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Forty-eight instructors and forty-one practitioners representing 12 occupations (dental assistant, dental laboratory technician, inhalation therapist, medical assistant, medical records technician, associate degree nurse, practical nurse, occupational therapist, physical therapist, X-ray technician, medical secretary, and medical laboratory assistant) rated 279 items of knowledge from the various sciences, psychology, and sociology as "not needed," helpful," or "essential." Groups of basic knowledges from the fields of anatomy and physiology were judged "helpful" or "essential" by 60 percent or more of the respondents representing all the occupations. Respondents in all fields except medical records and occupational therapy indicated need for knowledge of microbiology. Respondents representing occupational therapy were the only ones who indicated no need of chemistry, while respondents from all occupations indicated need for some knowledge of physics. Only respondents in the laboratory field indicated that knowledge of psychology and sociology would not be useful. Respondents representing the field of medical records indicated a slight need for chemistry, physics, and microbiology knowledges and a greater need for familiarity with terminology associated with human anatomy and physiology. The hypothesis that certain cores of knowledge are commonly useful in the 12 occupations was supported. (JK)



FINAL REPORT
Project No. 0E7-0031
Contract No. 0EG-4-7-070031-1626
Report No. 25

Mila Charles

KNOWLEDGES COMMONLY USEFUL IN TWELVE ALLIED HEALTH OCCUPATIONS

August 1968

U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

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by Robert J. Wallenstien

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Washington State University, Department of Education, Pullman, Washington State Coordinating Council for Occupational Education, Olympia, Washington

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SUMMARY

Purpose

A growing number of the nation's community colleges are developing allied health occupations training programs. The purpose of this study was to ascertain the extent to which there exist commonalities of knowledges essential for effective work in twelve allied health occupations. It is assumed that identification of such commonalities can provide a partial base for curriculum planning and for evaluating technician training programs.

Population

Forty-eight instructors and 41 practitioners used the questionnaire to rate each of the 279 knowledge items as "not needed" "helpful".

Responses were arranged in rank order. This provides measures of degrees to which various categories of workers deemed specific knowledges and clusters of knowledges useful.

Procedure

By consultation with instructors, practitioners and supervisors, the author constructed and field tested a check list of 279 knowledge items from the disciplines of anatomy, physiology, microbiology, chemistry, physics, psychology and sociology deemed useful for work in the following twelve allied health occupations: dental assistant, dental technician, occupational therapy assistant, physical therapy assistant, medical assistant, medical records technician, cardio-pulmonary technologist, registered nurse, x-ray technician, medical secretary and medical laboratory technician.

Results

Groups of basic knowledges from the fields of anatomy and physiology were judged to be useful for efficient work by 60 per cent or more of the respondents representing all twelve of the occupations. Tables 2, 3, and 4 show details.



All respondents except medical record technicians and occupational therapy assistants indicated need for knowledge of microbiology. Occupational therapists were the only group to indicate no need for knowledge of chemistry. Respondents from all occupations indicated need for some knowledge of physics. Only the laboratory assistants indicated that knowledge of psychology and sociology would not be useful for efficient work.

The nature of work performed by medical record technicians is primarily clerical. As might be expected, these workers indicated slight need for chemistry, physics, or microbiology knowledges. Apparently, the primary need of this group of workers is for familiarity with terminology associated with human anatomy and physicology. (See Chapter V for details)

Curriculum Implications

Results of the study suggest that for preparation of allied health occupations workers, much instruction in anatomy, physiology, microbiology, chemistry and physics might be usefully organized into a basic interdisciplinary core. Such use of science faculties would free nurses, inhalation therapists, medical laboratory technicians, and the like, for practical instruction in their respective fields of applied science.

CHAPTER I

INTRODUCTION

The chronic short supply of workers in the health occupations is approaching a critical level due to an increasing demand for quality health services. President Lyndon B. Johnson, in a letter to the Secretary of Labor, pointed out, "Our examination of the nation's health problem makes clear that the most critical need is in the manpower field." Other agencies, public and private, have expressed the same concern for qualified workers in health occupations.

William L. Kissick² reported to the Institute of Policy Studies on February 22, 1966, the results of a study conducted by the American Hospital Association and the United States Public Health Service which indicated 1.4 million professional, technical, and auxiliary personnel were then employed in the 7,100 hospitals registered with the American Hospital Association. The report estimated that at that time an additional 275,000 employees were needed to provide optimum patient care.

The Washington State Department of Employment Security³ published the results of a statewide study (exclusive of Spokane County) which predicted that in 1966 the state would require 31,610 workers in health occupations, 37,740 in 1968, and 42,650 in 1971. The training capacity of all institutions in Washington currently involved in producing the skilled manpower required for the health occupations cannot cope with this demand. More efficient training procedures will have to be devised.

The rapid advances in biomedical knowledge, a growing social concern for extending quality medical services to all Americans, and the increasing life span, all point up the need

¹Lyndon B. Johnson, "Letter to Secretary of Labor, September 29, 1966," Employment Service Review, 3 (November, 1966), 2.

²William L. Kissick, "Health Manpower in Transition," (unpublished manuscript presented at the Institute for Policy Studies, Washington, D.C., February 22, 1966, pp. 1-55).

³Washington State Employment Security Department, <u>Occupational</u> Manpower Projections, 1965--1968--1971 (Olympia: State of Washington, 1967).

for enlargement of training programs to more efficiently train workers for the health occupations.

The Need for the Study

Public and private health agencies express concern about the continuing insufficient supply of adequately trained workers for the allied health professions. Two phenomena of major proportions have begun to have an increasing effect on the quality and quantity of personnel for the health services. One factor is the tendency toward more specialization; the other is the trend toward institutionalization of medical service. Both of these trends are accelerated by advances in biomedical science and the application of technology to medical practice.

Prior to World War II there was only a slight tendency for physicians to specialize rather than become general practitioners. Nine out of ten of today's medical school graduates go into specialized fields. Therefore, many of the health functions formerly carried on by the physician must now be diversified and accomplished by other less highly trained workers in the health service.

Completely new health occupations have evolved since 1945. For example, the career fields of inhalation therapy, nuclear medical technician, radiological health technician, cytological technician, and medical engineering technician did not exist prior to World War II. To provide the highest possible quality of medical service will depend upon developing well equipped medical institutions in which highly sophisticated medical teams will function.

One of the apparent reasons for the continued shortage of skilled health workers is due to the inefficient educational system that has evolved for the training of individuals for the health occupations. William L. Kissick points up the issue by saying:

For the most part, a recruit to the health endeavor is expected to select his or her ultimate goal and then enter a highly structured--"lock step"-- curriculum that presents first general and then specific information. Once graduated, the individual is supposedly prepared to perform certain functions for the ensuing decades.⁴

"Approaching health manpower as an interrelated whole rather than merely an agglomeration of disparate categories of personnel is essential."

⁴Kissick, p. 27.

⁵<u>Ibid</u>., p. 43.

The Problem

This study is based on the general hypothesis that certain cores of knowledge are commonly useful in many paramedical occupations. Assuming that such commonality of usefulness of knowledge does exist, the intent of this investigation is to determine its extent.

Fundamentally, medicine is the application of the biological, physical, and social sciences to alleviate man's discomfort. It follows, therefore, that the search for commonality of knowledges should begin with the basic sciences that make up the foundation of medicine and its allied health occupations. Many authors have commented on the obviously wasteful practice of giving separate lectures in basic human anatomy and physiology for medical, dental, and nursing students. A similar practice is also followed in such subjects as microbiology, chemistry, and psychology. The focus of this research, then, was upon the subject matter areas of human anatomy and physiology, chemistry, microbiology, physics, sociology, and psychology to determine if there are elements of commonality of knowledges that are required by all, or most of the allied he Ith professions. Particular attention was paid to the determination of those knowledges that are normally taught in the elementary courses as it appears that it is at this level where much of the duplication of effort takes place.

Purpose of the Study

The purpose of this study was to ascertain the extent to which there exists a commonality of knowledges essential for effective work in twelve allied health occupations.

This study was a first step in identification of knowledges required by workers in allied health occupations. It was intended to provide a partial base for the future development of more efficient training programs, and the eventual provision for upward mobility of health occupations workers.

It is hoped that determination of the commonality of need for knowledges from the basic sciences will provide educators with a basis for evaluating training programs and for devising ways to teach such subject matter more efficiently. It is also hoped that facts about degrees to which cores of knowledge are commonly useful will also provide a basis for development of integrated basic science courses designed for preparation of those in the health fields rather than having students in the allied health occupations taking courses designed for students of general studies.



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In addition, it is hoped that knowing that a commonality of required knowledges may not exist in certain fields would allow for the elimination of unrelated subject matter from specific programs.

Demonstration of the common usefulness of knowledges may also stimulate the development of "core" curricula for the allied health fields. This can contribute to the efficiency and flexibility of training programs.

Definitions of Terms

Paramedical occupations are those in which owrkers need some amounts of specialized training in applied biomedical sciences, less than those required for baccalaureate degree.

Allied health occupations are synonomous with paramedical occupations.

Health professions are medicine, dentistry, and nursing with at least the baccalaureate degree required.

Allied health professions means all health workers who are trained at least to the baccalaureate degree level except for medicine, dentistry, and nursing.

Panel of experts included the Spokane Community College instructors in the health occupations of practical nursing, medical records technology, inhalation therapy, dental assisting, medical secretary, and cardio-pulmonary technology, who critically reviewed the preliminary check list of knowledges.

Allied health occupations practitioners are the selected individuals who were currently employed in the health occupation for which they were trained, and who responded to the final form of the knowledges check list.

Allied health occupations professionals are the selected instructors in the various health occupations who responded to the check list.

The term "knowledge" as used in this study was defined as Benjamin S. Bloom and associates stated, "Knowledge, as defined here, involves the recall of specifics and universal, the recall of methods and processes, or the recall of a pattern, structure, or setting." Knowledge levels used included those of specifics,



⁶Benjamin S. Bloom (ed.), Taxonomy of Educational Objectives, Handbook I, The Cognitive Domain (New York: David McKay Co., 1956), p. 201.

terminology, specific facts, way and means of dealing with specifics, conventions, trends, classification, criteria, methodology, universals, and abstractions, principles, generalizations, and theories.

<u>Delimitations</u>

The <u>paramedical occupations</u> included in this study were those whose training period is at least one, but less than four, academic years in length.

The <u>occupations</u> included in this study were limited to those for which training programs are currently being conducted by community colleges in the State of Washington.

The <u>findings</u> derived from the data produced from the questionnaire are limited to the accuracy of the responses.

CHAPTER II

REVIEW OF THE LITERATURE

There exists a paucity of literature related directly to the field of commonality of knowledges in the paramedical occupations. The following reports of investigations are included only because they indicate a tendency toward this type of study, and an indication of methods used.

Expressions of Concern

Robert E. Kinsinger outlined a concept of a "theory-skills spectrum" for all health occupations from the semiskilled nurse aide, or orderly, to the medical research scientist. Thus there would exist a continuum of knowledge and skills that could be assumed to start from a more or less common base point. For example, the semiskilled nurse aide would require only the most elementary knowledge of the applied sciences since her activity is restricted primarily to basic skills in working with and for people.

The "theory-skills spectrum" concept leads into yet another of the reasons for having conducted this investigation to determine commonality of knowledges required by the allied health professions. There is a need for establishing a career ladder which would permit and even encourage workers in the health occupations to move upward to more advanced levels of responsibility, thereby taking advantage of their study and experience at one level to advance themselves to successively higher levels within the limit of their ability. The development of curricular changes that could enhance the opportunity for upward mobility of workers in the health occupations would put a new forward thrust in the whole field of allied health professions.

It seems that two very beneficial effects would result from the evolution of a scheme for the development of a career ladder system. First of all, it should have a positive effect on the unusually high attrition rate that occurs in many of the allied health occupations and professions. Students in the allied health

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Robert E. Kinsinger, Education for the Health Technicians—An Overview (Washington, D.C.: American Association of Junior Colleges, 1965), p. 2.

fields could change their minds, and their goals, without suffering the complete loss of credit for what they had accomplished such as now occurs when changes are made in "boxed-in" programs. In the words of William L. Kissick:

The increasing rate at which scientific and technological advances are being achieved indicates the foolhardiness of considering any preparation as terminal. It has been suggested, and advocated, that the intimate relationship between educational and service programs² discussed above would enable education to become a truly continuous process.³

A second improvement to be derived from the career ladder concept would be the advantage that would obtain in recruiting students for the allied health professions. In this day of rapid change in biomedical and technological application many people are reluctant to become involved in what they consider to be "dead-end careers." It is much better, from the students point of view, to be able to enter a field at one level with the knowledge that he may aspire to higher levels of responsibility and remuneration.

In the report of the National Health Advisory Commission under the heading of Education of Health Professionals it is noted:

Our own analyses have shown that the great increases in productivity of health professionals have resulted mainly from increased use of ancillary personnel . . . The short lead-time for training these health workers permits rapid changes in output to meet expanding demand in contrast to the long training period of health professionals, which requires many years.

It was the contention of John R. Hall⁵ that to the employee the career ladder allows him to make the most of his talent and drive. He felt that the hospital administrator will find the

²Service programs refer to the allied health fields.

³Kissick, "Health Manpower in Transition," p. 46.

⁴Report of the National Advisory Commission of Health Manpower, Vol. 1 (Washington, D.C.: Government Printing Office, 1967), p. 23.

