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ABSTRACT

Questionnaires were mailed to all (101) practicing urologists in Washington to determine the feasibility of training genito urinary technicians and the desirability of offering specific courses as a Health Manpower Project. This mailing was preceeded by exploratory personal interviews and pretest mailback questionnaires. From the 52 respondent's replies, it was concluded that a specific genito urinary technician program would be impractical. Instead of such specialized training, a more generalized training program enabling graduates to assist in one of several medical specialities was suggested. The respondents (according to the cited percentages) felt the following courses should be included if the more specific program were instituted: anatomy (77%), physiology (67%), chemistry (33%), bacteriology (23%), other courses (37%). They also commented on the most important clinical, laboratory, and social skills related to urology. (The questionnaire is included.) (AG)

A FEASIBILITY STUDY

The Training of Genito Urinary Technicians

June, 1970

HEALTH MANPOWER PROJECT
WASHINGTON STATE DEPARTMENT OF HEALTH

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The Health Manpower Project staff wishes to thank the physicians who participated in the pre-test and survey of this study.

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The reported survey was undertaken in response to a request made by the State Board for Community College Education. The purpose was to explore the feasibility of training genito urinary technicians and of determining desirability of specific courses.

Since that new type of health professional would primarily assist urologists in their practice of medicine it was decided to gather information directly from the physicians specializing in that particular field of medicine. Exploratory personal interviews were followed by the pre-test mailback questionnaires. After these preliminary procedures, questionnaires were mailed to the 101 practicing urologists in the state of Washington. Fifty two replies were received prior to submitting the data for data processing. Two late replies had to be omitted from the count.

The Respondents

It was found that 15 (29%) of the respondents were in solo practice and 36 (69%) were in group practice. One physician (2%) did not specify whether he was in solo or group practice.

Forty four percent of the respondents (23) specified that they either were in partnership or shared the office with one or two additional physicians. Fifteen percent (8) reported three or more additional physicians in the same office. The rest of the respondents either were in solo practice or did not reply to that question.

The majority 40 (77%) specified office as well as hospital practice. Fourteen percent (7) reported exclusively hospital practice and 2% (1) office practice only. Eight percent (4) did not reply to that question.

Training of Assistants

Although the purpose of the study was to determine if a program to train genito urinary technicians should be established in Community Colleges, questions concerning academic and clinical training will be reported first. These findings could be taken into consideration for specialized as well as more general curricula.

The wording of the question was: "Which of the following academic courses should be taught for the preparation of an associate degree as genito urinary technician"? Courses specified in order of preference were the following (the number in parenthesis signifies the percentage of all the physicians who indicated that such courses would be pertinent):

Anatomy (77%)

Physiology (67%)

Chemistry (33%)

Bacteriology (23%)

Other courses (37%)

There might be a relationship between physicians who considered that they might employ a genito urinary technician and the preparation they indicated as important.

Course work in anatomy was mentioned more frequently by physicians who might utilize technicians in the office and during hospital surgery than by respondents who would use them in the office only. About two thirds of those who said they would not hire such an assistant still felt courses in anatomy were important.

Physiology was considered as an important subject by fewer respondents than anatomy and again, those who emphasized office employment felt that training would be unnecessary.

Chemistry was considered a worthwhile study only by physicians (56%) who considered office and surgery assistance.

Physicians were asked to comment on the most important clinical, laboratory and social skills and on relevancy of knowledge of nomenclature related to urology. Respondents elaborated more on clinical skills than on the other sections of the question concerning preparatory training.

The three most frequently named skills were: 1) Ability to provide surgical or office assistance (44%); 2) ability to use aseptic technique (40%); 3) knowledge of the names and uses of urological instruments (39%). The clinical skills most frequently mentioned were related more to general medical practice than specifically to urological practice. Eight of the 14 categories would be pertinent to any physician's helper.

TABLE 1.

The Most Important Clinical Skills Which Should Be Taught During Academic Training

Clinical Skills	Number	Percent[1] of respondents (N=52)
Surgical and Office Assisting	23	44%
Aseptic Technique	21	40%
Names and Uses of Instruments	20	39%
Catheterization	19	37%
Preparing the Patient	5	10%
Start Intravenous Feedings	4	8%
Knowledge of Sounds	3	6%
Assisting in Cystoscopy	3	6%
Changing Dressings and Removing Sutures	3	6%
Taking Physical Histories	2	4%
Doing Prostatic Massage	2	4%
Knowledge of Clinical Signs and Symptoms of Genito Urinary Disease	1	2%
Knowledge of Hazards of Anesthesia	1	2%
Performing Pre- and Post-Operative Care	1	2%

[1]Since respondents checked multiple answers percentages do not total 100

The most frequently mentioned laboratory skills were more closely related to urology than to general clinical procedures. Priority rating was assigned to: 1) Urinaylsis (38%); 2) X-ray technique (30%); 3) setting up cultures (23%).

