.
- More blood is circulated in an area when cold is applied.
- Faster healing takes place when blood circulation is improved by heat applications.
- Excessive heat can cause swelling.
- The hot water bottle and the heat lamp are two examples of the dry heat methods.
- Hot compresses and hot soaks are two moist heat methods.
- Hot applications as well as cold can be used to reduce pain.
- The safe temperature for hot applications depends on the age of the patient.

Put an X in the box for every correct statement

- Hot water bottles are usually filled with 90° water.
- After drying the water bottle, it is placed in a flannel cover before being applied to the patient.
- When using a heat lamp, the patient's eyes should be covered with dark glasses or damp compresses.
- A heat lamp should be moved to a position that will keep the patient's skin temperature above 110°
- A bath thermometer is used to measure the skin temperature.
- An oral or rectal thermometer could be broken by the heat of a sun lamp.
- Only the area being treated should be exposed to the rays of the heat lamp.
- The water temperature for hot soaks is 110° .
- Compresses are dipped in 110° water and the excess water is squeezed out before being applied.
- Hot compresses are covered with a plastic sheet and towel to retain the heat.

SITZ BATH

Put an X in the box for every correct statement

- The water temperature for a sitz bath can range from 55° to 105°.
- The water temperature is always checked by using your elbow .
- A heavy bath towel is often used under the patient to allow the water to circulate under the patient.
- More warm water is added when needed to keep the water temperature constant.
- The patient will be weaker after the bath because the hot water drains the strength from the patient.

NAME _____

SCORE _____

ASEPSIS

Isolation

Put an X in the box for every correct statement

- A patient is not kept in isolation unless he has a serious communicable disease.

- Face masks worn while caring for an isolation patient should be changed every hour, or as soon as they become wet.

- After the gown used for an isolation patient is used, it can be kept with the soiled linens from the other wards.

- The dishes from an isolation unit should be washed and sterilized.

NAME _____

SCORE _____

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NAME _____

SCORE _____

ADMISSION AND DISCHARGE

Put an X in the box for every correct statement

- While helping a newly admitted patient to undress, you should check for bruises and sores.
- When you take a patient to his room you should introduce him to his roommate.
- A patient who brings medicine to the hospital should keep it in the bedside stand.
- When preparing a room for the patient, you should fanfold the top linens to the foot of the bed.
- Cash and other valuables in the patient's possession should be sent home if possible.
- Valuables may be kept in the hospital safe if they are inventoried and receipt forms completed.
- When a patient is being discharged most hospital regulations require the patient to be taken to the exit in a wheelchair whether he needs it or not.

NAME _____

SCORE _____

BANDAGING

Put an X in the box for every correct statement

 A binder is a type of bandage.

Bandages and binders are used:

- to immobilize a part of the body.
- to cover or support areas of the body.
- to reduce swelling.
- to correct a deformity.
- to secure a limb to a splint.
- to hold a dressing in place.

 Bandages are made from flannel, muslin, linen, and elastic materials.

Elastic bandages:

- are used for firm support.
- for preventing swelling.
- are not reusable.

 Arm supports are usually made from a triangular binder. Areas to be bandaged should be clean and dry.

QUIZ 17
(2)

Put an X in the box for every correct statement

- Arms and legs are bandaged toward the trunk.
- After bandaging, the part should always be observed carefully for signs of swelling.
- Swelling after bandaging may indicate the circulation has been cut off by the tight bandage.
- Blood flow is reduced by tight bandages and slow down the healing process.
- Bony areas and hollow areas are padded before a binder is applied to maintain equal pressure.
- A sling for the right arm is placed on the chest and the upper point of the triangle placed over the right shoulder.
- When an arm or leg are wrapped they should be placed in a normal position.
- Roller bandages are used more than any other type of bandage.
- When a roller bandage is being applied the outer side of the roll is placed against the patient's skin.
- Roller bandages are usually removed from the patient by cutting the bandages with bandage scissors on the side away from the wound.
- Elastic bandages are removed by unwrapping.

Put an X in the box for every correct statement

Triangular binders can be used for:

slings

bandaging heads

mittens

bandaging hips

bandaging shoulders

Straight binders are used for chest and abdomen.

NAME _____

SCORE _____

PREOPERATIVE AND POSTOPERATIVE CARE

Put an X in the box for every correct statement

- Preparations before surgery are called preoperative preparations.
- Special care given after the operation is called postoperative care.
- The purpose of preoperative care is to make the patient as clean as possible to prevent infection.
- The water used for shaving the patient should be about 115°.
- Hair must be removed in an operative area because it cannot be sterilized.
- After shaving, the area should be washed with water and then cleaned with an alcohol sponge.
- Before the patient is moved to the operating room area, the patient's name tag must be checked against the operating room attendant's orders.
- After an operation, the patient's pulse and respiration must be checked every 15 minutes.
- After an operation, the surgical dressing should be checked every ten minutes for bleeding.
- Bleeding from a surgical dressing could be an alarm situation.

Put an X in the box for every correct statement

Postoperative patients are not permitted to drink water until the physician orders it.

When the fluid in the intravenous container is 1/4 full, the nurse should be notified.

APPENDIX P

Three Tests

NURSE AIDE TEST NO. I

NAME _____

DATE _____

I True or False

Place the word true (T) or false (F) before the statement.

1. _____ A cake of soap should be rinsed off immediately after use.
2. _____ You should read your assignment sheet after you enter the patient's unit.
3. _____ You should check the patient's Kardex before you start feeding him.
4. _____ You should look at the Kardex before you empty a patient's pitcher.
5. _____ In giving mouthcare to an unconscious patient, you need all the following:
a) applicators b) toothbrush c) toothpaste d) mouthwash solution
6. _____ Soiled linen, when removed from the bed, may be placed anywhere in the unit.
7. _____ You should bend over the patient when you lift him.
8. _____ You may dangle a postoperative patient whenever he asks.
9. _____ A rubber hose and a washbasin may be sterilized together.
10. _____ A sterile package should be held away from your uniform.

II Matching

Place the number of the correct definition in the blank space provided.

- | | |
|----------------------|--|
| _____ Forceps | 1. Bed sores or ulcers, which a patient may develop. |
| _____ Urinal | 2. A container for sterilizing by steam under pressure. |
| _____ Decubiti | 3. A substance given off by a part of the body. |
| _____ Friction | 4. Uncleanliness due to the presence of germs. |
| _____ Autoclave | 5. Plant or animal that can be seen only under a microscope. |
| _____ Micro-organism | 6. Thin watery fluid present in the mouth. |
| _____ Pathogens | 7. Rubbing of one object against another. |
| _____ Secretion | 8. An instrument used for grasping. |
| _____ Contamination | 9. Germs |
| _____ Saliva | 10. A bottle-shaped container to receive a male patient's urine. |

III Completion

1. The tasks in the complete morning routine of patients' hygiene are:
(list as many as you can think of)
 - 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
 - 6) _____
 - 7) _____
 - 8) _____
2. Before you move a patient toward the edge of the bed, you should _____
_____ on the bed.
3. While you make an occupied bed, the patient's body should always be _____.
4. Great care in making the patient's bed should be given to the bottom sheet, so that it is _____ and _____ and will not cause bedsores.
5. The _____ sheet should be placed on the bed with the rough side of the hem up.
6. Soiled linen should be held _____ from one's uniform.
7. Before serving a meal to the patient, the nurse aide should have the patient _____ his hands.
8. You should prepare the patient's unit for his meal by:
 - 1) Clearing the _____ for the tray.
 - 2) Moving the _____ close to the patient.
9. Check the patient's _____ before you serve him in-between meal nourishment.
10. List the kinds of information found on a patient's Kardex:

IV Draw a circle around the most correct answer:

1. You wake up with a cold and a cough on a working day; what should you do?
 - a - Telephone the Nursing Service office that you are sick and unable to work.
 - b - Call after you have seen a doctor.
 - c - Go to work.
 - d - Report on duty and let the charge nurse decide whether you should work that day.

2. Before helping a patient into or out of a wheelchair, which of these actions are necessary?
 - a - Have the brakes unlocked and the footrests down.
 - b - Lock the brakes and have the footrests folded up.
 - c - Have the brakes unlocked and the footrests folded up.
 - d - Lock the brakes and have the footrests down.

3. You are to dangle a patient the first time after his operation. The patient says he does not want to be disturbed. What do you say?
 - a - "I am sorry, Mr. Brown, my order says you must be dangled today."
 - b - "All right. We shall try tomorrow."
 - c - "Mr. Brown, the doctor's order is to dangle you today; the exercise is important and necessary for you. You shall sit up for only a short while."
 - d - "Better not, if you don't want to. Mrs. Wise in the next room almost fainted yesterday when I helped her dangle."

4. If a bedpan is to be put under a heavy patient whose skin tends to stick to the pan, a practical first step is to
- a - moisten the seat of the bedpan with alcohol.
 - b - sprinkle talcum on the seat of the bedpan.
 - c - wash and dry the buttocks.
 - d - oil the buttocks.
5. If a member of the nursing team fails to use a deodorant, he or she will certainly be offensive to others. The last person to become aware of this offensiveness is usually
- a - a patient.
 - b - a co-worker.
 - c - the supervisor.
 - d - the neglectful team member.

NURSE AIDE TEST NO. II

NAME _____

DATE _____

I True or False

Place the word true (T) or false (F) before the statement.

1. _____ 98.6° F and 37.0° C are usually considered normal temperatures.
2. _____ The most common method of taking a temperature is orally.
3. _____ Rectal temperatures are more accurate than oral or axillary temperatures.
4. _____ Pulse and respirations are each taken for a full minute.
5. _____ The pulse and respirations are counted after taking a rectal temperature.

II Draw a circle around the most correct answer.

