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TECHNOMICS INC OAKTON VA

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A SYSTEM APPROACH TO NAVY MEDICAL EDUCATION AND TRAINING. APPEN-ETC(U)

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APPENDIX 5.

NEUROPSYCHIATRIC TECHNICIAN

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APPLICATION OF A SYSTEM APPROACH
U.S. NAVY MEDICAL DEPARTMENT
EDUCATION AND TRAINING PROGRAMS
FINAL REPORT

Prepared under Contract to
OFFICE OF NAVAL RESEARCH
U.S. DEPARTMENT OF THE NAVY

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Program Manager
Education and Training R&D
Bureau of Medicine and Surgery (Code 71G)

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20. ABSTRACT (Continue on reverse side if necessary and identify by block number) The study objective consisted of a determination of what the health care personnel in the Navy's Medical Department, Bureau of Medicine and Surgery actually do in their occupations; improving the personnel process (education and training); and building a viable career pathway for all health care personnel. Clearly the first task was to develop a system of job analyses applicable to all system wide health care manpower tasks. A means of postulating simplified occupational clusters covering some 50		

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currently designated Navy enlisted occupations, 20 Naval Enlisted Classification Codes (NEC's) were computerized. A set of 16 groupings that cover all designated occupations was developed so as to enhance the effectiveness of professionals and sub-professionals alike.

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FOREWORD

The project, "Application of a System Approach to the Navy Medical Department Education and Training Programs," was initiated in May of 1969 as a realistic, comprehensive response to certain objectives set forth in ADO 43-03X, and to memoranda from both the Secretary of Defense and the Assistant Secretary of Defense, Manpower and Reserve Affairs. The Secretary's concern was stated in his memorandum of 29 June 1965, "Innovation in Defense Training and Education." More specific concerns were stated in the Assistant Secretary's memorandum of 14 June 1968, "Application of a System Approach in the Development and Management of Training Courses." In this he called for "vigorous and imaginative effort," and an approach "characterized by an organized training program with precise goals and defined operational interrelation among instructional system components." He also noted, "Job analyses with task descriptions expressed in behavioristic terms are basic and essential to the development of precise training goals and learning objectives."

The Project

System survey and analysis was conducted relative to all factors affecting education and training programs. Subsequently, a job-analysis sub-system was defined and developed incorporating a series of task inventories "...expressed in behavioristic terms..." These inventories enabled the gathering of job activity data from enlisted job incumbents, and data relating to task sharing and delegation from officers of the Medical, Nurse and Dental Corps. A data management sub-system was devised to process incumbent data, then carry out needed analyses. The development of initial competency curricula based upon job analysis was implemented to a level of methodology determination. These methods and curriculum materials constituted a third (instructional) sub-system.

Thus, as originally proposed, a system capability has been developed in fulfillment of expressed need. The system, however, remains untested and unevaluated. ADO 43-03X called for feasibility tests and cost-effectiveness determination. The project was designed to so comply. Test and evaluation through the process of implementation has not proved feasible in the Navy Medical Department within the duration of the project. As designed and developed the system does have "...precise goals and defined operational interrelation among instructional system components." The latter has been achieved in terms of a recommended career structure affording productive, rewarding manpower utilization which bridges manpower training and health care delivery functions.

Data Management Sub-System

Job analysis, involving the application of comprehensive task inventories to thousands of job incumbents, generates many millions of discrete bits of response data. They can be processed and manipulated only by high speed computer capability using rigorously designed specialty programs. In addition to numerical data base handling, there is the problem of rapidly and accurately manipulating a task statement data base exceeding ten thousand carefully phrased behavioral statements. Through the use of special programs, task inventories are prepared, printouts for special purposes are created following a job analysis application, access and retrieval of both data and tasks are efficiently and accurately carried out, and special data analyses conducted. The collective programs, techniques and procedures comprising this sub-system are referred to as the Navy Occupational Data Analysis Language (NODAL).

Job Analysis Sub-System

Some twenty task inventory booklets (and associated response booklets) were the instruments used to obtain job incumbent response data for more than fifty occupations. An inventory booklet contains instructions, formatted questions concerning respondent information ("bio-data"), response dimension definitions, and a list of tasks which may vary in number from a few hundred to more than a thousand per occupational field.

By applying NODAL and its associated indexing techniques, it is possible to assemble modified or completely different inventories than those used in this research. Present inventories were applied about three years ago. While they have been rendered in operational format, they should not be re-applied until their task content is updated.

Response booklets were designed in OPSCAN mode for ease of recording and processing responses.

Overall job analysis objectives and a plan of administration were established prior to inventory preparation, including the setting of provisional sample target sizes. Since overall data attrition was forecast to approximate twenty percent, final sample and sub-sample sizes were adjusted accordingly. Stratified random sampling techniques were used. Variables selected (such as rating, NEC, environment) determined stratifications, together with sub-population sizes. About fifteen percent of large sub-populations were sought while a majority or all members of small sub-populations were sought.

Administration procedures were established with great care for every step of the data collecting process, and were coordinated with sampling and data analysis plans. Once set, the procedures were formalized as a protocol and followed rigorously.

Instructional Sub-System

Partial "competency curricula" have been composed as an integral sub-system bridging what is required as performance on the job with what is, accordingly, necessary instruction in the training process. Further, curriculum materials were developed to meet essential requirements for implementing the system so that the system could be tested and evaluated for cost effectiveness. However, due to the fact that test and evaluation was not feasible in the Navy Medical Department within the duration of the project, it was not possible to complete the development of the system through the test and evaluation phase. The inability to complete this phase also interrupted the planned process for fully developing the curricula; therefore, instead of completed curricula ready for use in the system, the curricula were partially developed to establish the necessary sub-system methodology. The competency curricula are based on tasks currently performed by job incumbents in 1971. (The currency of a given curriculum depends upon periodic analysis of incumbents' jobs, and its quality control resides in the evaluation of the performance competency of the program's graduates.)

A competency curriculum provides a planned course of instruction or training program made up of sequenced competency units which are, in turn, comprised of sequenced modules. These modules, emphasizing performance objectives, are the foundation of the curriculum.

A complete module would be comprised of seven parts: a cluster of related tasks; a performance objective; a list of knowledges and skills implied by the objective; a list of instructional strategies for presenting the knowledges and skills to the learner; an inventory of training aids for supporting the instructional strategies; a list of examination modes; and a statement of the required training time. In this project, curriculum materials have been developed to various levels of adequacy, and usually comprise only the first three parts; the latter four need to be prepared by the user.

The performance objective, which is the most crucial part of the module, is the basis for determining curriculum content. It is composed of five essential elements: the stimulus which initiates the behavior; the behavior; the conditions under which the behavior takes place; the criteria for evaluating the behavior; and the consequence or results of the behavior. A sixth element, namely next action, is not essential; however, it is intended to provide linkage for the next behavior.

Knowledges and skills listed in the module are those needed by the learner for meeting the requirements of the performance objective.

Instructional strategies, training aids, examination modes and training time have been specified only for the Basic Hospital Corps Curriculum. The strategies, aids and modes were selected on the basis of those considered to be most supportive in presenting the knowledges and skills so as to provide optimum learning effectiveness and training efficiency. The strategies extend from the classroom lecture as traditionally presented by a teacher to the more sophisticated mediated program for self-instruction. The training aids, like strategies, extend from the traditional references and handout material in the form of a student syllabus to mediated programs for self-instruction supported by anatomical models. Examination modes extend from the traditional paper and pencil tests to proficiency evaluation of program graduates on the job, commonly known as feedback. Feedback is essential for determining learning effectiveness and for quality control of a training program. The kind of instructional strategies, training aids and examination modes utilized for training are limited only by such factors as staff capability and training budget.

The training time specified in the Basic Hospital Corps Curriculum is estimated, based upon essential knowledge and skills and program sequence.

The competency curriculum module, when complete, provides all of the requirements for training a learner to perform the tasks set forth in the module. A module may be used independently or related modules may be re-sequenced into modified competency units to provide training for a specific job segment.

Since the curricula are based upon tasks performed by job incumbents in 1971, current analysis of jobs needs to be accomplished using task inventories that have been updated to reflect changes in performed tasks. Subsequent to job analysis, a revision of the curricula should be accomplished to reflect task changes. When the foregoing are accomplished, then faculty and other staff members may be indoctrinated to the competency curricula and to their relationship to the education and training system.

In addition to the primary use for the systematic training of job incumbents, these curricula may be used to plan for new training programs, develop new curricula, and revise existing curricula; develop or modify performance standards; develop or modify proficiency examinations; define billets; credentialize training programs; counsel on careers; select students; and identify and select faculty.

The System

Three sub-systems, as described, comprise the proposed system for Education and Training Programs in The Navy Medical Department. This exploratory and advanced developmental research has established an overall methodology for improved education and training incorporating every possible means of providing bases for demonstrating feasibility and cost effectiveness. There remains only job analysis sub-system updating, instructional sub-system completion, and full system test and evaluation.

Acknowledgements

The authors wish to acknowledge the invaluable participation of the several thousands of Naval personnel who served as respondents in inventory application. The many military and civilian personnel who contributed to developmental efforts are cited by name in the Final Report.

The authors also wish to acknowledge former colleagues for singularly important contributions, namely, Elias H. Porter, Ph.D., Carole K. Kauffman, R.N., M.P.H., Mary Kay Munday, B.S.N., R.N., Gail Zarren, M.S.W., and Renee Schick, B.A.

Identity and acknowledgement of the project Advisory Group during the project's final year is recorded in the Final Report.

Lastly, the project could not have been commenced nor carried out without the vision, guidance and outstanding direction of Ouida C. Upchurch, Capt., NC, USN, Project Manager.

NAVY MEDICAL DEPARTMENT

TASK INVENTORY BOOKLET

NEUROPSYCHIATRIC

CONSTRAINTS AND ETHICAL USE

This task inventory was developed three years ago in a first-version key punch format for education and training research purposes.

The present "operational" format, using a mark-sense response booklet (Opscan), is recommended for future applications. The task and equipment statements comprising the bulk of the inventory are precisely the same (less duplicate entries) as in the original research tools but rearranged for Opscan mode. Biographical data questions have also been reformatted for Opscan (NEC codes should be updated).

The processing, administering and formatting of this inventory have thus been readied for operational application.

It is strongly recommended that this inventory be updated in its task and equipment statement sections before actual operational use. These reasons pertain:

- Changes in medical or related procedures or techniques
- Some tasks may violate current policy or be obsolete
- Equipment changes may have occurred
- The objective of task comprehensiveness may change
- Objectives may shift to embrace manpower utilization as well as education and training

In the latter regard, the present operational format includes a "time to perform" dimension (as well as frequency of performance and two additional optional blank response dimension fields). As a response dimension, "time to perform" has been validated within the context of inventories for professional personnel where the objectives embraced utilization (i.e., time associated with shared and delegable tasks). The original Enlisted inventory content was directed to education and training factors only. If "time to perform" is to be used operationally, each task and equipment statement should be examined by expert job incumbents to remove possible overlaps which could confound "time to perform" data. This review process would also serve other purposes cited above.

A general precaution is in order.

When task analysis inventories are poorly prepared, loosely administered, administered according to less than rigorous sampling, or are handled casually in processing or interpretation, they will inevitably produce poor or questionable data, at best. At worst, such practices will result in loss of money and time, and produce dangerous data. Inventories should be prepared, applied, processed and interpreted only by knowledgeable professional and technical personnel. As in the cases of ethically controlled behavior tests, inventories should not be casually copied or distributed, and should remain under the control of authorized, trained personnel. Factors effecting reliability and validity should be fully appreciated.

GENERAL INSTRUCTIONS

There are two parts to be completed for this survey:

- Part I Career Background Information
 (answers to be recorded in this
 TASK BOOKLET)

- Part II A List of Tasks (answers to be
 recorded on the accompanying
 RESPONSE BOOKLET)

- B List of Instruments and
 Equipment (answers to be
 recorded on the accompanying
 RESPONSE BOOKLET)

Each part is preceded by a set of instructions. Be sure to read them carefully before you start answering each part. All instructions are found on the tinted pages.

PLEASE USE ONLY NUMBER 2 LEAD PENCILS. ERASE ALL CHANGES CAREFULLY AND COMPLETELY. DO NOT PUT ANY MARKS OTHER THAN YOUR ANSWERS ON EACH RESPONSE PAGE.

DO NOT FOLD, WRINKLE, CREASE OR DETACH PAGES FROM EITHER TASK BOOKLET OR RESPONSE BOOKLET.

WHEN RECORDING YOUR ANSWERS YOU MAY WANT TO USE A RULER TO READ ACROSS ANSWER AND QUESTION COLUMNS.

WHEN YOU HAVE COMPLETED YOUR RESPONSES, PUT THE TASK INVENTORY BOOKLET AND THE RESPONSE BOOKLET IN THE ENCLOSED SELF-ADDRESSED ENVELOPE. SEAL AND RETURN TO THE OFFICER WHO GAVE YOU THIS PACKAGE. COMPLETED BOOKLETS SHOULD BE RETURNED WITHIN ONE WEEK OF RECEIPT.

Part I

CAREER BACKGROUND INFORMATION

Check that the Form and Serial Number in this box match those on the cover of this Booklet

Please fill out completely

Name of your Duty Station _____

City & State (if applicable) _____

Your Name _____

Social Security Number _____

DO NOT FILL IN

Form Serial No.

(1)

(7)

(14)

PLEASE ANSWER QUESTIONS BELOW BY ENTERING THE PROPER NUMBER IN THE BLANKS PROVIDED. TWO BLANKS REQUIRE A TWO-DIGIT ANSWER. DISREGARD NUMBERS IN PARENTHESIS.

ENTER ANSWERS HERE

Q1. Select the number to indicate the Corps to which you belong:

1. Dental Technician
2. Hospital Corps

Q1.____ (23)

Q2. Indicate your military status:

1. USN
2. USNR

Q2.____ (24)

Q3. Indicate your pay grade:

1. E1
2. E2
3. E3
4. E4
5. E5
6. E6
7. E7
8. E8
9. E9

Q3.____ (25)

Q4. Indicate your total years of active duty in the Navy to date: (estimate to the nearest year)

1. Less than 2 years
2. 2 to 4 years
3. 5 to 8 years
4. More than 8 years

Q4.____ (26)

ENTER
ANSWERS
HERE

Q5. Select the number to indicate your present immediate supervisor:

1. Physician
2. Dentist
3. Nurse
4. MSC Officer
5. HM or DT
6. Other (Specify) _____

Q5.____ (27)

Q6. Select the number to indicate the average number of hours you work per week: (estimate to the nearest hour)

1. 35 to 40 hours
2. 41 to 50 hours
3. More than 50 hours

Q6.____ (28)

Q7. Please give an estimate of the percent of time you spend on the following (write five percent as 05):

1. Inpatient care
2. Outpatient care
3. Teaching
4. Administration
5. Other (specify) _____

Q7.