TABLE 2.

The Most Important Laboratory Skills Which Should Be Taught During Academic Training

Laboratory Skills	Number	Percent[1] of respondents (N=52)
Urinalysis	20	38%
X-Ray Technique	15	30%
Setting up Cultures	12	23%
Knowledge of Urinary Bacteriology	5	10%
Obtain Urine	4	8%
Draw Blood	3	6%
Retrograde Ureterograms and Cystograms	3	6%
Cystometrograms	2	4%
Microscopy	1	2%
Prostatic Smears	1	2%
Blood Chemistry Related to Renal Function	1	2%
Hospital Experience	1	2%
Function Tests	1	2%
Gram Staining	1	2%

[1] Since respondents checked multiple answers percentages do not total

The response rate relative to the training of specific social skills was low. The following suggestions were recorded: 1) to learn concepts of patient's need (16%); 2) ability to sympathetically aid the patient (12%); 3) ability to treat the patient as kindly as possible, without undue embarassement (12%).

TABLE 3.

The Most Important Social Skills Which The Technician Should Have or Should Be Taught

Social Skills	Number	Percent[1] of the respondents (N=52)
Concepts of Patient Need	8	16%
Ability to Sympathetically Aid The Patient	6	12%
Ability to Treat the Patients as Kindly as Possible and without Undue Embarassement	6	12%
Knowledge of Proper Telephone Skills	4	8%
Receptionist-secretarial Skills	3	6%
Knowledge of Medical Ethics	3	6%
Maintenance of Professional Attitude Toward Patient	2	4%
Adept at Working with People	2	4%
Well Groomed Appearance	2	4%

[1] Since respondents checked multiple answers percentages do not total 100

The question referring to the importance of knowing urological nomenclature was answered by 17 (33%) of the respondents. It might be concluded that relatively little importance was attached to this item.

Two physicians included computer programming in their list of important skills which should be taught during academic training. Application of computers for medical diagnosis and treatment is increasing. Utilization of this skill by physicians' assistants should be explored further.

Consideration was given to the importance of becoming familiar with equipment for urological treatment used in physicians' offices and in hospitals.

The question asked was: "What equipment should the school have available for teaching purposes"?

Equipment was specified and is reported in order of priorities designated by the responding physicians.

TABLE 4.

Suggested Equipment for Training Purposes

Equipment	Number	Percent[1] of respondents (N=52)
Cystoscopes[2]	43	83%
Different kinds of catheters	42	81%
Sounds	41	79%
Bougies	40	77%
X-ray Facilities	7	14%
Resectoscope	6	12%
All urological equipment	5	10%
Urological diagnostic and surgical equipment	4	8%
Sterilization equipment	4	8%
Light sources	2	4%
Textbooks	2	4%
Ileostomy bags	2	4%
Cystoscopy table	2	4%
Dressings	2	4%
Incontinent appliances	2	4%
All other replies	12	23%

[1] Since respondents checked multiple answers percentages do not total 100

[2] 4% of the respondents made the comment that the cystoscope should be available for observation only.

Clinical experiences are an important consideration for any training program in the health field. The following question helped to assess opportunities for possible placement.

"Would you be willing to accept a student to gain clinical experience in your office"? Sixty one percent (32) of the respondents replied with a "yes" 29% (15) said "no" and 10% (5) did not reply to the question.

Physicians in group practice were more likely than those in solo practice to give an affirmative reply.

Clinical experience becomes a learning experience only if proper supervision is supplied. Physicians were asked: "Would you provide supervision"?

Sixty five percent (34) responded that they would do so, 15% (8) rejected the idea and 19% (10) did not reply to the question. Physicians in group practice were more likely than those in solo practice to suggest that they would provide supervision for students.

Part of a clinical experience consists of the use of instruments under proper supervision. The replies to a question relative to this issue were comparable to those given to the preceding two questions: 62% (32) of the responding physicians would make such provision, 17% (9) would not do so, and 21% (11) were noncommital either way. Physicians in group practice were more likely than those in solo practice to give affirmative replies.

