A STUDY TO DETERMINE A METHOD OF COORDINATING IN-SERVICE TRAINING OF COMMON BASIC SUBJECTS FOR THE NURSING ASSISTANTS AND MALE ATTENDANTS AT BAPTIST MEMORIAL HOSPITAL, MEMPHIS, TENNESSEE

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CHAPTER I

INTRODUCTION

General Information

The in-service training program of any health care institution is one of its most important components. The institution's staff must keep abreast of current medical trends.

Today's great advances in medical technology and health care delivery systems may be outdated in a period of several years. This could result in lack of up-to-date training for health care personnel.

Typically, in-service training in hospitals has been limited to nursing service. However, there is now a uniform need of in-service training in all sections of a hospital.[1]

In-service training, today, should not be peculiar solely to the nursing service. Technology has advanced in all areas of health care, resulting in in-service training programs being initiated outside of nursing service. The dietary and housekeeping departments frequently have an excellent in-service training program.[2]

Health care institutions recognize the need for a better system of in-service training to aid in health care delivery in fulfillment of the institutional goals. The institution's capability to provide services to the community can be enhanced by proper in-service training methods. In-service training programs must be tailored to individual and institutional needs for projected patient care as well as present care.[3]

In-service training of ancillary personnel in the nursing service is of particular importance. The coordination and the instruction of nursing assistants (nursing aides) and male attendants (orderlies) is a necessity for high quality health care output.[4]

In-service education is comprised of a multiplicity of educational procedures. It is a method programmed initially to equate the employee and the job. In the initial phase, in-service training gains a foothold in a continuing process. This phase consists of orientation and skill training to reach a certain plateau.[5] This training gives the employee the incentive to call upon his human traits of "How can I improve myself?" or "How can I contribute more to patient care?" The most important phase of in-service training is continuing education which allows for individual employees to further their knowledge in their skill training and to keep abreast of advances in medical technology.[6]

Hospital Setting and History

Baptist Memorial Hospital of Memphis, owned jointly by the state Baptist Convention of Arkansas, Mississippi, and Tennessee, began its service to the public on July 20, 1912. Its conception was in 1906 when leading Memphis Baptists envisioned a hospital to service this community. This vision lead to the largest voluntary, non-university connected hospital in the United States today.

With over 50,000 annual admissions, Baptist Memorial Hospital is the nation's largest private general hospital and ranks fifth in number of patients admitted in comparison with all United States hospitals.

It began as a 100 bed hospital. Keeping pace with the city of Memphis, and its mid-south surroundings, its present size has increased to 1542 beds. Its expansion to 1800 beds is set for the near future.

Management and control of Baptist Memorial Hospital is vested in a twenty-seven member board of trustees. The Baptist Conventions of Arkansas, Mississippi, and Tennessee each elect nine members of the board for three year terms (see Appendix A).

Conditions Which Prompted the Study

Current trends in health care delivery, due to the explosion of advances in medical technology and federal legislation, require a need for coordination of an

in-service training program, for all services, to help achieve the institution's educational goals.

The increasing patient census, high personnel turnover, monetary inflation, rising payroll costs, medical legislation, and other factors require constant evaluation of the hospitals role. Inherent in these factors is a turbulence which necessitates the executive staff's continual updating of the hospitals plans.

The new medical procedures, such as transplants, are causing the executive staff to inaugurate an in-service training program to insure that future goals of the institution and patients will be met. For these reasons, the administration of Baptist Memorial Hospital is planning to institute a more efficient in-service training program. To support this expanding, progressive, private general hospital, particular training emphasis will be placed on the nursing assistants and the male attendants as one of the steps to insure a more efficient in-service training program.

Statement of the Problem

The problem is to determine a method of coordinating in-service training of common basic subjects for the nursing assistants and the male attendants at Baptist Memorial Hospital, Memphis, Tennessee.

Objectives

The objectives are the following:

1. To study and review the present in-service training program.

2. To interview hospital administrators and in-service training instructors.

3. To review the literature on in-service training.

4. To select alternate programs of in-service training.

5. To determine the best solution to the problem.

Criteria

Any solution offered should:

1. Eliminate duplication of selected hours of instruction of in-service training.

2. Result in improved quality of care to patients.

3. Conserve the time of personnel involved in in-service training instruction.[7]

Limitations

No particular restrictions are imposed on this study by the administrative staff. It is of importance to realize that this facility, in long range planning, is phasing out some of its older buildings. For this reason, rooms that are presently available for in-service training are in need of generalized repair and are not conducive to adequate training.

Assumptions

The following assumptions apply to this study:

1. Baptist Memorial Hospital will expand from 1542 beds to 1800 beds.

2. Financial resources will be available to implement any reasonable proposal.

Research Methodology

To collect and evaluate information for this study the following methods were used:

1. A review of the literature on in-service training for programs that could be combined in order to develop a more efficient in-service program for Baptist Memorial Hospital.

2. A review of the various common basic subjects of in-service training that are now being given in the nursing assistants and the male attendants programs.

3. A review of the various common basic elements of in-service training that are now being given in all departments.

4. A determination of the best facilities available to conduct a satisfactory in-service training program.

Literature Review

A major problem facing hospital administrators is to decide when their in-service training procedures are in need of change or updating. To follow through with this

phase the next step is the implementation of a new or revised system. If the administrators can specify their goals for in-service training, an evaluation of the procedures to achieve these goals must be undertaken. Does the present system provide comprehensive, suitable in-service training in an efficient, economical manner? If the answer is that administrators are faced with high personnel turnover rates and complaints on working conditions by both supervisors and employees, a need for a procedural adjustment to the present system might be indicated.

A large number of administrators are beginning to consider employment of an in-service training coordinator to coordinate and combine in-service training in all sections of a hospital.[8]

Hospitals, in recent years, have been facing problems of greater workloads and rising costs. This is a result of development of new techniques, instrumentation, and professional specialties in conjunction with federal legislation. Added to these developments is the ever increasing consumer demand for medical care. These problems have been further compounded by a changing medical world which has now developed the concept of medical care as an inherent right.[9] Advanced technology in medical fields places greater priority on the amount and degree of knowledge that ancillary personnel must acquire.[10]

In-service education programs must be designed for both the employee and the institution. It is part of the individual's natural desire to learn as much as possible about his job.[11] In-service training benefits must be explained to individuals to encourage their incentive for participating in such programs.[12] Individual participation will then increase their competency and whet their appetites for further training. Training is important to all personnel and institutions alike to insure high quality patient care.[13]

Footnotes

[1]Adrian J. Thompson, "Small Hospitals Can Develop Effective Employee Training Programs," Hospitals, XLII (September, 1968), 67-70.