1._____% (29)
2._____% (31)
3._____% (33)
4._____% (35)
5._____% (37)

Q8. Assuming that most or all of the following factors are of importance to you, select the three which, if improved, would contribute most to your job satisfaction:

- 01 Salary and/or promotion opportunities
- 02 Retirement benefits
- 03 Housing
- 04 Educational advancement opportunities
- 05 Stability of tour of duty
- 06 Physical facilities and equipment
- 07 Administrative and clerical support
- 08 Work load
- 09 Personal career planning
- 10 Opportunity to attend professional meetings

Q8.____ (39)

____ (41)

____ (43)

ENTER
ANSWERS
HERE

- Q9. Using the list on page vii specify your current NEC by writing the last two digits of the CODE. Q9. __ __ (45)
- Q10. Select the number to indicate your years of experience corresponding to the NEC stated in Q9: (estimate to the nearest year) Q10. __ __ (47)
1. Less than 1 year 4. 6 to 10 years
2. 1 to 2 years 5. 11 to 15 years
3. 3 to 5 years 6. More than 15 years
- Q11. If you have other NEC(s) in addition to the one specified in Q9, check page vii and indicate the last two digits of the CODE(s). If you have none, enter "99" in answer space for Q11 and Q12. Q11a. __ __ (48)
b. __ __ (50)
- Q12. Select the number to indicate the years of experience you had in the NEC(s) stated in Q11 (estimate to the nearest year). Q12a. __ __ (52)
b. __ __ (53)
1. Less than 1 year 4. 6 to 10 years
2. 1 to 2 years 5. 11 to 15 years
3. 3 to 5 years 6. More than 15 years
- Q13. From the list below, write the two-digit CODE to indicate the specialty of the department in which you are currently functioning. Q13. __ __ (54)

CODE

01 Administration	18 Urology
02 Education	19 Intensive Care
03 Anesthesiology	20 Operating Room
04 Coronary Care	21 Emergency Room
05 Dermatology	00 Other (specify)
06 Medicine - OPD	
07 Medicine - Wards	
08 Obstetrics/Gynecology	
09 Ophthalmology	
10 Orthopedics	
11 Otolaryngology	
12 Medical Laboratory	
13 Pediatrics	
14 Psychiatry	
15 Public Health	
16 Radiology	
17 General Surgery-Wards	

ENTER
ANSWER
HERE

Q14. Select the number to indicate the type of duty station at which you currently work, and have been working for at least 30 days:

Q14. __ (56)

1. Hospital
2. Dispensary
3. Aboard ship/sub, no M.O. (or D.O.) aboard
4. Aboard ship/sub, M.O. (or D.O.) aboard
5. Aviation squadron/wing, Navy or Marine
6. Marine ground forces
7. Administrative Commands
8. Research Commands or PMUs
9. Dental Clinic
0. Other _____

Q15. Indicate the number of people you normally supervise:

Q15. __ (57)

- | | |
|---------|------------|
| 0. None | 3. 6-10 |
| 1. 1-2 | 4. 11-20 |
| 2. 3-5 | 5. over 20 |

MEDICAL/DENTAL NEC (NAVAL ENLISTED CODE) AND TITLE

0000 General Service, Hospital or Dental Corpsman
3371 Health Physics & Process Control Technician
3391 Nuclear Power Plant Operator
8402 Nuclear Submarine Medicine Technician
8403 Submarine Medicine Technician
8404 Medical Field Service Technician
8405 Advanced Hospital Corps Technician (Class B)
8406 Aviation Medicine Technician
8407 Nuclear Medicine Technician
8408 Cardiopulmonary Technician
8409 Aviation Physiology Technician
8412 Clinical Laboratory Assistant Technician
8413 Tissue Culture Technician
8414 Clinical Chemistry Technician
8415 Medical Technology Technician
8416 Radioactive Isotope Technician
8417 Clinical Laboratory Technician
8432 Preventive Medicine Technician
8433 Tissue Culture and Tissue Bank Technician
8442 Medical Administrative Technician
8452 X-ray Technician
8453 Electrocardiograph/Basal Metabolism Technician
8454 Electroencephalograph Technician
8462 Optician (General) Technician
8463 Optician Technician
8466 Physical and Occupational Technician
8472 Medical Photography Technician
8482 Pharmacy Technician
8483 Operating Room Technician
8484 Eye, Ear, Nose, & Throat Technician
8485 Neuropsychiatry Technician
8486 Urological Technician
8487 Occupational Therapy Technician
8488 Orthopedic Appliance Mechanic
8489 Orthopedic Cast Room Technician
8492 Special Operations Technician
8493 Medical Deep Sea Diving Technician
8494 Physical Therapy Technician
8495 Dermatology Technician
8496 Embalming Technician
8497 Medical Illustration Technician
8498 Medical Equipment Repair Technician
8703 DT General, Advanced
8707 DT Field Service
8713 DT Clinical Laboratory
8714 DT Research Assistant
8722 DT Administrative
8732 DT Repair
8752 DT Prosthetic, Basic
8753 DT Prosthetic, Advanced
8765 DT Maxillofacial Prosthetic

RESPONSE BOOKLET INSTRUCTIONS

- To complete Part II, you need this TASK BOOKLET and the accompanying RESPONSE BOOKLET. Record all your answers to Part II in the RESPONSE BOOKLET.
- All pages of the RESPONSE BOOKLET are machine readable. In order for responses to be properly read, please be sure to:
 1. Use a No. 2 pencil only
 2. Carefully and completely shade the number corresponding to your answer under each column.
- Complete Page 00 of the RESPONSE BOOKLET first. Follow instructions given on the page. Fill in Line 1, and Boxes 2, 3, 4, and 5. Ignore all other boxes. BE SURE TO ENTER YOUR SOCIAL SECURITY NUMBER (WRITE DOWNWARD) IN THE BLANK SPACES IN BOX 3: then darkly shade the corresponding number on each line. An example of a completed Page 00 is shown on the next page (the handwritten notes in this example are for clarification only. Please do not make similar notes on your RESPONSE BOOKLET.)
- After completing Page 00, carefully read and follow instructions given on pages x through xiv.
- PLEASE HANDLE YOUR RESPONSE BOOKLET CAREFULLY. KEEP IT CLEAN AND AWAY FROM CHEMICALS. DO NOT DETACH, FOLD, WRINKLE OR CROSS OUT ANY PAGE.

DO NOT MARK IN THESE BOXES	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9	0 1 2 3 4 5 6 7 8 9
	RESPONSE BOOKLET Serial No. 0233			

My name is

1 NAME Mary Smith

Ignore these boxes

INSTRUCTIONS

1. Use No. 2 pencil **ONLY**.
2. Indicate responses with solid black mark in space provided.
3. Erase **COMPLETELY** all changes.
4. Do not detach forms from packet.
5. Answer questions 2 through 5 below.
6. See Task Statement Booklet for further instructions for completing boxes to the right.

Today is June 4, 1972
 June = 06
 1972 = 04
 1972 = 72

2	TODAY'S DATE	MONTH	0 1 2 3 4 5 6 7 8 9
		DAY	0 1 2 3 4 5 6 7 8 9
		YEAR	0 1 2 3 4 5 6 7 8 9
		YEAR	0 1 2 3 4 5 6 7 8 9

My Soc. Sec. No. is 304-26-9751

3	SOCIAL SECURITY NUMBER	3	0 1 2 3 4 5 6 7 8 9
		0	0 1 2 3 4 5 6 7 8 9
		4	0 1 2 3 4 5 6 7 8 9
		2	0 1 2 3 4 5 6 7 8 9
		6	0 1 2 3 4 5 6 7 8 9
		9	0 1 2 3 4 5 6 7 8 9
		7	0 1 2 3 4 5 6 7 8 9
5	0 1 2 3 4 5 6 7 8 9		
1	0 1 2 3 4 5 6 7 8 9		

**TASK ANALYSIS BACKGROUND
DATA SHEET**

SEE TASK STATEMENT BOOKLET FOR INSTRUCTIONS TO COMPLETE BOOKLET	6	0 1 2 3 4 5 6 7 8 9	13 0 1
		0 1 2 3 4 5 6 7 8 9	14 0 1
		0 1 2 3 4 5 6 7 8 9	15 0 1
		0 1 2 3 4 5 6 7 8 9	16 0 1
	7	0 1 2 3 4 5 6 7 8 9	17 0 1
		0 1 2 3 4 5 6 7 8 9	18 0 1
		0 1 2 3 4 5 6 7 8 9	19 0 1
		0 1 2 3 4 5 6 7 8 9	20 0 1
	8	0 1 2 3 4 5 6 7 8 9	21 0 1
		0 1 2 3 4 5 6 7 8 9	22 0 1
		0 1 2 3 4 5 6 7 8 9	23 0 1
		0 1 2 3 4 5 6 7 8 9	24 0 1
9	0 1 2 3 4 5 6 7 8 9	25 0 1	
	0 1 2 3 4 5 6 7 8 9	26 0 1	
	0 1 2 3 4 5 6 7 8 9	27 0 1	
	0 1 2 3 4 5 6 7 8 9	28 0 1	
10	0 1 2 3 4 5 6 7 8 9	29 0 1	
	0 1 2 3 4 5 6 7 8 9	30 0 1	
11	0 1 2 3 4 5 6 7 8 9	31 0 1	
	0 1 2 3 4 5 6 7 8 9	32 0 1	
12	0 1 2 3 4 5 6 7 8 9	33 0 1	
	0 1 2 3 4 5 6 7 8 9	34 0 1	

SEE COVER OF YOUR TASK BOOKLET **Form Nao, Ser.No.0233**

4	TASK BOOKLET	FORM	0 1 2 3 4 5 6 7 8 9
			0 1 2 3 4 5 6 7 8 9
			0 1 2 3 4 5 6 7 8 9
			0 1 2 3 4 5 6 7 8 9
			0 1 2 3 4 5 6 7 8 9
	SERIAL NO.	0 1 2 3 4 5 6 7 8 9	

My birthday is May 10, 1940
 May = 05 1940 = 40

5	DATE OF BIRTH	MONTH	0 1 2 3 4 5 6 7 8 9
		DAY	0 1 2 3 4 5 6 7 8 9
		YEAR	0 1 2 3 4 5 6 7 8 9
		YEAR	0 1 2 3 4 5 6 7 8 9

Ignore these boxes

PART II

PART II A LIST OF TASKS

PART II B LIST OF INSTRUMENTS AND EQUIPMENT

HOW TO RESPOND TO TASK STATEMENTS AND INSTRUMENTS

Your responses to each statement should be marked on the corresponding page, column and item number in your RESPONSE BOOKLET.

Note that each page in your RESPONSE BOOKLET has two response blocks. The left-hand block (items 1-25) is for entering responses to statements printed on LEFT pages of this TASK BOOKLET; the right-hand block (items 26-50) is for the responses to statements printed on RIGHT pages. Make sure that your answers are recorded in the appropriate block on every page. DO NOT MAKE ANY MARKS OTHER THAN YOUR ANSWERS!

Each time you start a new page in your RESPONSE BOOKLET, check the page on your TASK BOOKLET. See that the numbers match; then mark the page number in "Box X" in the response page (see instructions at the top of response page.) This is necessary for computer processing.

Tear the Response Guide (p. xiii) at the perforation, and use the correct side to respond to each task or instrument found on the following white pages. Note the following detailed explanation of responses.

Column A - (the responses to Column A differ for Part II A and Part II B, be sure to use the appropriate set of responses.)

Part II A

How often did you do this task within the last month?
(If you were on leave, consider your immediate past working month.)

- 0 = Did not do
- 1 = Did less than 5 times
- 2 = Did 5 to 20 times
- 3 = Did 21 to 50 times
- 4 = Did 51 to 100 times
- 5 = Did more than 100 times

Part II B

How often did you use this instrument or piece of equipment within the last month? (If you were on leave, consider your immediate past working month.)

- 0 = Did not use
- 1 = Used less than 5 times
- 2 = Used 5-20 times
- 3 = Used 21-50 times
- 4 = Used 51-100 times
- 5 = Used more than 100 times

If answer in Column A is 0, go to the next statement. If answer is 1, 2, 3, 4 or 5, answer also Columns B, C & D.

Column B

Indicate the approximate time you spent on a single performance the last time you performed this task.

0 = less than one minute

1 = 1 to 4 minutes

2 = 5 to 10 minutes

3 = 11 to 20 minutes

4 = 21 to 30 minutes

5 = 31 to 60 minutes

6 = 1 to 2 hours

7 = more than 2 hours

Column C

Do you feel you need additional training to perform this task?

0 = No

1 = Yes

RESPONSE GUIDE

(DO NOT LOSE THIS TAB)

HOW TO RESPOND TO PART IIA - LIST OF TASKS

ANSWER COL. A FIRST. IF A = 0, GO TO NEXT STATEMENT: IF A = 1-5, ANSWER COLUMNS B, C & D ALSO.

A	B	C	D
FREQUENCY	TIME CONSUMED (single performance the last time performed)	DO YOU FEEL YOU NEED ADDITIONAL TRAINING TO PER- FORM THIS TASK?	OPTION (Additional instructions will be given if this column is used)
0=DID NOT DO LAST MONTH	0=LESS THAN 1 MINUTE	0=NO	
1=DID LESS THAN 5 TIMES	1=1 TO 4 MINUTES	1=YES	
2=DID 5 TO 20 TIMES	2=5 TO 10 MINUTES		
3=DID 21 TO 50 TIMES	3=11 TO 20 MINUTES		
4=DID 51 TO 100 TIMES	4=21 TO 30 MINUTES		
5=DID MORE THAN 100 TIMES	5=31 TO 60 MINUTES		
	6=1 TO 2 HOURS		
	7=MORE THAN 2 HOURS		

RESPONSE GUIDE

(DO NOT LOSE THIS TAB)

HOW TO RESPOND TO PART IIB - LIST OF INSTRUMENTS AND EQUIPMENT

ANSWER COL. A FIRST. IF A = 0, GO TO NEXT STATEMENT: IF A = 1-5, ANSWER COLUMNS B, C & D ALSO.

A	B	C	D
FREQUENCY	TIME CONSUMED (last time used)	DO YOU FEEL YOU NEED ADDITIONAL TRAINING TO PER- FORM THIS TASK?	OPTION (Additional instructions will be given if this column is used)
0=DID NOT USE LAST MONTH	0=LESS THAN 1 MINUTE	0=NO	
1=USED LESS THAN 5 TIMES	1=1 TO 4 MINUTES	1=YES	
2=USED 5 TO 20 TIMES	2=5 TO 10 MINUTES		
3=USED 21 TO 50 TIMES	3=11 TO 20 MINUTES		
4=USED 51 TO 100 TIMES	4=21 TO 30 MINUTES		
5=USED MORE THAN 100 TIMES	5=31 TO 60 MINUTES		
	6=1 TO 2 HOURS		
	7=MORE THAN 2 HOURS		

Part II A
LIST OF TASKS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 01 OF RESPONSE BOOKLET
1	OBSERVE PATIENT'S GENERAL APPEARANCE, E.G. DRESS, GROOMING
2	OBSERVE PATIENT'S BEHAVIOR PATTERNS
3	OBSERVE PATIENT FOR PECULIAR/ABNORMAL BEHAVIOR, E.G. POSTURING RITUALISM, INAPPROPRIATE AFFECT
4	OBSERVE PATIENT FOR BEHAVIORAL CHANGES
5	EVALUATE PATIENT'S SOCIO-CULTURAL BACKGROUND FOR INFLUENCES ON HEALTH CARE
6	DETERMINE PATIENT'S PATTERN OF INTERACTION WITH OTHERS
7	OBSERVE PATIENTS BODY MOVEMENTS/TONE/POSITIONING IN WARD/GROUP
8	OBSERVE PHYSICAL PROXIMITY PATIENT MAINTAINS IN WARD/GROUP
9	ASSESS PATIENT'S SOCIAL BEHAVIOR
10	ASSESS PATIENT'S ATTITUDE TOWARD STAFF
11	OBSERVE PATIENT'S ORIENTATION TO TIME, PLACE, PERSON
12	ASSESS PATIENT'S THOUGHT/COGNITIVE PROCESSES
13	ASSESS PATIENT'S MEMORY PROCESS
14	OBSERVE PATIENT'S MODES OF COMMUNICATION, E.G. VERBAL, NONVERBAL
15	OBSERVE PATIENT'S LEVEL OF COMMUNICATION, E.G. DIRECTNESS, AMOUNT, DEPTH
16	ASSESS CONTENT OF PATIENT'S VERBAL COMMUNICATION
17	IDENTIFY/DESCRIBE MANIFESTATIONS OF LOSS OF CONTACT WITH REALITY, E.G. HALLUCINATIONS, DELUSIONS
18	OBSERVE PATIENT'S GENERAL EMOTIONAL CONDITION, E.G. FACIAL AND EYE EXPRESSIONS, QUALITY OF VOICE
19	OBSERVE PATIENT'S GENERAL MENTAL ATTITUDE
20	ASSESS PATIENT'S MOOD
21	ASSESS PATIENT'S LEVEL OF MOTIVATION
22	OBSERVE FOR PATIENT'S NEED TO VENTILATE FEELINGS
23	IDENTIFY PATIENT'S SUPPRESSED/TRUE FEELINGS
24	ASSESS PATIENT'S SURFACE (MANIFEST) FEELINGS
25	IDENTIFY PATIENT'S PSYCHOLOGICAL NEEDS AND/OR PROBLEMS, E.G. AFFECTION, RECOGNITION