Employment of Genito Urinary Technicians

The establishment of a training program becomes pertinent only if employment opportunities for the graduates can be expected with reasonable certainty. The responding urologists were not only asked if they would consider the employment of a genito urinary technician but also in what capacity they would utilize such an assistant. Twenty seven percent (14) of the respondents replied that they would not consider employing a genito urinary assistant, and 15% (8) did not reply to the question. Eight percent (4) gave a "yes" answer to the employment question without further qualification. Fifteen percent (8) would use a genito urinary technician in the office, 4% (2) would want assistance with surgical procedures and 31% (16) indicated assistance in surgery and with office procedures.

Although many urologists seemed to support the proposed program, when asked directly if they would hire genito urinary technicians they made such qualifications as "My office practice is not large enough". "I could not afford to pay such an assistant, but other physicians might consider employing one".

Replies to the open-ended question, "Please name some of the ways in which a genito urinary technician would be useful to you," allowed for unrestricted expression of opinion. Forty four percent (23) of the respondents bluntly stated that a genito urinary technician would not be particularly helpful in their practice of medicine. The remaining respondents gave the answers, recorded in the following table.

TABLE 5.

Procedure	Number	Percent[1] of respondents (N=52)
Change Catheters	9	17%
General hospital assisting	6	12%
Free physicians from routine tasks	6	12%
Perform laboratory procedures	4	8%
Facilitate diagnosis and operative procedures	3	6%
Assist during surgery	2	4%
Preparation of patient	2	4%
Set up Vasectomies	2	4%
Do post-operative care	2	4%
Assist with male patients	2	4%
Assist in office practice	2	4%
Do patient scheduling	1	2%
Do X-rays	1	2%
Perform cystoscopy on male patient	1	2%
Take care of instruments	1	2%

[1] Since the respondents checked multiple answers percentages do not total 100

Who Currently Assists Urologists in the Practice of Their Speciality?

In order to project future training and employment of health professionals specifically geared to assist urologists, the current work situation was explored. Physicians were asked who they were employing as assistants in the office practice and at the hospital. Specific tasks were identified and the extent of on-the-job training as well as important preparation was explored. The first part of the following discussion deals with the office setting, the second part with the hospital setting.

Office Staffing

The following information is based on the question: "Who assists you and your associates in your clinical work? Please specify the number of persons in each category".

Registered Nurses: Fifty four percent (28) of the physicians employed one or more registered nurses. With one exception all these positions were in offices with two or more physicians. The number of registered nurses employed by office varied from 1 (14% of the replies) to 4 (6%) of the replies. The most frequently reported number was two registered nurses (19% of the respondents).

Licensed Practical Nurses: Only 12% (6) of the respondents reported the employment of licensed practical nurses and they were all in group practice.

Laboratory Technicians: Nineteen percent of the respondents employed laboratory technicians. They worked either in offices with a single physician or in group practice settings.

Medical Assistants: Fifty two percent (27) of the respondents employed medical assistants. Physicians in solo practice were more likely than those in group practice to select a member of that health occupation as an assistant.

X-ray Technicians: Twenty three percent (12) of the respondents, all members of group practice, reported a member of that profession on their office or clinic staff.

Other health professionals: Forty two percent (22) of the respondents mentioned other health professionals who assist them in their work. Two physicians reported the employment of urological technicians who had been trained by the armed services.

Procedures and training of clinical tasks performed in the office were explored. The following Table 6 gives detailed information. The table shows the utilization patterns of assistants within the office situation. Based on respondents' replies, assistants most frequently helped in cystoscopy and in the maintenance of surgical equipment. Eighty three percent of the respondents specified that they regularly assigned these two tasks to their assistants. Seventy three percent of the physicians trained their assistants on the job in cystoscopy and 64% gave training in equipment maintenance. Only rarely did physicians expect proficiency in either procedures at the time of hiring. Twenty three percent of the respondents expected proficiency in cystoscopy assistance and surgical equipment maintenance at time of hiring. More than 50% of the physicians reported that their assistants regularly applied aseptic techniques, performed urinalysis and installed catheterization. On the job training was reported in above tasks, in the same order of priorities but overall by fewer respondents.

TABLE 6.