[2]Mary A. Miller, Inservice Education for Hospital Nursing Personnel (New York: National League for Nursing, 1958), pp. 1-5.

[3]Thompson, "Effective Employee Training Programs," pp. 69-70.

[4]Eleanor J. Muhs, "Inservice Education: An Investment in Nursing," Nursing Outlook, XVII (February, 1969), 50-51.

[5]Vetrans Administration, Inservice Education Activities in Nursing Service (Washington, D. C.: Government Printing Office, 1963), pp. 5-9.

[6]Miller, Inservice Education, pp. 6-9.

[7]Shirley Post, "Inservice for Teachers, Too?" Canadian Nurse, LXV (October, 1969), 29-30.

[8]Robert Glaser, Training Research and Education (Pittsburgh: University of Pittsburgh Press, 1962), p. 5; M. Imperiale "Meeting the Challege--Inservice Education," Nursing Outlook, VIII (November, 1960), 640-3; Eleanor Lambertson, "Here are Points to Remember in Planning Inservice Education," Modern Hospital, IC (December, 1962), 110; Robert J. Pursley, "An Evaluation of Inservice Training for Nursing Team Leaders at Santa Rosa Medical Center" (unpublished Thesis, San Antonio, Texas, 1965), pp. 8-10; Daniel S. Schechter and Thomas M. O'Farrell, "Continuing Education for Hospital Personnel--A Progress Report," Hospitals, XXXIX (June, 1965), 63-66; Russell C. Swanburg, Inservice Education (New York: Putnam's, 1968), pp. 12-15.

[9]Robert E. Briggs, "Inservice Education, Organization and Coordination," Hospital Progress, XLII (February, 1961), 64-65.

[10]M. E. Callin, "Inservice Education," Canadian Nurse, LXIII (August, 1967), 32-34.

[11]Miller, "Inservice Education," 17-20.

[12]Ruth B. Fine and Catherine Vavra, "Content and Consequences of an Inservice Education Program," American Journal of Nursing, LXII (January, 1962), 54-56.

[13]Joan R. Fogt, "Inservice Concerns Everyone," American Journal of Nursing, LXIII (November, 1963), 83-85.

CHAPTER II

DISCUSSION

Present System

Impact of Turnover and Absenteeism

The beds at Baptist Memorial Hospital increased from a total of 1398 on January 1, 1969 to 1542 on January 1, 1970.

Baptist Memorial Hospital is one of the leaders in the field of private hospitals. The present 1542-bed capacity will soon be expanded to 1800. Changes in ancillary personnel, through turnover and absenteeism, can greatly reduce the effectiveness of patient care. Personnel loss over the past year can be shown best by the following tables.

The number of absences of nursing assistants during the calendar year 1969, as depicted in Table 1, illustrates a minimum loss of time for a complement of 440. The greatest total percentage of sick leave, in January and August, represents less than a 5 per cent loss of the total complement. Absent days without notification were too insignificant to list in this table.

TABLE 1

NURSING ASSISTANTS ABSENT
AT BAPTIST MEMORIAL HOSPITAL,
January 1, 1969 to December 31, 1969

Month	Individual Maternity Leaves	Individual Educational Leaves	Individual Sick Leaves
January	7	1	21
February	7	1	12
March	7	4	13
April	6	1	18
May	7	4	9
June	7	6	16
July	7	6	17
August	9	6	21
September	3	4	11
October	6	4	11
November	6	3	14
December	7	5	12
TOTAL	79	45	175

Source: Records of Assistant Director of Nursing Service, Baptist Memorial Hospital, April 16, 1970.

TABLE 2

TURNOVER PERCENTAGES
OF NURSING ASSISTANTS AT
BAPTIST MEMORIAL HOSPITAL,
January 1, 1969 to December 31, 1969

Month	Percentage
January	0.75
February	0.23
March	1.67
April	0.72
May	0.94
June	0.95
July	1.40
August	1.68
September	1.34
October	2.05
November	1.16
December	0.45

Source: Records of Assistant Director of Nursing Services, Baptist Memorial Hospital, April 16, 1970.

TABLE 3

MALE ATTENDANTS ABSENT
AT BAPTIST MEMORIAL HOSPITAL,
January 1, 1969 to December 31, 1969

Month	Absent days without calling in	Sick leave absence days
January	94	67
February	66	32
March	93	10
April	89	5
May	76	63
June	83	34
July	63	27
August	102	29
September	82	36
October	83	29
November	102	13
December	80	44
TOTAL	1013	389

Source: Records of Supervisor of Male Attendants, Baptist Memorial Hospital, April 15, 1970.

TABLE 4

TURNOVER RATE OF MALE
ATTENDANTS AT BAPTIST MEMORIAL HOSPITAL,
January 1, 1969 to December 31, 1969

Month	Percentage
January	7.2
February	6.4
March	6.4
April	7.2
May	2.4
June	8.0
July	5.6
August	9.6
September	13.6
October	6.4
November	6.4
December	4.0

Source: Records of Supervisor of Male Attendants, Baptist Memorial Hospital, April 15, 1970.

Table 2 illustrates the percentage turnover of nursing assistants personnel for calendar year 1969. The maximum turnover of just over 2 per cent shows probable high job interest with corresponding high morale. The total number of nursing assistants is approximately 440.

Table 3 depicts the number of work days lost by male attendants in 1969. The months of August and November have marked increase of days absent without notification. The total is rather high for a complement of 125 male attendants as compared to 440 nursing assistants.

In Table 4 the turnover rate for male attendants is extremely high. In comparison to the low turnover rates of the nursing assistants indicated by Table 4, Table 2 indicates that the nursing assistants are receiving greater group job satisfaction. This may be due to lack of job interest and lack of identity by the male attendants. They have never been assigned to a ward and directly responsible to a floor supervisor, but have remained under the director of male attendants. This does not allow the male attendants to receive the important "pat on the back" for a job well done, so necessary for job enrichment.[1] This is the only noticeable difference in the male attendants' and nursing assistants' programs. One must take into account, however, that the nursing assistants can advance, by furthering their education, to become a Licensed Vocational Nurse or a Registered Nurse.