⁵John R. Hall, "Toward Health Career Ladders," <u>Employment Service Review</u>, 3 (November, 1966), 23.

career ladder a helpful device for recruiting the help he needs. Realistically, though, he said, "The medical organization, into which the career ladder must be introduced, has long been noted for the glacial rigidity of its personnel structure." 6

The National Advisory Health Council's Allied Health Professions Educational Subcommittee was also concerned about the upward mobility of students. "To assure opportunities for upward mobility of students trained initially at lower levels, colleges of allied health professions should also be intimately related to technical training centers, probably the most significant of which, in the future, will be those in junior colleges."

The Western Council of Higher Education in Nursing⁸ reported that while the associate degree nursing programs were established with a primary terminal intent, a trend is developing for the granting of credit toward the baccalaureate degree through challenge by examination. Baccalaureate nursing programs responding to the study indicated acceptance of credit toward the degree varying from 26 to 72 semester hours in nursing. This, then, could account for about 50 per cent of the professional nursing credits required for the baccalaureate degree.

A logical outgrowth from the concern thus far expressed for the need to provide for the upward mobility of health occupation workers, and the concept of the "theory-skills spectrum" would be the advocation of a core curriculum for the allied health professions. The Allied Health Professions Educational Subcommittee made note of this aspect when they referred to the one and two-year programs in the allied health fields that were being conducted by vocational-technical schools and community colleges as follows:

In the past most of these programs have been operated as independent entities, with little or no interrelationship. Yet increasingly, a common core is being identified that makes possible the sharing of instructors, classes, facilities, library, clinical resources, and

⁶ Ibid.

⁷The National Advisory Health Council, Allied Health Professions Educational Subcommittee, Education for the Allied Health Professions and Services, Public Health Service Publication Number 1600 (Washington, D.C.: Government Printing Office, 1967), p. 25.

Swestern Council of Higher Education in Nursing, <u>Today and Tomorrow in Western Nursing</u> (Boulder, Colorado: Western Council of Nursing, April, 1966), pp. 28-29.

other educational services, and centers for interdisciplinary education are being developed. These are proving more effective in producing the kinds and quality of workers needed for the variety of occupations in the health field.

In the same report it was pointed out that:

Attention to the core curriculum and equivalency of training is vital to both the professional and technical curriculum . . . While it is desirable to have certain courses in a junior college accepted for credit in a senior college, it is perhaps more important to adopt the principle of credit for attainment in a field which could be tested by examination. 10

We see that the career ladder idea, the concept of the "theory-skills spectrum," and the core curriculum proposal are all interrelated.

John L. Caughey wrote, "As medical care gets more complex, division of labor grows increasingly prominent. In turn, this development raises questions of the relation of newer technical personnel to the older professions." In the same discussion, but more directly referring to medical technologists, Caughey stated, "One of the characteristics of medical technology is that it is subject to unlimited superspecialization." The same may be said of virutally all of the allied health professions. All concerned with training health occupation workers must strive to obtain an understanding and an appreciation for the professional relationship that must exist with the patient through careful coordination and integration of the comprehensive health services.

An analysis of President Johnson's "Message on Children and Youth" by B. Nelson¹³ emphasized the need for reviewing the

⁹The National Advisory Health Council, Allied Health Professions Educational Subcommittee, pp. 19-20.

¹⁰ Ibid., p. 23.

¹¹ John L. Caughey, "Auxiliary Personnel in Medical Practice," American Journal of Public Health, 48 (August, 1958), 1049.

¹² Ibid.

¹³B. Nelson, "L. B. J.'s Message on Youth: Pointing a New Path for Medical Practice," <u>Science</u>, 155 (February 17, 1967), 811-812.

training methods currently used in preparing health manpower. In order to do something about the persistent criticism of American medical practice contending that its manpower resources are inefficiently deployed and utilized, the establishment of ten pilot centers was called for to develop more efficient methods and techniques for health care delivery, and to train new types of health workers.

In 1961 Denza Sheehan 14 reported that a total of 50,374 histological technicians were needed to work with medical technologists in more than 9,000 laboratories. At that time, a two-year training program for histological technicians was being conducted in the laboratory of the University Hospit 1, University of Pennsylvania.

William Mirengoff wrote that, "The health services have grown to be one of the largest sources of employment in our national economy." In 1966, of about 3.5 million in health occupations, only about one million were doctors, dentists, and nurses.

In the same report Mirengoff pointed out that:

Perhaps the most dynamic structural factor in the next decade will be a massive growth in the number and capacity of nursing homes. By 1975 the number of nursing home beds is expected to more than double, with employment far exceeding the current level of 250,000.

A factor associated with this prospect is that most of the workers required by nursing homes will be at the lower levels of the career ladder.

Another interesting point made by Mirengoff¹⁷ was that because two-thirds of all health workers are women, special attention must be given to meeting their needs for flexible and parttime work schedules.

¹⁴Denza Sheehan, "Need for Training Program for Histology Technicians," American Journal of Medical Technology, 27 (September-October, 1961), 280-286.

¹⁵William Mirengoff, "Health Manpower--An Emerging Challenge," Employment Service Review, 3 (November, 1966), 4.

¹⁶<u>Ibid.</u>, p. 7. ¹⁷<u>Ibid.</u>, p. 10.

Eleanor C. Lambertsen 18 in a series of articles indicated the changing role of the professional nurse as that of being responsible for supervision of nursing care as well as direct patient care which requires professional knowledge, judgment, and skill. She feels that technicians will have to be trained to utilize the technical devices.

Brita Asplund¹⁹ was also concerned about the changing role of the nurse which historically was based on patient's need, care, and support, but is now gradually shifting toward more responsibility for diagnosis and therapy.

According to Frances Ginsberg²⁰ functions of an operating room nurse are purely technical and can be accomplished by a skilled technician instead of a nurse. Ginsberg wrote a series of articles concerned with the development of training programs for training operating room technicians including criteria for selection of potential trainees and the description of an experimental program carried on at Tufts-New England Medical Center in Boston.

Gerald J. Griffin and Robert E. Kinsinger²¹ reported on an experimental method for increasing the effectiveness of teaching

¹⁸ Eleanor C. Lambertsen, "Nurses Have Been Trained to Nurse People, Not Machines," Modern Hospital, 105 (October, 1965), 146;
, "Staffing Problems Emphasize Need for Better Supervision by R.N.'s," Modern Hospital, 106 (March, 1966), 146;
"Does the Doctor's View of Nurses Require Redefinition of Nursing?" Modern Hospital, 107 (October, 1966), 144.

¹⁹Brita Asplund, "The Nurses Role Tomorrow," <u>International</u> Nursing Review, 13 (December, 1966), 25-33.

²⁰ Frances Ginsberg, R. N., "Hospitals Face Crisis in O.R. Nursing Unless Attitudes Change," Modern Hospital, 106 (March, 1966), 142-143; , "How to Select Candidates for Surgical Technical Aide," Modern Hospital, 107 (July, 1966), 114; _______.
"What to Include in Surgical Technical Aide Training Plan," Modern Hospital, 107 (August, 1966), 126.

²¹Gerald Joseph Griffin, Robert E. Kinsinger, and Avis J. Pittman, Clinical Nursing Instruction by Television: A Report on a Two-Year Experiment Using Closed-Circuit Television to Teach Clinical Nursing (New York: Teachers College, Columbia University, 1965), pp. 1-35; Robert E. Kinsinger, "Stretching Instructional Talent," Junior College Journal, 35 (October, 1964), 22-25.

clinical nursing by utilizing closed circuit television and individualized radio receivers.

Milton E. Howard 22 and Edward C. Stannard 23 individually reported on an experimental situation which provided on-the-job training experience for medical secretaries. The project was considered successful even though the medical clinic was 22 miles away from the training center.

R. H. Berg²⁴ described an experimental program which trained navy corpsmen to become physicians assistants. The purpose of the project was to extend the effectiveness of the highly trained physicians by giving selected corpsmen an intensive two-year on-the-job training program.

Robert W. Coon and Dallas Johnson²⁵ contended that the causeway for carrying the fruits of scientific research and invention to the clinician and patient is the medical laboratory. They report that laboratory work loads are up over 50 per cent in spite of automation, recruiting, and retraining. According to these men, the current need is for 100,000 laboratory workers, and by 1971 the need will reach 130,000 while all of the training facilities turn out about 4,000 medical laboratory workers per year. This includes pathologists, medical technologists, and certified medical laboratory assistants.

A. I. Hudes²⁶ reported on an experimental high school program in medical technology which was open only to seniors who had a year of chemistry and biology. The program was very introductory in nature, as it was aimed at giving the student an exploratory vehicle to determine if he wanted to pursue a career in the healing arts. A cooperative on-the-job phase was included.

²²Milton E. Howard, "Medical Secretary--Secretary, Technician, Both?" <u>Junior College Journal</u>, 35 (February, 1965), 15-17.

²³Edward C. Stannard, "On-the-Job Training for Medical Secretaries," <u>Junior College Journal</u>, 35 (February, 1965), 17.

²⁴R. H. Berg, "More Than a Nurse, Less Than a Doctor: Exmedical Corpsmen as Physicians Assistants at Duke University School of Medicine," Look, 30 (September 6, 1966), 58-61.

²⁵Robert W. Coon and Dallas Johnson, "Laboratory Manpower Need Outruns Supply," Modern Hospital, 107 (November, 1966), 133.

²⁶A. I. Hudes, "Experimental Course in Laboratory Technology," Schence Teacher, 33 (May, 1966), 45.

S. M. Eisler²⁷ reported on similar high school programs of medical technology which consisted of six units including an introduction to medical technology, hematology, urinalysis, blood chemistry, histology, and microbiology. This program was also only introductory in nature. The intent was that students would complete their training for medical laboratory assistants by on-the-job training.

The National Commission on Community Health Services 28 suggested the development of a new type allied health employee, the "expediter", who will provide the human link between the patient and the comprehensive health services.

In the same report the Health Commission²⁹ admonished two-year colleges to expand programs as rapidly as is consistent with quality; to design programs that include the opportunity for additional education at a later time; and to affiliate with four-year colleges and medical institutions for laboratory experience, clinical experience, and consulting services. They also recommend the development of state and regional agencies for planning two-year programs.

Related Research

A study of the duties, knowledges, and skills required of selected medical record librarians to determine curricular content of baccalaureate degree programs was conducted by Frank Kendrick Bangs. The procedure followed included these steps:

- 1. Activity analysis blanks were completed by librarians.
- 2. Duties of medical record librarians were collected by questionnaire and sent to the hospital administrators of the hospitals which employed the librarians included in the study.



²⁷S. M. Eisler, "Medical Technology: A New Course for the Inner City High School," <u>Science Teacher</u>, 32 (March, 1965), 33-34.

^{28&}quot;Health is a Community Affair," Report of the National Commission on Community Health Services (Cambridge: Harvard University Press, 1966), pp. 77-215.

²⁹ Ibid.

³⁰ Frank Kendrick Bangs, "Duties, Knowledges, and Skills Required of Medical Record Librarians" (unpublished Ph.D. dissertation, School of Education, Indiana University, Bloomington, Indiana, 1952), pp. 1-161.

- 3. Skills and knowledges were determined by analysis of the duties and responsibilities survey, and then classified into areas of learning.
- 4. Appropriate levels for teaching the s'ills and knowledges were designated.
- 5. A jury of medical record librarians reviewed the level placement.
- 6. A list of skills and knowledges necessary was compiled based on the analysis of their activities.
- 7. The list thus compiled became the basis for recommended development of curricula for baccalaureate degree medical record librarian programs.

Jessie Harold Mickelson, 31 1956, investigated the knowledges, skills, and personal qualities of medical secretaries. The study sought to determine the secretarial-clerical, and semitechnical tasks performed by outstanding medical secretaries. Medical secretaries included in the study were those considered to be outstanding by local or state executive secretaries of the American Medical Association. Participating physicians were selected on the basis of their understanding of and interest in the training of medical secretaries.

Forty-eight business-office activities were grouped into nine categories and 40 semitechnical medical activities were grouped into five categories and submitted in a questionnaire to the selected secretaries. Responses to the questionnaire 'tems were used to determine how many of the activities were performed in the physician's office, and the classes of personnel who performed each activity.

Five hundred and fifty-seven physicians' employees were sent questionnaires. The response was 428, or 77 per cent.

Personal qualities and the nature of the job were determined by interviews with 32 selected physicians. An interview guide recording form was used to cue the interviewer.

Conclusions drawn from Mickelson's study were:

1. The educational level of medical secretaries should be post-secondary with the four year degree being preferred.

³¹ Jessie Harold Mickelson, "Knowledges, Skills, and Personal Qualities of Medical Secretaries" (unpublished Ph.D. dissertation, School of Education Indiana University, Bloomington, Indiana, 1956), pp. 1-223.

2. The content of the training should include all generally accepted secretarial skills, business office activities, and all semitechnical medical activities that are ordinarily performed by secretaries or other business office employees.

Meribeth Jeanne Mitchell³² conducted a study of basic science principles required for associate degree nursing programs to develop an integrated science course. Subject matter included in the recommended integrated science course was determined from responses received to a normative survey check list-type questionnaire that was submitted to junior college nurse educators, graduate nurses, diploma school nursing instructors from cooperating hospitals, curriculum consultants, senior nursing students from cooperating hospitals, and junior college science instructions.

Nurse ecocators were asked to respond to the check list in light of what they considered to be desirable science preparation for the student before she enters a particular clinical course.

Curriculum consultants were asked to respond on the basis of whether the subject matter was important for the student nurse in preparation for her clinical work.

Junior college instructors were asked to indicate the amount of emphasis they gave the various principles or facts. They were asked to respond only to area which dealt with the science course they taught.

Senior students were asked to respond on the basis of the emphasis they remembered as being given to a particular principle or fact.

Items included in the check list were selected from a review of current textbooks used in the experimental associate degree nursing programs in chemistry, microbiology, anatomy, and physiology.