1. An elevated temperature in this hospital is considered to be:

- | | |
|-------------|-------------|
| a - 36.7° C | c - 37.5° C |
| b - 37.7° C | d - 36.9° C |

2. A rectal thermometer is kept in place for:

- | | |
|---------------|----------------|
| a - 5 minutes | c - 10 minutes |
| b - 2 minutes | d - 3 minutes |

3. An axillary thermometer is kept in place for:

- | | |
|----------------|----------------|
| a - 5 minutes | c - 10 minutes |
| b - 20 minutes | d - 3 minutes |

4. An oral thermometer is kept in place for

- | | |
|---------------|----------------|
| a - 3 minutes | c - 5 minutes |
| b - 2 minutes | d - 10 minutes |

5. If a temperature is recorded like this 38.2^{OR} C, the R means the temperature is
- | | |
|--------------------|-------------------|
| a - Routine | c - Rectal |
| b - To be reported | d - To be retaken |
6. If pulse beats occur at the rate of two per second for a few beats, then one per second, then two per second again, the pulse is called:
- | | |
|---------------|------------|
| a - regular | c - strong |
| b - irregular | d - feeble |
7. The aide is to take the regular afternoon temperatures of a dozen patients. The aide first goes to Mr. Drake, a convalescent patient, but finds that he has just finished an iced drink. Which action would be best?
- | |
|---|
| a - Take Mr. Drake's temperature but leave the thermometer in his mouth an extra minute or two. |
| b - Have him rinse his mouth with warm water and then take his temperature. |
| c - Take a rectal instead of an oral temperature on Mr. Drake. |
| d - Take the other patients' temperatures first and then come back to take Mr. Drake's temperature. |

III True or False

Place the word true (T) or false (F) before the statement.

1. The urinary collection bag should be lower than the patient's bladder.
2. You should keep the end of the drainage tube sterile while you empty or change the collection bag.
3. It is not necessary to read the graduation on the collection bag.
4. The normal temperature of the enema solution is 105° F.
5. It is necessary that the patient hold the enema solution for five minutes.
6. 98.6° F is considered the normal body temperature.
7. Temperature, pulse, respiration are recorded on the TPR form every time they are taken.
8. The count of respiration is taken immediately after taking the pulse rate.
9. You should report a respiration rate of 29 to the nurse.
10. You should report a pulse rate of 62 to the nurse.

NAME _____

DATE _____

Part I True or False

Write "T" if statement is true and "F" if false.

1. _____ The most important safety measure in transporting a patient by stretcher is using restraining straps or side rails.
2. _____ It is a good idea to feed a patient quickly with large spoonfuls of food in order not to make him tired.
3. _____ The nurse aide should keep her back straight and her feet apart, when lifting and turning a patient.
4. _____ The pre-operative area is shaved in order to help make the skin as clear and free from germs as possible.
5. _____ To prevent swelling or congestion in an extremity, the elastic bandage (ace bandage) is wrapped away from the foot or the hand and then is wrapped back toward it.
6. _____ If you are asked to collect a warm stool specimen, it must be taken to the laboratory stat.
7. _____ You should always ask a newly admitted patient if he has pills with him and if he has, you should take them to the nurse.
8. _____ Patient's dentures are brushed under running water.
9. _____ The nurse aide should tell the patient never to lock the door to the bathroom when he takes a bath.
10. _____ When a patient is admitted to the hospital, the nurse aide screens the patient and if necessary, helps him to undress.

Part II Matching

Place the number of the correct meaning in the blank space provided.

- | | |
|----------------|-------------------------|
| _____ cap. | 1. twice a day |
| _____ a. c. | 2. teaspoon |
| _____ q. i. d. | 3. immediately |
| _____ hypo. | 4. kilogram |
| _____ tsp. | 5. fluid ounce |
| _____ bid. | 6. electroencephalogram |
| _____ RX | 7. four times a day |
| _____ stat. | 8. before meals |
| _____ kg | 9. by mouth |
| _____ I. V. | 10. blood pressure |
| _____ fl. oz. | 11. if necessary |
| _____ B. P. | 12. intravenous |
| _____ E. E. G. | 13. capsule |
| _____ p. o. | 14. take |
| _____ S. O. S. | 15. hypodermic |

Part III Completion:

1. 8 oz. = _____ cc
2. 1 oz. = _____ cc
3. one quart = _____ cc
4. "Clinitest" determines the quantity of _____ contained in urine in the illness called _____.
5. Acetone is a chemical that may be present in _____.
6. If a patient has an injured mouth, you may take his temperature by the _____ or _____ method.
7. When admitting a patient, the nurse aide is responsible for taking his TPR and measuring his _____ and _____.
8. Three examples of moist heat applications are _____, _____, _____.
9. _____ widens blood vessels, _____ narrows blood vessels.
10. A cold _____ sponge bath is sometimes applied to the body to reduce fever.

Part IV Multiple Choice

Draw a circle around the letter of the most correct answer

1. If a patient is to have a fluid intake record sheet kept at his bedside, the proper time for the nurse aide to record the patient's fluids on that sheet is:
 - a - when the fluids are served to him
 - b - when he promises to drink the fluids.
 - c - as soon as he has drunk the fluids.
 - d - at the end of the nurse aide's shift (tour of duty).
2. In a certain hospital, the drinking glasses for a patient ordinarily hold 210 cc. If the patient drinks 1/2 glass of fruit juice and 1 glass of milk, he has taken:
 - a - 105 cc
 - b - 220 cc
 - c - 315 cc
 - d - 310 cc
3. The nurse aide is ready to give an enema to a convalescent patient. Before inserting the lubricated rectal tube into the rectum, the nurse aide should:
 - a - run a little solution through the rectal tube.
 - b - place the patient on the bedpan.
 - c - ask the patient to bear down.
 - d - have the irrigating can below the level of the rectum.
4. A nurse aide notices that the side rail on one side of the bed of an elderly, confused patient has been left down. No one is with the patient. What would it be best to do first?
 - a - pull the side rail up.
 - b - ask the patient if the person who left the side rail down is coming back.
 - c - notify the nurse in charge.
 - d - stay with the patient until someone else comes.

Part IV Multiple Choice continued

5. In passing water pitchers, it is important for the nurse aide to know which patients:
- a - do not want ice.
 - b - are on N. B. M. (or N. P. O.).
 - c - need straws to drink.
 - d - are on I and O.
6. When a patient has had an operation and does not move about in bed of his own accord, turning him often, according to orders, will help to prevent:
- a - bleeding
 - b - lung congestion
 - c - pain
 - d - shock

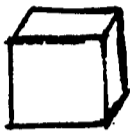
APPENDIX Q

Samples of Worksheets

INTAKE AND OUTPUT

INTAKE

Measurements of liquids are taken either in ounces (oz) or in cubic centimeters (cc).



A cubic centimeter is a cube with each edge one centimeter long. This is a little more than one third of an inch.

8 oz. equals 250 cc

1 quart contains 32 oz.

1 pint contains 16 oz.

Problem 1: A patient drinks a half pint of milk. This is _____ oz. or _____ cc.

Problem 2: A water pitcher contains one quart of water. This is _____ oz. or 1000 cc.

Problem 3: A patient drinks 4 oz. of juice. This is _____ cc.

Contents of frequently used containers.

1 pot of tea 250 cc

1 pot of coffee 300 cc

1 large water glass 240 cc

1 medium water glass 175 cc

1 fruit juice glass 100 cc

1 ice tea glass 225 cc

1 bottle 7-Up 200 cc

1 pot of broth 150 cc

1 cup 150 cc

1 cube ice cream 100 cc

1 serving jello 100 cc

1 carton milk 240 cc

1 large cream 100 cc

1 small cream 25 cc

Problem 4: A patient drinks one and one half cups of coffee. This is

_____ cc.

Problem 5: A patient eats one third of a serving of ice cream. This is

_____ cc.

Problem 6: Compute the intake for Mrs. Mary Ryan from 7 a.m. to 3 p.m. in cc.

7 a.m.	1 glass of water (medium size)	_____	cc
7:30 a.m.	1/2 pot of coffee	_____	cc
	1 glass of orange juice	_____	cc
10 a.m.	3/4 carton of milk	_____	cc
12 noon	1 cup of broth	_____	cc
	1 glass of ice tea	_____	cc
3 p.m.	1 serving of ice cream	_____	cc
Total		_____	cc

The intake for Mrs. Mary Ryan from 7 a.m. to 3 p.m. is _____ cc.

Problem 7: Mr. James Grant did not eat all of his dinner. When you remove his tray, you see that he ate only half of his cup of soup and half of his jello. He ate all his ice cream, but drank only half his carton of milk. What is his liquid intake.

How to solve this problem:

- Step 1.** List the liquids he consumed. Subtract the left over liquid from the amount that was served.
- Step 2.** Place the number of cc next to the item.
- Step 3.** Check each item.
- Step 4.** Total the number of cc.
- Step 5.** Enter into the record.

1/2 cup of soup	_____	cc
1/2 serving of jello	_____	cc
1 serving of ice cream	_____	cc
1/2 carton of milk	_____	cc
Total	_____	cc

The intake for Mr. James Grant at dinner is _____ cc.

Problem 8: Mrs. Jane Wilcox is on "intake" from 3 p.m. to 11 p.m. She received an intravenous feeding of a pint of glucose. Her dinner tray contains a cup of broth, a dish of jello, a serving of ice cream and a pot of coffee. When you remove her tray, you find one third of the broth leftover, about half of the jello and a third of the coffee left in the pot. At 8 p.m. Mrs. Wilcox drinks a bottle of gingerale. What is Mrs. Wilcox's intake from 3 p.m. to 11 p.m.

1 pint of glucose	_____	cc
1 cup - 1/3 cup = 2/3 cups of broth	_____	cc
1 serv. jello - 1/2 serv. = 1/2 serv. of jello	_____	cc
1 ice cream	_____	cc
1 pot of coffee - 1/3 pot = 2/3 pot of coffee	_____	cc
1 bottle of ginger ale	_____	cc
Total	_____	cc

The intake for Mrs. Jane Wilcox from 3 p.m. to 11 p.m. is _____ cc.

On some hospital record sheets you will also find:

Intake: Sub Q which means under the skin by hypodermic
Tube feeding, Catheter irrigation

Output: Wangensteen which is suction of the stomach or intestine.

Problem 9: Enter on all 3 record sheets the intake and output for
Mrs. Emily Young.