Nursing Assistants In-service Training

The largest percentage of nursing assistants are graduates of the Memphis Area Vocational School where they receive a four week course in basic subjects. A second four weeks is then given, by the same instructors, at the Baptist Memorial Hospital. This portion of instruction is a type of on-the-job training. During this second four weeks the nursing assistants are called nursing assistant students and receive a small salary from the hospital and also one free meal a day. A week consists of Monday through Friday. Graduates who are recommended for positions as nursing assistants at Baptist Memorial Hospital are then interviewed by the assistant director of nursing service. After the interview, those accepted report the following week and are placed on the payroll. During this first week they report to the personnel office for processing. This processing includes a physical examination, and a basic hospital orientation (see Appendix B). They are then assigned to a floor supervisor to whom they are responsible. The floor supervisor is in charge of their time sheets, holiday and vacation periods. The nursing office is in charge of "floaters" who are utilized by the different wards as they are needed. The floor supervisor evaluates the nursing assistants assigned to her at the end of three months and annually thereafter. The floor supervisor counsels nursing assistants and documents and recommends

reprimands to the assistant director of nursing service, who in turn refers them to the director of nursing for further disposition (see Appendix C).

Initial in-service training of nursing assistants is given at the Memphis Area Vocational School and Baptist Memorial Hospital. The nursing assistants receive in-service training in many subjects, such as taking oral temperature, recording pulse and respiration and making a bed. The nursing assistants and male attendants in-service training is similiar for many basic subjects (see Appendix D).

The nursing assistants must receive specialized training, dealing with female patients, in the following subjects:

1. Giving or assisting in the following type of baths: bed, self-help, sitz, tub, cold sponge, alcohol sponge or tepid sponge.
2. Handling the bed pan and urinal.
3. Combing a patient's hair.
4. Collecting urine, stool specimens, and giving perineal care.
5. Caring for linens and answering signal lights.
6. Caring for flowers.

Male Attendants In-service Training

All individuals applying for a position as male attendant must submit their applications to the personnel section. If there is an opening at that time, the supervisor of male attendants is informed and an appointment made for an interview. If there are no openings at this time, applicants names are placed on a list and they are called at a later date and given an appointment for an interview. They are interviewed by the supervisor of male attendants who does the initial screening at this time. Those who are selected at the initial interview are then given an appointment with the director of nursing who makes the final hiring decision (see Appendix E). Accepted male attendants are then fitted for uniforms and issued eight sets. They are given forty hours of classes in the basic elements of their jobs. This training is conducted the first week of employment, at which time they are not on the payroll. At the beginning of the second week their names are placed on the payroll and they receive forty hours of on-the-job training by being placed with one of the senior male attendants. The Friday afternoon of this second week they attend basic orientation (see Appendix B). This on-the-job training is accomplished by rotating them through the major sections of the hospital. They are then given a test and any "slow learners" are recycled through the teaching system. All male attendants receive a physical, as do the nursing

assistants, prior to the start of work on a ward.

They are never permanently assigned to a ward but are assigned on a day to day basis. The supervisor of male attendants is still in charge of the time sheets, and still determines time off for holidays and vacations. The majority of in-service training is still offered by the supervisor of male attendants. The nursing in-service training section offers classes for in-service training, weekly, with ample notification of all eligible employees, to include male attendants. The attendance of male attendants at this in-service training program is very low.

At the present time all of the initial in-service training for male attendants is given at Baptist Memorial Hospital by the supervisor of male attendants, a member of the in-service training staff. Training of the male attendants is given in taking oral temperatures, recording pulse and respiration and making a bed. Training is also given in many other subjects (see Appendix D).

The male attendants receive specialized training, dealing with male patients, in the following subjects:

1. Catheterizing male patients by using a retention type or an external catheter.

2. Collecting urine specimens to include a mid-stream specimen (taken after the first portion of urine

is voided), measuring of urine and running a urine culture.

3. Administering a routine enema, handling of fecal impaction and inserting suppositories for male patients.

4. Taking rectal temperatures of male patients.

5. Applying T or scultetus binders.

6. Giving or assisting in the following types of baths: bed, tub, shower or sitz.

7. Walking a patient without undue stress.

8. Cutting or triming of casts.

9. Caring for perineal area of male patients and irrigating catheters (with syringe only).

10. Turning of the Circ-O-Lectric bed.

11. Applying restraints.

12. Preparing surgical skin preparations, both sterile and non-sterile.

13. Taking weights of patients.

14. Applying ice cap to perineal area.

In-service Training for Nursing Assistants and Male Attendants

Advantages.--The present in-service training system, as described in the preceding pages, is known by the hospital staff and involved employees. This in-service training method has worked satisfactorily for the past several years.

Disadvantages.--A duplication of training is being offered to the nursing assistants and male attendants programs. This results in excessive costs for duplication

of in-service training personnel and training aids.

In a large complex, such as Baptist Memorial Hospital, the facilities are extended over a large area. Frequently, the hospital staff is not aware of the exact progress of the nursing assistants and male attendant programs. A complete reporting system to allow for accurate recording of in-service training is lacking. The shortage of personnel in the in-service training staff has not allowed a complete training program to include more individual attention and evaluation procedures of that which is offered. The supervisor of the male attendants does all of the in-service training for male attendants.

Facilities available for in-service training are not conducive to learning, due to the need of painting and lighting.

In-service Training by Individual Sections

Training of nursing assistants and male attendants by the section to which they are assigned represents an alternate course of action. The type of training given could be designed for in-depth coverage to facilitate patient care in that particular section.[2] For example, the surgery section would direct training in conjunction with surgery patients and not be concerned with medical or other specific type patients. This method of in-service training would allow for highly skilled ancillary personnel in a "specialty" field.

Advantages.--An in-service training system by sections would provide the flexibility and knowledge needed to meet future section needs and provide quality patient care. Assigned personnel would always have an identity with their section and remain in it. Training of personnel could be coordinated with the section workload to insure continuity of care. Ancillary personnel would only have to learn medical terminology with direct application to their assigned section.

Disadvantages.--Some of the in-service training the ancillary personnel would be receiving would be repeated in every section of the hospital. These personnel could not be utilized in other sections of the hospital without further training, thereby limiting flexibility. A large department of in-service training personnel would be needed to allow for in-service staff representatives in every section. In cases of emergency or disaster the ancillary personnel would be effective only in treatment of patients who would be associated with the section to which they were assigned. Training aids would have to be duplicated for each section of the hospital for similar instructional material, or a system of centralized control of training aids would have to be established.