On the basis of analysis of the survey data, the principles and facts included in the final course outline were arranged according to the following main headings: nature of matter and energy; the erect and moving body; hemeostasis; nutrition and

³²Meribeth Jeanne Mitchell, "Development of an Integrated Science Course for Affiliated Nursing Students in Washington Junior Colleges" (unpublished Ph.D. dissertation, Washington State University, Pullman, Washington, 1959), pp. 1-151.

metabolism; interpretation of and responses to the environment; and reproduction.

T. P. Weil and Henry M. Parrish³³ found in a survey of accreditation standards of 11 allied health fields that a core of basic sciences, sociology, psychology, and management courses may be indicated. They felt that such a program could also serve to indoctrinate students in the inter-disciplinary health-team approach and allow for easy transfer from one field to another.

The first study specifically directly toward the role of the community colleges in preparing technical level workers for the allied health occupations was that reported by Robert E. Kinsinger and Muriel Ratner. Their investigation was concerned with identifying appropriate curricular patterns for health career programs. It was their contention that the key element in the total undertaking of training for the paramedical health occupations within the setting of the community college was the effective utilization of the community's clinical facilities as an "extended campus."

Kinsinger and Ratner utilized 11 curriculum study groups. Ten of the study groups concerned themselves with specific technologies; the eleventh worked at the development of a possible core curriculum. Study groups consisted of professional health practitioners, health service technicians, and community college staff members. The fields studied included: x-ray technician; inhalation therapy technician; dental auxiliary; medical record technician; occupational therapy technician; surgical technician; biomedical engineering technician; opthalmic dispenser; public health technician; medical emergency technician; and foundation "core" curriculum.

Each group produced a report listing an overview of the specific technology and objectives of the particular training program along with a statement of knowledges, understandings, and skills required.

The study group whose responsibility it was to develop a "core" curriculum put together suggestions for a single introductory

³³T. P. Weil, "Development of a Coordinated Approach for the Training of Allied Health Personnel," <u>Journal of Medical Education</u>, 42 (July, 1967), 651-659.

³⁴Robert E. Kinsinger and Muriel Ratner, <u>Technicians for the Health Field: A Community College Health Careers Study Program</u> (New York: University of the State of New York, 1966), pp. 1-41.

course to the field of health technology. This "Basic Health Technology" course would provide for knowledge of health service resources—interrelationships, functions, activities, plus interpersonal and group dynamics. Also included would be medical team relationships, medical terminology and vocabulary, legal and ethical responsibilities related to the health services, pathophysiology and pathopsychology, diagnostic techniques relating to health care, therapeutic techniques relating to health care, record keeping relating to health services, principles of aspepsis, plus sterilization, disinfection, antiseptis, and selected emergency first—aid procedures.

In addition to the "Basic Health Technology" course, a core of general education courses in anatomy and physiology, psychology or sociology, language arts, mathematics, or other elective courses would be included.

The "core" curriculum study group did recognize two main problems that would be associated with the "core" approach. First of all, some of the on-going health technology programs with differing curriculum patterns governed by state licensure may not fit into the scheme. The "core" concept, though, was considered primarily as a way of helping the uncommitted health technology student. A problem then develops when the uncommitted student selects one of the on-going programs which utilizes knowledges and skills gained in the first term in successive terms. Some way would have to be worked out for such students to make up for their technical deficiencies so they could move into these on-going programs.

In reality, the problem of freedom of movement from a paramelical "core" to on-going programs in specific technologies may well be a transitional one. Much the same problem faced the associate degree nursing programs when they were first under way. Temporary relief was sought and won from restrictive licensure requirements on an experimental basis. Once the programs demonstrated that registered nurses could be successfully trained in the two-year community college setting, license requirements were revised.

A second problem associated with the "core" concept was the resistance that may develop among the students who have already made up their minds to go into specific fields. The study group felt that a two-track system would probably be the course to follow in working out this particular problem.

An investigation conducted under the direction of Bill J. Fullerton, Arthur M. Lee, and Willard M. Fetterhoff³⁵ undertook



³⁵Bill J. Fullerton, Arthur M. Lee, and Willard M. Fetterhoff, Identification of Common Courses in Paramedical Education (Tempe, Arizona: College of Education, Arizona State University, 1966), pp. 1-153.

to identify the common courses in paramedical education. A workshop consisting of 24 paramedical educators studied curricular materials of 20 paramedical careers from 126 programs in 110 institutions. The contents of 2,613 course titles were examined. These courses were classified and programmed along with level of offering and depth of content, based on clock hours devoted to lecture, laboratory, and clinical experience. Wide variations were found in clock-hour requirement for courses with the same title. Also multiple course titles were found to have the same content. The observation was made that there existed a general absence of standardization.

When reduced to subject matter content, however, there were found to be many commonalities between career programs. The 2,613 courses were reduced to 126 general subject classifications. Of these, 78 subject classifications were found to be common to two or more paramedical programs. High incidence of commonality was found in 12 of the 20 programs. Eight programs had a low commonality incidence. Interestingly enough, there was a higher degree of commonality in programs requiring higher levels of training. Likewise, more standardization occurred in nationally accredited programs, but not as much as would be supposed.

Fullerton et al., 36 pointed out that many paramedical programs require the same course content. Such courses then could be combined with resultant efficiency in use of faculty, facilities, and materials. To achieve this efficiency, however, precise behavioral course objectives must be established.

Irregularity of general education courses required in paramedical programs caused Fullerton et al., to question the relationship to particular paramedical programs. They felt that much of what is now being taught could possibly be better accomplished in centrally located school systems rather than having each institution operate small classes.

The results of this research suggest rather strongly that paramedical education today reflects the personal philosophies of educators who have developed a variety of curricula. Additional research would provide a foundation upon which to base new philosophical approaches to paramedical education which are more effective in terms of the tasks to be performed, and which are better able to meet the demands of scientific progress, and changing health manpower requirements.³⁷

36 Ibid.

37 Ibid., p. viii.

CHAPTER III

METHODOLOGY

The allied health occupations included in the study were limited to those which currently have training programs being conducted by the community college system of the State of Washington. These occupations included dental assistant, dental technician, occupational therapy assistant, physical therapy assistant, medical assistant, medical assistant, medical records technician, cardio-pulmonary technologist, associate degree registered nurse, licensed practical nurse, x-ray technician, medical secretary, and medical laboratory assistant.

The Population

The population of this study consisted of two groups. The primary group consisted of the allied nealth occupations professionals who were involved in the pre-employment training programs in the selected allied health occupations. For purposes of this study, the allied health occupations professions included were only those programs where the training period was one academic year or more in length, and that were currently being carried on in community colleges in the State of Washington. As noted in the section under definitions, the term "professional" refers to individuals who have received specialized training in one, or more, of the allied health professions, or occupations, and who because of this training and work experience are qualified to teach in the specific fields. Such individuals were nurses, dental assistants, dental technicians, inhalation thereapists, and so forth. The criteria used in making the final determination was whether they were certified to teach occupational courses in their specific field by the State Coordinating Council for Occupational Education. According to the State Office of Occupational Education, about 250 individuals were certified to teach in preemployment programs in the allied health occupations in Washington State for the academic year 1967-1968.

The sample taken from this population group was deliberately selective rather than random. Of those surveyed, 32 were nominated to be included in the study by the health occupations program specialist for the Washington State Office of Occupational Education. These individuals were recommended on the basis of their outstanding interest in, and contribution to, program planning and curriculum development in their respective fields. The other



12 individuals included in the category of allied health occupations professionals were faculty members in the Health Occupations Department at Spokane Community College who had demonstrated their concern for curriculum and program planning by their willingness to serve as the panel of experts in the development of the survey instrument.

A total of 50 allied health occupations professionals were asked to respond to the check list. One instructor of medical secretaries was included in the professional list because a four-quarter program was offered by Spokane Community College. An instructor in cardio-pulmonary technology, two occupational therapy assistant program instructors, and one instructor of physical therapy assistants were included even though these programs were only in their first year of a two-year sequence.

The secondary group consisted of 41 practitioners in the allied health occupations who agreed to respond to the question-naire. In all cases, these practitioners were currently employed in the field for which they were trained. It should be pointed out that it was not possible to include practitioners in cardio-pulmonary technology or physical therapy assistants since no students have yet graduated from these training programs.

The allied health occupation practitioners, except for medical secretaries and associate degree nurses, who were contacted were recommended by the presidents of their respective state, or area, professional associations. These officers were asked to nominate members from their specific fields whom they considered to be particularly interested in improving training programs.

In the case of medical secretaries, who have no officially established professional affiliation, the instructor of the program at Spekane Community College was asked to respond to the questionnaire and also prevailed upon to recommend graduates from her program who should be asked to respond.

Development of Data-Gathering Instrument

To determine the degree to which knowledges are commonly necessary for work in the selected health occupations, a check list-type questionnaire was developed. The questionnaire consisted of 279 knowledges from the fields of anatomy, physiology, microbiology, chemistry, physics, psychology, and sociology. A copy of the questionnaire is included in Appendix A.

Items on the final form of the questionnaire were developed from a preliminary check list of 408 knowledge items which were



selected from reviewing textbooks, reference books, and minimum essentials established by national accrediting, or certifying, associations. To determine if the knowledge items thus selected were appropriate, the preliminary questionnaire was submitted to members of the teaching faculty of the Department of Health Occupations at Spokane Community College. They were asked to respond "yes" or "no" to each item on the basis of whether the knowledge was required of workers in each of their fields. This group of instructors in practical nursing, dental assisting, inhalation therapy, and cardio-pulmonary technology, medical record technicians, and medical secretaries, constituted the panel of experts for the initial questionnaire.

Several members of the panel of experts suggested that the range of choices of response should be widened to permit judgment regarding level of need rather than the single choice of "yes" if a knowledge was considered to be important for their particular area. Accordingly, the final form of the questionnaire provided three choices labeled "essential," "helpful," and "not needed."

Analysis of the tabulated results of the judgments of the panel of experts regarding items included in the preliminary questionnaire resulted in the deletion of 129 items. The final form of the questionnaire included 279 items. The decision to drop an item from the list was based on the evidence that it was considered to be required by only one or two of the health occupation fields.

The 129 knowledges deleted on that basis from the original questionnaire are listed in Appendix B.

Method Used in Distribution of the Data-Gathering Instrument

Questionnaires were mailed to individuals constituting the population. Return self-addressed stamped envelopes were included to encourage returns.

After about 30 days, a follow-up letter was sent to each of the individuals who had not responded. Of the 50 professionals contacted, 48 returned their check lists for a total of 95.7 per cent return.

The greatest difficulty encountered in the study was securing the names of potential respondents in the secondary group consisting of the allied health occupations practitioners.

Table 1 indicates the 12 occupational fields, the number of questionnaires returned (usable and not usable), and the per cent



TABLE 1

OCCUPATIONAL REPRESENTATION OF RESPONDENTS

Job Class	Number Contacted	Usable Returns	Unusable Returns	Per Cent Return
stant . ratory Techn	39	8-	ເນ :	36 100
_ =	25	=	&	76
ssistant ecords	70.	л г ;	:01	386
Associate Degree, Nursing	35	<u>0</u> 4	٥ • ١	ဥ္က က (
Occupational Therapy Physical Therapy	∞ ←	4 ~	~ :	80 80 80
X-ray Technician	യ ന <i>വ</i>	ဥကလ	• • •	
Total	148	89	22	75

of return. Questionnaires considered not usable were returned too late for classification, returned incomplete, or returned by the post office.

The data thus assembled was keypunched onto cards for computer processing. Each completed questionnaire was given a coded six-digit identification number. The first three digits constituted a sequential identification of each individual respondent. The next two numbers, I through 12, represented the occupational identity in the same order as they appear in the table above. The last digit was simply a I or a 2 for professional educator or occupational practitioner.

A program was written by the data-processing staff at Spokane Community College for the IBM 1620 computer to provide the data.

Data accumulated on each of the 279 knowledge items included:

1. Frequency of no response.

- 2. Frequency of response "not needed."
- 3. Frequency of response "helpful."
- 4. Frequency of response "essential."

5. Per cent of no response.

- 6. Per cent of response "not needed."
- 7. Per cent of response "helpful."
- 8. Per cent of response "essential."
- 9. Per cent of response "helpful" and "essential."

The data was first run through the computer to produce a composite picture of frequency and percentage of responses to each of the 279 knowledge items.

The information resulting from the first computer run was then sorted to show frequency and percentage of response to each of the knowledge items.

To provide a system for indicating the relative commonality of need for knowledges within each subject matter area, responses were ranked on the basis of the per cent of frequency. This was done for the knowledges checked as "essential" and then for knowledges checked as "helpful" or "essential."

The relative relationship of common usefulness of knowledges between occupations was accomplished by indicating the knowledge items checked "helpful" or "essential" by 60 per cent or more or the respondents in each occupation.

CHAPTER IV

RESULTS AND FINDINGS

The objective of the study was to test the hypothesis that there does exist a commonality of knowledge useful to workers in allied health occupations. Selected knowledges have been clustered into subject matter areas which represent the basic biological, physical, and social science that make up the foundation to the applied sciences of the health professions. This chapter presents the findings regarding the knowledge items required by workers in the selected allied health occupations.

Table 2 shows the percentages of all respondents judging each of the 279 knowledge items to be: "not needed," "helpful," and "essential."

Table 3 shows the percentage rank order of knowledges judged to be "essential" and of knowledges judged to be either "helpful" or "essential."

Table 4 shows the knowledges judged to be "helpful" or "essential" by 60 per cent or more of the respondents in each of the 12 selected allied health occupations.