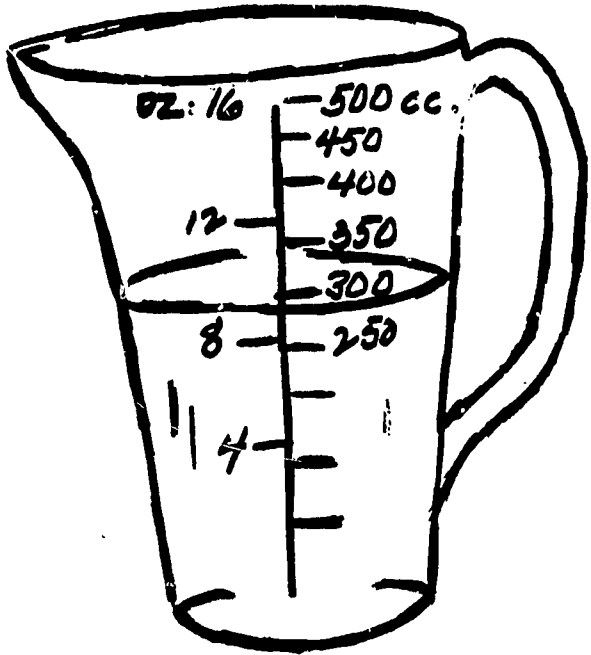
7:30 a.m.	300 cc urine
8 a.m.	1 glass of juice 1 cup of coffee
10 a.m.	200 cc urine
10:30 a.m.	1/2 pot of broth
12 noon	1/2 glass of juice 1 serving of ice cream 1/2 serving of jello emesis 200 cc
1:30 p.m.	urine 150 cc
2:00 p.m.	1 cup of tea
5:00 p.m.	1/2 pint of milk 1 pot of broth
8:00 p.m.	1 bottle of gingerale 400 cc wangensteen drainage
10 p.m.	I V 1/2 pint

INTAKE AND OUTPUT (continued)

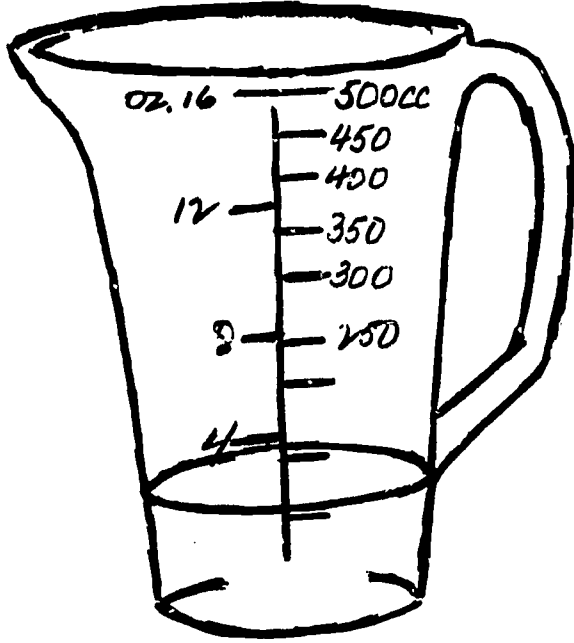
OUTPUT

Output of liquids is measured in ounces or cubic centimeters. The liquids to be measured are urine, vomitus, liquid bowel movements and drainage. In order to measure their quantity they must be poured from the emesis basin or the bedpan into the graduate. The calibration on the graduate is marked in ounces and in cubic centimeters.

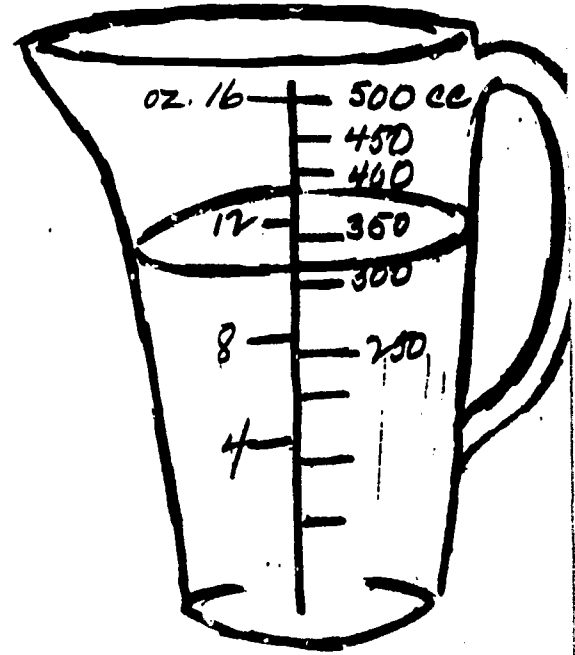
Problem 1: Compute the output for this patient in ounces (oz.) and in cubic centimeters (cc.).



URINE



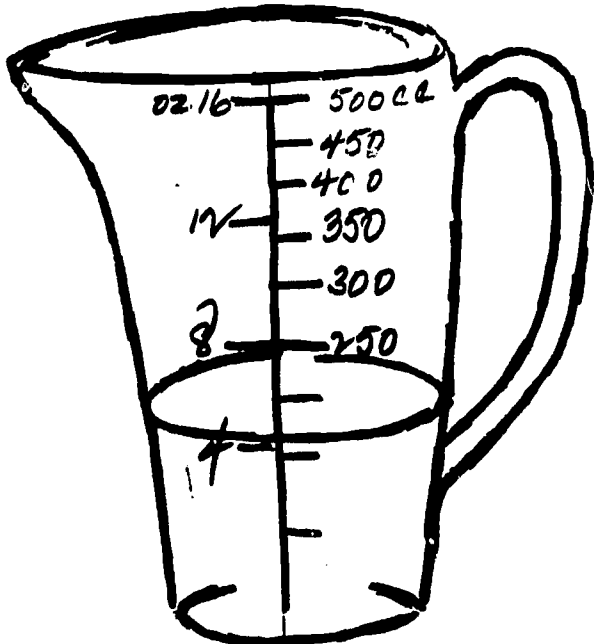
VOMITUS



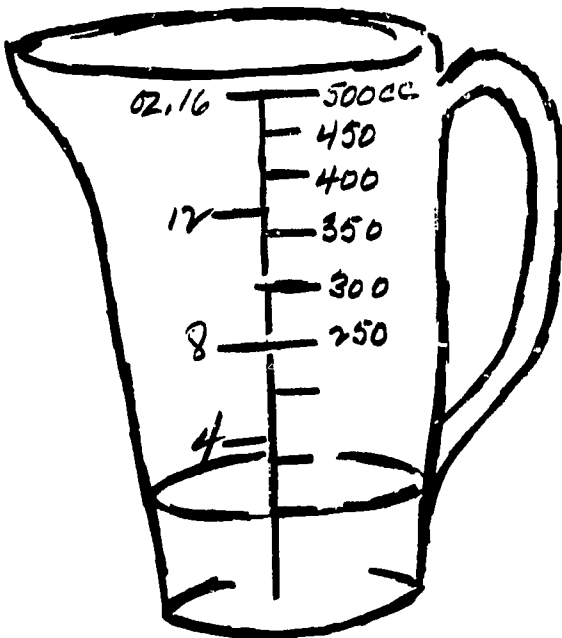
DRAINAGE

Urine	_____ oz.	_____ cc.
Vomitus	_____ oz.	_____ cc.
Drainage	_____ oz.	_____ cc.
Total	_____ oz.	_____ cc.

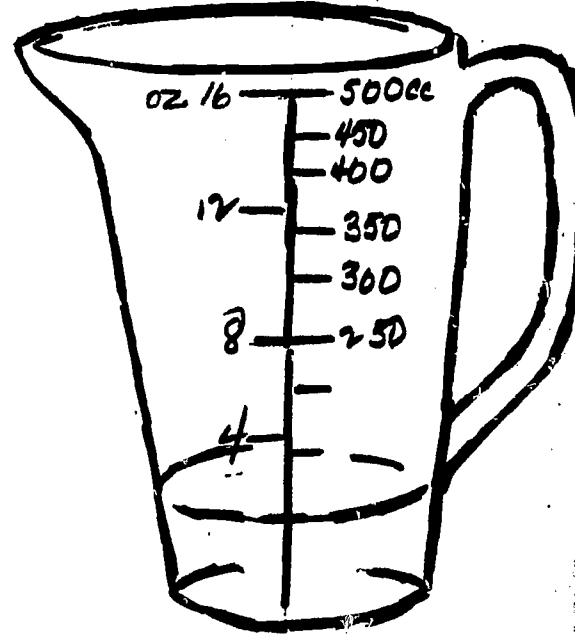
Problem 2: Compute the output for this patient in cc.



URINE



LIQUID BOWEL



VOMITUS

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DAILY RECORD - INTAKE - OUTPUT

	INTAKE			OUTPUT		
	TIME	P.O. (CC)	I.V. (CC)	WANGANSTEEN (CC)	URINE (CC)	*OTHER (CC)
7 A.M. TO 3 P.M.						
	TOTAL					
3 P.M. TO 11 P.M.						
	TOTAL					
11 P.M. TO 7 A.M.						
	TOTAL					

TOTAL INTAKE 24 HRS.	TOTAL C.C. OUTPUT 24 HRS.	
----------------------	---------------------------	--

*OTHER - INCLUDES VOMITUS - LIQUID BODY STOOLS.
 (ESTIMATE AMOUNTS WHERE EXACT MEASUREMENT IS NOT POSSIBLE.)