Centralized Training

Centralization of the in-service training of male attendants and nursing assistants is another alternate

method of instruction. This type of training has been used to great advantage by many hospitals. This method allows a minimum expenditure of instructor personnel, time and materials. It brings personnel from all sections of the hospital together for training. The attendance for any one presentation is limited only by the size of the facility. The number in attendance may be determined by the sections in accordance with how many personnel they will release at one time. Personnel, who are off duty, may be paid to attend in-service training classes so that attendance is not solely dependent on initiative of the individuals. This potentially large group could result in a lack of individual instruction and attention of those who are present. The type and amount of training can be regulated and presented with excellent training aids. The knowledge and skill levels of each individual will regulate their comprehension of material presented.

Advantages.--The cost of in-service training, as well as the size of the in-service training staff, is kept at a minimum. Since all in-service training may be given in a central location, the personnel, facilities and materials are not duplicated. The type and amount of training can be controlled by the director of in-service training. In-service training records can be kept up-to-date.

Disadvantages.--The lack of individual training may limit the degree of proficiency. Individuals who tend to

be slower learners are lost in the very beginning and have a tendency to give up and quit. Instructors do not have a good system of feedback in this system to allow them to gauge their instruction accordingly. The scheduling of in-service training classes is regulated to allow for class presentations at the convenience of the in-service training personnel. This schedule may conflict with department workloads and as a result cause minimum attendance.

Combination of Centralized and Individual Sections

The use of a centralized training system for requirements which the nursing assistants and male attendants have in common would be of great advantage in time, personnel and materials.[3] It would greatly reduce the overall cost of in-service training. There are many subjects that could be taught to both groups at the same time (see Appendix D).

The nursing assistants and male attendants could then be separated and procedures which pertain to each group could be given.

The nursing assistants could receive specialized in-service training on the following procedures:

1. Giving or assisting in the following type of baths: bed, self-help, sitz, tub, cold sponge, alcohol sponge or tepid sponge.
2. Handling the bed pan and urinal.
3. Combing a patient's hair.

4. Collecting urine, stool specimens and giving perineal care.

5. Caring for linens and the answering of signal lights.

6. Caring for flowers.

The male attendants could receive specialized in-service training on the following procedures:

1. Catheterizing male patients by using a retention type or an external catheter.

2. Collecting urine specimens to include a midstream specimen (taken after the first portion of urine is voided), measuring of urine and running a urine culture.

3. Administering a routine enema, handling of fecal impaction and inserting suppositories for male patients.

4. Taking rectal temperatures of male patients.

5. Applying T or scultetus binders.

6. Giving or assisting in the following types of baths: bed, tub, shower or sitz.

7. Walking a patient without undue stress.

8. Cutting or triming of casts.

9. Caring for perineal area of male patients and irrigating catheters (with syringe only).

10. Turning of the Circ-O-Lectric bed.

11. Applying restraints.

12. Preparing surgical skin preparations, both

sterile and non-sterile.

13. Taking weights of patients.

14. Applying ice cap to perineal area.

Advantages.--The nursing assistants and male attendants receive the same training in basic elements. The number of in-service staff responsible for basic subjects is held to a minimum. There is less duplication of training material and training aids. After initial training nursing assistants and male attendants receive further training in smaller groups. These smaller groups allow instructors to teach at the rate most beneficial to the group and to give individual attention to those who may require it.

Disadvantages.--The scheduling is controlled by the in-service training staff. This scheduling may conflict with department workloads and as a result cause minimum participation for in-service training.

Organization

In-service training is necessary in all sections of a hospital. To maintain the "pulse" of in-service training requires coordination of all of the different elements within the institution. This can best be accomplished by an in-service training coordinator.[4] This individual should be expected to:

1. Assist in planning of all in-service training programs with continual revision and updating of present

programs.

2. Consult with members of the in-service staff.

3. Coordinate and supervise in-service training programs.

4. Counsel, develop and evaluate personnel for personal development.

5. Maintain a reference library for in-service training material.

6. Supervise instruction and train instructors.

7. Maintain information workshops or other programs that the staff could attend.

8. Conduct liason between sections and administration.

Under the in-service training coordinator would be several directors of in-service training. For purposes of this paper the only significant position would be the director of nursing department in-service training (see Appendix F).

Instructors involved in training of nursing service personnel should not have hiring or firing authority. Personnel assigned for in-service training and orientation should be able to identify with their instructor, as this creates a feeling of well being.[5] Upon completion of this period of instruction, the nursing assistants and male attendants could be assigned to a floor supervisor. Such an identity allows an individual to have the feeling of

being a member of the "team." He can receive criticism, praise, support or counselling from a person who has authority at his place of employment. He knows to whom he owes loyalty and to whom he is responsible.[6]

The floor supervisor can tell if an individual is in need of further training and, if so, can refer him to the in-service training directorate for additional work or possible recycling.[7] If counselling and retraining are not the answer, she can recommend the individual, to her immediate supervisor, for disciplinary action with documentation of the case.

In-service instructors should be advisory and never have authority over employees except in teaching situations.[8]

Placement of male attendants on a team for identification purposes is one of the most important steps that can be taken in the reduction of turnover and absentee rates.

Summary

The total bed capacity at Baptist Memorial Hospital increased by 144 in the calendar year 1969. The bed capacity of Baptist Memorial Hospital will increase by 258 in the near future. Personnel requirements will increase in direct ratio to the number of beds activated.

Current trends in medical technology indicate continuing advancements. The in-service training

staff will have a never ending job of keeping present personnel current with advancing medical knowledge. The increase of personnel, in conjunction with expanding bed capacity, will tax present facilities and personnel.

The present in-service training system worked satisfactorily for the calendar year 1969. Disadvantages of the present system are inefficiency resulting in the greater cost for duplication of personnel and training aids. The flexibility of this method is limited due to the lack of cross training between departments. Further in-service training of personnel is required before they can be used in other sections.

The first alternative, in-service training by individual sections, facilitates in-depth coverage of medical knowledge particular to that section. This method allows for highly skilled ancillary personnel in a "specialty" field. The main disadvantages are limited flexibility for utilization of these personnel in other sections of the hospital without further individual training. There is duplication of training aids, material and personnel in both the nursing assistants and the male attendants programs raising the total cost.