TABLE 2

PERCENTAGES OF ALL RESPONSES REGARDING THE USEFULNESS OF KNOWLEDGE ITEMS

			Per Cents	of Respo	ponses	
Number	Knowledge Items	No Re- sponse	Not Needed	Help- ful	Essen- tial	Helpful & Essential
	Names and contents of the body cavities	0	rc	24		95
~	e of the animal cell	,	8	52		88
ო	0	-	25	2		74
4	and function of	ponts	25	rg rg		74
വ	and function of	- Paris	53	57	13	20
ဖ	and function of		20	56		79
^	and function of		31	54		89
œ	and function o	က	53	23		ဆ
0	and function of	ro	59	9		67
2	Nature of the cell membrane	က	14	46		83
	ence bet					}
	cell division	2		23	9	69
12	Relationship of cells to tissues	_		33	ည	87
13	f Co	0	_	39	54	63
	of m	0	ຜ	53	29	95
_{(သ}	al basis for muscle fati	_	21	47	33	78
9	and function of mu	C	^	34	29	93
17	and function		7	33	59	92
8	Dun	-	13	37	49	98
19	nship of tissues to organ	0	œ	33	59	92
50	tion, and fu					
1	ns of the digestive syste		2		09	88
22	sses involved in chemical dige	 -	7	45	37	82
7.7	Where chemical digestion takes place	-	14		44	82

TABLE 2-- Continued

4 5	Nature and functions of neurons 1	ontinued	20	43	37	97
ct;ons		-	<u>29</u>	\$: 유 -	22
ssifica		_	30	41	28	69
Interr	ш	•	((<u> </u>	
Keletai	3	(ထ	33	57	91
Nature and	flex arc		22	4	36	77
ire of	nature of the nerve impulse and now it is transmitted	_		44	77	22
ire and	Nature and function of the perepheral	•	•	-	:	õ
snovie		<u> </u>	<u>5</u>	38	8 7	98
Nature and	fon of	•	10	24	64	8
Nature and	d function of spinal nerve	g-	C	•	,	· •
מאחים ב	ľ	779	53	40	o,	9
ire and	Nature and Tunction of Spinal nerve	r	Č	•	ć	•
ות סטו	pickus terminai branches Nature and function of autonomic nervous	-	₹	40	62	69
SVStem	5		2	30	er L	83
Itions	Relationship between the sympathetic and	•)	}) ;	5
Irasym	rvous system	Process of the last of the las	14	36	6,4	85
of th	Role of the nervous system in coordinating	*				
dy ac			r.	37	4.7	84
itions	Relationship of sense organs and the					1
LANONS	system		15	33	S S	84
Nature and	function of the eye as a sense					ı
organ	,		23	26	49	76
Nature and	function of the ear as a sense					,
		2	24	23	51	74
Nature and	and function of olfactory sense			-		•
organs		_	23	99	46	76
re and the	Nature and function of the sense organs of the skin and mucosa		9	36	73	8
)		•	- >	-	-)

TABLE 2--Continued

29	Nature and function of the sense organs	, -		CC	<u> </u>	
89	Causes of nervous fatique		- 8E	86	5	8
69	The endocrine glands, their hormone			i	•	
	roducts, and functions	, —	13	33	53	98
2	Relationships between hormones and nervous					
	æ	,	20	43	37	79
に	Relationship between exocrine and					
	Jands	,	2	48	36	8
72	Locations, nature, and functions of the					
		0	ເນ	17	2/8	95
73	Mechanics of breathing	0	ω	5 6	89	94
74	Factors controlling respiration rate	0	~	52	89	93
75	Ō					
		0	_	32	ė)	93
9/	Oifference between external and internal					
	uo		01	90	59	8
77	Nature, location, and functions of the					
			ın	50	75	94
78	Parts and functions of the heart		9	20	74	93
79	The anatomy of blood vessels (arteries			•		
	veins, and capillaries)	0	ო	52	17	97
8	Nature and function of pulmonary					
	cfrculation	_	7	23	69	92
81	Nature and function of coronary circulation	_	9	56	29	93
82	and function of systemic	_	7	28	64	92
83		_	17	45	37	85
84	heart adjus					
		_	20	45	34	29
82	ion of the splee	,	23	33	4.3	76
8 8	Factors involved in maintaining arterial	c	σ	32	O L	6
		- >	•	- -		•

TABLE 2 -- Continued

!						
87	Factors involved in maintaining vencus	(****	
ç	T. CIrculation	5	o	32	53	
2	line nature and function of blood	,	7	52	29	26
89	HOW DIOOG protects the body from					
	invading microbes	C		37	מט	_
8	The nature and functions of lymph) —	2.5	36	2 6	9 6
9	nature and function of blood	e free	α	300	? ¢	86
35	The difference between fetal and infantile		<u> </u>	3	30	7
	lood circulation	,	76	20	8	70
93	How blood contributes to the regulation	•	0	35	.	7/
	temperature	_	ŭ	36	0	**
94	How blood accomplishes the nutrition of	•	2	9	o r	\$ 0
		c	17	30	77	C
95	Blood types and their origin	> ~	70	n c	+ c	305
96	IRh factor as a blood twne and the	•	-	?	35	c/
		<u></u>	7	Ç	;	;
26	Nature, location, and functions of the	-	67	32	4	74
	5 _	-	17	Š	1	č
86	Meaning of excretion		<u> </u>	† ¢	\ c	28
66		- ,	<u>.</u>	92	27	84
35	Factors which contactors to maintain a		<u>~</u>	92	09	98
2	the acid-bace halance	•	•	•		i
101	Factors which contribute to increased	-	-	7	4 4.	72
	quantity of urine being produced	-	20	20	72	6
102	Normal physical and chemical character-	•	3	2	?	?
	istics of urine	_	30	<u>۾</u>	30	
103	Excretory organs of the body and their)	3	n n	60
1		-		α	9	0,2
104	The nature and function of a nephron	,	;	2	2	0
	(physiological unit of the kidney)	,	32	24	43	67
	-			•		,

31

TABLE 2 .- Continued

105	Relative composition of blood plasma and					
	•	- -	28	39	32	7
106		_	32	32	3/1	29
107	Structure and function of male and female	•	6	6	(
αOL	400	-	87	92	25	=
3	female reproduction	_	33	22	46	86
109	Function and development of mammary glands		88	21	: \$	96
110	ecretion constituents of man				<u>;</u>	
		_	45	25	50	54
111	Genes and their functions		32	34	32	29
112	Fertilization and reproduction		36	20	44	63
113	Nature and function of gametes	 -	38	37	50	19
114	Significance of microorganisms to human				ì	• •
	1	0	15	25	09	- S2
115		0	15	34	S.	85
116	of protozoa	-	50	44	36	79
117			20	38	4	79
118	Characteristics of viruses		<u>8</u>	38	43	8
119	of actinomycete	ო	30	41	25	29
120	Characteristics of bacteriaophiges	m	31	37	53	99
121	light microscopy	N	48	33	16	49
122	ples of e	2	61	28	G	37
123	material for mic					
	study		52	34		47
124	Reasons for staining	0	43	39		57
	Types of stains	0	47	34		53
	Micron	ល	48	25		47
127	Capsule formation	2	52	53	17	46
	Tissue culture	~	43	39		ລ
	Pathogen	N	28	28		2
	_		_	_		

TABLE 2--Continued

TABLE 2--Continued

TABLE 2--Continued

gen-carbon dioxide balance is ained in human tissue gen is used in medicine of homeostasis eacts with many substances to break	as in hydrolys a solvent and for life proce		ct of 1 25 39 34 7 energy 1 22 38 39 7	rs ti Ine bas	n and fts 31 41 26 14 14 14 14 14 14 14 1	mpound consu for hu	
How oxygen-carbon dioxide balan maintained in human tissue How oxygen is used in medicine Concept of homeostasis Water reacts with many substanc	down molecules as in hydrol digestion Role of water as a solvent an Sources of water for life pro	* =	Importance of energy as a pro chemical change Calorie as a measuring unit o	gica gica mmon s be	r eect	Significance of carbon compoumedicine Sources of fats for human con Sources of carbohydrates for	Significance of Saturated and fate in human nutrition
177 178 179 180	181 182 183	184	186	188 189 190	194	195 196 197	<u> </u>

TABLE 2 .-- Continued

mal and plant mal and plant n 1 26 28 38 45 7 26 36 36 and posture 1 32 29 21 29 38 41 41 33 24 5 40 41 48 38 13 5 7 7 84 33 13 84 31 148 38 13 86 66 7 7 87 88 88 88 88 88 88 89 89 89 80 80 80 80 80 80 80 80 80 80 80 80 80	n foc	0	28	34	38	72
d posture 1 36 28 45 70 1 37 26 36 6 on to body heat 2 37 229 38 6 olding capacity 1 41 33 24 55 teristics of 1 48 38 13 55 affects gases 1 39 31 29 66 fetion 2 33 33 31 66 fittion on tissue 1 30 31 38 65 mic, hypotonic, 1 30 31 31 31 31 31 31 31 31 31 31 31 31 31	vecween animal and plant	¢				
d posture 1 37 26 d posture 1 39 21 39 21 29 38 oldfing capacity 1 41 33 24 5 teristics of stics of 1 48 38 13 ofticts gasses 1 39 31 oftic hypotonic, 1 20 38 oftic hypotonic, 1 30 31 oftic hypotonic, 1 26 33 oftic hypotonic, 1 30 31 oftic hypotonic, 1 31 32 oftic hypotonic, 1 30 31 oftic hypotonic, 1 31 32 oftic hypotonic, 1 32 33 oftic hypotonic, 1 33 34 oftic hypotonic, 1 30 32 oftic hypotonic, 1 30 32 oftic hypotonic, 1 31 32 oftic hypotonic, 1 32 33 oftic hypotonic, 1 33 34 oftic hypotonic, 1 30 32 oftic hypotonic, 1 31 32 oftic hypotonic, 1 32 33 oftic hypotonic, 1 32 33 oftic hypotonic, 1 33 34 oftic hypotonic, 1 30 30 oftic hypotonic, 1 31 32 oftic hypotonic, 1 32 33 oftic hypotonic, 1 33 34 oftic hypotonic, 1 30 30 oftic hypotonic, 1 30 30 oftic hypotonic, 1 30 30 oftic hypotonic, 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	protein Levers in body mechanics	> -	¥ %	55 K	2,4 5,7	99
d posture on to body heat oldfing capacity oldfing capacity teristics of stics of stics of stics of affects gases affects gases lotton ction totion totion on tissue n tissue n tissue n tissue n tissue n tissue lotton sue lotton lott	on man	. ;	37	5 2	36	
d posture	2	-	39	<u>ت</u>	29	9
on to body heat 2 37 33 28 6 olding capacity	osture	-	32	29	38	- 67
teristics of stics of	to body he	0	37	33	28	 61
teristics of stics of	ifng capaci					
teristics of stics of	•		41	33		57
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TABLE 2-- Continued

85 84 84	888	62	28 82	76	7.7	; ;	72	28	8	70	0	27	2	87	87	8	84	X X	8 8	3	83	20
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3333	33			46	33	30	44	36	36	72	<u> </u>	33	5	34	29	3	33	34	- 9°	3	30	36
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Relationship of motivation to learning Effective study habits How physical environment affects learning Physiological factore that affect	learning Laws of learning	Factors involved in conditioning What is meant by "the learning curve"	of intelligence t	learning	Keiationship between heredity and environment in human behavior	Mechanisms of human behaviorStimulus Modification or interpretation Response	eptors	Interpretation: Central Nervous System		helationship of organic needs to human behavior	Relationship of ego needs to human		How physical development and health affect	personality	How physical appearance affects personality	to personality	ip of motivation to per	Importance of satisfactory adjustment		Psychological needs related to growth	and development	characteristics and human culture
226 227 228 228																					_	



TABLE 2--Continued

69 74 64		75				9/	74	71	29	2		29	į	9	S S	}	67	8	84	84	82	78	ŗ	92
38 29 29		39				47	36	39	33	40		34		34	44		34	64	22	වර	54 4	64		44
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250 Definition of culture to personality 252 Characteristics of a modern community 1 months of characteristics of a modern community 1 months of characteristics of the community 1 months of characteristics of the community 1 months of characteristics of the community 1 months of the characteristics of the characteristic	importance of group penavior to	254 Functions of social groups		Causes of group conflict	- Ro	adjustment	_	The family as a social institution	Characteristics of Ame	261 Functions of the family	Factors cont	zation	263 Factors which contribute to family	ettectiveness	264 Effects of family disorganization on the	265 Effects of family disorganization on the	٠	Emotional effects of illness		268 Social effects of illness	Factors contributing to mental illne	Factors contributing to mental de	age distribution and proble	272 Social problems of the aged

TABLE 2--Continued

84 78 72 73 74 74 75 75
55 46 51 37
33 33 33 33 33 33
13 20 15 25
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Physical problems of the aged Mental problems of the aged Social affects of drug addiction Individual affects of drug addiction Social affects of alcoholism Individual affects of alcoholism Factors that contribute to poverty
273 274 275 276 278 278

TABLE 3

PERCENTAGE RANK ORDER OF ITEMS JUDGED "ESSENTIAL" AND OF ITEMS JUDGED EITHER "HELPFUL" OR "ESSENTIAL"