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 01 OF RESPONSE BOOKLET
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| 26 | IDENTIFY FACTORS THAT INFLUENCE PATIENT'S PSYCHOLOGICAL STATE |
| 27 | ASSESS PATIENT'S LEVEL OF ANXIETY |
| 28 | ASSESS PATIENT'S DEGREE OF DEPRESSION |
| 29 | OBSERVE FOR/IDENTIFY DEFENSE MECHANISMS USED BY PATIENTS |
| 30 | OBSERVE PATIENT FOR PSYCHOTIC BEHAVIOR |
| 31 | ASSESS PATIENT'S DEGREE OF PSYCHOTIC BEHAVIOR |
| 32 | IDENTIFY FACTORS THAT MAY CONTRIBUTE TO A PSYCHOTIC EPISODE |
| 33 | OBSERVE PATIENT FOR NEUROTIC BEHAVIOR |
| 34 | ASSESS PATIENT'S DEGREE OF NEUROTIC BEHAVIOR |
| 35 | OBSERVE PATIENT FOR CHARACTER DISORDER BEHAVIOR |
| 36 | IDENTIFY FACTORS THAT MAY CONTRIBUTE TO AN ACTING-OUT EPISODE |
| 37 | OBSERVE FOR/REPORT TENDENCIES TOWARD SUICIDAL BEHAVIOR |
| 38 | ASSESS SUICIDAL TENDENCIES, E.G. VERBALIZATIONS, BEHAVIOR |
| 39 | IDENTIFY FACTORS THAT MAY CONTRIBUTE TO A SUICIDAL GESTURE |
| 40 | CHECK TEXTURE OF SKIN, E.G. DRY, OILY, SCALY |
| 41 | CHECK TEMPERATURE OF SKIN |
| 42 | CHECK COLOR OF SKIN, E.G. CYANOSIS, BLANCHING, JAUNDICE, MOTTLING |
| 43 | CHECK FOR EDEMA (SWELLING) OF EXTREMITIES, EYES |
| 44 | CHECK SKIN FOR ABNORMAL CONDITIONS, E.G. PRESSURE SORES, BRUISES, NEEDLE MARKS |
| 45 | CHECK SKIN TURGOR (ELASTICITY) |
| 46 | OBSERVE FOR/REPORT SYMPTOMS OF CELLULITIS |
| 47 | EXAMINE AND DESCRIBE BURNS, I. E. SOURCE, AREA, DEGREE |
| 48 | EXAMINE AND DESCRIBE CHARACTERISTICS OF HIVES, RASHES |
| 49 | EXAMINE ANIMAL OR HUMAN BITES |
| 50 | CHECK PATIENT FOR SWEATING/DIAPHORESIS |

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 02 OF RESPONSE BOOKLET
1	OBSERVE FOR/REPORT SYMPTOMS OF WOUND INFECTION
2	OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF DRAINAGE FROM INCISIONS/WOUNDS
3	CHECK/EXAMINE INCISIONS/WOUNDS FOR PROGRESS OF HEALING
4	OBSERVE FOR/REPORT CHARACTERISTICS OF COUGH
5	OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF SPUTUM, MUCUS
6	OBSERVE FOR/REPORT SYMPTOMS OF HEAD COLDS
7	OBSERVE FOR/REPORT SYMPTOMS OF SINUS BLOCKAGE
8	EXAMINE MOUTH AND PHARYNX FOR LESIONS, SORES, LEUKOPLAKIA
9	OBSERVE FOR/REPORT SYMPTOMS OF INFECTION OF ORAL MUCOSA, E.G. THRUSH
10	OBSERVE FOR/REPORT SYMPTOMS OF CARIES, SIMPLE AND ADVANCED
11	EXAMINE FOR/REPORT SYMPTOMS OF ORAL ABSCESS
12	OBSERVE FOR/REPORT SYMPTOMS OF DENTURE IRRITATION
13	OBSERVE FOR REPORT OR DESCRIBE VISUAL DISTURBANCES, E.G. BLURRED, DOUBLE, MIRROR, TUNNEL
14	OBSERVE FOR/DESCRIBE HEARING DISTURBANCES, E.G. RINGING, HEARING LOSS
15	EXAMINE TYMPANIC MEMBRANE FOR REDNESS, SWELLING
16	OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF DRAINAGE FROM EYES/EARS
17	OBSERVE FOR/REPORT SYMPTOMS OF HYPOTENSION/HYPERTENSION
18	OBSERVE PATIENT'S EATING PATTERNS
19	OBSERVE FOR/REPORT SYMPTOMS OF DEHYDRATION
20	OBSERVE FOR/REPORT SYMPTOMS OF FOOD POISONING
21	CHECK/OBSERVE ELIMINATION PATTERNS, E.G. FREQUENCY, URGENCY, INCONTINENCE
22	PALPATE (FEEL) ABDOMEN FOR DISTENSION (HARDNESS/SOFTNESS)
23	OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF URINE OR FECES OR VOMITUS OR REGURGITATION
24	OBSERVE FOR/REPORT SYMPTOMS OF DIARRHEA
25	OBSERVE FOR/REPORT SYMPTOMS OF URINARY TRACT INFECTION

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 02 OF RESPONSE BOOKLET
26	EVALUATE SYMPTOMS OF DECREASED URINARY OUTPUT
27	PALPATE (FEEL) BLADDER FOR DISTENSION (FULLNESS)
28	OBSERVE PATIENT'S SLEEPING PATTERNS
29	OBSERVE FOR/REPORT SYMPTOMS OF DRUG ABUSE, E.G. ACID, SPEED
30	DETERMINE DRUG ABUSER'S ROUTE OF DRUG INTAKE, E.G. ORAL, INJECTION
31	OBSERVE FOR/REPORT SYMPTOMS OF DRUG/CHEMICAL INGESTION (POISONING)
32	OBSERVE FOR/REPORT SYMPTOMS OF DRUG DEPENDENCY, E.G. FREQUENT REQUEST FOR PAIN MEDICATION
33	OBSERVE FOR/REPORT SYMPTOMS OF INEBRIATION (DRUNKENESS)
34	OBSERVE FOR/REPORT SYMPTOMS OF HANGOVERS
35	OBSERVE FOR/REPORT SYMPTOMS OF DELIRIUM TREMENS
36	OBSERVE/REPORT PATIENT'S MUSCLE TONE, E.G. RIGID, FLACCID, SPASTIC, SPASMS
37	OBSERVE FOR/REPORT PATIENT'S LEVEL OF PHYSICAL ACTIVITY, E.G. LETHARGY, HYPERACTIVITY
38	ASSESS PATIENT'S TOLERANCE OF EXERCISE OR ACTIVITY
39	EXAMINE FOR SIGNS OF SPRAINS
40	EXAMINE FOR SYMPTOMS OF FRACTURES
41	EVALUATE PATIENT'S COMPLAINTS OR SYMPTOMS OF PAIN
42	OBSERVE/RECORD PATIENT'S PHYSICAL/EMOTIONAL RESPONSE TO TREATMENT/DIAGNOSTIC PROCEDURES
43	OBSERVE FOR/REPORT SYMPTOMS OF INFLUENZA
44	CHECK PUPIL REACTION TO LIGHT
45	CHECK PATIENT'S RESPONSE TO PAINFUL STIMULUS AND TEMPERATURE
46	CHECK BLINK REFLEX
47	CHECK PATIENT'S RESPONSE TO TOUCH, PRESSURE, TEMPERATURE
48	CHECK PATIENT'S SENSORY RESPONSES TO TASTE, SMELL
49	OBSERVE PATIENT FOR SIGNS OF CHILLING
50	PERFORM NEUROLOGICAL (CRANIE) CHECKS, E.G. PUPILS, VITAL SIGNS, PATIENT RESPONSE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 03 OF RESPONSE BOOKLET
1	OBSERVE PATIENT'S ABILITY TO RECEIVE OR EXPRESS SPOKEN, WRITTEN OR PRINTED COMMUNICATION
2	OBSERVE FOR/DESCRIBE OR REPORT CHARACTERISTICS OF TWITCHING, TREMORS, TICS
3	OBSERVE/DESCRIBE OR REPORT CHARACTERISTICS OF CONVULSIONS/ SEIZURES
4	OBSERVE PATIENT FOR/REPORT AND DESCRIBE ABNORMAL RESPIRATIONS
5	CHECK PATIENT'S AIRWAY FOR PATENCY/OBSTRUCTION
6	OBSERVE FOR/REPORT SYMPTOMS OF ASPIRATION
7	AUSCULTATE LUNGS TO DETECT ABNORMAL SOUNDS, I.E. RALES, WHEEZE, RONCHI
8	PERFORM CIRCULATION CHECK, E.G. COLOR, PULSE, TEMPERATURE OF SKIN, CAPILLARY RETURN
9	EXAMINE FOR VIRAL INFECTIONS OF THE SKIN, E.G. WARTS
10	EXAMINE FOR PRESENCE OF/OR CONTACT WITH LICE, FLEAS, TICKS, LEACHES
11	EXAMINE FOR SYMPTOMS OF EXTERNAL FUNGAL INFECTIONS, E.G. RINGWORM
12	OBSERVE FOR/REPORT DECREASED URINE OUTPUT OF PATIENTS SUSCEPTIBLE TO RENAL SHUTDOWN
13	AUSCULTATE ABDOMEN FOR BOWEL SOUNDS
14	EXAMINE FOR/REPORT SYMPTOMS OF EXTERNAL HEMORRHOIDS
15	OBSERVE/RECORD OR DESCRIBE CHARACTERISTICS OF DRAINAGE FROM VAGINA, E.G. LOCHIA
16	OBSERVE FOR/REPORT SYMPTOMS OF SHOCK
17	OBSERVE FOR/REPORT SYMPTOMS OF EXTERNAL HEMORRHAGE
18	EVALUATE SYMPTOMS OF PATIENT COMPLAINING OF CHEST PAIN
19	EXAMINE FOR SYMPTOMS OF CONGESTIVE HEART FAILURE
20	EXAMINE FOR SYMPTOMS OF VENEREAL DISEASE
21	OBSERVE FOR/REPORT SYMPTOMS OF MALARIA
22	STAND WATCH ON FEMALE/DEPENDENT WARD
23	OBTAIN PRELIMINARY MEDICAL HISTORY, I.E. PAST/PRESENT COMPLAINTS, ALLERGIES, MEDICATIONS
24	OBTAIN PATIENT'S SOCIAL AND FAMILY HISTORY
25	CONDUCT INTAKE INTERVIEW ON PSYCHIATRIC PATIENT

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 03 OF RESPONSE BOOKLET
26	PRESENT PATIENT'S CASE HISTORY AT INTAKE/HISTORY GATHERING SESSION
27	ADMINISTER SHIPLEY HARTFORD PSYCHOLOGICAL TEST
28	SCORE SHIPLEY HARTFORD PSYCHOLOGICAL TEST
29	ADMINISTER BENDER GESTALT PSYCHOLOGICAL TEST
30	SCORE BENDER GESTALT PSYCHOLOGICAL TEST
31	ADMINISTER MINNESOTA MULTIPHASIC PERSONALITY INVENTORY
32	SCORE MINNESOTA MULTIPHASIC PERSONALITY INVENTORY
33	ADMINISTER WECHSLER-BELLEVUE ADULT INDIVIDUAL INTELLIGENCE SCALE
34	SCORE WECHSLER-BELLEVUE ADULT INDIVIDUAL INTELLIGENCE SCALE
35	ADMINISTER WECHSLER MEMORY SCALE PSYCHOLOGICAL TEST
36	SCORE WECHSLER MEMORY SCALE PSYCHOLOGICAL TEST
37	ADMINISTER MEMORY FOR DESIGNS PSYCHOLOGICAL TEST
38	SCORE MEMORY FOR DESIGNS PSYCHOLOGICAL TEST
39	ADMINISTER INDIANA NEURO-PSYCHOLOGICAL BATTERY TEST
40	SCORE INDIANA NEURO-PSYCHOLOGICAL BATTERY TEST
41	ADMINISTER SENTENCE COMPLETION PSYCHOLOGICAL TEST
42	INTERPRET SENTENCE COMPLETION PSYCHOLOGICAL TEST
43	ADMINISTER HOUSE-TREE-PERSON TEST
44	INTERPRET HOUSE-TREE-PERSON TEST
45	ADMINISTER PSYCHIATRIC RATING SCALE
46	ADMINISTER SELF RATING DEPRESSION TEST
47	SCORE SELF RATING DEPRESSION TEST
48	ADMINISTER INTELLIGENCE TESTS
49	SCORE INTELLIGENCE TESTS
50	ADMINISTER THEMATIC APPERCEPTION TEST