**PITTSBURGH PUBLIC SCHOOLS
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INTAKE - - OUTPUT

INTAKE							OUTPUT			
Time	Oral	I. V.	Sub. Q.	Tube Feeding	Levine Tube Irrig.	Cath. Irrig.	Urine	Emesis	Suction	Wound Drain
8 am										
9 am										
10 am										
11 am										
12 Noon										
1 pm										
2 pm										
3 pm										
TOTAL										
4 pm										
5 pm										
6 pm										
7 pm										
8 pm										
9 pm										
10 pm										
11 pm										
TOTAL										
12 MN										
1 am										
2 am										
3 am										
4 am										
5 am										
6 am										
7 am										
TOTAL										
TOUR OF DUTY	TOTAL INTAKE				TOTAL OUTPUT			SIGNATURE		
7 - 3										
3 - 11										
1 - 7										
24 Hr. TOTAL										
DIFFERENCE										

10/14/65

PITTSBURGH PUBLIC SCHOOLS
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 MANPOWER DEVELOPMENT AND TRAINING

INTAKE - OUTPUT

				INTAKE				OUTPUT			
Date	Time	Oral (cc)	I. V. (cc)	Other (cc)	Total (cc)	Urine (cc)	Gastric Suction (cc)	Vomit (cc)	Other (cc)	Total (cc)	
19	7-3										
	3-11										
	11-7										
24 Hour Total											
	7-3										
	3-11										
	11-7										
24 Hour Total											
	7-3										
	3-11										
	11-7										
24 Hour Total											
	7-3										
	3-11										
	11-7										
24 Hour Total											
	7-3										
	3-11										
	11-7										
24 Hour Total											

MEDICAL RECORDS

Writing Records Accurately

T. P. R. Form

T. P. R. FORM

Date _____

Room	Name	8:00 a. m.	12 noon	4:00 p. m.	8:00 p. m.	12 mid	4:00 a. m.

Fill in the above T. P. R. Form

William Burke is in Room 304 A. Gerald Bartholomew is in Room 304 B.
Sam Sande is in Room 306.

At 8 a. m. Burke's pulse is 78, respirations 16 and temperature 98.6°.

At 12:00 noon you take Burke's T. P. R. and find that his temperature is 102°, pulse 104 and respirations 34. Besides recording this, what will you do?

Exchange this worksheet with two classmates to see whether they can read your writing. If they cannot, please attempt to write figures more clearly.



Maurice Parkins is in Room 505 A.
 Morris Parks is in Room 505 B.
 Morgan Parise is in Room 505 C.

Enter their names and room numbers in this chart:

T. P. R. FORM

Date _____

Room	Name	8:00 a. m.	12 noon	4:00 p. m.	8:00 p. m.	12 mid	4:00 a. m.

Be certain you can see that the names are different when you read them.

When you take T. P. R., which reading do you take first?

Write in a pulse of 84 for Morris Parks at 8:00 a. m. on the above form.

Which is the second reading you record.

Where do you enter the temperature?

To the left of the pulse.

To the right of the pulse.

Patient Record Card

The following is an example of a Patient Record Card

TESTS		DATE TO BE DONE	TREATMENTS		103276	NURSING CARE PLAN TIME	
BLOODWORK			Hot Soaks @ 3 hrs.				
BLOODWORK NPO							
URINE							
DIET		OTHER ALLERGIES		CONDITION	ACTIVITY	CARE	
1800 Cal. ADA							
DATE ADM.	DIAGNOSIS	DATE AND OPERATION			SURGEON		RELIGION
9/23/66	Diabetes Mellitus						Presb
NAME				NO.	DR.	AGE	ROOM
Burke, Cyrus				167320	Morgan	46	303

Does the record say every (1) 2 hours (3) 5 hours
(2) 3 hours (4) not sure

The correct answer should be _____ You must consult the person who wrote the order if you have any doubt about the writing.

Individual Assignment Sheet

TEAM MEMBERS ASSIGNMENT SHEET		
TEAM LEADER	<i>Morgan</i>	DATE <i>10/17/67</i>
TEAM MEMBER	<i>Spencer</i>	COFFEE TIME <i>3:00</i>
SPECIAL ASSIGNMENT		MEAL PERIOD <i>12-5</i>
ROOM	PATIENT	SPECIFIC ASSIGNMENT AND REPORT
306A	Boyle, J.A.	Hot Soaks
306B	Bales, J.A.	Ice Bag

Does this assignment sheet list the same patient twice?

Who requires the low temperature treatment? _____

Who requires the high temperature treatment? _____

Why is it important that you read the assignment sheet accurately?

It is important because you may harm a patient if you give him the wrong treatment.

T. P. R.

This is a T. P. R. chart with only the temperature filled in:

T. P. R. FORM

Date July 3, 1957

Room	Name	8:00 a. m.	12 noon	4:00 p. m.	8:00 p. m.	12 mid	4:00 a. m.
601	Nickerson, B.	101	102	101			
602	Sarver, D.	97.6	96	97.6			
603	Harper, S.	97.6	97.8	100.2			
604	Mills, H.	98.6	98.6	98.6			
605	Bozak, J.	96.8	96.8	97			
606	McDonald, S.	97.8	97.8	97.8			

Which patient has all normal temperatures?

Whose temperature is high enough to report to the nurse at 12:00 noon?

An oral temperature over 100 should be reported to the nurse.

A rectal temperature over _____° should be reported to the nurse.

An axillary temperature over _____° should be reported to the nurse.

What is the only temperature that Sarver had which should be reported to the nurse? _____

What is the only figure on Harper's form which should be reported? _____

What is Mills' temperature at 4:00 P. M. ? _____

This is a T. P. R. chart with only the respirations recorded.

T. P. R. FORM

Date July 3, 1967

Room	Name	8:00 a. m.	12 noon	4:00 p. m.	8:00 p. m.	12 mid	4:00 a. m.
601	McKloskey, B.	30	31	30			
602	Larson, D.	14	15	15			
603	Harper, J.	24	26	30			
604	Wells, H.	18	16	18			
605	Brady, J.	13	14	14			
606	Harvey, S.	18	18	18			

Are Sarver's respirations at 4:00 P. M. high or low?

High

Low

Are they low enough to be reported to the nurse at 4:00 P. M. ?

Yes

No

Respirations lower than _____ per minute and higher than _____ per minute should be reported to the nurse.

Should Slamb's temperature be reported to the nurse?

This is a T. P. R. chart with only the pulses filled in:

T. P. R. FORM

Date July 3, 1967

Room	Name	8:00 a. m.	12 noon	4:00 p. m.	8:00 p. m.	12 mid	4:00 a. m.
601	Nickles, B.	102	103	102			
602	Lambert, P.	66	64	66			
603	Harper, J.	87	86	88			
604	Miller, H.	74	76	74			
605	Bond, J.	55	59	58			
606	Adams, A.	74	74	74			

Which patient's pulse is low enough to be reported to the nurse at 8:00 A. M. ?

All pulses below 70 and above 100 should be reported.

Is Harper's pulse at 8:00 A. M., high or low?

It is

Is it high enough to be reported to the nurse?

Yes

No

What is Harper's pulse at 12 Noon? _____

Is it high or low?

COMMON ABBREVIATIONS

I. Write in the blank space the abbreviation for each term:

- | | |
|---------------------|--------------------------------|
| 1. water _____ | 6. solution _____ |
| 2. gram _____ | 7. electro encephalogram _____ |
| 3. ounce _____ | 8. hypodermic _____ |
| 4. Fahrenheit _____ | 9. by mouth _____ |
| 5. tablet _____ | 10. every hour _____ |

II. Write the term in the blank for each abbreviation:

- | | |
|------------|-------|
| 1. fl. oz. | _____ |
| 2. p. c. | _____ |
| 3. tsp. | _____ |
| 4. q. 3h. | _____ |
| 5. TPR | _____ |
| 6. gu. | _____ |
| 7. o. n. | _____ |
| 8. ad lib | _____ |
| 9. Rx | _____ |
| 10. EKG | _____ |

III. Place the number of the correct term in the box:

tbsp.	
gr.	
elix.	
IV	
Bid	
Stat	
tab	
a. c.	
o. m.	
q. h.	

1. intravenous
2. before meals
3. immediately
4. tablespoon
5. elixir
6. every hour
7. grain
8. tablet
9. twice a day
10. every morning

IV. Place the number of the correct abbreviation in the box:

every 3 hours	
capsule	
dram	
extract	
immediately	
blood pressure	
three times a day	
every hour	
tablespoon	
milligram	

1. B. P.
2. dr or Z
3. g.h.
4. Stat
5. mg
6. q. 3 h.
7. ext.
8. t.i.d.
9. cap
10. tbsp

APPENDIX R

Progress Records

NAME _____

NURSE AIDE INDIVIDUAL PROGRESS RECORD

TASKS	HANDBOOK	CLASS	CLINIC	OBSERVATIONS BY INSTRUCTOR
Wash Hands				
Make Unoccupied Bed				
Feed Meal to Sighted Patient				
Feed Meal to a Temp. Blind Pat.				
Feed Snack to Sighted Patient.				
Feed Snack to Temp. Blind Pat.				
Care for Pitchers				
Clean Stainless Steel				
Clean Enamelware				
Clean Glassware				QUIZ SCORES
Clean Instruments				
Clean Rubber Articles				QUIZ 1
Clean Catheters and Tubing				QUIZ 2
Clean Rubber Gloves				QUIZ 3
Clean Rubber Sheets				QUIZ 4
Clean Water Sterilizer				QUIZ 5
Clean Discharged Patient Unit				QUIZ 6
Care for Clean Linens				

NAME _____

NURSE AIDE INDIVIDUAL PROGRESS RECORD

TASKS	HANDBOOK	CLASS	CLINIC	OBSERVATIONS BY INSTRUCTOR
Brush Teeth				
Clean Dentures				
Clean Uncon. Pat's mouth/teeth				
Wash Patient's Body				
Comb Hair				
Clean Nails				
Massage Patient's Back				
Make Occupied Bed				
Lift Patient in Bed				
Turn Patient on Side				QUIZ SCORES
Turn with Sheet				
Dangle Patient				QUIZ 7
Provide Bedpan				QUIZ 8
Remove Bedpan				QUIZ 9
Roll Patient onto Bedpan				
Provide Urinal Service				
Report Unusual Conditions				

NAME _____

NURSE AIDE INDIVIDUAL PROGRESS RECORD

TASKS	HANDBOOK	CLASS	CLINIC	OBSERVATIONS BY INSTRUCTOR
Use a Water Sterilizer				
Open a Sterile Package				
Use a Sterile Forceps				
Open a Sterile Bottle				
Open a Sterile Container				
Assist Patient to Walk				
Assist Using Wheelchair				
Lift Patient into Wheelchair				
Help Patient into Wheelchair				
				QUIZ SCORES
				QUIZ 10
				QUIZ 11