	Essential			Helpful or Essential	
8	Item	Rank	No.	Item	Rank
	A	Anatomy &	and Phys-	Physfology.	
72	Locations, nature, and functions		. 62	atomy of blood	
	of the organs of the respira-	((arteries, veins, and	•
	tory system		1	ies)	
11	Nature, location, and functions	,	72	tions, nature, and	
	of the organs of the circula-	,		_	~
78	Darte and functions of the	7	,	Names and contents of the body)
2	Transfer Control of the Control of t	က	•	ities	က
79	The anatomy of blood wessels)	74	Nature and functions of muscle	
}	(arteries, veins, and			•	က
	capillaries)	4.5	77	re, location	
	ē			_	
	v	4.5		ste	က (ည
8	Nature and function of pulmon-		73	cs of breathing	
	circulation	9	78.	र्	
74	Factors controlling respiration		74	Factors controlling respiration	
	rate	7.5			3.5 -
73	Mechanics of breathing	7.5	8	Nature and function of coronary	
88	The nature and function of blood	10.5		· · · · · · · uo	9. 2.
ထြ	Nature and function of coronary		75	w	
	circulation	10.5	Ç	red air	ນ ນຸ
43			စ္	Nature and Tunction of Mucous	о и
	skeletal system	ი.ე 		illelliDrane	

TABLE 3--Continued

Nature and functions of muscle 10.5 Nature an tissue.	13 Nature tive 80 Nature	Nature tive Nature		and function of connectified times.
13.5 80 Na 13.5 88 Th	SO SO STATE OF STATE	<u> </u>	2 F	re Proper
pinal cord	.5		F	blood
15	? 			system
Differences between inspired and 36 82		85	- 72	on of systemi
Excretory organs of the body and 19		19		Relationship of tissues to
their functions		17		organs
inctions	-	:		tissue
	_	45		ons of bone ma
System		<u>16</u>		The nature and function of
vencus cfrculation 83		87		•
afning		,		_
arterial circulation		8		Factors involved in maintaining
internal respiration 23 52	_	52		The interrelationships between
functions of				the skeletal, muscular, and
skeletal muscles	23			nervous system
· · ·		27		4
Organs 89	_	88		How blood protects the body from
function of nerous				Invading microbes
tissue 26		92		Classification of human foods:
d function of muccus				n, vit
mambrane	23	•		drates, and so forth

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Σ 2	Meaning of excretion	28.5	. 26	Nature and function of the	· · · · · · · · · · · · · · · · · · ·
of the orga tory system	ture, location, and tunctions of the organs of the excre- tory system	28.5	. 20	Nature, location, and functions of organs of the digestive	29.5
The inter	The interrelationships between the skeletal, muscular, and		76	ഗവ	29.5
nervous Classific	nervous system	28.5	06	respiration	29.5
foints Relations	joints	28.5	99	fun	29.5
tissues Nature an	les	31	77	Is of E.	29.5
tive tissue	Issue	32	2	Relationship of calls to	
Ine natu	ine nature and tunctions of lymph	36	54	Nature of the nerve impulse and	33.5
How block	How blood protects the body	,	ć	•	33,5
The endo	The endocrine glands, their	0	6 6	Uerinition Of Secretion OF	36.5
hormon	hormone products, and	Ų		hormone products, and	! !
Nature and	Nature and function of the sense	0	38	Nature and function of serous	36.5
organs	organs of muscles and joints	36		membrane	36.5
Relation	KelationSnip of serse organs and the nervous exetem	36	52		į
Nature a	Nature and function of the	9	48	Names and functions of the major	36.5
autono	autonomic_nervous system	36	,	skeleta	40
Assessory tive sy	sessory glands of the diges- tive system and their functions	36	09	between the symparactic	
Structure and and and and	e and function of male	A0 5	22	Sys	40
The funct	The functions of bone marrow .	40.5	77	place	40

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64	Nature and function of the ear		2	cretion	ა
	as a sense organ	•	. 29	Relationship of the sense organs	
23	nts of	42.5		e nervous system .	45
63	Nature and function of the eve		63	ent requireme	45
)	sense organ	45	6	d contributes to	
09	tionship between the sy			gulatio	45
	thetic and parasympathetic		[9	rvous s	
	S	45		ordinat	45
38		1	47	of muscle tone	45
1	ane	45	7	Relationship between exocrine	
93	tributes to th			glands	45
	ion of body	48.5	26	_	
29	Nature and function of the sense			system	50.5
	s of muscles	48.5	94		
55	nd function of t			body	50.5
	stem.	48.5	42	Factors which affect metabolic	
5 6	cation of			0	0
	protein, vitamins, carbohy-		2	Nature of the cell membrane	50.5
	draces, and so forth	5]	97	ē,	
61	rvous sys			organs	
	coordinating body activities .	51		system	54.
108	_		46	Classification of skeletal	
	0	53.5		•	54.5
65	Nature and function of olfactory		83	heart sounds	54.5
	sense organs	•	21	w	
47	f muscle to	53.5		on .	•
44	Ossification of bone	•	89	nervous fat	57.5
12	Fertilization and reproduction .	28	2	ture of the animal (
2	hich contribute		2	hips between ho	
	taining the acid-base balance	58		system	
~				ting body activities	<u></u>

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94	aCCC + 14 6	49	Nature and functions of	19
54	Nature of the nerve impulse and		digestion	<u>ر</u>
, ,	how it is transmitted	58 84	운	5
22	Where chemical digestion takes		metobolic activit	(
94	The nature and function of a	28	CellS	[[[
	phron (phystologica	01	Excretory organs of th	· •
ŗ	the kidney)	62.3	and their functions .	65.5
5		30	Assessory glands of the	·
	produced		tive system and their func-	נו ע
82	Nature and function of the spleen	62.5 67	Na	•
27	ody energy and heat	ري د	organs of muscles and	65.5
96	Rh factor as a blood and its	15	Chemical basis for muscl	,
	1mportance	65	fatigue	65.5
60	Function and development of		<u>8</u>	
	•	67.5	x arc	68.5
35	The difference between fetal and	-4-	Metabolic uses	68.5
1	infantile blood circulation .	67.5 63	0	
<u>အ</u>	~	67.5	e organ	72.5
42	Factors which affect metabolic		Nature and function of olfactory	
9		67.5	e organs	72.5
20	Normal physical and chemical	85	Nature and function of the	
	haracteristics	7	spleen	72.5
40	0	25	_	
r.	argestive tract		amino acids	72.5
C)	Kelationship of protein and		ınd fun	(
27	Whore for discenter comme	73.5	/e plexuse	72.5
5	files a descion occurs	- -	where protein algestion occurs	72.5

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Factors which contribute to main- taining the acid-base balance	d their origin	rgan	Rh factor as a blood type and	-	y,	Nature and function of proto-	plasm	ference between	fantile blood circ	lifferent par	the digestive tract in absorp-	Libour for Africation comme	olic uses of fats	Structure and function of male	and female reproductive organs	Relative composition of blood	a and c	but	æ	being p	Products of carbohydrate diges-	tion	Functions of the axon Nature and function of nucleo-		
100	95	5 8	.96	34	(က	4	92		40		7.0	ကို ကိ	107		105		101.		i •	က္သ	Č	ည် သ	>	
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•	f heart sounds 77.	n coordina-	Nature and functions of names 77.5	all transfer in the second of	involved in chemical			•	function of spinal	•	function of a reflex	arc 83		•	al constituents of urine . 87	How the heart adjusts to change	in metabolic activity of body	87.	of fat digestion 87.	diges-	87.	sorption of fats,	their functions	+ton of blood	and urfne

		92	(O)	3		92		95		100.5	100.ឆ		100.5	100.5	100,5	100.5	•			105.5		105.5	108		901		110.5	1 0°		2	113
	Normal a	of urine.	ts of protein dig	()	termina	tion of	Difference between mitotic and	Φ	Œ	ith fe	of fat di	bsorp	proteins, and carbohydrates	tabolism routes	and function of chr	and function of	and function	/stological	•	f urine	Genes and their functions	on of RNA	れゴ	volved in	of energy release	ਲ	iry glands	ture and function of	Relationship of ADP to body	Normal secretion constitution of	ary glands
nt:Inued	102	٠, (32	58	ı	ည		,	108		88	41		33	^	ά	104			901		6	132	58		109	,	113	5) (2)	סנר	2
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TABL	Blood types and their origin	cts of protein dig	where protein digestion occurs .	Chemical basis for muscle	•	ons of the axon	Normal secretion constituents of	iry glands	and function of s		Protein metabolism routes	ant	fication of neur	and function of	and function of	and function of	function of	Difference between mitotic and	ic cell division	and function	Nature and function of nucleo-	plasm	Relationship of ADP to body	0 0 0	and function of	and function of DNA	nvolved in the cr	cycle of energy release			
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gy	Disinfecting	septic t ignifica	to human health haracteristics of bact	Anderobic	haracteristics of fungi.	Importance of moisture to bacterial growth	ncubation	Characteristics of bacteria- ophages	decomposition hip between en	ons for staining stains Stains -fission ue culture s of stains
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TABLE 3 .- Continued

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124	4-	24	2	inciples of	4.
127	for t	56	4	Cultural technique	56
149	Cultural technique	27.5	126	•	<u> 28</u>
128	culture	•	ന	fferential stains	<u> </u>
121	rinciples of light mi	29	123	How to prepare material for	
138	ential stains	ස		microscope	ග
123	How to prepare material for			$\overline{}$	30.5
	tudy	<u>ی</u>		apsule formation	ö
148	Microorganisms and soil fertility	32		roorganisms	32
136	trition.	33.5	122	rinciples o	33
122	5	•	136	Autotrophic nutrition	34.5
137	c nutrition	35	133	Holophytic nutrition	4.
133	Holophytic nutrition	36 .	137	Heterotrophic nutrition	36
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153	Matric upite of measure	r.	LC:	Matric units of measure	
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ンケー	limportance of carbon gloxide to		n	リニ・くつこ ごうつこない こう	

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units of measure	Importance of carbon gloxide to	How oxygen-carbon dioxide balance	processes	ion of temperatur grade to Fahrenhe	E .	Most common elements in the body of man
153	261	177 166	176	155	190	156
1.5	ST.				-	-
		44	. 9	<u> </u>	∞	<u>ه و</u>
Metric units of measure How oxygen is used in medicine .	Importance of carbon dioxide to		ents in the body	ce of water to life	ure from	• • • • • • • • • • • • • • • • • • • •

177	How oxygen-carbon dioxide balance		179	Concept of homeostasis	01
כם	is maintained in human tissue.	2	199	Role of protein in human nutri-	
20	naticel exists as inquius, solius,	12	183	Rola of water in medicine	22
191	Radioactive elements and medicine	12	158	ä	
187	Calorie as a measuring unit of	:	154	symbols	14
1	energy	14.5	187	Calorie as a measuring unit of	
152	IJ				15.5
6	physical changes in mat	14.5	120	a)	
<u>.</u> ا	DITTERENCES DETWEEN ACTUS AND	17	- 006	Or gases	ດ ດ
158	The natural sources of oxygen		9	olant protein	19.5
151	Matter may be found as elements	;	196	human consum	
	compounds, or mixtures	17		•	19.5
181	er as a solvent a		182	f water f	
	lubricant	20.5		processes	6
167	Importance of water as a consti-		173	perties of	19.5
	tuent of many forms of matter		160	of Sp	
	as in water of hydration	20.5		its prevention	19.5
185	How chemical change affects life		152	s bet	
	processes	20.5		physical changes in matter	19.5
165	Water as a naturally occurring		197	_	
	compound of hydrogen and oxygen	20.5		•	24
199	Role of protein in human nutri-		191	ements	24
1	tion	25.5	151	fo	
173	Properties of acids and bases		!	or mix	24
160	The cause of spontaneous combus-		ည	Role of water as a solvent and	
!	tion and its prevention	25°5		•	27
197	Sources of carbohydrates for		172	U	
1	human food	25°5		Ses	27
172	Characteristic reactions of acids		161	Chemical and physical nature of	
	and bases	125,5 1	_	oxygen	127

•	11	Physics	4		
51.5	compounds				
	Differences and similarities	171			
51.5	· · · · · · · · · · spunod		25	· · · · · · · · · · spunod	
	Classification of carbon com-	194		Classification of carbon com-	194
<u> </u>	in medicine		51	How chemical compounds are named	175
	Significance of carbon compounds	195	20	fcal use	
49	In nature			How oxygen is prepared for clin-	159
	Natural occurrence of nitrogen	162	48.5	in medicine	
48	to life			Significance of carbon compounds	195
	Importance of the nitrogen cycle	164	48.5	tion combustion	
46	tion combustion			The nature of the chemical reac-	157
- -/-	The nature of the chemical reac-	.157	46	in nature	
46	amfno actids : urtne			Natural occurrence of nitrogen	162
	Relationship between nitrogen :	163	46	to life	
46	hydrolysis digestion			Importance of the nitrogen cycle	164
	to break down molecules as in		46	plant protein	
	Water reacts with many substances			Relationship between animal and	201
43.5	· · · · · · · spunodwoo		42	hydrolysis digestion	
	between organic and inorganic	,		to break down molecules as in	
	Differences and similarities	171	;	Water reacts with many substances	180

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How x-ray is used in medicine Osmosis Effect of radio isotopes on tissue Medical uses of radio isotopes Levers in body mechanics Diffusion Effect of heat on solids and
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ffu in	hypotonic, and hyper tions	tatic electricity	ctiv	ture	•	Ettect of short wave radiation	on tissue	•	Effect of lubricants on friction		Effects of gravity on man	Relationship of vaporization to	body heat	How difference of pressure alfects	gases and Ifquids	•	-	te	ip of the characte	s of water an	istics of protoplasm
215			223		213	<u>5</u>			2	, (D)	M	506		210			202		208		
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	8.5			;	17	;	74	<u>]</u>	16.5	•		38.5	18.5		<u> </u>		2	22		:	<u>53</u>
fc, solu-	of gravity and pos-	of gravity on man 10		ct of short wave radiation	on tissue	heat on solids and		• • • • • • • • • • • • • • • • • • • •	etricity 16.	on friction [16.	essure affects			Relationship of vaporization to	•	p of moisture holding	capacity of air and temperature	ectrical activity of tissue	onship of the	ter and the character-	istics of protoplasm 23