A major advantage of the second alternative, centralized in-service training, is the limited need of facilities, personnel and material. The major disadvantage is lack of individual training. Another disadvantage is the compli-

cated means of judging at what speed training material should be presented to the group.

The last alternative, of utilizing a combination of centralized training and individual sections, allows for maximum use of the advantages of the two previous alternatives while minimizing the disadvantages. Basic subjects are given to both the nursing assistants and male attendants and then more individual training is given for complex procedures (see Appendix D). All of the systems mentioned as alternatives are workable in-service training systems. Their only limitation is their adaptability to a specific set of criteria.

Footnotes

[1]Thompson, Effective Employee Training Program, pp. 68-70.

[2]Mary A. Miller, Sources for Assistance in Inservice Education (New York: National League for Nursing, 1958), pp. 58-59.

[3]Jean E. McKinley, "Inservice Education for Leadership," Nursing Outlook, XVI (September, 1968), 47-49.

[4]Swanburg, Inservice Education, pp. 14-15.

[5]Briggs, Inservice Education, Organization and Coordination, pp. 64-65.

[6]P. P. Coulter, "Inservice and Continuing Education for Nurses," Hospital Progress, XLIV (December, 1963), 77-82.

[7]Florence L. McQuillan, "Inservice Program: Practical Way to Provide Training," Hospital Topics, XL (November, 1962), 58-59.

[8]John C. Moffitt, Inservice Education for Teachers (Washington: Center for Applied Research in Education, 1963), pp. 12-14.

CHAPTER III

CONCLUSION

Conclusions

The most effective method of coordinating in-service training of common basic subjects for the nursing assistants and the male attendants at Baptist Memorial Hospital, Memphis, Tennessee is a combination of centralized and individual section training.

These additional conclusions are submitted as a result of this study.

1. There is need for an in-service training coordinator.

2. There is duplication of training aids and personnel in the current system.

3. In-service training instructors for nursing assistants and male attendants are not all assigned to the director of in-service training.

4. There are limited records of in-service training.

5. The current system does not give male attendants job identification.

Recommendations

Recommend that Baptist Memorial Hospital should:

1. Hire an in-service training coordinator.

2. Eliminate duplication of training aids and personnel.

3. Relieve director of male attendants as primary instructor of in-service training.

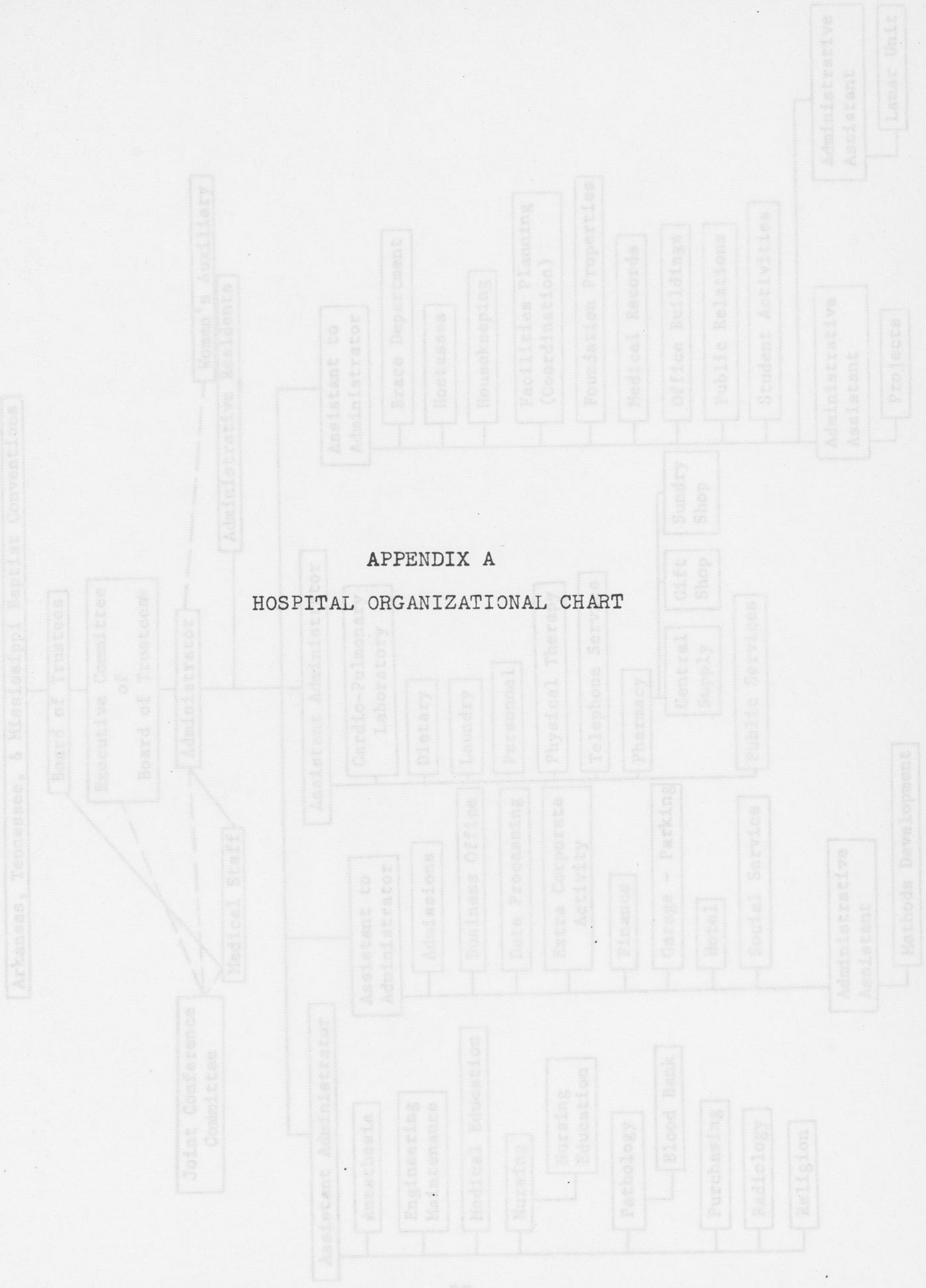
4. Direct responsibility to the director of in-service training.