NAME _____

NURSE AIDE INDIVIDUAL PROGRESS RECORD

TASKS	HANDBOOK	CLASS	CLINIC	OBSERVATIONS BY INSTRUCTOR
Empty collection bag				
Replace catheter tube & bag				
Give a cleansing enema				
Administer thermometer				
Read thermometer				
Record temperature				
Count Pulse Rate				
Estimate Pulse Rhythm				
Estimate Pulse Volume				
Record Pulse Rate				QUIZ SCORES
Record Pulse Rhythm				
Record Pulse Volume				QUIZ 12
Count Respirations				QUIZ 13
Record Respirations				
Measure Intake-Output				
Record Intake-Output				

NAME _____

NURSE AIDE INDIVIDUAL PROGRESS RECORD

TASKS	HANDBOOK	CLASS	CLINIC	OBSERVATIONS BY INSTRUCTOR
Apply hot water bottle				
Apply heat lamp				
Apply hot soaks				
Apply hot compresses				
Give a sitz bath				
Give alcohol sponge bath				
Fill and apply ice bag				
Prepare & apply compress				
Collect stool specimen				
Collect urine specimen				QUIZ SCORES
Perform Clinitest				
Perform Acetest				QUIZ 15
Put on a mask				
Put on a gown				
Help admit a Patient				
Help discharge a patient				

NAME _____

NURSE AIDE INDIVIDUAL PROGRESS RECORD

TASKS	HANDBOOK	CLASS	CLINIC	OBSERVATIONS BY INSTRUCTOR
Know equipment names				
Prepare patient gen. physical exam.				
Prepare patient in:				
dorsal recumbent position				
knee chest position				
Sims position				
dorsal lithotomy position				
Prepare for vaginal & rectal exam.				
Assist physician with:				
general examination				QUIZ SCORES
vaginal & rectal examination				
Help patient after examination				QUIZ 16
Wrap an arm				QUIZ 17
Wrap a wrist				QUIZ 18
Make an arm sling				
Shave operative area				
Prepare patient for operation				
Transfer patient to operating room				
Prepare postoperative unit				
Care for postoperative patient				
Provide post - mortem care				

APPENDIX S

Samples of Lesson Plans

Handwashing

Unoccupied Bed

I Educational Objective

The student must be able to:

1. define micro-organisms and to wash her hands by following the step-by-step method in the handbook.
2. make an unoccupied bed according to directions in the Nurse Aide Handbook.
3. make a postoperative bed according to directions in the Nurse Aide Handbook.

II Preparation

- A. Film - Asepsis - A Communicable Disease
- B. Filmstrip - Asepsis Part II Handwashing
- C. Filmstrip - Making an Unoccupied Bed

III Learning Experiences

- A. Lecture - Asepsis
 - 1 - importance of asepsis
- B. Filmstrip - Asepsis Part II
- C. Demonstration - Handwashing - Return
- D. Filmstrip - Unoccupied Bed
- E. Making unoccupied bed, postoperative bed (in teams)

IV Evaluation - Quiz 1 and 2 - Asepsis

FEEDING THE PATIENT

DAY 2 cont'd.

I Educational Objectives

The student must be able to feed sighted and blind patients.

II Preparation

- A. Filmstrip - Feeding the patient
- B. Equipment for role play

III Learning Experiences

- A. Review: Handwashing
- B. Filmstrip - Feeding, role play
- C. Worksheet

IV Evaluation

Quiz 3

APPENDIX T

Course Schedule

(Revised)

REVISED CURRICULUM

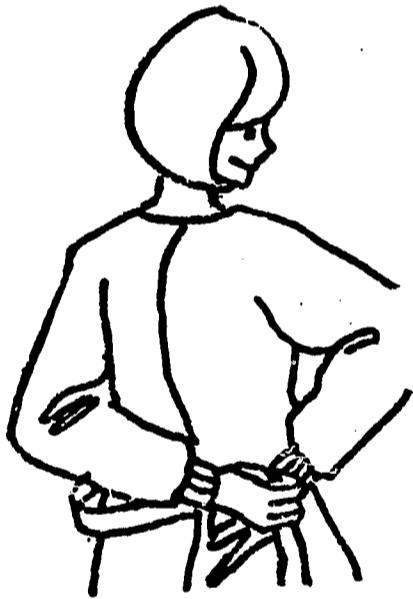
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>Day 1</p> <p>Class: Orientation Role of N.A. Film: <u>Hope in Peru</u> Filmstrip: Handwashing Demonstration-return</p> <p>Quiz 1 Hw:</p>	<p>Day 2</p> <p>Class: Handwashing Unoccupied Bed Filmstrip: Unoccupied Bed Film: <u>A Communicable Disease</u> Filmstrip: Feeding Feeding-roleplay Worksheet- Feeding Hw:</p> <p>Quiz 2</p>	<p>Day 3</p> <p>Clinic: Guided Tour Handwashing Unoccupied Bed</p> <p>Class: Medical Records Kardex Assignment Sheets Worksheet-Medical Records</p> <p>Quiz 3 Hw:</p>	<p>Day 4</p> <p>Clinic: Unoccupied Bed Feeding Housekeeping (Pitchers, Linens, Equipment)</p> <p>Class: Practice: Snack Feeding Unoccupied Bed</p> <p>Quiz 4 Hw:</p>	<p>Day 5</p> <p>Class: Filmstrip: Patient Hygiene Oral, bedbath, backrub Demonstration- roleplay Interviewing Allowance forms Discussions</p> <p>Quiz 5 Hw:</p>
<p>Day 6</p> <p>Clinic: Patient Hygiene Unoccupied Bed Feeding</p> <p>Class: Filmstrip: Occupied Bed Demonstration-return Roleplay Utility</p> <p>Quiz 6 Hw:</p>	<p>Day 7</p> <p>Clinic: Patient Hygiene Occupied Bed</p> <p>Class: Filmstrip: Positioning, Dangling Demonstration-return Roleplay Review: Occupied Bed Patient Hyg.</p> <p>Quiz 7 Hw:</p>	<p>Day 8</p> <p>Clinic: Patient Hygiene Occupied Bed Dangling Filmstrip</p> <p>Class: Bedpan, Urinal Practice: B.P. U. Backrub, practice Roleplay</p> <p>Quiz 8 Hw:</p>	<p>Day 9</p> <p>Clinic: Patient Hygiene Occupied Bed Bedpan Housekeeping Utility</p> <p>Class: Asepsis Repeat Filmstrip Handling Sterile Supplies Demonstration-return</p> <p>Quiz 9 Hw:</p>	<p>Day 10</p> <p>Clinic: Patient Hygiene: All Cleaning Utility</p> <p>Class: Sterilization Handling Ster. Supplies practice</p> <p>Quiz 10 Hw:</p>
<p>Day 11</p> <p>Clinic: Patient Hygiene All Cleaning Utility</p> <p>Class: Film: <u>Balance In Action</u> Filmstrip: TPR Thermometer reading Transparencies</p> <p>Quiz 11 Hw:</p>	<p>Day 12</p> <p>Clinic: Patient Hygiene Cleaning Utility Feeding Sterilization</p> <p>Class: Practice Temp. Filmstrip: TPR practice: pulse respiration</p> <p>Quiz 12</p>	<p>Day 13</p> <p>Clinic: Patient Hygiene TPR Cleaning Utility Feeding Filmstrip: Walker Wheelchair TPR reading, recording, discuss</p> <p>Hw:</p>	<p>Day 14</p> <p>Clinic: TPR Recording</p> <p>Class: Practice: TPR, discuss Filmstrip: Urinary Care, Enema practice Incon- tinence Catheter</p> <p>Quiz 13 Hw:</p>	<p>Day 15</p> <p>Clinic: Patient Hygiene: All TPR, Dangling Wheelchair</p> <p>Class: Mid Term Exa Enema practice Enema</p> <p>Hw:</p>

REVISED CURRICULUM 2

<p>Day 16 Clinic: Patient Hyg. TPR Enema Utility</p> <p>Class: Filmstrip: Intake-Output Transparencies Demonstration-return practice</p> <p>Hw:</p>	<p>Day 17 Clinic: Patient Hygiene TPR Enema Utility</p> <p>Class: Intake-Output Worksheet Review types of enema</p> <p>Quiz 14 Hw:</p>	<p>Day 18 Clinic: TPR Intake-Output Enema Patient Hygiene Utility</p> <p>Class: Alarm Situations Roleplay Intake-Output discuss/practice</p> <p>Hw:</p>	<p>Day 19 Clinic: Patient Hygiene Intake-Output Enema Feeding</p> <p>Class: Filmstrip: Urine Reduction (Clini-Ace-test) Practice Alarm Situations</p> <p>Hw:</p>	<p>Day 20 Clinic: Patient Hygiene TPR Intake-Output Urine Reduction Enema</p> <p>Class: Therapeutic Use of Heat&Cold Demonstration Roleplay</p> <p>Hw:</p>
<p>Day 21 Clinic: Patient Hyg. Urine Reduction Intake-Output Feeding Enema</p> <p>Class: Practice: Heat&Cold Treatments Isolation</p> <p>Quiz 15 Hw:</p>	<p>Day 22 Clinic: TPR Gathering Data Feeding Enema Treatments</p> <p>Class: Practice: Gown & Mask Filmstrip: Admiss/Disch. Roleplay</p> <p>Hw:</p>	<p>Day 23 Clinic: Patient Hygiene TPR Gathering Data Enema Treatments</p> <p>Class: Roleplay: Admiss. Discharge WritePropertyList Worksheet</p> <p>Quiz 16 Hw:</p>	<p>Day 24 Clinic: Patient Hygiene TPR Gathering Data Enema Admission & Discharge</p> <p>Class: Draping Roleplay Read handbook on instruments-show</p> <p>Hw:</p>	<p>Day 25 Clinic: Patient Hygiene TPR Gathering Data Admission & Discharge Enema</p> <p>Class: Draping Roleplay Review instruments Assist Physical examination</p> <p>Hw:</p>
<p>Day 26 Clinic: Patient Hyg. TPR, Urinereduction Draping Admission & Discharge</p> <p>Class: Bandaging Demonstration-return</p> <p>Quiz 17 Hw:</p>	<p>Day 27 Clinic: TPR Urine Reduction Assist physical examination</p> <p>Class: Preoperative & Postoperative Care Demonstration-return</p> <p>Quiz 18 Hw:</p>	<p>Day 28 Clinic: Patient Hyg., TPR Assist physical examination</p> <p>Class: Spiritual Care Post MortemCare Roleplay</p> <p>Hw:</p>	<p>Day 29 Clinic: Assigned duties</p> <p>Class: Evaluation Discussion and Review on tasks</p>	<p>Day 30 Clinic: Assigned duties</p> <p>Class: Final Examination</p>

APPENDIX U

True Cases of Nurse Aide Techniques



True Cases
of
Nurse Aide Techniques

TRUE CASES
OF
NURSE AIDE TECHNIQUES

Compiled by the
Health Training Research Team
of the
Pittsburgh Board of Public Education

The incidents given on the following pages are actual ones. They were experienced by nurse aides during their regular course of duty in Pittsburgh-area hospitals. The names of the nurse aides have been omitted; otherwise, the incidents are as written in recent reports by their supervisors, and in most cases include the supervisors' comments.