TABLE 3--Conctr. led

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and Soc	225 266	*	243	227	242	•	922	224	~	240	268	267	273,	245		228		523	248		238	269	278
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Psychology	Factors that affect human behavior 1 Emotional effects of illness 2	ocial effects of illness	ysical appearance affects		•		•	affects of drug	•	fliness	contributes to per-	•	learning.	ffective study habits	Psychological needs related to	growth and development 15	rustration	on to per-	p	alth affect personality	dual affects of alcoholism .	 _	sical environment affects Ing

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24	25 5	22 24 24 42	28.5 28.5 5.5	ŕ	3]	33 34.5	•	88 88 38 88
mental ged .	process in individu- t f ego needs to	Nervous 2	group conflict	è 🍝	vior	. ee e	involved in conditioning 34. Insolved in conditioning 34.	f social groups p of culture to per-

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nued	ŏ	Types of social groups	ality	s of social institu		Factors contributing to family	disorganization	Factors that contribute to	Relationship between man's bio-	logical characteristics a	human	cts	Definition of culture	at is		ts of family) on the rest of the community . Factors which contribute to	y effectiveness .	contributing to	fzation	Characteristics of American			manifey
TABLE 3Continued	.254	255 251		258	259	261	į	279	249		,	564	250	232		592	263	}	262		- 560	252	707	
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-	Mechanisms of human behavior	StimulusModification or Inter pretacion Response	contribute to	poverty	Lypes of social groups	Types of social institutions	Definition of culture	Effects of family disorganization	Factors which contribute to	y effectivene	Factors contributing to family	11Sorgan1Z 12tfonckin	netacionship between man's blo- logical characteristics and	ire	Characteristics of American	tamilies	Stimulus : Receptors		arnin	Characteristics of a modern com-	munity	What is meant by "the learning		

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KNOWLEDGES JUDGED "HELPFUL" OR "ESSENTIAL" BY SIXTY PER CENT

Number	Knowledges					Occupation ^a	pati	ona					
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9	Nature and function of mucous membrane	×	×	×						<u>~</u>	×	×	×

^aDental Assistant--1; Dental Lab. Tech.--2; Inhalation Therapy & C.P.--3; Medical Assistant--4; Medical Records--5; Associate Degree, Nursing--6; Licensed Practical Nurse--7; Occupational Thera-py--8; Physical Therapy--9; X-ray Technician--10; Medical Secretary--11; Medical Lab. Assistant--

TABLE 4--Continued

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Nature and function of nerous tissue	Nature and function of serous membrane	Relationship of tissues to organs	Nature, location, and functions of	tive system	Processes involved in chemical digestion	nical digestion takes place)	fge	amino	Classification of human foods: protein,	>		>	Relationship of ADP to body energy	sessory glands of the digestive system		Where protein digestion occurs	Products of protein digestion	Protein metabolism routes		Products of carbohydrate digestion	Metabolic uses of carbohydrates	Where fat digestion occurs	Products of fat digestion		le of different parts of the argestive	ct in absorption	Paths of absorption of fats, proteins,	A CACAD TO THE TAIL TO THE	ractors wnich affect metabolic rate

TABLE 4--Continued

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TABLE 4-Continued	ont	nue	73 1					·	
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How blood protects the body from invading												
microbes	×		×		 ×	×	×	×	×	×	×	×
The nature and functions of lymph	×	×	 ×		 ×	×	×	×	×	×	×	×
The nature and function of blood clotting	×	-	×	×	 ×	_ ×	×	×	×	×	×	×
The difference between fetal and		- A 41				-						
infantile blood circulation			×		×	×	×		×	×	×	×
How blood contributes to the regulation						_						
of body temperature	×		×	×	 ×	×			×	×	×	×
How blood accomplishes the nutrition of		-				_						
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organs of the excretory system							×	×	×	×	×	×
Meaning of excretion			*	×	×	×	×	×	×	×	×	×
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the actd-base balance	_	_	 ×	 ×	×	×	×		×	×	×	×

TABLE 4-Continued

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102	nd chemical cha						:		}	!	:	3
	fstics of urine	:	×	×	×	×	×		×	×	×	×
103	Excretory organs of the body and their											
	functions		× -	×	×	×	×	×	×	×	×	×
104	The nature and function of a nephron											
	(physiological unit of the kidney)	:		×	×	×	×		×	×	×	×
105	Relative composition of blood plasma and				_		`					
	urtne		×		×	×	×		×	×	×	×
106	Abnormal constituents of urine			×	×	×	×		×	×	×	×
107	Structure and function of male and female											
	reproductive organs	,		×	×	×	×	×	×	×	×	
108	Physiological processes associated with			-								
			_	×	×	×	×	×	×	×	×	
109	Function and development of mammary glands	_		×	×	×	×		×	×	×	
110												
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	Genes and their functions			×	×	×	×		×	×	×	×
112	_		_	×	×	×	×	-	×	×	×	
113	Nature and function of gametes			× —	×	×	×		×	×	×	×
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	Microbiology	ology										
7		<u> </u> -		L	L							

114	Significance of microorganisms to human			,								
	health	×			×	×	×	×	×	×	×	×
1.5	Characteristics of bacteria	×	×			×	×		×	×	×	×
116	Characteristics of protozoa	×				×	×		×	×	×	×
117	Characteristics of fungi	×				×	×		×	×	×	×
118		×	•	× - ×		×	×		×	×	×	*
6[]	Characteristics of actinomycetes	_		_	_	×	×	_			×	×

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	teristics of bacteriaophages ples of light microscony ples of electron microscope prepare material for microscope

TABEE 4--Continued

147	Role of bacteria in organic matter	المراجعة المراجعة								4-44-24	
	decomposition	×	***		×	×	×	×		×.	×
148	Microorganisms and soil fertility				×						;
149	Cultural technique				×	×			_		×
150	Matter exists as liquids, solids, or				_					?	
	gases	×	×	×	×	×	×	×	×	×	×
151	Matter may be found as elements,										
	compounds, or mixtures	×	×	×	×	×	×	×	×	×	×
152	Differences between chemical and		,								
	physical changes in matter	×	×	×	*	×	×	×	×	×	×
153	Metric units of measure	×	×	×	; ×	×	×	×	×	×	×
154	Chemical symbols	×	×	×	×	×	 ×	×	×	×	×
155	Conversion of temperature from centi-			-				-			
	grade to Fahrenheit	×	×	×	×	×	×	×	×	×	×
156		×	×	×	×	×	×	×	×	×	×
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159		4	×	×	_	×	×	×			
160	E S										
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161	Chemical and physical mature of oxygen	*	×	×	×	×	×	×		×	
162	Natural occurrence of nitrogen in	**************************************					-				
	nature	×	×	×		×	×	×		×	
163	Relationship between nitrogen : amino										
			_	×	×	×	×	×		×	×
164	Importance of the nitrogen cycle to life			×		×	×	×		×	×
165	Water as a naturally occurring compound										
(of hydrogen and oxygen		×	×	×	×	×	×	×	×	×
166	Importance of water to life processes	×	×	×	_ ×	×	×	× -	×	×	×

TABLE 4-Continued

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167	Importance of water as a constituent of many forms of matter as in water of					*******	****		₹		-	
(hydration	×	×	×		,	×	×	×	×		×
168			×	×			×	×	×	×		×
169	Importance of solutions to physiological											
į			×	×		-	×	×	×	×	×	×
120	Difference between true solution,		~									
	colloidal solutions, and suspension:	×	×	×			×	×	×	×	×	×
17	Differences and similarities between							. 4				:
	organic and inorganic compounds	×	×	×			×	×	×	×	×	×
172	Characteristic reactions of acids and		******					-				
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173	ties	×	×	×			×	×	×	×		×
174	Normal acid and basic salts	×	×	×			×	×	×	×		×
175	How chemical compounds are named	×	×	×	×			 ,	×			×
176	Role of oxygen in living material	>: >:	×	×	×		×	×	×	×	×	×
177							<i>,</i>					
			×	×	×		×	×	×	×	×	×
178	How oxygen is used in medicine	×	×	×	×		×	×	×	×	×	
179		×	×	×	×	×	×	×	×	×	×	×
180	nces				_			·				
	break down molecules as in hydrolysis							••••				
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<u>8</u>	a solvent and l	×		×			×	×	×	×	×	×
182	ter for life proces	×			×	-	×	·×	×	,×	×	×
183	ater in medicine	×		×	×	F	×	×	×	×	×	×
184	light,		_									
785	Chemical reactions	×	×	×			×	×	×	×	×	×
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TABLE 4--Continued

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Importance of energy as a product of	Calorie as a measuring unit of energy Significance of inorganic salts in	physiological processes	USES OF COMMON Saits in medicine	fferences between acids and bases	idioactive elements and medicine	nportance of carbon dioxide to 14fe	Unique characteristics of carbon and	its role in life processes	Classification of carbon compounds	Significance of carbon compounds in	medicine	Sources of fats for human consumption	Sources of carbohydrates for human food	Significance of saturated and unsaturated	nutrition	Role of protein in human nutrition	for human foc	Relationship between animal and plant			Physics	body mechant	Effects of gravity on man Nature of gravity Relationship of gravity and posture
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TABEE 4-Continued

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	Relationship of vaporization to body heat Relationship of moisture holding capacity	tics of of or		gravity rence of pressure affects dases			Effect of Tubricants on friction		4 ffiredon to 12 war the		ship between isotomic, hypotonic	•	Effect of heat on solids and liquids	Short wave radi	is used in med	radio isoto	es of radio i	il activity of tissue	lectricity	Psychology a	Ø	Relationship of motivationto learning	: Study habits cal environment affects	
	206 Relation 207 Relation	208 Relations	plasm	210 How difference		-		12 Viscosicy		Oemoete Oemoete			218 Effect o		TOW X	Errect o	Medical	Electric	Static e		Factors t	Ke lations	ETTECTIVE ST How physical	learning

TABLE 4--Continued

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 TABLE 4--Continued

CHAPTER V

ANALYSIS, CONCLUSIONS, AND RECOMMENDATIONS

Analysis

The survey instrument was designed to ascertain the use-fulness of knowledge items grouped into major subject matter categories: (1) anatomy and physiology, (2) microbiology, (3) chemistry, (4) physics, and (5) psychology and sociology.

The preceding tables show types of knowledges commonly useful for effective work in twelve allied health occupations. Commonality tends to be greatest in occupations most directly related to the practice of medicine as contrasted to occupations associated with dentistry. There is also discernable difference in types of knowledge commonly useful in occupations directly associated with patient care and those useful for laboratory and technician work.

Anatomy and Physiology

Every knowledge item included in the category of anatomy and physiology was judged as helpful or essential by at least 50 per cent or more of 87 respondents representing all 12 occupations. All but seven of the knowledges were marked helpful or essential by more than 65 per cent of the respondents. The category of anatomy and physiology included 113 knowledges which ranged from gross human anatomy and cellular biology to the complex physiological functions of nutrition, circulation, excretion, and reproduction. Only between 20 and 30 per cent of the responses indicated that knowledges specifically related to cellular biology were not needed except for a general understanding of the nature of the animal cell. The same was true for knowledges associated with the processes involved in digestion, sensation, and circulation. Between 30 and 40 per cent of the respondents indicated that knowledge of the complex processes involved in excretion and reproduction were not required. Only two knowledges out of the 113 in the category were marked not needed by between 40 and 50 per cent of the respondents. Thirty-five individuals indicated that a knowledge of the relationship of adenosine diphospate to body energy was not needed. Thirty-nine individuals indicated that workers in their field did not need to know what the normal secretion constituents of the mammary glands were.

The mean of the "helpful" responses to the knowledges in the anatomy and physiology subject matter areas was 30.726. The mean of the "essential" responses to the same knowledges was 38.91. This indicated an almost even division of opinion of those responding as far as the relative emphasis that should be given to the knowledges. Only 16 items in this category were marked essential by 60 per cent or more of those responding. These 16 knowledges were concerned primarily with the circulatory system and external respiration.

From an analysis of the ranking of the knowledge items marked essential in the fields of anatomy and physiology, it was found that the area of primary concern was in the knowledges relating to circulation, respiration, excretion, and gross anatomy. Still in the top half of the rank, but designated as less significant, were those knowledges relating to the nervous system and sensation, reproduction, and integration of body activities.

The occupations of dental assistant, dental technician, and occupational therapy assistant indicated a smaller requirement of knowledges from the subject matter areas of anatomy and physiology.

Sixty per cent or more of all the respondents in each occupation indicated that 20 of the knowledges in this category were either helpful or essential. An additional 20 items were marked either helpful or essential by all but one occupational group. Another 23 knowledges were marked either helpful or essential by 10 of the 12 occupational groups. Except in one case, all of the 113 knowledges in the anatomy and physiology category were marked either helpful or essential by 60 per cent or more of the allied health occupations

Microbiology

Of the 56 knowledges included under the heading of microbiology, 13 or 23.21 per cent received less than a 50 per cent response of either helpful or essential. This is the lowest positive response proportion of all of the knowledge areas. Of the 87 respondents, only between 20 and 30 per cent indicated that nine of the 56 items were not required of workers in the 12 occupations. Between 30 and 40 per cent of the respondents indicated another five items were not needed. Between 40 and 70 per cent of the respondents marked an additional 16 knowledges as not needed.

The knowledges associated with the field of microbiology that received the most favorable response were clearly those most closely related to the clinical aspect of the science. The areas

which presented a general picture of the relationship of microorganisms to human health, aseptic technique, sterilization, disinfection, and sanitation received either helpful or essential responses from 60 per cent or more of respondents.