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 04 OF RESPONSE BOOKLET
1	INTERPRET THEMATIC APPERCEPTION TEST
2	ADMINISTER AZIMA BATTERY DIAGNOSTIC TEST
3	INTERPRET AZIMA BATTERY DIAGNOSTIC TEST
4	CHECK PATIENTS TEMPERATURE
5	CHECK RADIAL (WRIST) PULSE
6	DETERMINE APICAL PULSE RATE/RHYTHM WITH STETHESCOPE
7	CHECK/COUNT RESPIRATIONS
8	TAKE BLOOD PRESSURE
9	MEASURE/WEIGH PATIENT OR PERSONNEL
10	MEASURE CONTENTS OF DRAINAGE CONTAINER, E.G. BAGS, BOTTLES, BASINS, URINALS
11	RECORD/TALLY FLUID INTAKE AND OUTPUT
12	REPORT CHANGES OR IMBALANCES IN INTAKE AND OUTPUT
13	FIT CRUTCHES
14	CHECK RETURNED LAB REPORT FOR COMPLETION OF REQUESTED TESTS
15	ARRANGE FOR/FOLLOW UP COMPLETION OF CLINICAL LABORATORY TEST
16	PREPARE, LABEL AND SEND ROUTINE SPECIMENS E.G. URINE, BLOOD TO LABORATORY
17	PREPARE, LABEL AND SEND SPINAL FLUID SPECIMEN TO LABORATORY
18	PREPARE, LABEL AND SEND CULTURE SPECIMENS TO LABORATORY
19	PREPARE, LABEL AND SEND STOOL SAMPLE FOR OVA AND PARASITE TESTING
20	PICK UP/DELIVER SPECIMENS
21	MEASURE/DILUTE/PRESERVE LAB SPECIMEN E.G. URINE, BLOOD FOR SUBSEQUENT TESTING
22	CHECK URINE SUGAR BY DIP STIK/CLINITEST
23	CHECK URINE FOR ACETONE/KETONE BODIES
24	CHECK URINE PH BY PAPER STRIP/DIP STIK
25	COLLECT BLOOD BY VENIPUNCTURE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 04 OF RESPONSE BOOKLET
26	COLLECT CAPILLARY BLOOD SAMPLE, I.E. FROM FINGER TIP, TOE OR EAR LOBE
27	COLLECT TIMED SPECIMENS, E.G. 24 HOUR URINE, BLOOD FOR GLUCOSE TOLERANCE
28	GIVE TUBERCULIN PPD TEST
29	GIVE TUBERCULIN TINE TEST
30	READ TUBERCULIN TEST REACTION
31	TAKE NASAL/EAR/THROAT SPECIMEN BY STERILE SWAB
32	COLLECT THROAT/NOSE/EAR CAVITY SECRETIONS/SPECIMEN BY SUCTION TRAP
33	ASPIRATE GASTRIC SECRETION FOR ANALYSIS
34	TEST FOR OCCULT BLOOD USING CHEMICAL SOLUTION E.G. GUAIC
35	TAKE VAGINAL SMEAR FROM PATIENT
36	TAKE WOUND SPECIMEN FROM PATIENT
37	TAKE PUS SPECIMEN FROM PATIENT
38	TAKE SWAB TEST SAMPLES FROM FOOD AND BEVERAGE OUTLET/CONTAINERS
39	TAKE SWAB CULTURES FROM HOSPITAL EQUIPMENT/FLOORS
40	LOOK UP NORMAL VALUES FOR LABORATORY TESTS FROM REFERENCE TABLE/BOOK
41	SCREEN PATIENT VIA TELEPHONE TO DETERMINE NEED FOR MEDICAL ATTENTION
42	SCREEN PATIENT ON ARRIVAL TO DETERMINE WHICH STAFF MEMBER PATIENT SHOULD SEE
43	DETERMINE NEED TO NOTIFY DOCTOR/NURSE OF PATIENT'S CONDITION
44	REFER PATIENT TO DOCTOR FOR TREATMENT
45	REFER PATIENT TO NURSE FOR TREATMENT
46	INFORM DOCTOR/NURSE OF PATIENT'S CONDITION, E.G. DESCRIPTION OF INJURY, SYMPTOMS, RESPONSE
47	MAKE PATIENT ROUNDS OF WARDS/SECTION/UNIT/HOSPITAL
48	MAKE PATIENT ROUNDS/SICK CALL WITH DOCTOR
49	DETERMINE PRIORITIES FOR TREATMENT OF PATIENTS
50	REVIEW PAST AND PRESENT MEDICAL/DENTAL HISTORY TO PLAN CARE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 05 OF RESPONSE BOOKLET
1	REVIEW TEST/EXAMINATION/CONSULTATION REPORTS FOR ABNORMAL (POSITIVE) FINDINGS
2	REVIEW PATIENT'S CURRENT MEDICAL RECORD, E.G. RESULTS OF TESTS, CONSULTS, VITAL SIGNS, NURSES NOTES
3	MAKE SUGGESTION REGARDING NEED FOR DIAGNOSTIC TESTS
4	INITIATE AND ORDER DIAGNOSTIC TEST
5	COLLECT UNORDERED SPECIMENS FOR NURSE/DOCTOR TO EVALUATE
6	INFORM DOCTOR OF ANY CONTRAINDICATIONS TO STUDY
7	MAKE SUGGESTION REGARDING PATIENT CARE, E.G. NEED OF MEDICATION, TREATMENT
8	RECOMMEND NEED FOR SPECIALTY CONSULT/REFERRAL
9	RECOMMEND NEED FOR PARAMEDICAL CONSULT OR REFERRAL, E.G. SOCIAL WORKER, O.T., P.T.
10	INITIATE CONSULT/REFERRAL IN ABSENCE OF DOCTOR
11	FOLLOW UP PATIENT TO DETERMINE IF NEEDED SERVICES WERE OBTAINED
12	EVALUATE PATIENT'S PROGRESS/RESPONSE TO THERAPEUTIC REGIME
13	CONSULT DOCTOR OR NURSE TO OBTAIN INFORMATION/ADVICE ON PATIENT CARE
14	REVIEW DOCTOR'S ORDERS AND INSTRUCTIONS WITH DOCTOR
15	OBTAIN CLARIFICATION OF CONFLICTING DOCTOR'S ORDERS
16	CARRY OUT DOCTOR'S VERBAL ORDERS
17	ENSURE THAT DOCTOR'S ORDERS ARE CARRIED OUT
18	NOTIFY MEDICAL PERSONNEL OF TREATMENT NEEDS FOR PATIENT
19	ARRANGE ROOM/UNIT FOR INDIVIDUAL PATIENT NEEDS, E.G. BLIND/ BEDRIDDEN/POST-OP PATIENT
20	INITIATE TREATMENT PROCEDURES IN THE ABSENCE OF A DOCTOR
21	DETERMINE NEED TO CHECK VITAL SIGNS MORE OFTEN/LESS OFTEN THAN ORDERED BY DOCTOR
22	DETERMINE NEED FOR EMERGENCY EQUIPMENT/MEDICATION FOR POSSIBLE PATIENT USE
23	MODIFY/CHANGE PATIENT TREATMENT PLAN
24	MODIFY/CHANGE PATIENT'S DIET IN ACCORD WITH PERSONAL FOOD PREFERENCES
25	CALCULATE/PLAN ORAL FLUID RESTRICTIONS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 05 OF RESPONSE BOOKLET
26	MODIFY PATIENT CARE ACCORDING TO PATIENT'S RESPONSE/NEED, E.G. PHYSICAL ACTIVITY
27	CONFER WITH PARAMEDICAL PERSONNEL TO DISCUSS PATIENT PROGRESS/ PROBLEMS, E.G. D.T., P.T., SOCIAL WORKER
28	CONFER WITH CHAPLAIN TO DISCUSS PATIENT/FAMILY NEEDS/PROBLEMS
29	CONFER WITH PATIENT/FAMILY TO PLAN PATIENT CARE
30	CONFER WITH CORPSMAN TO DISCUSS PATIENT TREATMENT/PROGRESS/ PROBLEM
31	CONDUCT TEAM/WARD CONFERENCE (CLASS) ON PROBLEM/PROGRESS OF INDIVIDUAL PATIENT
32	PREPARE A CARE PLAN FOR PATIENT
33	SUGGEST CHANGES IN NURSING CARE PLAN FOR PATIENT
34	INITIATE AND IMPLEMENT CHANGE IN PATIENT CARE PLAN
35	EVALUATE QUALITY OF NURSING CARE GIVEN TO INDIVIDUAL PATIENT
36	CLASSIFY PATIENT FOR AIR EVACUATION
37	RECOMMEND OCCUPATION/NAVY ENVIRONMENT FOR PATIENT TO DOCTOR PLANNING DISCHARGE
38	EVALUATE PATIENT/FAMILY RESOURCES/PREPARATION FOR ADMISSION/ DISCHARGE, E.G. TRANSPORTATION, CHILD CARE
39	PLAN PATIENT DISCHARGE, E.G. REFERRALS NEEDED, HEALTH EDUCATION NEEDS, FAMILY/HOME PREPARATION
40	LOAD/UNLOAD PATIENTS FROM STRETCHERS (GURNEY)
41	LOAD/UNLOAD PATIENT FROM AMBULANCE
42	ACCOMPANY AMBULANCE ON CALLS
43	DRIVE AMBULANCES OR AMBULANCE BUSES
44	ACCOMPANY PATIENT TO OTHER DEPARTMENTS/CLINICS
45	ASSIST PATIENT TO STAND/WALK/DANGLE
46	ASSIST PATIENTS IN/OUT OF BED, EXAM OR O.R. TABLES
47	ASSIST PATIENTS DURING EVACUATION PROCEDURES
48	ACCOMPANY PATIENTS ON MEDICAL AIR EVACUATIONS
49	SUPERVISE PATIENT EVACUATION, E.G. ENSURE PATIENT IS MEDICALLY SECURED FOR TRANSPORT
50	ADMIT PATIENT UNDER SECURITY SURVEILLANCE, E.G. HANDCUFFS, POLICE GUARD

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 06 OF RESPONSE BOOKLET
1	ADMIT ACUTELY PSYCHOTIC/COMBATIVE PATIENT
2	ADMIT/DISCHARGE AIR EVAC PATIENT
3	ADJUST SIDERAILS/HEIGHT OF BED FOR PATIENT COMFORT/SAFETY
4	REMOVE/SECURE/RETURN PATIENTS PERSONAL EFFECTS
5	GIVE OR HELP PATIENT WITH ORAL HYGIENE, E.G. BRUSH TEETH, CLEAN DENTURES, MOUTHWASH
6	INSERT/REMOVE DENTURES
7	GROOM PATIENT, E.G. SHAMPOO/COMB HAIR, GIVE TOENAIL, FINGERNAIL CARE, SHAVE BEARD
8	ASSIST PATIENT WITH TUB, SITZ BATH, OR SHOWER
9	ASSIST PATIENT IN PUTTING ON CLOTHES
10	CHANGE PATIENT'S SOILED LINEN AND CLOTHING
11	DISTRIBUTE/COLLECT MENUS
12	HELP PATIENT SELECT FOOD FROM MENU
13	PASS NOURISHMENTS TO PATIENTS
14	DISTRIBUTE/COLLECT MEAL TRAYS
15	POSITION PATIENT FOR MEALS
16	FEED OR HELP PATIENTS IN EATING
17	ARRANGE FOR SPECIAL OR LATE MEALS FOR PATIENTS/VISITOR/STAFF
18	ISSUE HOSPITAL COMFORTS TO PATIENTS, E.G. KLEENEX, SOAP, TOOTHPASTE, RED CROSS SUPPLIES
19	PERFORM ERRANDS FOR PATIENTS, E.G. MAKE PHONE CALLS, GO TO STORE
20	DELIVER SUPPLIES FOR PATIENT'S ENTERTAINMENT OR RECREATION, E.G. RADIO, TV, GAMES
21	WRITE LETTERS, MESSAGES FOR PATIENT
22	READ TO PATIENT
23	SETTLE PATIENT FOR REST PERIOD/NIGHT
24	ENSURE PATIENTS OBSERVE QUIET HOURS
25	ASSIST PATIENT IN RELIGIOUS RITES, E.G. PRAYING, READING SCRIPTURES

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 06 OF RESPONSE BOOKLET
26	TRANSPORT NON AMBULATORY PATIENT TO OTHER DEPARTMENTS/CLINICS
27	ACCOMPANY/ASSIST WHEELCHAIR PATIENTS TO RESTROOM
28	TAKE PATIENTS CONFINED TO BED OR WHEELCHAIR OUTDOORS
29	POSITION PATIENT IN BODY ALIGNMENT
30	MOVE/POSITION COMATOSE/ANESTHETIZED PATIENT
31	STIMULATE/AROUSE PATIENT AFTER ANESTHESIA
32	POSITION PATIENT WHO HAS DIFFICULTY BREATHING
33	POSITION PATIENT WHO HAS SYMPTOMS OF SHOCK
34	POSITION EXTREMITIES TO REDUCE SWELLING OR BLEEDING
35	MOVE/POSITION PATIENT WITH SUSPECTED FRACTURES OF EXTREMITIES
36	GIVE BED BATH TO PATIENTS
37	GIVE BACK RUB TO PATIENTS
38	ASSIST PATIENT WITH BEDPANS/URINALS/COMMUNE CHAIRS
39	MAKE OCCUPIED BED
40	MOVE PATIENT INTO/OUT OF ISOLATION
41	GIVE POST MORTEM CARE
42	TRANSPORT THE BODY COMPLETE WITH DOCUMENTS TO THE MORGUE
43	ORIENT PATIENT/FAMILY TO FACILITY, E.G. ROUTINES, REGULATIONS, PHYSICAL LAYOUT, PERSONNEL
44	RECEIVE PATIENTS ON ARRIVAL, I.E. INTRODUCE SELF, OBTAIN PATIENT'S NAME
45	INFORM PATIENT OF PROCEDURES REQUIRED PRIOR TO/DURING EXAMINATION/TEST/TREATMENT
46	EXPLAIN/ANSWER PATIENT'S QUESTIONS REGARDING EXAMINATION/TEST/TREATMENT PROCEDURES
47	EXPLAIN/ANSWER QUESTIONS ABOUT DOCTOR'S INSTRUCTIONS TO PATIENT/FAMILY
48	EXPLAIN/ANSWER QUESTIONS ABOUT TREATMENT PROCEDURE VIA TELEPHONE
49	WRITE STANDARD INSTRUCTIONS FOR PATIENT CONCERNING EXAMINATIONS/THERAPY OR PROCEDURES
50	REVIEW WITH PATIENT PRINTED INSTRUCTIONS FOR EXAMINATION/THERAPY PROCEDURES

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 07 OF RESPONSE BOOKLET
1	EXPLAIN SCAN PROCEDURES TO PATIENT
2	EXPLAIN EEG PROCEDURE TO PATIENT
3	EXPLAIN ECG PROCEDURE TO PATIENT
4	EXPLAIN LUMBAR PUNCTURE PROCEDURES TO PATIENT
5	EXPLAIN X-RAY PROCEDURES TO PATIENT
6	EXPLAIN PROCEDURES FOR PULMONARY FUNCTION TESTS TO PATIENT
7	EXPLAIN MINOR SURGICAL PROCEDURE/OPERATION TO PATIENT/FAMILY
8	REASSURE/CALM APPREHENSIVE (ANXIOUS) PATIENT
9	ASK/INSTRUCT PATIENT TO COLLECT SPECIMEN
10	ASSIST PATIENT IN COLLECTING CLEAN CATCH URINE
11	CHECK WITH PATIENT TO ENSURE THAT HE HAS COLLECTED SPECIMEN AS INSTRUCTED
12	DRAPE/GOWN PATIENT FOR EXAMINATION/TREATMENT
13	POSITION/HOLD PATIENT FOR EXAMINATION, TREATMENT, SURGERY
14	VERIFY IDENTIFICATION OF PATIENT, E.G. FOR TREATMENT, MEDICATIONS, EXAMINATION
15	ASCERTAIN IF PATIENT HAS BEEN PREPPED FOR TEST/TREATMENT PROCEDURE
16	ASK PATIENT/CHECK CHART FOR CONTRAINDICATION FOR TREATMENT, PROCEDURE, TEST
17	STAND BY DURING EXAMINATION OF FEMALE PATIENTS
18	CLEAN AND CLOTHE PATIENTS AFTER SURGERY/TREATMENT/EXAMINATION
19	ELICIT INFORMATION TO ASCERTAIN PATIENT'S UNDERSTANDING/ ACCEPTANCE OF ILLNESS/TREATMENT
20	EXPLAIN/ANSWER PATIENT'S QUESTIONS REGARDING SYMPTOMS/DISEASE/ TREATMENT
21	EXPLAIN PHYSIOLOGICAL BASIS FOR THERAPY/TREATMENT TO PATIENT/ FAMILY
22	EXPLAIN/ANSWER QUESTIONS ABOUT THERAPEUTIC DIETS TO PATIENT/ FAMILY
23	EXPLAIN/ANSWER QUESTIONS ABOUT VENEREAL DISEASE, E.G. PREVENTION, SYMPTOMS
24	TEACH PATIENT/FAMILY HEALTH PROMOTION PRACTICES, E.G. ROUTINE PHYSICALS, EXERCISE, DIET
25	INFORM PATIENT OF PROGRESS OF THERAPY