CASES WHERE NURSE AIDES WERE COOPERATIVE

I needed a medication from the pharmacy just as the shifts were changing. My day shift people were all very busy and could not go for me. Miss W. was on duty early. I asked her to go to the pharmacy for me.

She was very cheerful about going even though she "officially" was not scheduled to be on duty for a while. By her willingness to help, she contributed to a smooth-running unit.

I merely mentioned that the water pitcher numbers (which are painted on the lids of pitchers to indicate patients' rooms and bed numbers) were becoming illegible and should, in the near future, be removed and the numbers repainted.

The next day, Miss B. re-numbered the pitchers whenever her duties away from the patients permitted.

The job was recognized and taken care of effectively without fuss or specific request.

Donna was busy passing supplies to patients when I asked her to go into a patient's room and fill an ice bag. She said she would do it right away and immediately left her supply cart, went into the patient's room, got the ice bag, and filled it.

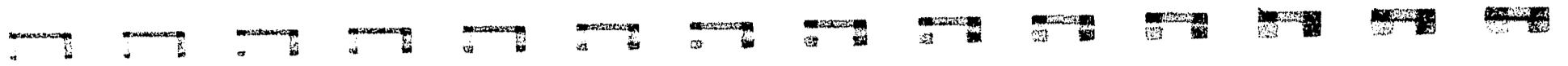
Donna is a quiet person who does what you ask as soon as she can. She had enough insight to see which job was the more important.

It was a busy morning. The student doing the burn dressings came and asked for help. Miss K. said she would go. Miss K. is very willing to help out whenever and wherever she can. If help is needed, she does not think of team lines, time or assignments.

Her attitude and behavior made waiting to finish this task unnecessary and added to the sense of teamwork among the personnel.

We were short of help in the department and also very busy.
An order came through for an enema almost at quitting time.
Mrs. H. did not hesitate in offering to give the enema.

It was another instance of her helpfulness. This nurse aide
is very cooperative and believes in teamwork.



CASES WHERE NURSE AIDES SHOWED GOOD JUDGMENT

Mrs. A. was assigned to a four-day post partum (after child-birth) patient who had been OOB prn (out of bed as necessary). As the patient was finishing her shower, she told Mrs. A. that she "felt funny."

Mrs. A. helped the patient sit on the dressing stool in the shower room, put the emergency light on, and when the patient began to feel more faint, before help came, eased her onto the floor flat on her back.

Had Mrs. A. attempted to walk the patient back to her room, which was across the corridor and down two doors, the patient would have fallen and may possibly have injured herself.

I feel that under the circumstances she did the best thing possible, and she was commended for it.

A patient who had had a kidney transplant asked Miss L. for orange juice. Miss L., having checked the Kardex, realized that the patient was on a low potassium diet. She immediately came to me and asked about the potassium content in orange juice and if the patient should be given the juice.

She used good judgment in asking the charge nurse about this instead of deciding such a matter for herself.

Mrs. N. was assigned by me to care for a patient, a post-operative case, who had a shoulder manipulation with the extremity kept at an abducted position (away from his body) by being attached to an I. V. pole at the head of his bed.

After bathing the patient, she came to me and asked if I would tell her how to move the patient without disturbing his shoulder so that his bed might be changed. I returned with her to the patient's bedside and together, with the patient's shoulder supported but removed from the abducted position, we completed making him comfortable. Teamwork accomplished this task.

The patient, semi-comatose, was on a diabetic diet and had to be fed. The dietary department left a tray in his room and did not tell the nurse it was there.

The nurse aide who came into his room during the dinner hour noticed the tray, heated the cold food, and fed the patient as much as possible.

Since the patient was a diabetic and semi-comatose, it was important that he eat as much as possible to counteract the insulin and keep his fluid and electrolyte balance equal.

CASES WHERE NURSE AIDES SHOWED INITIATIVE

On a very busy day, Mrs. J. was aware of the late hour and the large amount of work still to be done. Many of the tasks undone were able to be fulfilled only by a nurse. Without being asked, Mrs. J. took the afternoon temperatures for most of the team and efficiently answered the patients' call lights.

The nurses were able to work without interruption and as a result more efficiently. Since Mrs. J. does not need to be directed to do such tasks, team relations are better and the work more enjoyable.

Large amounts of penrose drain (rubber tubings which contain absorbent gauze) were returned as outdated stock. Mrs. O. came to me and asked, "What can I do to keep my stock up and yet not have these drains come back outdated?"

This was effective in establishing a better check system for supplies in each operating room.

I was very busy working in a four-bed continuous care unit. Miss K. came to me and asked if she could help feed any of the patients, though it was not part of her assignment and these patients are generally quite ill.

Miss K. made general conversation with the 17-year-old boy she was feeding. She fixed all of the food properly. I'm sure she was a pleasant change for this young man, and she certainly helped me. She helped when she didn't necessarily have to, and she passed a few minutes' time for this boy.

An obese person on our floor was ordered to wear ace bandages on his legs because he had edema. One morning he was out of bed, sitting in a chair, without the bandages on. Susan told the patient it was important to keep the ace bandages on to prevent swelling and then proceeded to help him reapply them.

This showed initiative and understanding on Susan's part. She is always considerate of the patients' well being and performs procedures well.

I was assigned to a patient with gangrene of the right hip. It was very difficult to position her due to pain and immobility. She also was incontinent for urine; and the catheter had been removed earlier in the day.

The aide assisted me in changing the linens. She was very careful during the procedure and suggested that we get some absorbent pads and put them under the patient, so that only the pads would have to be changed between regular changes of linen.

This was an effective suggestion because it meant the patient would be caused less discomfort.

Louise was on the 8 p. m. - round taking temperatures. She was taking the rectal temperature of a very sick person when she observed that the patient's gown was soiled, and so she changed it.

The task was not assigned, but she observed that it needed to be done and did it on her own. She made the patient more comfortable.

CASES WHERE NURSE AIDES SHOWED SKILL IN NURSING CARE
(AND GOOD EMERGENCY JUDGMENT)

It was a busy day in the recovery room. I was caring for a patient and another patient was brought into the recovery room. Kay immediately went to the patient's side. The patient had a rubber airway in place, and was unreacted. (unconscious). A nurse anesthetist was also with the patient.

Kay first checked to see if the patient's respirations were adequate and then placed an oxygen mask on the patient's face. Next she took the blood pressure and pulse and reported them to the nurse anesthetist who then left. Kay remained with the patient until he was awake and safe to be left alone.

I was pleased that she did her job as she had been taught. She carried out each step in the care of an unreacted patient in a safe manner and never left the patient's side until he was reacted and able to breathe properly. I felt this was fine work for a nurse aide.

The unit was very busy as usual and Mona was assisting me with vital signs on the patients. She noted that one patient was "drowning" in his own secretions and was having difficulty breathing properly on the respirator. The patient was becoming more apprehensive, and the vital signs were dropping.

Mona immediately began suctioning the patient as I had taught her and reassured him. She called for me and explained what had occurred. This, I feel, is typical of her behavior. She is intelligent, observant, fast, and competent. I can truthfully say she is the best aide I have ever had.

Mona thought quickly and, most important, effectively in this situation. Although she does not do suctioning routinely, she did it almost automatically and well enough to alleviate the patient's need. She is dependable not only in her own designated jobs but also in those which are within her limits in emergency situations when an RN or PN is not right at hand.

Miss S. was feeding an elderly patient who began to choke and gasp for air. Miss S. quickly leveled the bed and turned the patient on his side and then put on the signal light. She made the passage of air easier for the patient and kept him from choking to death. We later aspirated (suctioned) the patient for large amounts of mucus.

A new-born baby was with his mother, feeding, when he became cyanotic (blue). Mrs. K. did not waste time but simply told the mother that the baby seemed to have some mucus and that she was going to take him to the nursery to get it out.

The action was effective because Mrs. K. did not alarm the patient but got the baby back to the nursery where the baby was given O₂ immediately.

Mrs. G. works with a graduate nurse (1966 graduate) in the emergency room from 3 to 11:30. One incident concerned emergency care for a cardiac who had arrived in ER, originally because he had been bitten by a dog.

She recognized the fact that the dog bite was secondary and called me in for help. This was something the young graduate had not recognized. Mrs. G. obtained the O₂ (oxygen) for me to administer and got the EKG (Electrocardiogram) machine ready for the intern. She also tried to reassure the patient.

Her good emergency judgment may have averted a tragedy. The man did have a cardiac attack while still in the ER, and after emergency treatment was admitted to the Intensive Care Unit and presently is doing well.

CASES WHERE NURSE AIDES WERE RESPONSIBLE
IN OBSERVING AND REPORTING

A patient had been receiving I. V. fluids postoperatively. He had been returned to the department from the recovery room one hour before. He was quite restless.

Mrs. H. came and told me that the patient had been moving his arm on the armboard and that the solution was not dripping.

The I. V. was checked, found to be infiltrated, and was discontinued before the patient had much time to develop swelling around the infusion site.

Miss U. was preparing to feed a patient who had a tracheotomy. She noted that the patient had an increased respiration rate.

She came to me and asked, "Does Mr. V. always breathe pretty fast?"

She was alert enough to notice a change from normal, and conscientious enough to report it immediately. She has not been trained to suction the tracheotomy, but has been taught the need for vigilant care and immediate reporting.