The mean of the responses marked helpful in this category was 25.83 with a mean of 28.5 responses essential. Once again, there is an indication of almost even division of opinion as to the relationship of emphasis that should be given to the knowledges within the subject matter area.

The ranking of the knowledges marked essential within the field of microbiology also revealed a tendency to emphasize those items most closely associated with clinical practice. Still included within the top half of the ranking but apparently requiring less emphasis were knowledges related to the general nature of microorganisms and their growth.

The occupations of dental technician, medical record technician, and occupational therapy assistant indicated almost a complete lack of need for knowledge within the field of microbiology. It should be pointed out that there was only one respondent from the occupation of dental technician. It was felt, however, that the reactions of this individual should be taken into account since there are many indications that training programs will be developing in this field in the relatively near future.

Chemistry

As was the case in the subject matter areas of anatomy and physiology, each of the 52 knowledges from the discipline of chemistry were marked either helpful or essential by at least 50 per Lent of the respondents. Except for two knowledge items, more than 60 per cent were marked either helpful or essential.

In the case of 29 of the knowledges which dealt with the elementary theoretical aspects of chemistry, between 20 and 30 per cent of the responses were not needed. Much of this effect could be accounted for by the two occupational areas of medical record technician and occupational therapy assistant. As shown in Table 3, all of the items received less than a 60 per cent response as needed (helpful or essential) by the occupational therapy assistants. Only two knowledges were considered to be helpful or essential by at least 60 per cent of the medical record technicians.

Here again, as was the case in the previous two disciplines, there was almost an even division of opinion as far as the reletive emphasis that should be given to the knowledge items. The

mean number of responses marked helpful was 23.86 while the mean number of essential responses was 21.556.

The ranking of the items designated as essential from the field of chemistry revealed that there was more concern felt for being familiar with units of measure and symbols than with understanding the theoretical aspects. Also of primary concern was the knowledge relating to the role of oxygen, carbon dioxide, and water to life processes.

Two knowledges in this category were singled out for particular emphasis. One was the medical use of oxygen and the other was concerned with the metric system of measure.

Physics

Each of the 23 knowledge items included from the discipline of physics was marked either helpful or essential by 50 per cent or more of the respondents. Again, medical record technicians and occupational therapy assistants indicated little need for the knowledges included in this category. This was also the case with dental assistants, where 60 per cent or more responded either helpful or essential to only the three knowledges dealing with x-ray and radiology. Medical laboratory assistants gave a 60 per cent or more favorable response as helpful or essential to only nine out of the 23 items.

The opinion expressed concerning the relative amount of emphasis was almost exactly neutral. The mean of the number of responses marked ehlpful was 29.217 as compared to a mean of 29.261 for the number of essential responses. There was not any single knowledge or group of knowledges that seemed to need more emphasis than any of the others.

When knowledges in this category marked essential were ranked, it was revealed that the primary emphasis was desired on those knowledges which related most specifically to human and biological activity.

Psychology and Sociology

All 55 of the knowledges derived from the subject matter areas of psychology and sociology were marked either helpful or essential by 60 per cent or more of the 87 respondents. Except for the allied health occupation of medical laboratory assistant, which indicated less than 60 per cent response to all knowledges in this category, there was a high degree of agreement between the other 11 health occupations concerning the knowledges derived



from psychology. Of the 24 knowledges most clearly associated with psychology and personal adjustment, 14 were considered to be either helpful or essential by 60 per cent or more of the responses from 11 of the health occupations. An additional seven out of the 24 were marked either helpful or essential by ten of the occupational groups.

Other than for the occupations of dental technician, inhalation therapy and cardio-pulmonary technology, and medical laboratory assistant, there was a high degree of commonality of required knowledges from the subject matter area of sociology. Ten occupations indicated that seven of the sociological knowledges were required by practitioners. An additional seven knowledges were checked either helpful or essential by 60 per cent or more of the respondents in nine of the occupations.

When ranked by the percentages of responses marked essential from the disciplines of psychology and sociology, the greatest emphasis was given to those aspects that related directly to the patient. Still included in the upper half of the ranking were those knowledges that related more specifically to the psychological development of the individual and his role as a member of society.

Conclusions

The results of this study support the hypothesis that certain cores of knowledge are commonly useful for effective work in twelve allied health occupations included in this study. The greatest degree of common usefulness is among knowledges most directly associated with patient care.

Groups of basic knowledges from the fields of anatomy and physiology were judged to be useful for efficient work by 60 per cent or more of the respondents from all twelve of the occupations. All respondents except medical records technicians and occupational therapy assistants indicated need for knowledge of microbiology. Occupational therapists were the only group to indicate no need for knowledge of chemistry. Respondents from all occupations indicated some need for knowledge of physics. Only the medical laboratory assistants indicated that knowledge of psychology and sociology would not be useful for efficient work.

Because the nature of work performed by medical record technicians is primarily clerical, these workers indicated slight need for chemistry, physics, or microbiology knowledges. Apparently, the primary need of this group of workers was for familiarity with terminology associated with human anatomy and physiology.



The humanistic nature of the work performed by all allied health team workers directly involved with patient contact and functioning in the health-team role involves some use of knowladges from psychology and sociology.

Knowledge clusters identified by this study can reasonably be considered minimums for efficient performance of tasks in which respondents are presently engaged. These facts in no way imply that more knowledge in each of the disciplines would not be an asset to practitioners. A broader base of knowledge would help practitioners to better understand reasons for their work and would provide a foundation for upward occupational mobility.

The study indicates that basic science could be taught by science faculty who are specialized in their respective disciplines—chemistry, biology, physics, psychology, and so forth. Results of the study also suggest that much of such instruction might be usefully organized into a basic interdisciplinary core. Such use of science faculties would free nurses, inhalationists, medical laboratory technicians, and the like, to teach their respective fields of applied science.

Results of this study can be used by those involved in curriculum development as a partial guide to course content for individual training programs, or for -ultiple training programs for workers in the allied health occupations.

Evaluation of present curricula may be enhanced by utilizing the results of this study. It is not intended that these data would suffice as the only evaluative criteria for all allied health occupations curricula. Other sources of information such as recommendations of local advisory committees, minimum essentials established by national organizations, and suggested courses of study from state and national agencies may all contribute to evaluation.

Recommendations

Experiments with ways to teach knowledges demonstrated to be commonly useful to health workers can yield constructive results. Such experiments might include various ways of implementing core curriculum concepts.

Studies of the knowledges associated with performance of specific tasks in the various allied health fields would be useful.

Studies which would provide a scale for indication of the depth of knowledge required for effective work in specific allied health occupations would be useful.



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APPENDIX A

QUESTIONNAIRE

The following general information would be very useful in this study. (All personal or institutional information will be kept confidential.)

In questions 1-4, please fill in the blank with the necessary information. 1. Name 2. Present Job Title 3. Name of Employing Firm or Institution____ 4. Address of Employing Firm or Institution In questions 5-6 (\checkmark) all the answers that apply to you. 5. In which area do you work? 4. Physicians Office
5. Nursing Home
6. Other, Specify General Hospital
 Psychiatric Hospital 3. Medical Clinic 6. Where did you receive your specialized occupational training? 5. High School 1. On the job 2. Military 6. Community College
7. Senior College or
University 3. Trade or technical school 8. Other, Specify_____ 4. Correspondence In questions 7-9, please circle the one answer which applies. Male **Female** 7. Sex: Over 50 20-30 31-50 Under 20 8. Age: 9. For how many years have you been in your present occupation? Less than 1 year 1-5 years More than 5 years



Explanation and Instructions

Many institutions offer training leading to employment in health occupations. These occupations are commonly called paramedical, or allied health occupations. Spokar a Community College in cooperation with Washington State University has undertaken a study of what must be known by practicing health workers. We want to identify the knowledges used by various types of health occupation workers. We need to find out which knowledges you actually need and use in your particular job. By matching these knowledges with your job, better and more meaningful training programs can be planned.

Will you please fill out the attached questionnaire and return it to us? We assure you that many students and patients will benefit from your assistance.

How to Mark the Questionnaire

If you need and use a knowledge to do your work, place a check (/) in the column marked "Essential." If the knowledge is helpful as background information check "Helpful."

Example--

Not Needed Help- ful Essen- tfal					
	1.	Function			
	2.	Symptoms			shock
	3.	Gametoger	nis'	18	



COMMON KNOWLEDGES REQUIRED IN HEALTH OCCUPATIONS

Anatomy and Physiology

Not Needed Help- ful Essen- tfal		
	1.	Names and contents of the body cavities.
	2.	Nature of the animal cell.
	3.	Nature of the animal cell.
	4.	Nature and function of cytoplasm.
	5.	Nature and function of nucleoplasm.
-	6.	Nature and function of the nucleus.
-	7.	Nature and function of chromatin.
	8,	Nature and function of DNA
	9.	Nature and function of RNA.
	_	Nature of the cell membrane.
	10.	Difference between mitotic and meotic cell
	11.	
	20	division.
	12.	Relationship of cells to tissues.
	13.	Nature and function of connective tissue.
all the second s	14.	Nature and functions of muscle tissue.
	15.	
	16.	Nature and function of mucous membrane.
	17.	Nature and function of nervous tissue.
	18.	Nature and function of serous membrane.
	19.	Relationship of tissues to organs.
	20.	Nature, location, and functions of organs
chickens statement communication		of the digestive system.
	21.	Processes involved in chemical digestion.
	22.	Where chemical digestion takes place.
	23.	Nutrient requirements of man.
* .	24.	Relationship of enzymes to digestion.
	25.	Relationship of protein and amino acids.
	26.	
		vitamins, carbohydrates, and so forth.
	27.	Sources of body energy and heat.
	28.	
	LO.	energy release.
	29.	
	30.	
-	4U.	and their functions.
•	21	Where protein digestion occurs.
	31.	Duaduate of mortain didaction
eramentes entrepristos metalizados	32.	Products of protein digestion.
	33	Protein metabolism routes.
CONTRACTOR CONTRACTOR CONTRACTOR	34.	Where carbohydrate digestion occurs.
	35,	Products of carbohydrate digestion.



Not Needed Help- ful Essen- tfal		
g-9 g-9 g-9 g-9 d-9	36.	Metabolic uses of carbohydrates.
***************************************	37.	Where fat digestion occurs.
	38.	Products of fat digestion.
	39.	Metabolic uses of fats.
	40.	Role of different parts of the digestive
	. 40.	tract in absorption.
	41.	Paths of absorption of fats, proteins, and
	TI.	carbohydrates.
•	42.	Factors which affect metabolic rate.
	43.	The nature and functions of the skeletal
	- 43.	
	A A .	system.
	44.	Ossification of bone.
	45.	The functions of bone marrow.
	46.	
	47.	Significance of muscle tone.
	48.	Names and functions of neurons.
	49,	Nature and functions of neurons.
	50.	
	51.	Classification of neurons.
	52.	The interrelationships between the skeletal,
		muscular, and nervous system.
	53.	Nature and function of a reflex arc.
	_ 54.	Nature of the nerve impulse and how it is
		transmitted.
	_ 55.	Nautre and function of the perepheral nervous
		system.
	56.	<u>.</u>
	57.	
	58.	
		terminal branches.
	_ 59.	
		system.
	_ 60.	
		sympathatic nervous system.
	_ 61.	Role of the nervous system in coordinating body
		activities.
	_ 52,	· · · · · · · · · · · · · · · · · · ·
		system.
	_ 63.	Nature and function of the eye as a sense
	_	organ.
	_ 64.	Nature and function of the ear as a sense
	-	organ.
	_ 65.	Nature and function of olfactory sense organs.

Not Needec Help- ful Essen- tial		
	66.	Nature and function of the sense organs of the skin and mucosa.
	67.	Nature and function of the sense organs of muscles and joints.
	68.	Causes of nervous fatigue.
	69.	The endocrine glands, their hormone products,
		and functions.
	70.	Relationships between hormones and nervous system in coordinating body activities.
	71.	Relationship between exocrine and endocrine
	70	glands.
	72.	Locations, nature and functions of the organs of the respiratory system.
	73.	Mechanics of breathing.
	74.	Factors controlling respiration rate.
	75.	Differences between inspired and expired air.
	76.	Difference between external and internal
	<i>,</i> 0 .	respiration.
	77 .	Nature, location and functions of the organs
	•••	of the circulatory system.
•	78.	Parts and functions of the heart.
		The anatomy of blood vessels (arteries, veins,
	,,,	and capillaries).
	80.	Nature and function of pulmonary circulation.
	81.	Nature and function of coronary circulation.
	82.	Nature and function of systemic circulation.
	83.	Causes of heart sounds.
	84.	How the heart adjusts to change in metabolic
		activity of body cells.
	85.	Nature and function of the spieen.
	86.	Factors involved in maintaining arterial
		circulation.
	87.	Factors involved in maintaining venous
		circulation.
	88.	The nature and function of blood.
	89.	How blood protects the body from invading
•	20	microbes.
	90.	The nature and functions of lymph.
	91.	
	92.	The difference between fetal and infantile
	93.	blood circulation. Now blood contributes to the regulation of
	73.	How blood contributes to the regulation of
•	94.	body temperature. How blood accomplishes the nutrition of the
	J ~† 0	body.



eded		
TH THE BO		
	95.	Blood types and their origin.
	96.	Rh factor as a blood type and its importance.
	97.	Nature, location, and functions of the organs of the excretory system.
	98.	Meaning of excretion.
	99.	Definition of secretion.
	100.	Factors which contribute to maintaining the
· · · · · · · · · · · · · · · · · · ·	100.	acid-base balance.
	101。	Factors which contribute to increased quantity
	1010	of urine being produced.
	102.	Normal physical and chemical characteristics
	102.	of urine.
	103.	Excretory organs of the body and their
	1004	functions.
	104.	
	104.	The nature and function of a nephron
	105。	(physiological unit of the kidney).
	105.	Relative composition of blood plasma and urine.
	106。	
	107.	Abnormal constituents of urine.
	107.	Structure and function of male and female
	100	reproductive organs.
	108。	Physiological processes associated with
	109.	female reproduction,
	110.	Function and development of mammary glands. Normal secretion constituents of mammary
-	110.	glands.
	111.	Genes and their functions.
		Fertilization and reproduction.
	113.	Nature and function of gametes.
Microbio logy		
	•	·
	114.	Significance of microorganisms to human
		health.
	115.	Characteristics of bacteria.
	116.	Characteristics of protozoa.
***************************************	117.	Characteristics of fungi.
	118.	Characteristics of viruses.
	119.	Characteristics of actinomycetes.
	120.	Characteristics of bacteriaophages.
	121.	Principles of light microscopy.
	122.	Principles of electron microscopy.
	123.	How to prepare material for microscope study.
	124.	Reasons for staining.
	125.	Types of stains.