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 07 OF RESPONSE BOOKLET
26	INFORM PATIENT/FAMILY WHERE TO OBTAIN MEDICAL SUPPLIES
27	COUNSEL PATIENT/FAMILY ON WHEN AND WHERE TO SEEK MEDICAL CARE
28	INFORM PATIENT ON AVAILABILITY OF SERVICES IN THE COMMUNITY, E.G. LEGAL AID, EMPLOYMENT
29	INFORM PATIENT/FAMILY OF MILITARY SERVICES, E.G. NAVY RELIEF, VETERANS BENEFITS
30	INFORM PATIENT/FAMILY OF RECREATIONAL ACTIVITIES IN THE COMMUNITY, E.G. SENIOR CITIZEN CLUB
31	REFER PATIENT TO LEGAL RESOURCES
32	EXPLAIN MAJOR SURGICAL PROCEDURE/OPERATION TO PATIENT/FAMILY
33	REASSURE/CALM PATIENT BEFORE SURGERY
34	PREPARE SKIN SITE WITH ANTISEPTIC SOLUTION PRIOR TO INCISION/ SUTURING/TREATMENT OR EXAMINATION
35	SHAVE AND SCRUB PATIENT FOR SURGERY OR DELIVERY OR TREATMENT OR EXAMINATION
36	EXPLAIN/ANSWER QUESTIONS ABOUT METHODS OF CONTRACEPTION
37	EXPLAIN PREVENTIVE/CORRECTIVE MEASURES FOR DERMATITIS
38	INSTRUCT PATIENT IN PREVENTIVE CARE OF FINGER AND TOENAIL ABNORMALITIES
39	COUNSEL PATIENT WITH TERMINAL ILLNESS OR HIS FAMILY
40	TEACH PATIENT/FAMILY CARE OF SPECIFIC DISEASES/DISABILITIES, E.G. DIABETES, CVA
41	CONDUCT CLASSES FOR GROUPS OF PATIENTS REGARDING CARE OF SPECIFIC DISABILITY/DISEASE
42	TEACH PATIENT/FAMILY NURSING CARE PROCEDURES, E.G. DRESSING CHANGE, CAST CARE
43	TEACH PATIENT TO COUGH AND DEEP BREATHE
44	TEACH BREATHING EXERCISES
45	TEACH POSTURAL DRAINAGE EXERCISES
46	TEACH ACTIVE RANGE OF MOTION EXERCISES
47	TEACH MUSCLE STRENGTHENING/PROGRESSIVE RESISTANT EXERCISES
48	TEACH PATIENT SWING TO OR SWING THROUGH GAIT
49	TEACH PATIENT TWO POINT CRUTCH GAIT
50	TEACH PATIENT/FAMILY TRANSFER TECHNIQUES, E.G. BED TO CHAIR, CHAIR TO COMMODE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 08 OF RESPONSE BOOKLET
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| 1 | CLEAN WOUND, CUT, ABRASION |
| 2 | APPLY/CHANGE STERILE DRESSINGS |
| 3 | APPLY/CHANGE BANDAGES, E.G. ROLLER, TRIANGULAR, KURLEX |
| 4 | REINFORCE DRESSINGS, I.E. ADD DRESSINGS |
| 5 | TAPE ANKLE, WRIST, KNEE, CHEST FOR IMMOBILIZATION |
| 6 | APPLY/REMOVE SLING, E.G. ARM, LEG |
| 7 | APPLY WET COMPRESSES/SOAKS/PACKS |
| 8 | IRRIGATE WOUND |
| 9 | GIVE HEAT TREATMENT, E.G. HYDROCOLLATOR/K PACK, HEAT LAMP |
| 10 | GIVE ICE PACK TREATMENT |
| 11 | GIVE THROAT IRRIGATION/GARGLE |
| 12 | REMOVE SUPERFICIAL FOREIGN BODY FROM THROAT |
| 13 | FORCE FLUID INTAKE |
| 14 | REMOVE FOREIGN BODY FROM CONJUNCTIVAL SAC |
| 15 | IRRIGATE EYES |
| 16 | REMOVE SUPERFICIAL MATERIAL FROM EAR CANAL |
| 17 | IRRIGATE EARS |
| 18 | INITIATE MEASURES TO PREVENT IMPENDING DELIRIUM TREMENS, E.G. FORCE FLUIDS |
| 19 | INSERT AIRWAY |
| 20 | GIVE OXYGEN THERAPY, I.E. CANNULA, CATHETER/MASK |
| 21 | GIVE I.P.P.B. TREATMENT |
| 22 | GIVE STEAM/MIST TREATMENT |
| 23 | INSERT N.G./LEVINE TUBE |
| 24 | IRRIGATE N.G., CANTOR, MILLER ABBOTT TUBES |
| 25 | LAVAGE STOMACH, I.E. IRRIGATE UNTIL CLEAR |

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 08 OF RESPONSE BOOKLET
26	CONNECT DRAINAGE TUBE TO DRAINAGE EQUIPMENT, E.G. BAG, BOTTLE, MACHINE
27	INSERT RECTAL TUBE
28	GIVE ENEMA
29	GIVE FOLEY CARE, E.G. CLEAN MEATUS, CLAMP TUBE, USE LEG BAG
30	IRRIGATE BLADDER (FOLEY CATHETER)
31	REMOVE FOLEY CATHETER
32	GIVE MEDICATED BATH
33	GIVE SPONGE BATH TO REDUCE FEVER
34	GIVE PHISOMEX/BETADINE SCRUB TO PATIENTS
35	GIVE SPECIAL SKIN/DECUBITUS CARE, E.G. APPLY MEDICATION, DRESSINGS, IRRIGATE
36	IRRIGATE MOUTH/ORAL CAVITY
37	SUCTION NASAL/ORAL PASSAGE
38	SUCTION TRACHEA, I.E. DEEP ENDOTRACHEAL SUCTION
39	INSERT ANTERIOR NASAL PACKING
40	GIVE TRACHEOTOMY CARE, E.G. REMOVE AND CLEAN INNER CANNULA, SUCTION, INFLATE/DEFLATE CUFF
41	ADMINISTER TUBE FEEDING, E.G. N.G., GASTROSTOMY
42	REMOVE FECAL IMPACTION
43	CATHETERIZE THE URINARY BLADDER, MALE
44	CATHETERIZE THE URINARY BLADDER, FEMALE
45	GIVE CARE TO PATIENT IN A CAST, E.G. PAD/PETAL CAST, TURN
46	GIVE PASSIVE RANGE OF MOTION EXERCISES
47	ASSIST PATIENT IN PERFORMING ACTIVE ASSISTIVE RANGE OF MOTION EXERCISES
48	GIVE MASSAGE FOR RELAXATION (SEDATIVE MASSAGE)
49	GIVE CARE/INSTRUCTION TO PATIENT WHO CANNOT SPEAK OR UNDERSTAND ENGLISH
50	GIVE CARE TO PATIENT WITH HEARING/SPEECH/SIGHT LOSS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 09 OF RESPONSE BOOKLET
1	DEVELOP COMMUNICATION TECHNIQUES FOR PATIENT WITH COMMUNICATION PROBLEM, E.G. CARDS
2	GIVE EMERGENCY TREATMENT/FIRST AID FOR CARDIAC ARREST
3	GIVE EMERGENCY TREATMENT/FIRST AID FOR RESPIRATORY IMPAIRMENT
4	GIVE EMERGENCY TREATMENT/FIRST AID FOR SYNCOPE (FAINTING)
5	GIVE EMERGENCY TREATMENT/FIRST AID FOR CONVULSION
6	GIVE EMERGENCY TREATMENT/FIRST AID FOR SEVERE DRUG REACTION
7	GIVE EMERGENCY TREATMENT/FIRST AID FOR DRUG/CHEMICAL INGESTION/ POISONING
8	GIVE EMERGENCY TREATMENT/FIRST AID FOR FRACTURES
9	GIVE EMERGENCY TREATMENT/FIRST AID FOR SPRAIN/STRAIN/TORN LIGAMENT
10	GIVE EMERGENCY TREATMENT/FIRST AID FOR LACERATION
11	GIVE EXTERNAL CARDIAC MASSAGE
12	RESUSCITATE PATIENT USING AMBU BAG
13	RESUSCITATE PATIENT USING MOUTH TO MOUTH TECHNIQUE
14	CONTROL BLEEDING BY APPLYING DIGITAL PRESSURE ON BLOOD VESSEL
15	CONTROL BLEEDING BY PRESSURE DRESSING
16	GLOVE FOR STERILE PROCEDURE
17	SUTURE SKIN
18	SUTURE SUBCUTANEOUS TISSUE
19	SUTURE FASCIA
20	CUT SUTURES AT SURGICAL SITE
21	REMOVE SUTURES
22	PASS STERILE MATERIALS, EQUIPMENT, MEDICATION, TO PERSONNEL PERFORMING STERILE PROCEDURE
23	OBTAIN EQUIPMENT, MEDICATIONS, INSTRUMENTS P.R.N. FOR PERSONNEL PERFORMING STERILE PROCEDURE
24	LABEL MEDICINE GLASSES WITH NAME AND AMOUNT OF DRUG FOR STERILE FIELD
25	HOLD VIALS/AMPULES OF DRUGS FOR USE AND DRUG VERIFICATION DURING STERILE PROCEDURE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 09 OF RESPONSE BOOKLET
26	POUR STERILE SOLUTION, E.G. STERILE WATER, SALINE
27	ARRANGE FURNITURE/SET UP EQUIPMENT/SUPPLIES FOR PROCEDURE, E.G. EXAM, TREATMENT
28	GIVE EMERGENCY TREATMENT/FIRST AID FOR EXTERNAL HEMORRAGE
29	GIVE EMERGENCY TREATMENT/FIRST AID FOR INTERNAL HEMORRHAGE
30	GIVE EMERGENCY TREATMENT/FIRST AID FOR SHOCK
31	GIVE EMERGENCY TREATMENT/FIRST AID FOR HEAD INJURY
32	GIVE EMERGENCY TREATMENT/FIRST AID FOR SPINAL CORD INJURY
33	GIVE EMERGENCY TREATMENT/FIRST AID FOR INTERNAL INJURIES
34	GIVE EMERGENCY TREATMENT/FIRST AID FOR THERMAL BURN
35	GIVE EMERGENCY TREATMENT/FIRST AID FOR ELECTRICAL BURN
36	GIVE EMERGENCY TREATMENT/FIRST AID FOR INSULIN SHOCK
37	GIVE EMERGENCY TREATMENT/FIRST AID FOR ANAPHYLACTIC REACTION
38	GIVE EMERGENCY TREATMENT/FIRST AID FOR FOOD POISONING
39	RESUSCITATE PATIENT USING RESPIRATOR
40	REDUCE MAXILLOFACIAL FRACTURE
41	INITIATE INTERACTION WITH PATIENT
42	TALK WITH PATIENT TO ASCERTAIN NEEDS/PROBLEMS
43	INTERACT WITH WITHDRAWN/UNCOMMUNICATIVE PATIENT
44	ORIENT PATIENT TO TIME, PLACE, PERSON
45	ASSIST PATIENT TO EXPRESS FEELINGS
46	ASSIST PATIENT IN HANDLING HIS FEELINGS, E.G. ELATION, DEPRESSION, ANGER
47	LISTEN TO PATIENT/FAMILY EXPRESS FEELINGS, E.G. GRIEF, GUILT
48	CHANNEL PATIENT'S EXPRESSION OF FEELINGS
49	DIRECT PATIENT TO OUTLETS FOR RELEASE OF TENSION OR AGGRESSION, E.G. SPORTS, OTHER PHYSICAL ACTIVITIES
50	COMMUNICATE TO PATIENT HIS UNDERLYING FEELINGS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 10 OF RESPONSE BOOKLET
1	DISCUSS PATIENT'S BEHAVIOR WITH PATIENT
2	EXPLAIN/ANSWER PATIENT/FAMILY QUESTIONS ABOUT BEHAVIORAL CHANGES, E.G. DEPRESSION, MEMORY LOSS
3	COMMUNICATE TO PATIENT THE UNDERLYING REASONS FOR HIS BEHAVIOR
4	REINFORCE PATIENT'S POSITIVE BEHAVIOR
5	REINFORCE PATIENT'S POSITIVE RESPONSE TO THERAPY
6	CONFRONT PATIENT WITH INAPPROPRIATENESS OF HIS BEHAVIOR
7	RECHANNEL INAPPROPRIATE/DEVIANT BEHAVIOR
8	SET LIMITS ON PATIENT BEHAVIOR, I.E. DEFINE ACCEPTABLE BEHAVIOR
9	ENCOURAGE PATIENT INDEPENDENCE AND/INVOLVEMENT IN SELF CARE
10	PROGRESSIVELY LESSEN PATIENT'S DEPENDENCY ON MEDICAL PERSONNEL
11	ASSIST PATIENT TO PERCEIVE HOW HE RELATES TO OTHERS
12	ASSIST PATIENT TO PERCEIVE REALITY
13	ASSIST PATIENT TO INTERPRET SITUATION IN OBJECTIVE MANNER
14	GUIDE PSYCHIATRIC PATIENT IN ROLE PLAYING, E.G. EXPLAIN PROCEDURES, EXPECTED BEHAVIOR
15	ROLE PLAY FOR PSYCHIATRIC PATIENT
16	ENGAGE IN INTENSIVE INTERACTION WITH PATIENT
17	ENGAGE IN INDIVIDUAL (EXPLORATIVE) THERAPY WITH PATIENT
18	TEACH GENERAL MENTAL HEALTH CONCEPTS
19	ALTER/ADJUST ENVIRONMENT ACCORDING TO PATIENT'S NEEDS
20	EXPLAIN/PROVIDE INFORMATION TO PATIENT REGARDING THERAPY SESSION, E.G. QUESTIONS, DOUBTS
21	DETERMINE THERAPY GROUP FOR PSYCHIATRIC PATIENT
22	PARTICIPATE AS OBSERVER OF GROUP THERAPY SESSION
23	PARTICIPATE AS MEMBER OF GROUP IN GROUP THERAPY
24	PARTICIPATE AS LEADER/CO-LEADER IN PATIENT GROUP THERAPY
25	WORK WITH SOCIAL WORKER AS CO-LEADER IN GROUP THERAPY SESSION

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 10 OF RESPONSE BOOKLET
26	ENCOURAGE PATIENTS TO EXPLORE FEELINGS IN GROUP THERAPY SESSION
27	DISCUSS PATIENT'S COMPLAINTS DURING GROUP THERAPY
28	ENCOURAGE PATIENTS IN GROUP THERAPY TO DISCUSS GROUP EVENTS, E.G., OUTWARD HOSTILITY, EXPULSION OF MEMBER
29	ENCOURAGE GROUP DECISION/ACTION IN GROUP THERAPY
30	BRING ABOUT CONTROLLED CONFRONTATION DURING GROUP THERAPY
31	EXPLORE DYNAMICS OF GROUP INTERACTIONS WITH THERAPY GROUP
32	INTERPRET TO THERAPY GROUP BEHAVIOR OF A MEMBER
33	REINFORCE APPROPRIATE BEHAVIOR OF PATIENT IN GROUP THERAPY THROUGH OTHER PATIENTS
34	PROVIDE FEEDBACK TO PATIENTS DURING GROUP THERAPY
35	SUMMARIZE ACTIVITY OF GROUP THERAPY SESSION DURING GROUP THERAPY
36	ASK PATIENT TO LEAVE THERAPY GROUP SESSION
37	PARTICIPATE IN FEEDBACK SESSION FOR THERAPY GROUP WITH PATIENTS PRESENT
38	PARTICIPATE IN GROUP THERAPY FEEDBACK SESSIONS WITH STAFF
39	PLAN ACTIVITY FOR GROUP THERAPY SESSION
40	DISTINGUISH GROUP PROCESS FROM GROUP CONTENT
41	RECOGNIZE GROUP PROCESSES IN THERAPY GROUP
42	RECOGNIZE ROLES PATIENT/STAFF PLAY WITHIN GROUP ENVIRONMENT
43	ASSESS WARD MILIEU/TONE
44	FOSTER PATIENT PRIDE IN/IDENTITY WITH WARD
45	ARRANGE/MODIFY WARD ENVIRONMENT TO ENHANCE THERAPEUTIC PROGRESS, E.G. PAINT, DECORATE
46	CONDUCT PATIENT WARD/GROUP MEETINGS, E.G. WARD GOVERNMENT
47	FOSTER INTERACTION BETWEEN PATIENTS
48	EXPLAIN ELECTRO-CONVULSIVE SHOCK TREATMENT TO PATIENT
49	GIVE CARE TO PATIENT DURING ELECTRIC SHOCK THERAPY
50	DETERMINE WHEN AND EXTENT TO WHICH PATIENT MAY RESUME ACTIVITIES AFTER ECT

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 11 OF RESPONSE BOOKLET
1	GIVE HYDROTHERAPY TO PSYCHIATRIC PATIENT
2	ADMINISTER WET PACK THERAPY TO PSYCHIATRIC PATIENT
3	POUR/DRAW UP MEDICATIONS OTHER THAN NARCOTICS AND CONTROLLED DRUGS
4	POUR/DRAW UP NARCOTICS AND CONTROLLED DRUGS
5	ADMINISTER CONTROLLED DRUGS
6	ADMINISTER NARCOTICS
7	APPLY TOPICAL SKIN/LIP MEDICATION, E.G. OINTMENT, POWDER
8	APPLY TOPICAL MEDICATION TO MUCOSAL TISSUE, E.G. ORAL, EYE, STOMA
9	APPLY TOPICAL ANESTHESIA
10	ADMINISTER MEDICATION TO EYE/EAR/NOSE
11	ADMINISTER ORAL MEDICATION
12	ADMINISTER SUBLINGUAL/BUCCAL MEDICATION
13	ADMINISTER MEDICATION BY SUBCUTANEOUS INJECTION
14	ADMINISTER INTRADERMAL INJECTION
15	ADMINISTER MEDICATION BY INTRAMUSCULAR INJECTION
16	ADMINISTER INNOCULATIONS AND VACCINATIONS
17	ADMINISTER TREATMENT/MEDICATION TO COMBATIVE/UNCOOPERATIVE PATIENT
18	ENFORCE COMMUNICABLE DISEASE PROPHYLAXIS PROGRAM, E.G. MALARIA
19	INSERT RECTAL SUPPOSITORY OR MEDICATION
20	INSERT VAGINAL SUPPOSITORY
21	START I.V. THERAPY VIA NEEDLE/SCALP VEIN/BUTTERFLY
22	MONITOR/REGULATE INTRAVENOUS SOLUTION FLOW RATE
23	ADD/CHANGE I.V. BOTTLE DURING CONTINUOUS INFUSION
24	IRRIGATE I.V. TUBING
25	DISCONTINUE I.V. THERAPY