Office practice: percentage of positive replies relative to task performance, on the job training and pertinent preparatory training, concerning 17 clinical procedures

Procedure	Task	OJT	Preparatory Training
Set up urine cultures	48% (25)	39% (20)	15% (8)
Perform urinalysis	56% (29)	46% (24)	19% (10)
Assist in cystoscopy	83% (43)	73% (38)	23% (12)
Take blood samples	21% (11)	14% (7)	12% (6)
Take X-rays	42% (22)	25% (13)	17% (9)
Perform renal clearance tests	6% (3)	2% (1)	4% (2)
Install catheterization	54% (28)	39% (20)	29% (15)
Install local anesthesia	50% (26)	39% (20)	14% (7)
Change dressings	40% (21)	27% (14)	10% (5)
Dispense medicine	23% (12)	15% (8)	12% (6)
Apply aseptic techniques	58% (30)	44% (23)	31% (16)
Maintenance of surgical equipment	83% (43)	64% (33)	23% (12)
Adjust patient appliances	39% (20)	29% (15)	8% (4)
Knowledge of surgical knots and ties	10% (5)	8% (4)	2% (1)
Use kits for bacteriological screening	14% (7)	4% (2)	2% (1)
Do blood function test	12% (6)	4% (2)	4% (2)
Other procedures	12% (6)	6% (3)	6% (3)

Discrepancies between utilization, on-the-job training and expected training can be noted. As an example:

83% of the respondents reported that assistants helped in cystoscopy;

73% of the respondents reported that they trained assistants in that skill;

23% of the respondents expressed the desire for proficiency in that skill;

83% of the respondents reported maintenance of surgical equipment as an important task;

64% of the respondents said that on-the-job training was given in that task;

23% of the respondents expected proficiency in that procedure.

Hospital Staffing

Replies were based on the question: "Who assists you during surgery at the hospital"?

Registered Nurses: Seventy five percent (39) of the respondents reported Registered Nurses as providing assistance during surgery. Physicians in solo practice were not differentiated in that respect from those in group practice.

Licensed Practical Nurses: Only one third of the respondents indicated that licensed practical nurses assisted at surgery. Replies of physicians in group practice were comparable to those in solo practice.

Laboratory Technicians: One respondent only referred to that health profession in the context of surgery.

Medical Assistants: Thirty three percent (17) of the physicians implied the assistance of such a health professional.

Other personnel: Thirty seven percent (19) of the respondents emphasized that assistance was given during surgery by surgical technicians, scrub technicians, medical residents and interns, and other physicians.

Procedures and Training

The following Table 7 shows the percentage of physicians reporting specified procedures carried out by assistants relative to task performance, on-the-job and preparatory training.

TABLE 7

Hospital Practice: Percentage of positive replies relative to task performance, on the job training and pertinent preparatory training concerning 17 clinical procedures

Procedure	Task	OJT	Preparatory Training
Set up urine cultures	33% (17)	17% (9)	14% (7)
Perform urinalysis	37% (19)	17% (9)	14% (7)
Assistant in cystoscopy	73% (38)	48% (25)	31% (16)
Take blood samples	2% (1)	8% (4)	12% (6)
Take X-rays	39% (20)	19% (10)	23% (12)
Perform renal clearance tests	14% (7)	0	6% (3)
Install catheterization	52% (27)	31% (16)	29% (15)
Install local anesthesia	42% (22)	25% (13)	21% (11)
Change dressings	37% (19)	21% (11)	15% (8)
Dispense medicine	23% (12)	8% (4)	15% (8)
Apply aseptic techniques	58% (30)	19% (10)	37% (19)
Maintenance of surgical equipment	67% (35)	40% (21)	33% (17)
Adjust patient appliances	29% (15)	15% (8)	14% (7)
Knowledge of surgical knots and ties	25% (13)	8% (4)	8% (4)
Use kits for bacteriological screening	6% (3)	0	2% (1)
Do blood function test	14% (7)	2% (1)	6% (3)
Other procedures	8% (4)	12% (6)	2% (1)

It can be seen in the preceding table that the most frequently named task was assistance in cystoscopy reported by 73% of the respondents. Forty eight percent reported that they trained their assistants on the job and 31% expected proficiency at the time of selecting an employee. The application of aseptic technique was reported by 58%; a higher percentage expected preparatory training than on-the-job training. Techniques of taking x-rays was more frequently expected of preparatory training than on-the-job training.