While receiving report, we were not told that a particular patient had been placed in isolation. The room, Kardex, and chart were not appropriately marked. Mrs. M. noticed the isolation gowns in the room and came back to ask me who was in isolation. She said, "The gowns are beside Mr. J's bed, but I think Mr. W. is the one they mean to be in isolation." She was right. Mr. J's diagnosis was possible toe infection; Mr. W's was CHF (congestive heart failure).

Mrs. M. uses a great deal of common sense on the job. She is aware of the importance of good initial rounds on her patients at the beginning of her shift and always reports observations.

Miss E. was bathing a patient when she observed a large out-pouched area on the patient's abdomen, lower right side. She immediately reported her observation to the nurse in charge, who, in turn, checked the patient and reported the finding to the doctor.

This resulted in the patient's having emergency treatment for a strangulated hernia. If the condition had gone untreated, it could have proven a difficulty for the patient.

CASES WHERE NURSE AIDES SHOWED SKILL
IN INTERPERSONAL RELATIONS

The patient was elderly, confused and combative. She kept attempting to get out of bed. The nurse tried to reason with her but was unsuccessful and had other duties to perform.

Mrs. C. entered the patient's room and began to speak kindly and softly to the patient. She sat with the patient until the nurse returned with the sedation and remained with the patient until she became more cooperative.

The patient had need of constant attention for a short time. She was approached with gentle manners; care was taken not to agitate her further.

A postoperative patient having reaction to medication became irritable and agitated. Miss L. not only applied herself to the physical needs of the patient, but had the initiative to stay with the patient and try to reassure her.

The patient was calmed and consequently drifted into a natural sleep which greatly helped her physical needs.

The patient had had abdominal surgery and was upset because she was ordered to dangle the first day after surgery. The patient was afraid her sutures would open.

While the nurse aide was bathing the patient, the aide talked about pleasant subjects. She put a binder on the patient and told her it would give her abdomen support. She adjusted the bed to the sitting position and, still conversing with the patient, put the patient's feet over the edge of the bed in the dangling position. The patient, thus engaged in the conversation, forgot her fears.

Because the aide had gone into the room without demanding that the patient dangle as she had been ordered to, and because she did not act like a boss of the project but was calm and pleasant with the patient, the doctor's order could be followed easily and effectively.

The patient was admitted to the hospital unprepared for admission; she had no robe or gowns, no comb or toothbrush. No family was present at the time. She was alone and seemed emotionally disturbed.

Mrs. Z. asked her if she could go to the Gift Mart for her and get her a comb and brush. She made sure a robe was at the bedside and assured the patient she would help her in any way possible. Because she was interested in the patient's comfort and well being, she helped the patient feel less lonely.

A patient who was scheduled for discharge in a few days suddenly became depressed to the point where her physical well being was being affected. Mrs. V., who had previously gained rapport with this patient, in her free time sat down and talked to her.

It was effective action because the patient told Mrs. V. of some personal problems at home which may have affected her convalescence. Mrs. V. reported their conversation to me, and I in turn referred the patient to the Social Service Department, which is now trying to work out a solution to her problems prior to her discharge.

Miss D. was concerned about an elderly patient who had been causing a disturbance in the room. The other patients complained that they could not rest day or night.

Miss D. felt the patient was frightened and, at a team conference, said that perhaps she could be helped without anything being said to her about the other patients' complaints. Whenever possible, she said, she would go to the patient, offer her a beverage, turn her, straighten her covers and do other little nursing functions to try to ease her mental anxiety.

By her kindness, Miss D. succeeded in quieting the patient's fears. After a few days, the patient was less anxious and was resting much more easily.

APPENDIX V

Performance Checklist of Trainees

BEDMAKING

Making an Occupied Bed

Given a patient in the bed with the head end cranked up and a bottom sheet, draw sheet, top sheet, bath blanket, blanket, spread and pillow case, the student is told to make the occupied bed.

	<u>YES</u>	<u>NO</u>
The student		
1. adjusts the bed to a flat position.	_____	_____
2. checks to see that the bed wheels are locked.	_____	_____
3. tells the patient to move to the far side of the bed.	_____	_____
4. covers the patient with a bath blanket before removing the dirty top sheet.	_____	_____
5. shakes the dirty linen.	_____	_____
6. makes mitered corners at the head end of the bed with the bottom sheet.	_____	_____
7. makes mitered corners of the top sheet at the foot end of the bed.	_____	_____

ADMISSION AND DISCHARGE

Told to escort the patient, Miss Brown, to her room and to help her into bed, the student

	<u>YES</u>	<u>NO</u>
1. addresses the patient by name.	_____	_____
2. provides a hospital gown.	_____	_____
3. tells or shows the patient that the gown ties in back.	_____	_____

The patient has a yellow ring, yellow wristwatch and a bottle of pills. The student is told to record the patient's valuables.

	<u>YES</u>	<u>NO</u>
The student		
1. uses the word "gold" in his description of the ring.	_____	_____
2. uses the word "gold" in his description of the wristwatch.	_____	_____
3. tells the patient he is not to keep the pills.	_____	_____

T.P.R.

Given a thermometer registering 95° F., the student is told to take the simulated patient's temperature.

	<u>YES</u>	<u>NO</u>
The student		
1. holds thermometer by stem end.	_____	_____
2. checks to see whether thermometer is below 94°.	_____	_____
3. shakes down thermometer.	_____	_____
4. checks temperature of the thermometer after shaking down.	_____	_____
5. inserts under tongue.	_____	_____
6. cautions patient about biting thermometer.	_____	_____
7. waits for 2 3/4 - 3 1/4 minutes.	_____	_____
8. reads the temperature accurately to 2/10°.	_____	_____
9. records the temperature accurately.	_____	_____
10. records the temperature legibly.	_____	_____
11. records the temperature in the appropriate part of the appropriate box on the T.P.R. Form.	_____	_____

Pulse

	<u>YES</u>	<u>NO</u>
The student		
1. finds the radial pulse.	_____	_____
2. uses her thumb to take the pulse.	_____	_____
3. counts the pulse for one full minute.	_____	_____
4. records the pulse legibly.	_____	_____
5. records the pulse in the appropriate part of the appropriate box on the T.P.R. Form.	_____	_____

Respirations

	<u>YES</u>	<u>NO</u>
The student		
1. holds the patient's wrist while counting respirations.	_____	_____
2. records accurately the number of respirations.	_____	_____
3. counts respirations while the thermometer is in the patient's mouth and the student has completed counting the pulse.	_____	_____

ELIMINATION

Providing the Bedpan

Given a bedpan, cover, toilet tissue and paper towels, the student is told to provide a bedpan for the patient.

	<u>YES</u>	<u>NO</u>
The student		
1. warms the bedpan with warm water.	_____	_____
2. dries the bedpan.	_____	_____
3. covers the bedpan.	_____	_____
4. lifts the linens without exposing the patient.	_____	_____
5. helps the patient to lift himself onto the bedpan.	_____	_____
6. touches the inside of the bedpan.	_____	_____
7. places the toilet tissue within easy reach of the patient.	_____	_____
8. places the signal light within easy reach of the patient.	_____	_____

Removing the Bedpan

Given a washcloth and towel, the student is told to go through the motions of removing the bedpan he has previously provided to the patient.

	<u>YES</u>	<u>NO</u>
The student		
1. cleans the patient before removing the bedpan.	_____	_____
2. grasps the inside of the bedpan.	_____	_____
3. covers the bedpan with the cover.	_____	_____
4. places the bedpan on the bedside stand.	_____	_____
5. provides a basin of warm water, soap, washcloth and towel for the patient to wash his hands.	_____	_____
6. returns the bedpan to the patient's unit.	_____	_____
7. washes his hands.	_____	_____

ASEPSIS

Handwashing

	<u>YES</u>	<u>NO</u>
The student		
1. wets his hands completely.	_____	_____
2. rubs soap deeply between fingers.	_____	_____
3. rubs fingertips against the opposite palms.	_____	_____
4. rinses the soap before returning it to the soap dish.	_____	_____
5. rinses with hands hanging downward.	_____	_____
6. covers faucet handles with a towel while turning off the water.	_____	_____

Emptying the Urinary Collection Bag

Given a complete set-up, with a urinary collection bag partially filled with a reddish, yellow liquid, the student is told to empty the bag and then to replace it.

	<u>YES</u>	<u>NO</u>
The student		
1. disconnects the drainage tube from the bag.	_____	_____
2. covers the end of the tube with a cap or sterile gauze pad.	_____	_____
3. tapes the tube to the bed.	_____	_____
4. measures the urine in a graduate in the utility room.	_____	_____
5. records the amount and appearance of the simulated urine.	_____	_____
6. cleans the bag with antiseptic.	_____	_____
7. reconnects the bag.	_____	_____
8. keeps the bag lower than the patient's bladder at all times.	_____	_____
9. contaminates the end of the tubing by touching it.	_____	_____
10. washes his hands.	_____	_____

Hot Water Bottle

Given a hot water bottle, pitcher, bath thermometer, flannel cover and towel, the student is told to fill the hot water bottle and to apply it to the simulated patient's left forearm.

The student	<u>YES</u>	<u>NO</u>
1. fills the pitcher with hot water before filling the hot water bottle.	_____	_____
2. regulates the temperature of the water in the pitcher to 110-120° F. before filling the bottle.	_____	_____
3. fills the bottle from the pitcher.	_____	_____
4. fills the bottle more than 2/3 full.	_____	_____
5. expels the excess air from the bottle.	_____	_____
6. tests the bottle for leaks before applying it.	_____	_____
7. covers it with the cover before applying it.	_____	_____

APPENDIX W

On-the-Job Evaluation
of
Training Nurse Aides

Please check the tasks you were taught to perform, and those tasks that are required of you, or have been performed by you in your work. Check both if tasks were both taught and are performed. At the end of each section, list any additional tasks you do.