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 11 OF RESPONSE BOOKLET
26	INSTILL MEDICATION INTO TUBE, MACHINE, E.G. TRACH TUBE, CATHETERS, I.P.P.B. MACHINE
27	DETERMINE WHEN TO GIVE P.R.N. MEDICATION, E.G. PAIN, SEDATIVE, LAXATIVE
28	DETERMINE IF PATIENT HAS TAKEN PRESCRIBED MEDICATION
29	CONVERT COMMON WEIGHTS AND MEASURES FROM ONE SYSTEM TO ANOTHER, E.G. CC TO TSP, LBS TO KG
30	CONVERT MEDICATION DOSAGE FROM CC TO MINIMS, GRAINS TO GRAM
31	CONVERT PRESCRIBED DOSE INTO UNITS OF ADMINISTRATION, E.G. NUMBER OF CC, TABLETS
32	CALCULATE DOSAGE OF DIAGNOSTIC PHARMACEUTICAL, E.G. BSP DYE
33	CHECK DRUGS FOR VISIBLE CONTAMINATION/DETERIORATION, E.G. CLOUDINESS, COLOR CHANGE
34	DISPOSE OF MEDICATIONS PREPARED BUT NOT ADMINISTERED
35	ADD MEDICATION TO AND LABEL I.V. SOLUTIONS
36	LABEL MULTIPLE DOSE VIALS WITH DATE AND CONCENTRATION
37	DILUTE OR MIX POWDERED MEDICATIONS
38	MIX BLADDER IRRIGATION SOLUTION
39	CHECK ORDERED MEDICATIONS FOR OVER DOSAGE AND CONTRAINDICATIONS
40	CHECK PRESCRIBED MEDICATIONS FOR INCOMPATIBILITIES OF ADMINISTRATION OR MIXING
41	NOTIFY DOCTOR OF ERRORS IN MEDICATION ORDERS
42	CONFER WITH PRESCRIBING DOCTOR ON QUESTIONS CONCERNING PRESCRIPTIONS
43	ASSESS PATIENT'S RESPONSE TO MEDICATION THERAPY
44	OBSERVE/REPORT SYMPTOMS OF SIDE EFFECTS TO TREATMENT/MEDICATION
45	OBSERVE FOR/REPORT SYMPTOMS OF INSULIN REACTION
46	EXPLAIN/ANSWER PATIENT/FAMILY QUESTIONS ABOUT MEDICATIONS, E.G. PURPOSE, DOSE, SCHEDULE
47	ANSWER PATIENT INQUIRIES REGARDING NONPRESCRIPTION DRUGS
48	ANSWER INQUIRIES REGARDING DRUG REACTION
49	ANSWER PERSONNEL INQUIRIES REGARDING MIXING/ADMINISTERING DRUGS
50	TEACH PATIENT MEDICATION STORAGE REQUIREMENTS, E.G. REFRIGERATION, EXPIRATION DATE

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 12 OF RESPONSE BOOKLET
1	TEACH PATIENT/FAMILY SIDE EFFECTS OF MEDICATION, E.G. DROWSINESS, URINE DISCOLORATION
2	INFORM PATIENT/FAMILY OF SYMPTOMS OF INTOLERANCE/OVERDOSE TO MEDICATION, E.G. BLEEDING GUMS, COMA
3	TEACH PATIENT SELF-ADMINISTRATION OF MEDICATIONS (OTHER THAN INJECTIONS)
4	TEACH PATIENT/FAMILY ADMINISTRATION OF INJECTIONS
5	READ/USE PHARMACEUTICAL MANUALS, FORMULARY, PDR
6	DETERMINE SIMILARITIES BETWEEN PHARMACEUTICAL TRADE NAMES AND GENERIC NAMES
7	PLAN RECREATIONAL/DIVERSIONAL THERAPY/ACTIVITIES FOR PATIENT, E.G. MOVIES, FIELD TRIPS
8	PARTICIPATE IN RECREATIONAL THERAPY FOR PATIENTS, E.G. PLAY CARDS, GAMES, SPORTS
9	ACCOMPANY/ESCORT PSYCHIATRIC PATIENTS, E.G. TO MOVIES, FIELD TRIPS
10	CONDUCT GAME ACTIVITIES FOR HOSPITALIZED PATIENTS
11	ENCOURAGE PATIENT TO PARTICIPATE IN SOCIAL ACTIVITIES, E.G. PARTIES, SPORTS
12	SUGGEST BOOKS (FICTION/NON-FICTION) TO PATIENT FOR THERAPEUTIC PURPOSES
13	RECOMMEND PATIENT FOR/SUGGEST OCCUPATIONAL THERAPY FOR PATIENT
14	OBSERVE PATIENT IN OCCUPATIONAL THERAPY ACTIVITIES
15	ASSIST PATIENT WITH OCCUPATIONAL THERAPY PROJECT
16	MEET WITH OCCUPATIONAL THERAPISTS/RED CROSS WORKERS FOR FEEDBACK ON PATIENT PERFORMANCE
17	SCREEN/SURVEY JOBS TO SELECT WORK THERAPY FOR PATIENT
18	MAKE ARRANGEMENTS FOR WORK THERAPY FOR PATIENT
19	DETERMINE WORK THERAPY/ASSIGNMENT FOR PATIENT
20	ASSIGN WORK TO PATIENTS
21	FOLLOW UP ON PATIENT'S WORK THERAPY TO DETERMINE PERFORMANCE, SATISFACTION
22	RESTRAIN/CONTROL PATIENT VERBALLY
23	RESTRAIN/CONTROL PATIENT PHYSICALLY, E.G. ARM HOLD
24	RESTRAIN PATIENTS, E.G. LINEN-LEATHER STRAPS, POSIE BELT, BLANKET WRAPS
25	RESTRAIN/CONTROL CHILDREN FOR EXAMINATION/TREATMENT/TEST

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 12 OF RESPONSE BOOKLET
26	PREVENT OR STOP FIGHTS
27	DISARM PATIENT
28	INITIATE PLACEMENT OF PATIENT IN LOCKED QUIET ROOM
29	CARE FOR PATIENT IN LOCKED QUIET ROOM, E.G. MONITOR BEHAVIOR, TAKE TO BATHROOM
30	PARTICIPATE IN RIOT CONTROL
31	DETERMINE NEED FOR ADDITIONAL STAFF TO CONTROL COMBATIVE/DISRUPTIVE BEHAVIOR
32	MAKE HEAD/BED CHECKS
33	PROTECT PATIENT FROM INJURY DURING CONVULSION
34	INSTITUTE SAFETY MEASURES TO PROTECT PATIENT FROM SELF-INFLICTED INJURY
35	PROTECT SELF/OTHER PATIENTS/VISITORS FROM AGITATED PATIENT
36	PLACE PATIENT ON SPECIAL PRECAUTIONS, E.G. SUICIDE, ESCAPE, HOMICIDE
37	WATCH/GUARD PATIENT WHO IS ON PRECAUTION, E.G. ESCAPE
38	PREVENT PATIENT'S ATTEMPT AT SUICIDE
39	SEARCH FOR ESCAPED PATIENTS
40	NOTIFY SECURITY DEPARTMENT, EG FOR PATIENT ESCAPE, DRUG CONFISCATION
41	TAKE AWAY/REMOVE PATIENT PRIVILEGES
42	INSPECT PATIENT/VISITORS FOR HARMFUL/UNAUTHORIZED OBJECTS/DRUGS
43	RECOMMEND WARD/UNIT SHAKEDOWN
44	CONDUCT LOCKER CHECKS FOR SECURITY ON LOCKED WARDS
45	CONFISCATE UNAUTHORIZED DRUGS/OBJECTS
46	ENSURE THAT LOCKED WARDS/HOSPITAL AREAS ARE SECURED
47	CHECK FOR PROPER FUNCTIONING OF LOCKS
48	ACCOUNT FOR KEYS
49	FOLLOW ESTABLISHED PROCEDURES FOR LOSS OF KEYS
50	ACCOUNT FOR SILVERWARE

TASK NO. ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 13
OF RESPONSE BOOKLET

- 1 STORE "SHARPS" ON PSYCHIATRIC WARD
- 2 SCREEN INCOMING/OUTGOING MAIL
- 3 GRANT CLEARANCE FOR PATIENTS TO MAKE OUTGOING PHONE CALLS
- 4 DETERMINE PATIENT BED LOCATION WITHIN WARD/UNIT
- 5 RECOMMEND PATIENT WARD ASSIGNMENT, E.G. OPEN, SLEEPER
- 6 RECOMMEND CHANGES IN PATIENT RESTRICTIONS/PRIVILEGES
- 7 MAINTAIN PATIENT STATUS BOARD/CHART
- 8 PARTICIPATE IN SHAVE CALL/SHOWER ROUTINE FOR PSYCHIATRIC PATIENTS
- 9 PLAN SCHEDULE OF DAILY ACTIVITIES FOR PSYCHIATRIC PATIENT
- 10 SUPERVISE PATIENT'S WORK ON WARD
- 11 INSPECT/OBSERVE PATIENTS FOR PROPER ATTIRE BEFORE THEY LEAVE WARD
- 12 INSTRUCT OR HELP PATIENT/FAMILY FILL OUT FORMS
- 13 ASSIST PATIENTS WHO HAVE DIFFICULTY DEALING WITH OTHER AGENCIES
- 14 ADVISE PATIENT OF RIGHTS IN REGARD TO MEDICAL BOARDS
- 15 COUNSEL PATIENTS ON ADMINISTRATIVE/LEGAL MATTERS
- 16 ASSUME RESPONSIBILITY FOR ARREST STATUS PATIENT
- 17 INVESTIGATE REASONS FOR PATIENT BEING PLACED ON RESTRICTION BY SECURITY
- 18 PLACE PATIENT/PERSONNEL ON REPORT
- 19 PREPARE PATIENTS/WARD FOR DOCTOR'S ROUNDS
- 20 MAINTAIN BAG LOCKER ON WARD, EG LABEL PATIENT'S POSSESSIONS, SECURE LOCKER
- 21 HELP LOCATE/PROVIDE PATIENT ACCESS TO PATIENT'S BELONGINGS
- 22 COORDINATE STORAGE OF PATIENTS BAGGAGE
- 23 ANSWER TELEPHONE/TAKE MESSAGES, MEMOS
- 24 ACT AS A RECEPTIONIST
- 25 REVIEW INCOMING MESSAGES/MEMOS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 13 OF RESPONSE BOOKLET
26	PICK UP/DELIVER MAIL/PACKAGES
27	SORT/FORWARD MAIL
28	PERFORM ADMINISTRATIVE ERRANDS, E.G. PICK-UP PAYCHECKS, DELIVER/RETURN TIME CARDS
29	DISTRIBUTE UNIT/COMMAND PAYCHECKS
30	TYPE
31	DELEGATE TYPING TASKS
32	DO ROUTINE FILING
33	PREPARE MISCELLANEOUS CHITS, E.G., SPECIAL REQUESTS, CHECK CHITS
34	PREPARE LEAVE REQUEST FORMS
35	PREPARE WORK ORDERS/WORK REQUESTS
36	MAKE ENTRIES INTO DEPARTMENTAL LOG FOR COMMAND
37	WRITE/ENTER INTO LOG MINUTES/NOTES OF MEETINGS
38	PREPARE PAPERWORK FOR DISCIPLINARY ACTION FOR PERSONNEL AS REQUIRED
39	COMPLETE LINE OF DUTY/MISCONDUCT FORMS
40	PREPARE PAPERWORK FOR TRANSFER OF PERSONNEL
41	PREPARE PAPERWORK FOR PURCHASE AGREEMENTS
42	PREPARE/ASSEMBLE MEDICAL BOARD REPORTS FOR COMPLETION
43	MAKE ADMINISTRATIVE ARRANGEMENTS FOR MEDICAL BOARDS
44	PREPARE LEGAL FORMS/CORRESPONDENCE
45	MAKE ENTRIES INTO SERVICE RECORDS
46	DRAFT COMMENDATORY AWARDS FOR SUBORDINATES, E.G. LETTERS OF APPRECIATION
47	DRAFT OFFICIAL CORRESPONDENCE
48	REVIEW REPORTS/REQUESTS FOR PROPER PREPARATION AND COMPLETION
49	TAKE ACTION ON NAVY DIRECTIVES, I.E. INSTRUCTIONS AND NOTICES
50	MAINTAIN A SET OF REFERENCE BOOKS/MANUALS/PUBLICATIONS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 14 OF RESPONSE BOOKLET
1	ADMINISTER/MAINTAIN UNIT LIBRARY
2	ANSWER QUERIES FROM CIVILIAN ASSOCIATIONS/INDIVIDUALS
3	REFER ONWARD TO THE PROPER PERSONNEL QUERIES FROM CIVILIAN ASSOCIATIONS/INDIVIDUALS
4	RESEARCH MATERIAL FOR PROJECTS, I.E. COMPILE STATISTICS, GATHER DATA FROM DIFFERENT SOURCES
5	PREPARE PATIENT IDENTIFICATION BRACELET/BAND
6	ENTER PATIENT IDENTIFICATION INFORMATION ONTO REPORTS/RECORDS
7	OBTAIN/WITNESS PATIENT'S SIGNATURE FOR RELEASE OF MEDICAL INFORMATION, E.G., X-RAYS, RECORDS
8	OBTAIN CONSENTS FOR PROCEDURES/AUTOPSY
9	VERIFY COMPLETENESS OF DOCTOR'S ORDERS, E.G. FOR ALL ROUTINE ADMISSION OR PRE-OP ORDERS
10	VERIFY THAT DOCTOR'S ORDERS ARE UP-TO-DATE, E.G. TREATMENT, MEDICATION, DIET
11	VERIFY/UPDATE PATIENT'S DIAGNOSIS IN RECORD/CARDEX
12	GRAPH PATIENT DATA, E.G., VITAL SIGNS, I AND O
13	RECORD ADMINISTRATION OF MEDICATION ON PATIENT HEALTH RECORD
14	MAKE ENTRIES ONTO ANESTHESIA RECORD
15	MAKE ENTRIES OF PRELIMINARY PHYSICAL EXAMINATION FINDINGS ON STD 88
16	WRITE NURSING NOTES
17	WRITE ORDERS IN PATIENT'S CHART FOR DOCTOR'S COUNTERSIGNATURE
18	MAKE ENTRIES ON DOCTOR'S PROGRESS NOTES
19	FILE COMPLETED/RETURNED CHITS/REPORTS IN PATIENT RECORD
20	CHECK PATIENTS CHART/HEALTH RECORD FOR COMPLETENESS OF FORMS/REPORTS/RECORDS
21	REVIEW MEDICAL/CASE RECORDS FOR COMPLETENESS, PROPER UTILIZATION
22	PREPARE REQUISITIONS FOR DIAGNOSTIC PROCEDURES, E.G. LAB, EEG
23	CHECK CONSULTATION REQUESTS TO INSURE THE CORRECT STUDY IS TO BE CARRIED OUT
24	REVIEW AND FOLLOW THROUGH ON COMPLETED CONSULT REPORTS
25	STUFF, THIN AND PULL PATIENT'S CHART