5. Establish and maintain in-service training records for all personnel.

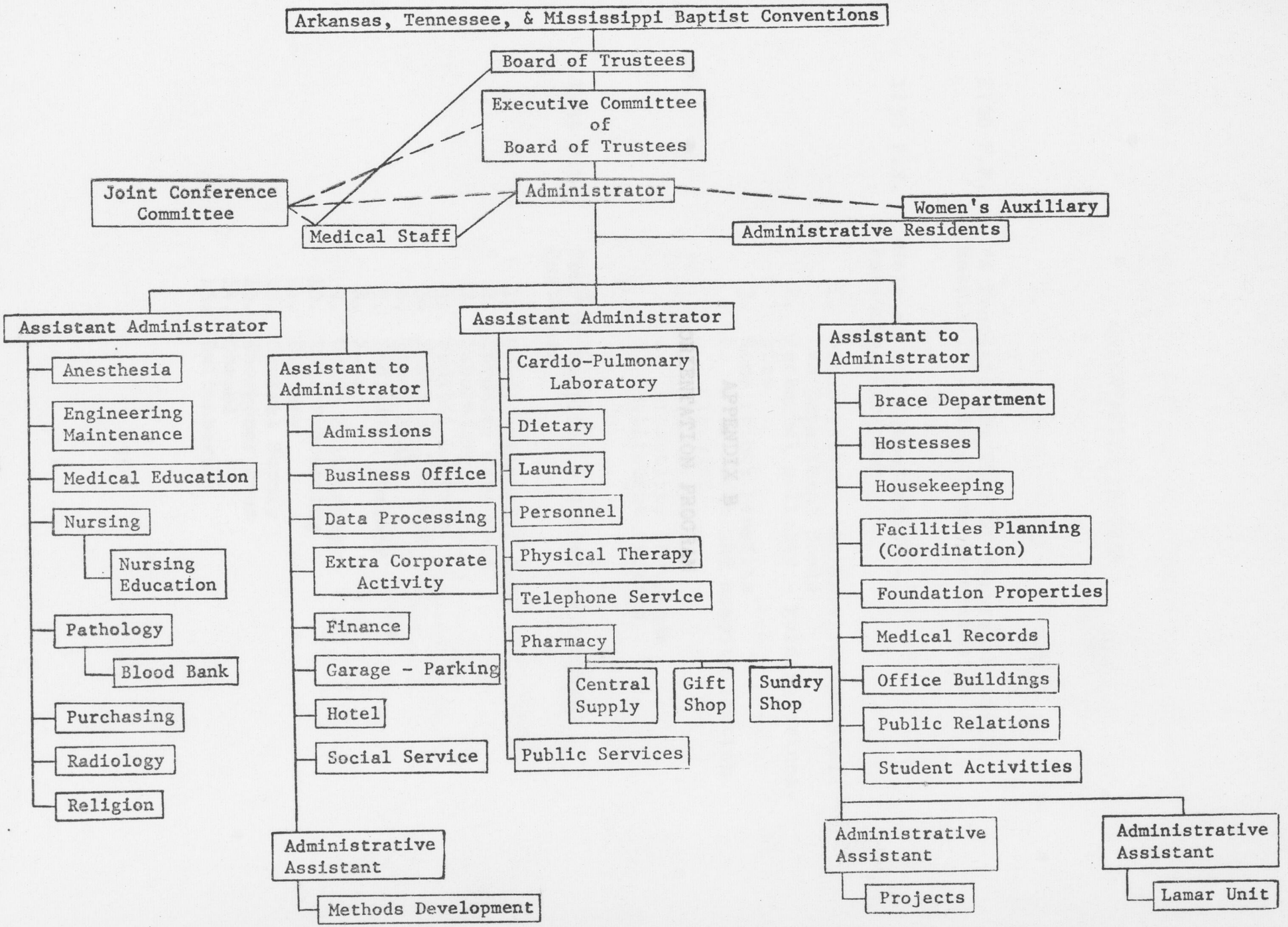
6. Assign the male attendants directly to a ward and make them responsible to the floor supervisor in charge of that ward.

APPENDIX A

HOSPITAL ORGANIZATIONAL CHART



BAPTIST MEMORIAL HOSPITAL - Memphis, Tennessee
Organization Chart - December, 1969



APPENDIX B

ORIENTATION PROGRAM

ORIENTATION PROGRAM

1:00 P.M. "A People's Eye View of Baptist Memorial Hospital" --Slide-Tape Presentation

1:30 P.M. Welcome and Introduction - Personnel Director

1. Organization: Administrative Staff and Department Heads
2. Personnel policies - guiding principles
3. Some fringe benefits
   a. Blue Cross and hospitalization discount
   b. Sick Leave
   c. Disability Insurance
   d. Retirement Program

1:45 P.M. Tour of Hospital - Guided by Hospital Hostesses

1. Cardio-pulmonary Lab
2. Coronary Care Unit
3. Laboratory
4. Medical Records
5. Physical Therapy
6. Blood Bank
7. Radiation Therapy
8. X-ray
9. Union East Lobby
10. Data Processing
11. Dietary
12. Central Supply
13. Emergency Room
14. Chapel
15. Switchboard