Not Needec Help- ful Essen- tial		
	126.	Micron.
desirement entitudentimb anterdesiret	127.	Capsule formation.
	128.	Tissue culture.
	129.	Pathogen
	130.	Aseptic technique.
	131.	Incubation.
	132.	Cell-fission.
		Holophytic nutrition.
Children construction of the construction	134.	Cultural technique.
Children and Children	135.	Pure culture techniques.
CONTRACTOR CONTRACTOR	136.	Autotrophic nutrition.
	137。	Heterotrophic nutrition.
	138.	Differential stains.
	139.	Gram stains.
	140.	Relationship between environment and
		microbial growth.
	141.	Sterilizing.
	142.	Disinfecting.
	143.	Antibiotic,
	144。	Anaerobic.
	145。	Aerobic.
	146.	Importance of moisture to bacterial growth.
	147.	Role of bacteria in organic matter decompo-
		sition.
	148.	Microorganisms and soil fertility.
	149.	Cultural technique.
		·
Chemistry		
	150.	Matter exists as liquids, solids, or gases.
	151,	Matter may be found as elements, compounds,
		or mixtures.
	152。	Difference between chemical and physical
فبمراضه فينسب		changes in matter.
	153.	Metric units of measure.
	154.	Chemical symbols.
	155.	
		Fahrenheit.
	156.	Most common elements in the body of man.
	157.	The nature of the chemical reaction combus-
		tion.
	158.	The natural sources of oxygen.
	159.	How oxygen is prepared for clinical use.
	160.	The cause of spontaneous combustion and its prevention.



Not Needed Help- ful Essen- tfal		
	161.	Chemical and physical nature of oxygen.
	162.	Natural occurrence of nitrogen in nature.
	163.	Relationship between nitrogen: amino acids:
	100.	urine.
	164	
	164.	Importance of the nitrogen cycle to life.
	165.	Water as a naturally occurring compound of
		hydrogen and oxygen.
	166.	Importance of water to life processes.
	167.	Importance of water as a constituent of many
		forms of matter as in water of hydration.
	168.	Classification of solutions.
	169.	
	103.	property of the second
	170.	processes.
	170.	Difference between true solutions, colloidal
	7 77	solutions, and suspensions.
	171.	Differences and similarities between organic
		and inorganic compounds.
	172.	Characteristic reactions of acids and bases.
	173.	
	174.	Normal acid and basic salts.
	175.	How chemical compounds are named.
	176.	Role of oxygen in living material.
	177.	How oxygen-carbon dioxide balance is main-
		tained in human tissue.
	178.	How oxygen is used in medicine.
ACCORDING APPLICATION OF THE PERSON NAMED IN COLUMN NAMED IN C	179.	Concept of homeostasis.
	180。	Water reacts with many substances to break
		down molecules as in hydrolysis digestion.
	181.	Role of water as a solvent and lubricant.
	182.	Sources of water for life wascesses
	183.	Sources of water for life processes.
	184.	Role of water in medicine.
	104.	How heat light and time influences chemical
	3.00	reactions.
	185.	How chemical change affects life processes.
	186.	Importance of energy as a product of chemical
		change.
	187.	Calorie as a measuring unit of energy.
	188.	Significance of inorganic salts in physi-
		ological processes.
	189.	Uses of common salts in medicine.
	190.	Differences between acids and bases.
	191.	Radioactive elements and medicine.
	192.	Importance of carbon dioxide to life.
	193.	Unique characteristics of carbon and its role
		in life processes.
		in tite processes.



Not Needec Help- ful Essen- tial		
	194.	
	195.	Significance of carbon compounds in medi- cine.
	196.	Sources of fats for human consumption.
	197.	Sources of carbohydrates for human food.
	198.	Significance of saturated and unsaturated fats in human nutrition.
	199.	Role of protein in human nutrition.
	200.	Sources of protein for human food.
	201.	Relationship between animal and plant protein
Physics Physics		
	202.	Levers in body mechanics.
	203.	Effects of gravity on man.
	204.	Nature of gravity.
	205.	Relationship of gravity and posture.
	206.	Relationship of vaporization to body heat.
	207.	Relationship of moisture holding capacity of
		air and temperature.
	208.	Relationship of the characteristics of water
		and the characteristics of pretoplasm.
	209.	Specific gravity.
	210.	How difference of pressure affects gases and
		liquids.
	211.	Friction.
	212.	Effect of lubricants on friction.
		Viscosity.
	214.	Diffusion.
	215	Role of diffusion in living tissue.
	216.	Osmosis.
	217.	Relationship between siotonic, hypotonic,
	218.	and hypertonic solutions.
	210.	Effect of short wave radiation on tissue.
	-	Effect of short wave radiation on tissue.
	221.	How x-ray is used in medicine.
	222.	Effect of radio isotopes on tissues.
	223.	Medical uses of radio isotopes. Electrical activity of tissue.
	224.	Static electricity.
		•
Psychology and	Sociol	ogy
	225.	Factors that affect human behavior.

Not Needed Help- ful Essen- tial		
	226.	Relationship of motivation to learning.
	227.	Effective study habits.
	228.	How physical environment affects learning.
	229.	Physiological factors that affect learning.
	230.	Laws of learning.
	231.	Factors involved in conditioning.
	232.	What is meant by "the learning curve."
	233.	Relationship of intelligence to learning.
	234.	Heredity and learning.
	235.	Relationship between heredity and environment
	233.	in human behavior.
	236.	Mechanisms of human behaviorStimulus
	230.	Modification or Interpretation Response.
	237.	Stimulus: Receptors.
	238.	Interpretation: Central Nervous System.
	239.	Response: Muscles-glands
	240°	Relationship of organic needs to human
	241.	Relationsip of ego needs to human behavior.
-	242.	How physical development and health affect
	242	personality.
	243.	How physical appearance affects personality.
	244.	How education contributes to personality.
	245.	Relationship of motivation to personality.
	246.	Importance of satisfactory adjustment.
	247.	Frustration.
	248.	Psychological needs related to growth and
	0.40	development.
	249.	Relationship between man's biological
	0.50	characteristics and human culture.
	250.	Definition of culture.
	251.	Relationship of culture to personality.
	252.	Characteristics of a modern community.
	253.	Importance of group behavior to the individual.
	254.	Functions of social groups.
	255.	Types of social groups.
	256.	Causes of group conflict.
	257.	Role of group process in individua dustment.
	258.	Types of social institutions.
	259。	The family as a social institution.
	260.	Characteristics of American famalies.
	261.	
	262.	Factors contributing to family disorgani-
		zation.
	263。	Factors which contribute to family effective-
		ness.

Not Needed Help- ful Essen- tial		
AN AT RE		
	264.	Effects of family disorganization on the individual.
	265.	Effects of family disorganization on the rest
	066	of the community.
	266.	Emotional effects of illness.
	267。	Economic effects of illness.
		Social effects of illness.
		Factors contributing to mental illness.
	270.	Factors contributing to mental deficiency.
	271.	Changing age distribution and problems of
		the aged.
	272.	Social problems of the aged.
	273.	Physical problems of the aged
	274.	Mental problems of the aged.
	275.	Social affects of drug addiction.
	276.	Individual affects of drug addiction.
		Social affects of alcoholism.
		Individual affects of alcoholism.
	279.	Factors that contribute to poverty.

APPENDIX B

KNOWLEDGE ITEMS DELETED FROM ORIGINAL QUESTIONNAIRE BECAUSE PILOT TESTING INDICATED USEFULNESS IN ONLY ONE OR TWO OCCUPATIONS

Anatomy and Physiology

Names and functions of a-1 the skeletal muscles.

Theory of chemical nature of muscle contraction of the body.

Names, functions, origins, innervations of the muscles of the body.

Nature and function of synovial membrane.

Nature and function of cutaneous membrane.

Nature and functions of the organ systems.

Location and function of the glomerulus.

The difference between venous and arterial blood.

Physical and chemical nature of blood.

Factors that influence or control blood pressure.

The nature and functions of the organs of the nervous system

Processes involved in digestion.

Purpose of digestion.

Nature of mechanical digestion.

Embryonic derivation of the digestive tract.

The nerves and blood vessels associated with the digestive tract.

Embryonic origin of the central nervous system.



Anatomy of the brain.

Functions of the various brain regions.

Nature and functions of the twelve pairs of cranial nerves.

Nature and functions of specific ganglia and plexuses of the sympathetic nervous system.

Nature and functions of specific ganglia and plexuses of the parasympathetic nervous system.

Nature and function of the formed particles (cells and platelets) in blood.

Routes of blood flow to any specific part of the body.

Normal blood gas content.

Circulation and innervation of respiratory tract.

Embryonic origin of the organs system.

Definition of enzyme.

Chemistry

Basic concepts of atomic theory.

How and why atoms combine.

The meaning of valence.

Relationship between atomic weight and molecular weight.

Law of definite proportions.

Chemical formulae and equations are shorthand methods of expressing the proportion laws.

Chemical reactions that occur in the body.

Factors that influence the rate of chemical reactions.

How chemicals combine directly.

The difference between simple and double decomposition.

How chemical displacement effects chemical change.



Oxidation-reduction

Role of chemical concentration and catalysts speed up chemical reactions.

The significance of reversable reactions.

Importance of chemical equilibrium in living tissue.

The Kinetic-molecular theory of chemical change.

Classification of chemical compounds according to their characteristics and actions.

The electron theory of oxidation-reduction reactions.

Common oxidizing agents and their uses.

Common reducing agents and their uses.

Physical and chemical properties of hydrogen.

Natural occurrence of hydrogen in nature.

Uses of hydrogen as a reducing agent.

Physical and chemical properties of nitrogen.

Role of nitrogen in living tissues.

The halogens and their role in medicine.

Physiological role of halogens.

How to disinfect and purify water.

How temperature, pressure, concentration, and so forth, affect solubility of substance in water.

Protoplasm as a colloid.

Ionization and electrolytes such as acids, bases and salts.

Importance of ionization in life processes.

Significance of the element carbon to life.

Comparison of organic compounds to inorganic compounds as to number of different forms, stability, solubility, complexity of molecules, combustibility, composition, and activity.



Physical and chemical properties of hydro-carbons and their halogen derivatives.

Chemical and physical nature of carbon compounds containing hydrogen and oxygen such as alcohols, ethers, ketones, and so forth.

Chemical and physical properties of carbon compounds containing hydrogen, oxygen, and nitrogen.

Physical and chemical properties of cyclic carbon compounds.

Role of plants in carbohydrates syntheses. (Photosynthesis)

Role of carbohydrates in human nutrition.

Functions of fats in human nutrition.

Microbiology

Hanging dropslides.

Cocci, streptococci, diplococci.

Flagella, cilia.

Classification of microorganisms.

Characteristics used to classify protosoa.

Characteristics used to classify fungi.

Characteristics used to classify bacteria.

Counterstaining.

Dark-field microscopy.

Physics

Temperature gradient and heat flow.

Temperature change associated with the states of matter.

Relationsip of radiation to body heat.

Relationship of conduction to body heat.

Relationship to convection to body heat.



Surface tension -- force that pulls molecules inward.

Relationship between surface tension and "wetting" ability.

Forces affecting capillary attraction: adhesion and cohesion

Factors that affect pressure exerted by gases and liquids.

Pascal's Law. External pressure on confined liquid.

Factors that affect fluid flow.

Boyle's Law.

Charles' Law.

Partial pressure.

Effects of pressure on tissue.

The theoret: cal advantage of a pulley.

X-ray and gamma rays as short wave radiation.

Electrical conductors and insulators.

Functions of microscope. (How lenses work in microscope function.)

Factors which cause light refraction.

Relationship of vibrations to sound.

Factors that contribute to sound quality and intensity.

Characteristics of protoplasm.

Colloids.

Sol-gel state.

Centripetal force.

Psychology and Sociology

Functions of religious institutions.

Functions of economic institutions.

Functions of governmental institutions.



Ecological processes and social change.

Factors that contribute to population distribution.

Role of invention in social change.

Role of revolution in social change.

Role of accumulation of culture in social change.

Relationship of cultural mores and social problems.

Relationship between rapid and extensive social change to social problems.

Interdependent relationship of all social problems.

Relationship of illness to social problems.

Factors that relieve poverty.

Causes of unemployment.

Individual and social affects of unemployment.

Child welfare and the working mother.

Factors involved in juvenile delinquency.

Factors involved in illegitimacy.

Factors contributing to crime.

Social problems of the transient and homeless.

Role of scientific studies of individual and group needs in the development of social planning.

Race relations and their affect on the community.

Race relations and their affect on the individual.