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 14 OF RESPONSE BOOKLET
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| 26 | PROCESS PATIENT ADMISSIONS/DISCHARGES/TRANSFERS |
| 27 | PICK UP PATIENTS DOCUMENTS FROM FILE |
| 28 | OBTAIN PATIENT'S PAST HOSPITALIZATION RECORDS/X-RAYS |
| 29 | LOCATE MISPLACED CHARTS/HEALTH RECORDS |
| 30 | FILE SCANS |
| 31 | MAINTAIN CARDEX FILE/SYSTEM |
| 32 | CROSS CHECK MEDICATION AND TREATMENT CARDS WITH CARDEX |
| 33 | PREPARE/UPDATE DIET LIST |
| 34 | PLACE SPECIAL TREATMENT TAGS OVER/ON BEDS, E.G. FASTING, FORCE FLUIDS |
| 35 | COMPLETE REPORT FORMS ON ADVERSE DRUG REACTION |
| 36 | COMPLETE REPORT FORMS ON DRUG ABUSE |
| 37 | DRAFT WARD/CLINIC ACCIDENT/INCIDENT REPORTS, I.E. WORK INJURY REPORTS FOR PATIENTS OR STAFF |
| 38 | MAKE ENTRIES INTO WARD LOG, E.G. UNUSUAL EVENTS, SUMMARY OF SHIFT |
| 39 | MAKE ENTRIES INTO MASTER AT ARMS LOG |
| 40 | REVIEW DUTY/WARD LOG BOOK |
| 41 | GIVE REPORT ON CHANGES/SPECIAL CARE/TREATMENT/TESTS FOR PATIENT |
| 42 | GIVE TRANSFER REPORT TO WARD OR RECEIVING UNIT ON PATIENT'S CONDITION, TREATMENT AND CARE PLAN |
| 43 | GIVE/RECEIVE VERBAL REPORTS ABOUT PATIENT |
| 44 | PREPARE WARD REPORT |
| 45 | PREPARE MUSTER REPORT |
| 46 | MAKE ENTRIES ONTO TWENTY-FOUR HOUR NURSING REPORT |
| 47 | REPORT PATIENT CENSUS INFORMATION E.G. MORNING REPORT |
| 48 | INFORM HOSPITAL AUTHORITIES OF PATIENTS CONDITION |
| 49 | MAINTAIN PATIENT REGISTER |
| 50 | MAINTAIN PATIENT ROTATIONAL LOG |

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 15 OF RESPONSE BOOKLET
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| 1 | SCHEDULE APPOINTMENTS FOR CLINIC/DEPARTMENT, E.G., MAINTAIN APPOINTMENT BOOK |
| 2 | LOG IN PATIENTS TO CLINIC/DEPARTMENT/SICK CALL |
| 3 | ELICIT INFORMATION TO ASCERTAIN FAMILY'S UNDERSTANDING/ACCEPTANCE OF ILLNESS/TREATMENT |
| 4 | PROVIDE SUPPORT/REASSURE FAMILY OF PATIENT'S CONDITION/PROGRESS |
| 5 | SCREEN VISITORS FOR PATIENTS IN LINE WITH SPECIFIED REGULATIONS/ORDERS |
| 6 | OBSERVE THE EFFECT OF VISITORS ON PATIENTS |
| 7 | OBSERVE FOR AND REPORT BEHAVIOR OF PATIENT'S VISITORS |
| 8 | RECOMMEND RESTRICTION OF PATIENT'S VISITORS |
| 9 | ADVISE NON-NP PERSONNEL, VISITORS ABOUT THEIR BEHAVIOR WITH PSYCHIATRIC PATIENTS |
| 10 | INSTRUCT FAMILY IN CARE OF PATIENT ON PASS/LEAVE, E.G. PATIENT LIMITATIONS, POTENTIAL PROBLEMS |
| 11 | ASSIST PEOPLE IN FINDING CLINICS AND SPACES |
| 12 | CONDUCT TOURS OF FACILITY FOR VISITORS |
| 13 | ASSIGN PERSONNEL TO DUTIES/WORK ACCORDING TO SCHEDULE |
| 14 | ADJUST DAILY ASSIGNMENT SHEET/WORK SCHEDULE AS NEEDED |
| 15 | MAKE RECOMMENDATIONS ON REQUESTS FOR ADDITIONAL PERSONNEL |
| 16 | REQUEST/RECOMMEND ADDITIONAL PERSONNEL WHEN REQUIRED |
| 17 | MAKE ARRANGEMENTS FOR RELIEF PERSONNEL |
| 18 | RELIEVE OTHERS FOR LUNCH/COFFEE BREAKS |
| 19 | DETERMINE DUTIES FOR PERSONNEL |
| 20 | ROTATE PERSONNEL DUTIES, E.G. FOR EXPERIENCE/VARIETY |
| 21 | ARRANGE TIME/DETAIL SCHEDULES |
| 22 | FILL OUT TIME SHEETS |
| 23 | APPROVE TIME/DETAIL SCHEDULES |
| 24 | RECOMMEND LEAVE/TIME OFF FOR PERSONNEL |
| 25 | PLAN FOR OVERTIME/LEAVE/LIBERTY/TIME OFF |

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 15 OF RESPONSE BOOKLET
26	PREPARE WATCH LISTS
27	ORGANIZE AND MAINTAIN WATCH, QUARTER AND STATION BILL
28	COMPILE DISASTER CONTROL LIST/CARD
29	GIVE FAMILIARIZATION BRIEFINGS TO NEWLY ARRIVING PERSONNEL
30	GIVE DIRECT SUPERVISION TO CORPSMEN/TECHNICIANS
31	GIVE DIRECT SUPERVISION FOR THE PREPARATION OF REQUISITIONS/ PURCHASE ORDERS/WORK REQUESTS
32	INSPECT FOR PROPER UTILIZATION OF FORMS BY PERSONNEL
33	EVALUATE THE PERFORMANCE OF PERSONNEL
34	ASSESS EFFECT OF PATIENTS ON SELF/OTHER STAFF MEMBERS
35	ENSURE THAT ALL PERSONNEL MAINTAIN PROPER MILITARY BEARING, E.G. CLEANLINESS, ATTIRE
36	INSTRUCT/DIRECT PERSONNEL IN MAINTAINING SECURITY STANDARDS
37	KEEP PERSONNEL INFORMED OF ADMINISTRATIVE COMMUNICATION CHANGES
38	INTERPRET BUPERS MANUALS/INSTRUCTIONS/NOTICES
39	ENSURE THAT PERSONNEL ARE AWARE OF HEALTH SERVICES AVAILABLE
40	RECOMMEND ASSIGNMENT OF STAFF PERSONNEL TO UNIT/WARD
41	RECOMMEND PERSONNEL FOR REASSIGNMENT, I.E. NEW COMMAND
42	REVIEW/COMMENT ON/FORWARD PERSONNEL REQUESTS/MEMOS/LETTERS
43	MAKE RECOMMENDATIONS ON/APPROVE/DISAPPROVE PERSONNEL REQUESTS TO ATTEND MEETINGS/CONFERENCES
44	APPROVE SPECIAL REQUEST/REQUISITION CHITS
45	RECOMMEND DISCIPLINARY ACTION FOR PERSONNEL AS REQUIRED
46	REVIEW SUGGESTIONS AND COMPLAINTS FROM PERSONNEL
47	INTERVIEW/COUNSEL/ADVISE STAFF
48	COUNSEL PERSONNEL ON LEGAL MATTERS, E.G. PAYMENT OF DEBT
49	MAINTAIN STATUS BOARD/CHART ON STAFF PERSONNEL
50	LOG STAFF HOSPITALIZATIONS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 16 OF RESPONSE BOOKLET
1	ORIENT TRAINEES/STUDENTS TO PROGRAM, I.E. OBJECTIVES OF PROGRAM, CLASS SCHEDULE
2	PLAN/WRITE STUDENTS ROTATION SCHEDULE
3	COORDINATE WITH SUPERVISORS/INSTRUCTORS ON STUDENT TRAINING
4	PLAN CONTENT FOR OJT PROGRAM
5	PLAN CONFERENCES FOR STUDENTS DURING PRACTICAL TRAINING
6	DESIGN IN-SERVICE TRAINING COURSES
7	SUGGEST TOPICS FOR CLASSES/CONFERENCES
8	SELECT TOPICS FOR STAFF LECTURE SERIES
9	EVALUATE EFFECTIVENESS OF UNIT'S OJT PROGRAM
10	SUGGEST IMPROVEMENTS FOR COURSE/CURRICULUM CONTENT
11	IDENTIFY PERSONNEL AVAILABLE TO PARTICIPATE IN EDUCATION AND TRAINING PROGRAMS
12	SELECT INSTRUCTORS FOR TRAINING PROGRAM
13	SCHEDULE CLASS TIMES, LOCATION
14	COORDINATE DOCTORS/GUESTS LECTURES
15	SCHEDULE LECTURES
16	COORDINATE/ARRANGE FOR USE OF ROOMS, E.G. LECTURES, CONFERENCE
17	SET UP CLASSROOMS/CONFERENCE SPACES, AUDITORIUMS FOR CLASSES, CONFERENCES, WORKSHOPS, LECTURES
18	DIRECT SET UP ON ROOMS FOR CLASSES, CONFERENCES, WORKSHOPS, LECTURES
19	EVALUATE/SELECT AUDIOVISUAL MATERIALS, E.G. FILMS
20	ARRANGE FOR USE OF LECTURE/TEACHING/DEMONSTRATION AIDS AND EQUIPMENT
21	APPROVE REQUESTS FOR TRAINING AIDS/MATERIALS/BOOKS
22	SET UP/BREAK DOWN CLASSROOM DEMONSTRATIONS/TEACHING AIDS
23	TEACH FORMAL CLASSES
24	CONDUCT IN-SERVICE TRAINING COURSES
25	INSTRUCT NON-MEDICAL PERSONNEL IN HEALTH SUBJECTS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 16 OF RESPONSE BOOKLET
26	INSTRUCT PERSONNEL ON GENERAL MENTAL HEALTH CONCEPTS
27	LECTURE/ORIENT PERSONNEL ON ALCOHOL AND DRUG ABUSE
28	LECTURE/ORIENT PERSONNEL ON DENTAL CARE AND HYGIENE
29	LECTURE/ORIENT PERSONNEL ON VD AND OTHER SOCIAL DISEASES
30	GIVE FIRST AID INSTRUCTION
31	LEAD DISCUSSION ON MEDICAL TOPICS DURING UNIT'S CLASSES/ CONFERENCES
32	PERFORM CLASSROOM DEMONSTRATIONS
33	DEMONSTRATE CLINICAL PROCEDURES USING PATIENT/SUBJECT
34	DEMONSTRATE NEW EQUIPMENT OR PRODUCTS TO STUDENTS/STAFF
35	EVALUATE INSTRUCTIONAL MATERIAL FOR CONTENT
36	REVIEW/PREPARE WRITTEN CRITIQUE OF INSTRUCTIONAL MATERIALS
37	CRITIQUE BRIEFINGS, CONFERENCES, CONVENTIONS
38	ADMINISTER EXAMINATIONS
39	SCORE/CORRECT QUIZZES/EXAMINATIONS MANUALLY
40	COMPUTE TEST GRADES
41	MAINTAIN RECORD OF TRAINEE'S EXPERIENCE IN OJT PROGRAM, E.G. COURSES , PRACTICAL EXPERIENCE
42	CHECK INDIVIDUAL'S PROGRESS DURING OJT
43	DECIDE WHEN TRAINEE IS CAPABLE OF PERFORMING A PROCEDURE WITHOUT DIRECT SUPERVISION
44	SELECT WORK EXPERIENCES FOR STUDENT/TRAINEE
45	SELECT CLINICAL MATERIAL FOR INSTRUCTIONAL PURPOSES, E.G. PATIENTS, CASE STUDIES
46	EVALUATE STUDENTS PERFORMANCE/PROGRESS
47	COMPOSE STUDENT EVALUATION REPORT
48	MAKE RECOMMENDATIONS CONCERNING DISENROLLMENT OF STUDENTS
49	ASSIGN GRADES FOR INDIVIDUAL PERFORMANCE
50	RECOMMEND GRADING PROCEDURES/PASS-FAIL CRITERIA

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 17 OF RESPONSE BOOKLET
1	CONFER WITH INSTRUCTIONAL STAFF ON INDIVIDUAL STUDENT PROBLEMS
2	COUNSEL TRAINEES REGARDING FIRST TOUR ASSIGNMENT
3	COUNSEL PERSONNEL/TRAINEES ON CAREER PLANS, E.G. AVAILABILITY OF EDUCATIONAL PROGRAMS
4	NOMINATE INDIVIDUALS FOR EDUCATION/TRAINING PROGRAM ATTENDANCE
5	DETERMINE ELIGIBILITY OF INDIVIDUALS TO RECEIVE HEALTH CARE IN ACCORDANCE WITH REGULATIONS
6	INVESTIGATE/REPORT ON INJURIES/INCIDENTS TO PATIENTS/STAFF/VISITORS
7	EVALUATE THE ADEQUACY/EFFECTIVENESS OF ROUTINE REPORTS
8	PLAN RECORD KEEPING SYSTEM FOR THE SECTION/DEPARTMENT/ACTIVITY
9	SUPERVISE THE HANDLING OF HEALTH RECORDS
10	MAINTAIN CONTROL OVER CLASSIFIED MATERIAL
11	DETERMINE THE PHYSICAL LAYOUT OF WORK AREA FURNITURE/EQUIPMENT
12	COMPOSE/DRAFT AN AGENDA FOR STAFF MEETINGS
13	CONDUCT STAFF MEETINGS TO DISCUSS PLANS/ACTIVITIES/PROBLEMS
14	CONSULT WITH STAFF TO DESIGN/AMEND/UPDATE PROCEDURES /TECHNIQUES
15	EVALUATE NURSING CARE PROCEDURES/STANDARDS
16	DEVELOP IMPROVED WORK METHODS AND PROCEDURES
17	MODIFY OR WRITE NEW TECHNICAL PROCEDURES
18	PREPARE STANDING OPERATING PROCEDURES, GUIDES AND INSTRUCTIONS FOR USE BY PERSONNEL
19	INSTITUTE CHANGES TO IMPROVE WORKING CONDITIONS
20	INITIATE NEW OR CHANGED TECHNICAL PROCEDURES
21	ASSIST IN COMPOSING/REVISING JOB DESCRIPTIONS
22	COMPOSE/OR REVISE JOB/POSITION DESCRIPTIONS
23	ESTABLISH CRITERIA/GUIDELINES FOR POSITIONS FOR SUBORDINATE PERSONNEL, E.G. WORK POSITIONS
24	ANALYSE JOBS, E.G. ASSESS ADEQUACY OF A POSITION'S DESCRIPTION/ DESIGN
25	PARTICIPATE IN FIRE FIGHTING DRILLS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 17 OF RESPONSE BOOKLET
26	PARTICIPATE IN EMERGENCY EVACUATION DRILLS
27	PLAN/CONDUCT HOSPITAL FIRE DRILL
28	EVALUATE HOSPITAL FIRE DRILL
29	EVALUATE READINESS CAPABILITY OF UNIT
30	PREPARE FOR INSPECTIONS
31	ASSIST IN COMMAND INSPECTIONS
32	ASSIST IN COMMAND PERSONNEL INSPECTIONS
33	ASSIST IN COMMAND MATERIAL INSPECTIONS
34	COORDINATE PATIENT TREATMENT PLAN WITH OTHER DEPARTMENTS/ AGENCIES
35	CONTACT OTHER DEPARTMENTS TO OBTAIN/COORDINATE PATIENT/PERSONNEL APPOINTMENTS
36	ADJUST/COORDINATE CHANGES IN PATIENT SCHEDULES AS NEEDED
37	COORDINATE APPOINTMENTS FOR NEXT-OF-KIN WITH MEDICAL OFFICER/ CHAPLIN
38	COORDINATE WITH HOSPITAL ON ADMISSION OF PATIENTS
39	COORDINATE PATIENT TRANSFER WITHIN HOSPITAL
40	ARRANGE TRANSPORTATION FOR PATIENTS/PERSONNEL
41	COORDINATE PATIENT TRANSFER BETWEEN MEDICAL FACILITIES
42	ARRANGE FOR BRIEFINGS
43	COORDINATE ASSIGNMENT OF HOSPITAL AUXILIARIES
44	COORDINATE STAFFING ARRANGEMENTS
45	COORDINATE WITH HOSPITAL/DEPARTMENT SUPPORT SERVICES, E.G. SOCIAL SERVICES, RED CROSS
46	COORDINATE WITH LEGAL SERVICES
47	COORDINATE RECREATION PROGRAMS/ARRANGEMENTS
48	COORDINATE WITH INTELLIGENCE USERS AND AGENCIES
49	COORDINATE WITH CIVILIAN ORGANIZATIONS, GROUPS, E.G. TOASTMASTERS, SCHOOLS
50	PERFORM DUTIES OF PUBLIC RELATIONS REPRESENTATIVE FOR DEPARTMENT/UNIT