I. HYGIENE

	TAUGHT	PERFORMED
1. Help teach patient simple hygiene	_____	_____
2. Instruct patient in simple hygiene	_____	_____

Other tasks performed in hygiene: _____

II. POSITION AND TRANSPORT PATIENTS

	TAUGHT	PERFORMED
1. Lift patient to bed, chair, or table	_____	_____
2. Dangle patients	_____	_____
3. Assist patients in walking	_____	_____
4. Transport patient in wheelchair or carriage	_____	_____
5. Position patient	_____	_____
6. Position patient for meals	_____	_____
7. Assist patient with exercises	_____	_____

Other tasks performed in positioning and transporting patients:

III. PATIENT SAFETY

	TAUGHT	PERFORMED
1. Assist in restraining patient	_____	_____
2. Adjust bed rails	_____	_____
3. Apply restraints	_____	_____

Other tasks performed in patient safety: _____

IV. UNIT OPERATIONS

	TAUGHT	PERFORMED
1. Answer patient call	_____	_____
2. Deliver messages	_____	_____
3. Administer post-mortem care	_____	_____
4. Perform unit discharge procedures	_____	_____
5. Assist in unit discharge procedures	_____	_____
6. Assist with unit admitting procedures	_____	_____
7. Perform unit admitting procedures	_____	_____
8. Collect and return items to central supply	_____	_____
9. Process patient's valuables	_____	_____
10. Attend unit report	_____	_____
11. Assist in enforcing visiting hours	_____	_____

	TAUGHT	PERFORMED
12. Observe isolation techniques	_____	_____
13. Count unit supplies	_____	_____
14. Deliver supplies	_____	_____
15. Maintain unit supply level	_____	_____
16. Make routine security check	_____	_____
17. Show babies	_____	_____
18. Sort charge slips	_____	_____
19. Obtain patient signatures	_____	_____

Other tasks performed in unit operations: _____

V. PATIENT COMFORT AND PERSONAL SERVICES

	TAUGHT	PERFORMED
1. Furnish bedpan/urinal service	_____	_____
2. Care for incontinent patient	_____	_____
3. Give oral hygiene	_____	_____
4. Care for patient's hair and nails	_____	_____
5. Deliver flowers	_____	_____
6. Assist patients in eating	_____	_____
7. Make post-operative bed	_____	_____
8. Shampoo patient's hair	_____	_____
9. Bathe patient	_____	_____

	TAUGHT	PERFORMED
10. Dress and undress patient	_____	_____
11. Set up for bedside religious rites	_____	_____
12. Make occupied bed	_____	_____
13. Read to patient	_____	_____
14. Give back rub	_____	_____
15. Make unoccupied bed	_____	_____
16. Run personal errands	_____	_____
17. Bathe patient in oxygen tent	_____	_____
18. Drape patient for examination	_____	_____
19. Deliver mail	_____	_____

Other tasks performed in patient comfort and personal services:

VI. SURGICAL PROCEDURES

	TAUGHT	PERFORMED
1. Assist with pre-operative care	_____	_____

Other tasks performed in surgical procedures: _____



IX. HOUSEKEEPING

	TAUGHT	PERFORMED
1. Wash glasses and pitchers	_____	_____
2. Clean utility	_____	_____
3. Separate laundry	_____	_____
4. Clean discharged patient unit	_____	_____
5. Stock laundry	_____	_____
6. Fold laundry	_____	_____
7. Clean discharged patient's unit	_____	_____

Other tasks performed in housekeeping: _____

X. TREATMENTS

	TAUGHT	PERFORMED
1. Give a sitz bath	_____	_____
2. Give enema	_____	_____
3. Apply Ace bandage	_____	_____
4. Apply binders	_____	_____
5. Give oral hygiene to unconscious patient	_____	_____
6. Prepare hot and cold compresses	_____	_____
7. Check drainage tubes	_____	_____
8. Apply arm slings	_____	_____

	TAUGHT	PERFORMED
9. Apply hot and cold compresses	_____	_____
10. Check patients for bleeding	_____	_____
11. Insert vaginal suppositories	_____	_____
12. Give perineal care	_____	_____
13. Assist in putting on braces	_____	_____
14. Check flow of I, V.	_____	_____
15. Apply rubber or cotton rings	_____	_____

Other tasks performed in treatments: _____

**XI. MEASURING - GATHERING DATA
RECORDING - REPORTING**

	TAUGHT	PERFORMED
1. Collect urine specimen	_____	_____
2. Report observations	_____	_____
3. Collect stool specimen	_____	_____
4. Perform clinitest	_____	_____
5. Collect sputum specimen	_____	_____
6. Measure intake and output	_____	_____
7. Strain urine for stones	_____	_____
8. Report unusual incidents	_____	_____
9. Deliver specimen	_____	_____

MEASURING - GATHERING DATA

RECORDING - REPORTING

	TAUGHT	PERFORMED
10. Report treatments to R.N.	_____	_____
11. Weigh patient	_____	_____
12. Take respiration	_____	_____
13. Take pulse	_____	_____
14. Take temperature	_____	_____
15. Record TPR	_____	_____
16. Ask patient about condition	_____	_____
17. Record intake and output	_____	_____
18. Record results of clinitest	_____	_____
19. Record appearance of body discharges	_____	_____

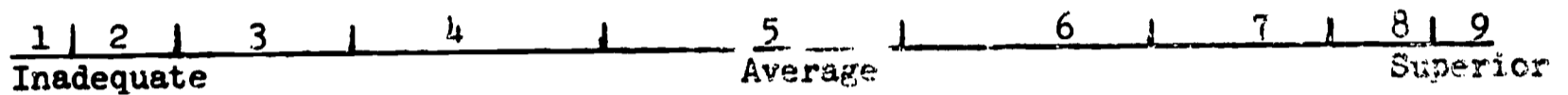
Other tasks performed in measuring - gathering data, recording - reporting: _____

NURSE'S AIDE

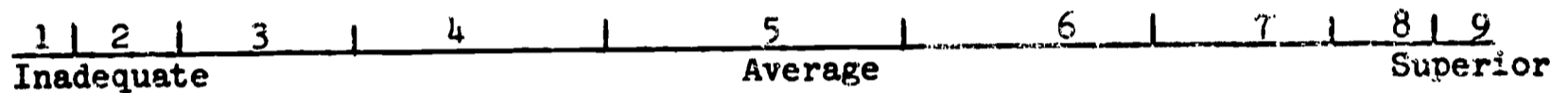
Rating of _____

Directions: The following set of scales represents a wide variety of tasks that nurse's aides perform. Please indicate where the person named rates on each of these scales by circling the appropriate number. Notice that a rating of one (1) indicates completely inadequate performance in a given area while a rating of nine (9) indicates superior performance in this area. A rating of five (5) indicates average performance. The scales are independent so it is possible for a person to rate high on one scale and still rate low on another.

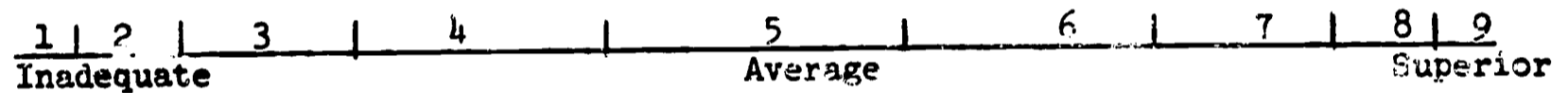
Meeting patients' physical needs



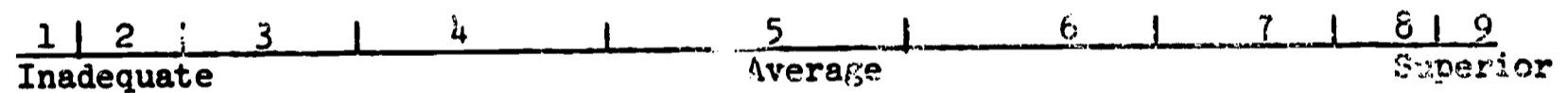
Meeting patients' emotional needs



Performing housekeeping tasks



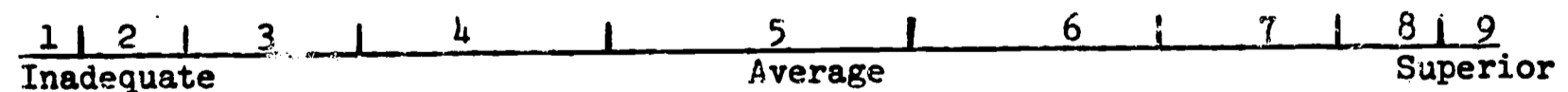
Reporting and recording



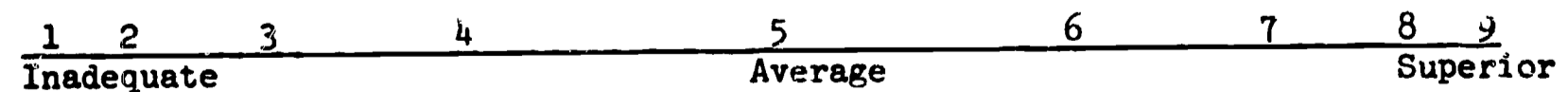
Showing initiative



Assuming responsibility



Maintaining satisfactory interpersonal relations



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TITLE
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Demonstration Project
Final Report

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PAGINATION, ETC.
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RETRIEVAL TERMS
Health Occupations Training

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ABSTRACT The Pittsburgh Technical Health Training Institute Demonstration Project funded by the Office of Education Grant OEGI-6-062015-1839, was conducted by Louis J. Kishkunas, Assistant Superintendent for the Division of Occupational, Vocational, and Technical Education of the Pittsburgh Board of Public Education.

This research project focused upon developing a model training program with all its components so that future efforts in establishing training programs in the para-medical occupations in the Pittsburgh Public Schools might have a pattern to follow. The feasibility, economic soundness, and educational benefits derived from an introduction of a broad concept for training in the health service occupations was studied. This included the development of a dynamic and flexible educational system for health service occupational training, innovations in instructional techniques, reorientation and training of teachers, and the development of a physical plan which would house widely-scattered programs in one suitably equipped and staffed center.

The research efforts consisted of conducting job analyses for the Occupations of Nurse Aide, Practical Nurse, and Surgical Technician; determining the training objectives from job requirements; studying characteristics of the para-medical student body; orienting the Health Institute instructors to the concept of a flexible educational system; developing the demonstration curriculum; and evaluating the experimental curriculum.

END