Verbatim comments to the question: "Would you have any further suggestions regarding the training of medical technicians," are quoted in the following paragraphs. These comments are particularly pertinent to the purpose of the survey. When examined in the context of the findings, they serve to clarify several statements. They have been categorized into four groups: Those opposed to a new program; in favor having a program to train genito urinary technicians; in favor of a program to train technicians for hospital use only; those who would favor a generalized core program in surgical assisting instead of a new speciality. The last category would serve several medical specialities and be entirely hospital oriented.

Replies to the Question: "Would You Have Any Further Suggestions Regarding the Training of Medical Technicians"

Opposed to Having a Program to Train Genito Urinary Technicians:

"Not responsive to giving technicians the privilege of treating patients in office.

Yes - Don't

Repeat - An on-the-ball orderly would be of much more value.

Yes. Why not train more M.D.'s Using all above facilities this is what we need. Cost per year would be equal and much better product. I would very much like to discuss this with you and appear as a witness.

This is an unnecessary program. Intelligent on-the-job training of aides is quite sufficient. The elaborate program is wasteful of time and effort.

I think there is probably too much emphasis on this. The blood tests, X-rays and renal function tests can be handled by laboratory and X-ray Technicians trained by their specialists and we can devote our time to seeing and determining what needs to be done.

Considering that genito urinary technicians are paid no more than an orderly one cannot expect a student to specialize in this field!!!

In Favor of Having a Program to Train Genito Urinary Technicians:

"18 months classroom training
3 months clinical office experience
3 months clinical hospital experience

Two years should not be needed.

18 months didactic training
6 months practice training - 3 months in office
3 months in hospital

I think the need for this type of individual is limited but real. I would suggest that four technicians a year would be plenty".

In Favor of Having a Program to Train Genito Urinary Technicians Specifically for Hospitals:

"I would think the hospitals need genito urinary technicians.

I don't do enough work in my office to require a specially trained person. However, it would be helpful in the hospital."

In Favor of a More Generalized Program.

"I believe that skilled surgical technicians and aides would be useful in a hospital and particularly in a surgical amphitheater setting. Such technicians should be trained broadly and could then specialize in various surgical areas, depending upon the interest and need within the particular institution. I do not see a need for an individual whose training is limited only to genito urinary technology, as I have tried to indicate. If any

program is to be set up it would preferably be more inclusive in the field of surgical technology. Such individuals should be taught pretty well basic facts, more or less as nurses are taught, with emphasis on practical aspects of their field. Then, in a particular institution, depending upon its need, these individuals could be trained in special fields such as genito urinary, eye, orthopedic and the like. Training for such individuals would be correlated with hospital institutions rather than with private physicians by and large.

Under the present system I doubt that a GU technician would be of value to me. My volume of office work is not that great. A group of several urologists might well utilize a technician if the group is in conjunction with a hospital. If the rules regarding surgery were altered and would allow a technician to be of assistance to the surgeon on major surgery, then I think he would be a great help to me.

I realize this is not the purpose of your questionnaire but I think a surgical technician to work with the surgeon is a greatly needed field. Present hospital regulations do not allow this but I think they are out moded and create a great deal of wasted manpower".

Summary and Conclusions

The reported survey of urologists should be considered as a pilot study to assist in the planning of educational programs for health manpower. It is hoped that information will be useful in the planning and implementation of new training programs. The exploration of the study included specifications of medical assistants helping urologists in their office and/or hospital practice, determination of some of the tasks performed by these assistants, training which was given after employment had begun and opinions of the responding urologists concerning preparatory training. In addition, urologists were asked to express their opinion concerning employment of genito urinary technicians and placement of students in offices and hospitals for their clinical experience.

Although the findings of the survey indicate that nearly half of the responding urologists are generally in favor of the new health occupation,

a number of qualifying statements were added when the question was placed in the context of employment.

The responding urologists voiced the opinion that assistants are needed, but that a two-year specialized program in genito urinary technology would be too restrictive. On-the-job training particularly in cystoscopy and maintenance of surgical instruments is currently provided to all medical assistants, inclusive of those with nursing backgrounds.

Considering the cost of the program, the length of the training period, and the employment potential for the graduates the genito urinary technician program appears to be impractical. A more generalized training program which would enable the graduate to assist one of several medical specialities would be more feasible. A greater number of students would be trained to assist in general surgery and seek employment in hospitals or large clinics.

The survey of urologists practicing in the state of Washington is the first "feasibility study" conducted by the staff of the Health Manpower Project. Further studies will be modified or possibly of a different nature. The actual usefulness of a survey can only be determined through feed back of those who apply the data for policy formulation. Such feed back is anticipated.