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 18 OF RESPONSE BOOKLET
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| 1 | COORDINATE ON EQUIPMENT LOANS, BORROWING OF MEDICAL/DENTAL SUPPLIES/TRAINING AIDS |
| 2 | DIRECT/GUIDE THE CARE/PREPARATION OF ROOMS |
| 3 | MONITOR CONTRACT HOUSEKEEPING SERVICES |
| 4 | ARRANGE FOR HOUSEKEEPING/CLEANLINESS OF AREA |
| 5 | DO HOUSEKEEPING/CLEANING DUTIES |
| 6 | CLEAN AND ARRANGE BEDSIDE UNITS |
| 7 | CHANGE LINENS, E.G. BED, EXAM TABLES, BEDSIDE CURTAIN |
| 8 | DO CLEANING OF PATIENT'S UNIT FOLLOWING DISCHARGE/TRANSFER/DEATH |
| 9 | CLEAN AND DISINFECT WORKING AREA |
| 10 | DISINFECT INSTRUMENTS/MATERIALS/EQUIPMENT |
| 11 | DO CLEANING/DEFROSTING REFRIGERATOR AS REQUIRED |
| 12 | CLEAN BARRACKS OR CREW'S QUARTERS |
| 13 | COLLECT/REMOVE TRASH/GARBAGE |
| 14 | PROVIDE ADVICE ON IMPROVING HYGIENIC CONDITIONS |
| 15 | ADJUST HEATING/VENTILATION ACCORDING TO WEATHER CONDITIONS |
| 16 | SPECIFY PREVENTIVE MEASURES FOR EFFECTS OF HOT WEATHER |
| 17 | SPRAY INFESTED AREAS |
| 18 | INSTRUCT PERSONNEL ON PEST CONTROL PROCEDURES |
| 19 | DO RODENT EXTERMINATION |
| 20 | ENFORCE ACCIDENT PREVENTION MEASURES |
| 21 | ENSURE THAT SAFE INDUSTRIAL PRACTICES ARE ADHERED TO, E.G. USE OF PROTECTIVE EYE GLASSES |
| 22 | INSPECT WORKING AREAS TO ENSURE THEY MEET SANITARY STANDARDS |
| 23 | INSPECT SPACES FOR CLEANLINESS |
| 24 | INSPECT SPACES FOR RODENT INFESTATION |
| 25 | INSPECT SPACES FOR INSECT INFESTATION |

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 18 OF RESPONSE BOOKLET
26	INSPECT KITCHENS FOR CLEANLINESS
27	CHECK FOOD IN REFRIGERATORS/MEAL TRAYS FOR FRESHNESS
28	INSPECT FOOD STORAGE FACILITIES FOR SANITATION
29	INSPECT TOILETS AND WASHROOMS
30	INSPECT SHOWER FACILITIES
31	PERFORM ROUTINE SAFETY INSPECTIONS
32	REVIEW AND EVALUATE ASEPTIC TECHNIQUES
33	REVIEW AND EVALUATE BACTERIAL DECONTAMINATION PROCEDURES
34	INVESTIGATE/DETERMINE CAUSES OF CONTACT DERMATITIS
35	DETERMINE AND CONTROL SOURCES OF BACTERIAL CONTAMINATION
36	PREPARE ISOLATION ROOM FOR PATIENT
37	PACK/WRAP ALL EQUIPMENT/SUPPLIES/REFUSE FROM ISOLATION UNITS BEFORE REMOVAL
38	CHEMICALLY TREAT EXCRETA FROM ISOLATION UNITS FOR DISPOSAL
39	READ EQUIPMENT MANUALS FOR OPERATION AND MAINTENANCE OF EQUIPMENT
40	VERIFY/SIGN OFF ON REQUISITIONS/RECEIPTS FOR SUPPLIES/EQUIPMENT/MATERIAL
41	LOAD AND UNLOAD EQUIPMENT
42	UNPACK EQUIPMENT
43	EVALUATE NEW EQUIPMENT, I.E. USER TEST
44	INSPECT SUPPLIES/EQUIPMENT FOR ACCEPTABILITY/DAMAGE/LOSS/PILFERAGE
45	ISSUE SUPPLIES/INSTRUMENTS/EQUIPMENT/MATERIALS
46	TRANSPORT STERILE EQUIPMENT/SUPPLIES, RETURN DIRTY OR EXPIRED ITEMS TO CENTRAL SUPPLY ROOM
47	PICK UP/DELIVER EQUIPMENT
48	ASSIGN SPACE FOR EQUIPMENT AND SUPPLIES
49	STORE SUPPLIES
50	INSPECT THAT SUPPLIES/MATERIALS/EQUIPMENT ARE STORED PROPERLY

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 19 OF RESPONSE BOOKLET
1	EVALUATE THE MAINTENANCE AND USE OF SUPPLIES, EQUIPMENT AND WORK SPACE
2	DO SUPPLY/EQUIPMENT INVENTORY
3	VERIFY AND CO-SIGN INVENTORY
4	ROTATE INVENTORY
5	ESTABLISH SUPPLY USAGE RATE
6	MAINTAIN INVENTORY/STOCK OF EQUIPMENT/FURNITURE
7	MAINTAIN STOCK OF STERILE SUPPLIES
8	MAINTAIN STOCK OF CHEMICAL SOLUTIONS
9	MAINTAIN UNIT/WARD/SECTION FIRST AID AND EMERGENCY EQUIPMENT
10	MAINTAIN STOCK OF SUPPLIES/MATERIALS/SPARE PARTS FOR UNIT
11	MAINTAIN STOCK RECORD CARD ON SUPPLIES
12	PREPARE REQUISITIONS FOR SUPPLIES/EQUIPMENT
13	REVIEW REQUISITIONS
14	APPROVE REQUISITIONS
15	DETERMINE EQUIPMENT/SUPPLIES FOR EMERGENCIES/EXERCISES
16	CHECK INSTRUMENTS AND SUPPLIES FOR STERILIZATION INDICATORS
17	DISPOSE OF SUPPLIES/INSTRUMENTS/EQUIPMENT AFTER TIME LIMIT/ EXPIRATION DATE
18	ATTACH IDENTIFYING TAG TO COMPONENTS/EQUIPMENT
19	MAKE RECOMMENDATIONS ON PURCHASE/REPLACEMENT OF EQUIPMENT/ SUPPLIES
20	PREPARE REQUEST FORM FOR PHOTOGRAPHIC/PRINTING SERVICES
21	PERFORM PREVENTIVE MAINTENANCE
22	SUPERVISE ROUTINE EQUIPMENT MAINTENANCE FOR SECTION/UNIT
23	DO PERIODIC MECHANICAL SAFETY CHECKS ON POWER OPERATED EQUIPMENT
24	CHECK EQUIPMENT FOR ELECTRICAL HAZARDS AND GROUNDS
25	CHECK PRESSURIZED TANKS FOR QUANTITY OF GAS, E.G. OXYGEN, HELIUM

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 19 OF RESPONSE BOOKLET
26	INSPECT BREATHING MASKS (OXYGEN OR GAS) FOR MALFUNCTION
27	INSPECT OXYGEN SYSTEMS FOR DAMAGE OR MALFUNCTION
28	DETERMINE IF REPAIR IS WITHIN UNIT CAPABILITIES
29	DETERMINE IF EQUIPMENT NEEDS REPAIR/SERVICE
30	DO MINOR REPAIR ON EQUIPMENT
31	PREPARE PAPERWORK FOR EQUIPMENT REPAIR/MAINTENANCE
32	ARRANGE FOR REPLACEMENT/REPAIR OF EQUIPMENT AS REQUIRED
33	REPLACE MATTRESS AND PILLOWS
34	TRANSPORT LAUNDRY TO/FROM LAUNDRY ROOM
35	DO FOLDING, WRAPPING AND STORING OF LAUNDRY/LINEN
36	WRITE PRESCRIPTION RENEWALS FOR DOCTOR'S SIGNATURE
37	COMPILE LIST OF MEDICATION ORDERS REQUIRING DOCTOR'S RENEWAL
38	DO AN INVENTORY OF DRUGS OTHER THAN NARCOTICS AND CONTROLLED DRUGS
39	CHECK DRUGS FOR SUPPLY NEEDS
40	ORDER STOCK MEDICATIONS FROM PHARMACY
41	DELIVER REQUISITIONED PHARMACEUTICALS TO WARD/CLINIC
42	CHECK REQUISITIONS AGAINST DRUG ISSUES
43	CLASSIFY AND STORE DRUGS
44	ISSUE FILLED PRESCRIPTIONS
45	ISSUE PRESCRIBED MEDICATIONS TO PATIENTS ON LIBERTY/LEAVE
46	ISSUE NON-PRESCRIPTION MEDICATIONS E.G. ASPIRIN
47	PREPARE MEDICATIONS AND RECORDS FOR PATIENT IN FLIGHT
48	MONITOR EXPIRATION DATED PHARMACEUTICALS
49	DISPOSE OF/RETURN MEDICATIONS/DRUGS WHOSE SHELF-LIFE HAS EXPIRED
50	DISPOSE/REPACK UNCLAIMED MEDICATIONS/DRUGS

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 20 OF RESPONSE BOOKLET
1	RECORD DRUG WASTAGE
2	ORDER NARCOTICS AND CONTROLLED DRUGS FROM THE PHARMACY
3	DELIVER NARCOTICS/CONTROLLED DRUGS/ALCOHOL TO WARD/CLINIC/OTHER DEPARTMENTS
4	SIGN FOR NARCOTICS AND RESTRICTED DRUGS
5	MAKE ENTRIES ON NAVMED 6710/1 (NARCOTIC AND CONTROLLED DRUG ACCOUNT RECORD)
6	MAKE ENTRIES INTO CONTROLLED DRUG/ALCOHOL LOG
7	CHECK/COUNT NARCOTICS/CONTROLLED DRUGS
8	SEARCH FOR UNACCOUNTABLE WARD/CLINIC NARCOTICS/CONTROLLED DRUGS
9	SAFEGUARD POISONS

Part II B

LIST OF INSTRUMENTS AND EQUIPMENT

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 21 OF RESPONSE BOOKLET
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| 1 | SYRINGE/NEEDLES |
| 2 | SUTURE (S & D) TRAY |
| 3 | HEMOSTATS |
| 4 | SUTURE REMOVAL SET |
| 5 | SYRETTES |
| 6 | VACUTAINER BLOOD COLLECTING SYSTEM |
| 7 | GLOVES, RUBBER |
| 8 | THERMOMETER TRAY |
| 9 | THERMOMETER, CLINICAL |
| 10 | ELECTRIC THERMOMETER, E.G. IVAC, K-PROBE |
| 11 | SPHYGMOMANOMETER (BLOOD PRESSURE APPARATUS) |
| 12 | STETHOSCOPE |
| 13 | OTOSCOPE |
| 14 | OPHTHALMOSCOPE |
| 15 | PERCUSSION HAMMER |
| 16 | ELECTROCARDIOGRAPH (EKG) APPARATUS |
| 17 | ELECTROENCEPHALOGRAPH (EEG) APPARATUS |
| 18 | HUMIDIFIERS |
| 19 | STEAM KETTLE/INHALATORS |
| 20 | VAPORIZER |
| 21 | MID-STREAM URINE KIT |
| 22 | CATHETERIZATION SET, URINARY |
| 23 | URO SHEATH/EXTERNAL CATHETER |
| 24 | IRRIGATING SYRINGE |
| 25 | IRRIGATION KIT |

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 21 OF RESPONSE BOOKLET
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| 26 | TRAY, EYE IRRIGATION |
| 27 | TRAY, IRRIGATION EAR |
| 28 | RESTRAINING STRAPS |
| 29 | ICE COLLARS/PACKS |
| 30 | HOT WATER BOTTLE |
| 31 | AQUAMATIC K-PAC MACHINE |
| 32 | HYDROCOLLATOR MACHINE |
| 33 | HYDROCOLLATOR PACK |
| 34 | TRAY, WET COMPRESSS |
| 35 | DRESSINGS (TRAY, CART, DRAWER) |
| 36 | SITZ BATH |
| 37 | WATER BATH WITH THERMOSTAT |
| 38 | CUSHION RING, INFLATABLE |
| 39 | SANDBAGS/TROCHANTER ROLLS |
| 40 | FOOT CRADLE |
| 41 | BED CRADLES |
| 42 | INFRA RED LAMP |
| 43 | HEAT LAMP |
| 44 | MOUTH GAGS |
| 45 | AIRWAYS |
| 46 | FLOW METER |
| 47 | OXYGEN, WALL UNIT |
| 48 | OXYGEN CYLINDER/TANK, PORTABLE |
| 49 | OXYGEN CATHETERS |
| 50 | OXYGEN MASK |

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN LEFT SIDE OF PAGE 22 OF RESPONSE BOOKLET
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| 1 | AMBU BAG (HOPE BAG) |
| 2 | AMBU MACHINE |
| 3 | INHALATOR-ASPIRATOR (RESUSCITATOR) |
| 4 | RESPIRATOR BIRD |
| 5 | IPPB MACHINE (POSITIVE PRESSURE BREATHING APPARATUS) |
| 6 | GOMCO SUCTION MACHINE |
| 7 | SUCTION/VACUUM PUMP |
| 8 | TRACHEOTOMY TUBES, METAL |
| 9 | TRACHEOTOMY CARE TRAY |
| 10 | ELECTRO CONVULSIVE THERAPY MACHINE |
| 11 | EMERGENCY CART (CRASH CART) |
| 12 | EMERGENCY DRUG SUPPLY (KIT, BOX, DRAWER) |
| 13 | FIRST AID KIT |
| 14 | I.V. POLE |
| 15 | IVAC AUTOMATIC I.V. DROPS/MINUTE COUNTER |
| 16 | SOLU-SET, HEMO-SET |
| 17 | CRUTCHES |
| 18 | BED PANS |
| 19 | BED PAN STERILIZER |
| 20 | VOLUMETRIC GLASSWARE (OTHER THAN BURETS AND PIPETS) |
| 21 | AUTOCLAVE, STEAM |
| 22 | CLINICAL WEIGHT AND HEIGHT SCALES |
| 23 | GURNEY CARTS |
| 24 | AIR EVAC STRETCHER/LITTER |
| 25 | COLLAPSIBLE LITTER |

TASK NO.	ENTER RESPONSES TO STATEMENTS BELOW IN RIGHT SIDE OF PAGE 22 OF RESPONSE BOOKLET
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| 26 | WHEEL CHAIR |
| 27 | HOSPITAL BEDS AND ACCESSORIES |
| 28 | BED LAMP |
| 29 | ALTERNATING PRESSURE PAD AND MATTRESS |
| 30 | FLESH PAD/FAT PAD |
| 31 | HOYER LIFT |
| 32 | HOT PLATE |
| 33 | AUTOMATIC COFFEE MAKER |
| 34 | AMBULANCE |
| 35 | FIRE EXTINGUISHER |
| 36 | ELECTRIC DESK CALCULATOR |
| 37 | ADDRESSOGRAPH MACHINE, MANUAL |
| 38 | ADDRESSOGRAPH MACHINE, AUTOMATIC |
| 39 | DUPLICATOR, E.G. NIMEOGRAPH |
| 40 | TYPEWRITER |
| 41 | PHOTOSTATIC EQUIPMENT |
| 42 | PHOTO COPIER, E.G. ZEREX |
| 43 | AUDIO TAPE RECORDERS |
| 44 | SLIDE/FILM STRIP/STILL PROJECTOR |
| 45 | MOVIE PROJECTOR/ACCESSORIES |
| 46 | MACHINE, FLOOR POLISHING |
| 47 | SEWING MACHINE/ACCESSORIES |
| 48 | WEIGHT LIFTING EQUIPMENT |