2:30 P.M. Personnel Information - Personnel Interviewer

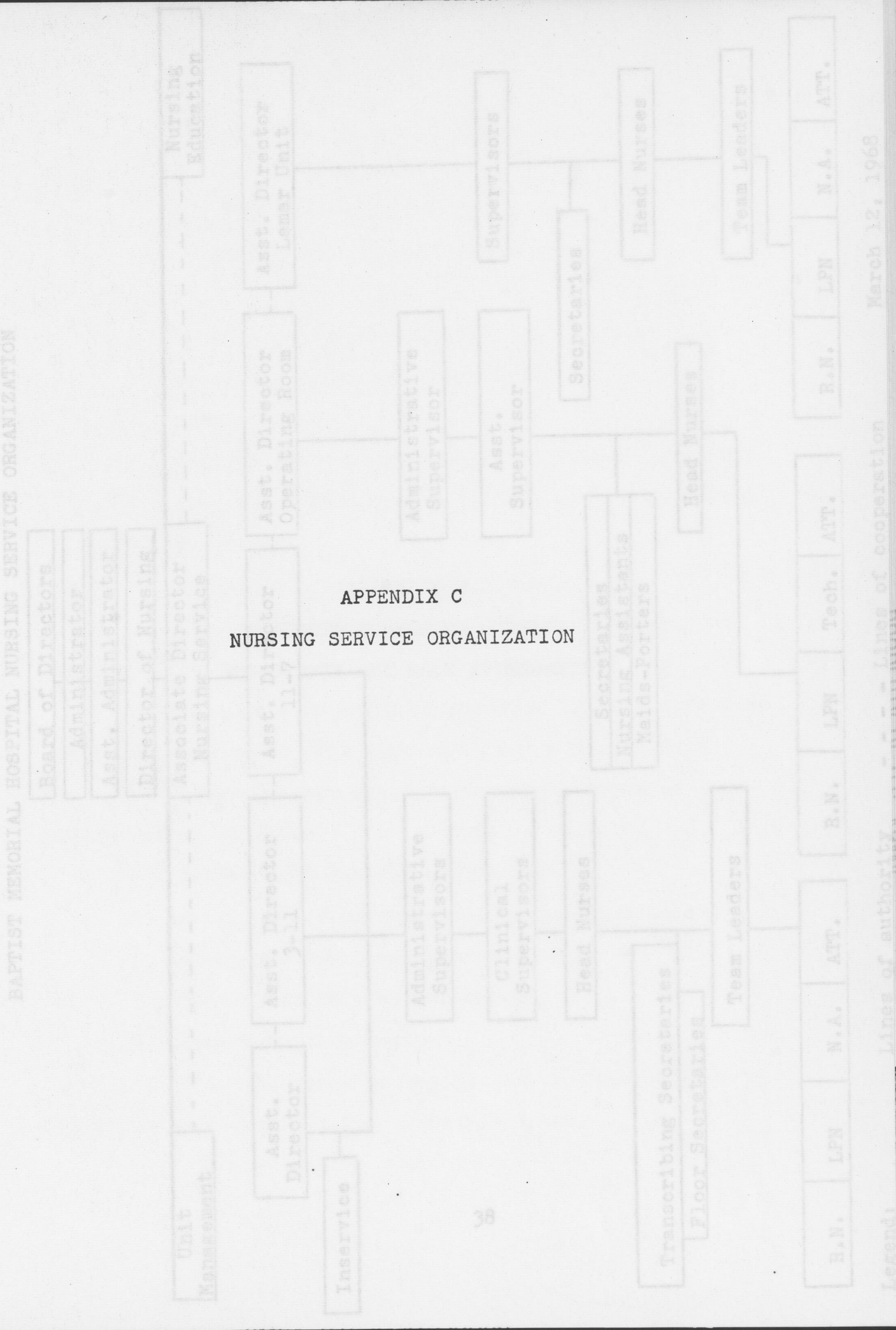
1. Pay Day: pay period & special checks
2. Resignations - dismissals - probation periods
3. Assignments and garnishments - Credit Union
4. Personnel Records
5. Remaining fringe benefits
   a. Holidays
   b. Vacation
   c. Leave of absence and maternity leave
   d. Life Insurance
   e. Social Security
   f. Workmen's Compensation - safety and accidents
   g. Purchase Discounts
   h. Educational Assistance Program

2:50 P.M. General Information - Director of the Hostess Program

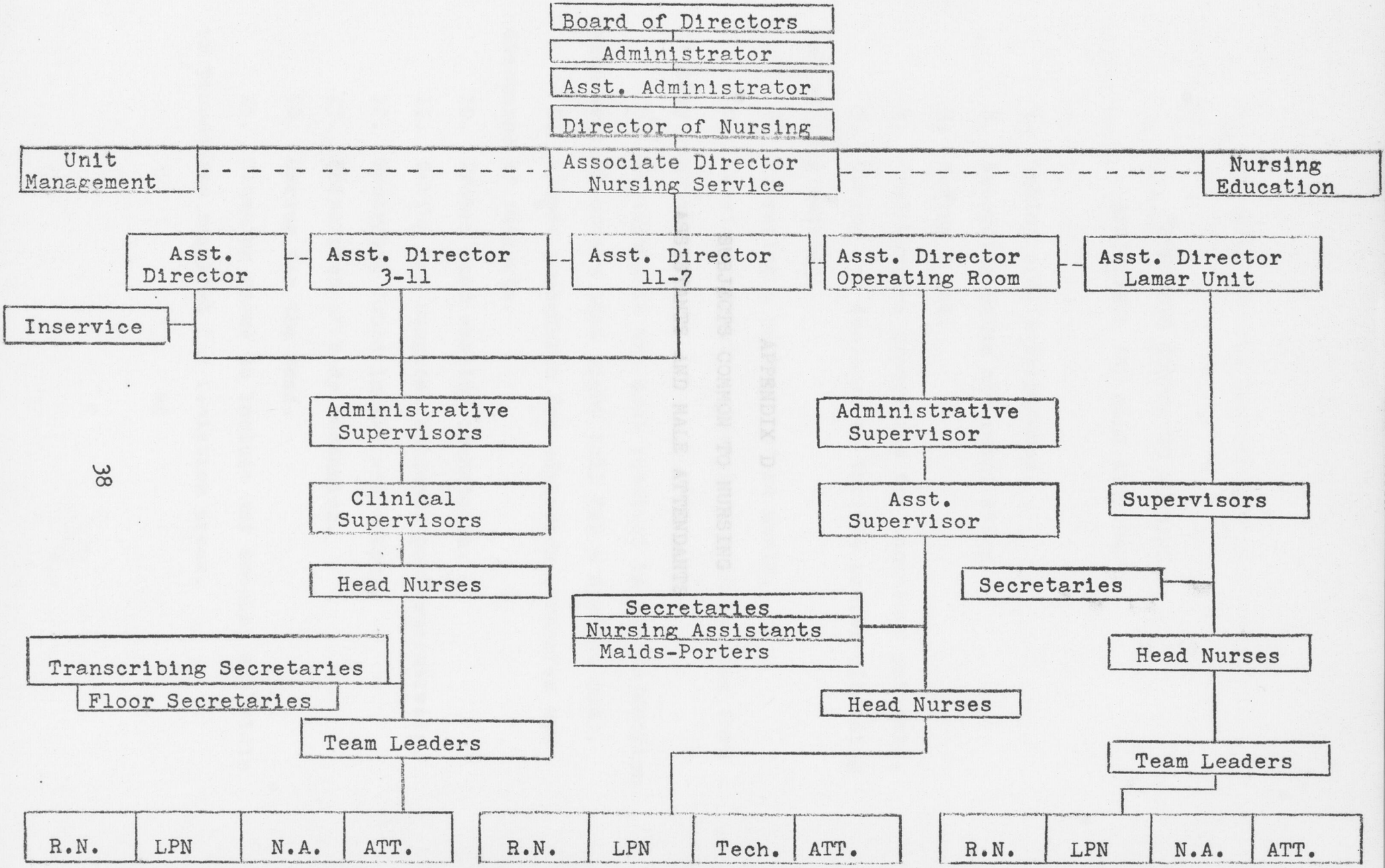
1. Shelby United Neighbors
2. Fire Drills
3. Disaster Drill
4. Communications (Baptiscope and BMH News Bulletin)
5. Use of elevators and telephones; paging
6. Parking
7. Chaplain - Chapel Services
8. Other services: 24-hour Pharmacy, Sundry Shops, Food Services, Barber Shop, and Hotel