APPENDIX: THE QUESTIONNAIRE

Questionnaire: Training of Genito-urinary Technicians

1. Name of respondent:_____

2. Office Address:_____

3. Is this a: 1. Solo practice
   2. Group practice (partnership or office sharing)

4. How many physicians are in this office?_____

5. Is your practice of medicine: 1. in the office
   2. in a hospital
   3. in an office and hospital

Please Circle Number That Best Describes Your Reply And
Fill In Blanks Provided

A. Questions Relating to Office Practice

6. Who assists you and your associates in your clinical work? (Please specify the number of persons in each category):

   1. Registered Nurse(s)_____
   2. Licensed Practical Nurse(s)_____
   3. Laboratory Technician(s)____
   4. Medical Assistant(s)_____
   5. X-Ray Technician(s)_____
   6. Other _____

7. Which of the following procedures do your assistants perform either regularly or occasionally (Circle numbers for those that apply):

   1. set up urine cultures____
   2. perform urinalysis _____
   3. assist in cystoscopy_____
   4. take blood samples_____
   5. take x-rays_____
   6. peform renal clearance tests_____
   7. install catheterization____
   8. install local anesthesia____
   9. change dressings_____
   10. dispense medicine_____
   11. apply aseptic techniques_____
   12. maintenance of surgical equipment_____
   13. adjust patient appliances_____
   14. knowledge of surgical knots and ties____
   15. use kits for bacteriological screening____
   16. do blood function test_____
   17. other_____

8. For which of the procedures, listed in question 7, do you provide training in your office. Indicate those that apply by putting a (✓) on line following the statement.

9. Return once more to question 7. Indicate procedures in which you expect proficiency at time of hiring personnel. Place * preceding statement.

B. Questions Relating to Hospital Practice

10. Who assists you during surgery at the hospital?

    1. Registered Nurse
    2. Licensed Practical Nurse
    3. Laboratory Technician
    4. Medical Assistant
    5. Other_____

11. Which of the following procedures do your assistants perform either regularly or occasionally (circle number for those that apply):

    1. set up urine cultures_____
    2. perform urinalysis _____
    3. assist in cystoscopy_____
    4. take blood samples_____
    5. take x-rays_____
    6. perform renal clearance tests
    7. install catheterization_____
    8. install local anesthesia_____
    9. change dressings_____
    10. dispense medicine _____
    11. apply aseptic techniques_____
    12. maintenance of surgical equipment_____
    13. knowledge of surgical knots and ties_____
    14. adjust patient appliances_____
    15. use kits for bacteriological screening____
    16. do blood function test_____
    17. other_____

12. For which of the procedures listed in question 11 do you provide training? Indicate those that apply by putting (✓) on line following the statement.

13. Return once more to question 11. Indicate procedures in which you expect proficiency when staff is hired. Mark with * preceding a statement.

C. Questions Related to Academic and Clinical Training of a Genito Urinary Technician

14. Which of the following academic courses should be taught for the preparation of an associate degree as genito-urinary technician?

    1. Anatomy
    2. Physiology
    3. Chemistry
    4. Others (please specify)

    _____
    _____
    _____

15. What are the most important skills that should be taught during academic training?

    1. Clinical skills (please specify): _____
    _____
    _____

    2. Laboratory skills (please specify): _____
    _____
    _____

15. (Continued)

3. Social skills (please specify)_____

4. Nomenclature related to urology

5. Other (please specify):_____

16. What equipment should the school have available for teaching purposes?

1. Difference kinds of catheters
2. Bougies
3. Sounds
4. Cystocope
5. Other (please specify)_____

17. Would you be willing to accept a student to gain clinical experience in your office? 1. Yes_____ 2. No_____

18. Would you provide supervision? 1. Yes_____ 2. No_____

19. Would the student be allowed to use some of your equipment (under supervision)? 1. Yes_____ 2. No_____

D. Employment of a Genito-urinary Technician

20. Would you consider employing a genito-urinary technician:
Yes No ____
1. to help with procedures in your office
2. to help with surgical procedures at the hopsital

21. Please name some of the ways in which a genito-urinary technician would be useful to you:

22. Which medical specialists do you think would consider the hiring of a genito-urinary technician:

E. Other Comments

23. Would you have any further suggestions regarding the training of medical technicians:

Your assistance was very much appreciated.
The findings will contribute to the planning
of health occupation curricula.

Health Manpower Project
Washington State Department of Health