APPENDIX C

NURSING SERVICE ORGANIZATION



BAPTIST MEMORIAL HOSPITAL NURSING SERVICE ORGANIZATION



Legend: _____ Lines of authority - - - - Lines of cooperation

March 12, 1968

APPENDIX D

SUBJECTS COMMON TO NURSING ASSISTANTS AND MALE ATTENDANTS

SUBJECTS COMMON TO NURSING

ASSISTANTS AND MALE ATTENDANTS

1. Taking oral temperatures.

2. Recording pulse and respiration.

3. Making a bed.

4. Oral hygiene procedures for conscious patients.

5. Caring for dentures to include proper cleansing and storing methods.

6. Preparing a patient before meals.

7. Serving patients and assisting in feeding them if they require help.

8. Verifying if the meal received is in conjunction with medical orders that might call for a special diet.

9. Proper procedures for admission, transfer and discharge of patients.

10. Proper hand washing techniques.

11. Caring for surgical patients post operatively.

12. Recording fluid intake and output.

13. Principles of body mechanics.

14. Caring for the dead.

15. Cleaning rooms to include any special materials or procedures required for isolation areas.

16. Cleaning methods common only in a hospital setting.

17. Cleaning and care of routine hospital equipment.

18. Giving a back rub.

19. Extending proper courtesies to patient, staff and visitors.

20. Cleaning floors.

21. Caring for rubber equipment.

APPENDIX E

ATTENDANTS ORGANIZATION CHART

Organization Chart

for

Attendants

Baptist Memorial Hospital Board

Mississippi - 9 Tennessee - 9 Arkansas - 9

Administrator

Dr. Frank Groner

Assistant Administrator Nursing Service

Mr. Robert Scates

Director of Nurses

Mrs. Nina Basham

Associate Director Nursing Service

Miss Catherine Sterling

Assistant Director Nursing Service

Mrs. Oma Lineberry - 7-3 shift

Mrs. Phyllis Gates - 3-11 shift

Miss Eunice Wilson - 11-7 shift

Administrative Supervisor

7-3 shift

3-11 shift

11-7 shift

Attendants Supervisor

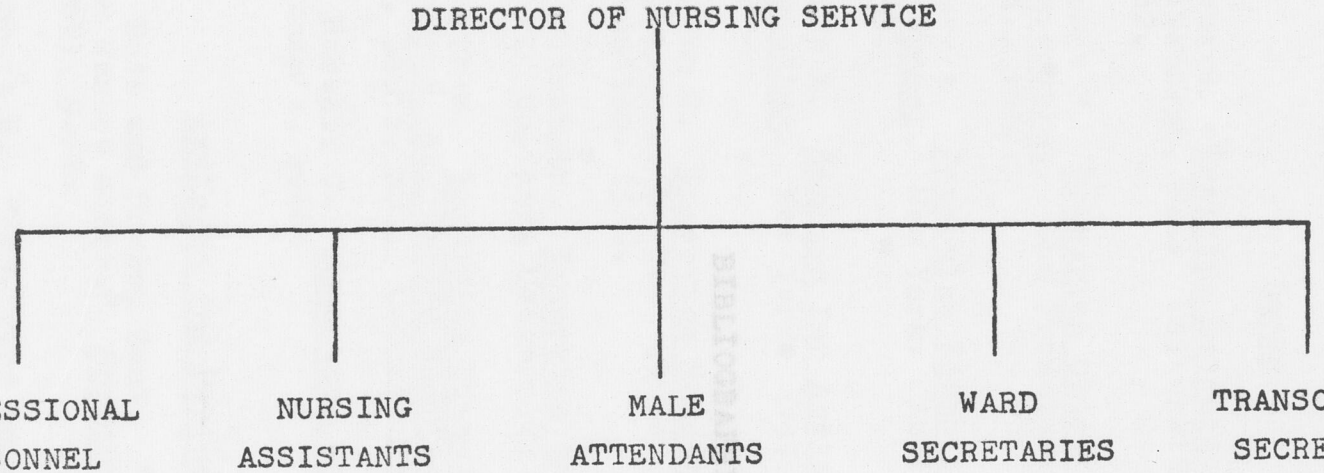
Mr. Joe McGill

Area Supervisor

One on each floor or department

APPENDIX F

PROPOSED IN-SERVICE TRAINING CHART



February 18, 1970

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ABSTRACT

A STUDY TO DETERMINE A METHOD OF COORDINATING IN-SERVICE TRAINING OF COMMON BASIC SUBJECTS FOR THE NURSING ASSISTANTS AND MALE ATTENDANTS AT BAPTIST MEMORIAL HOSPITAL, MEMPHIS, TENNESSEE

A Problem Solving Thesis Submitted to the Faculty of Baylor University in Partial Fulfillment of the Requirements for the Degree of Master of Hospital Administration

by

LTC Allen W. Brown, Jr., DC

August 1971 49 Pages

A copy of this document may be obtained on interlibrary loan from Stimson Library, United States Army Medical Field Service School, Brooke Army Medical Center, Fort Sam Houston, Texas.

This paper involved a determination of the most efficient method of coordinating in-service training of common basic subjects to be taught to nursing assistants and the male attendants at Baptist Memorial Hospital, Memphis, Tennessee.

Information was developed by interviews, literature review and a study of present in-service training systems. It was concluded that the best alternative was a combination of centralized and sectional in-service training.

It was determined that the hospital should: (1) hire an in-service training coordinator; (2) eliminate duplication of training aids and personnel; (3) hire a primary instructor for in-service training of male attendants; (4) delegate responsibility to a director of in-service training for all in-service instruction; (5) establish and maintain in-service training records for all personnel; (6) assign the male attendants directly to a ward and make them responsible to the floor supervisor in charge of that ward.