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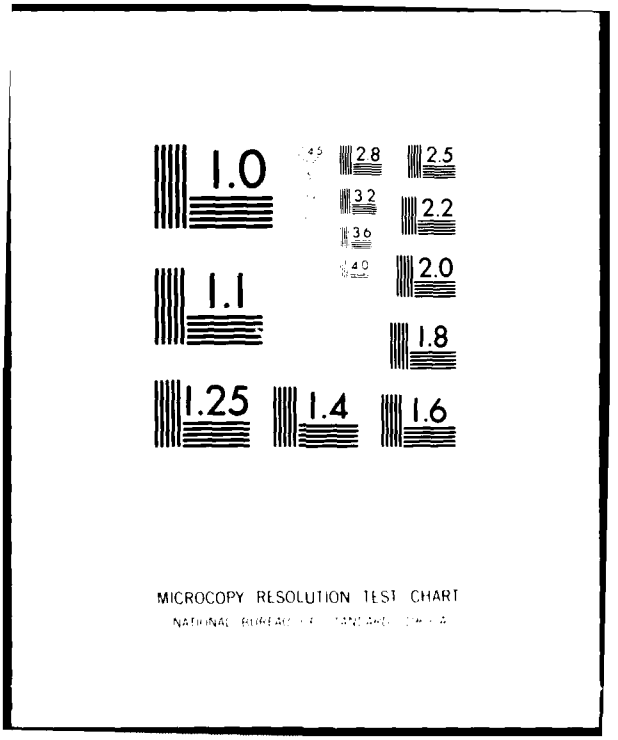
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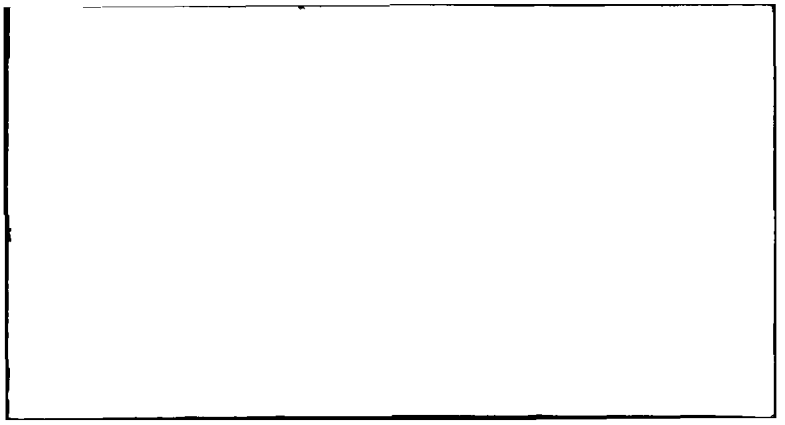

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20. ABSTRACT (Continue on reverse side if necessary and identify by block number)

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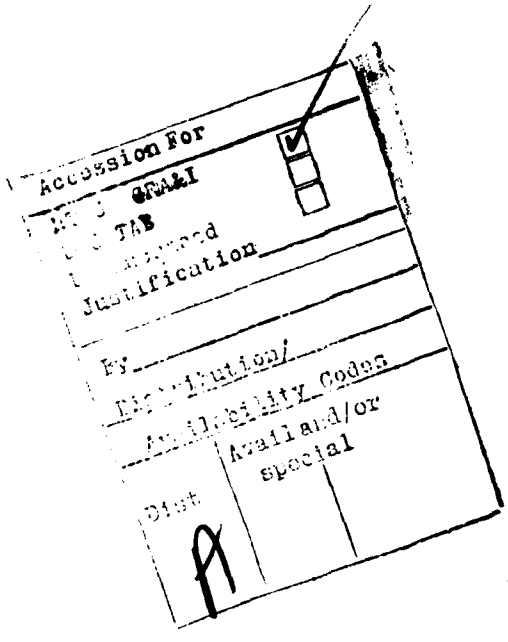
currently designated Navy enlisted occupations, 20 Naval Enlisted Classification Codes (NEC's) were computerized. A set of 16 groupings that cover all designated occupations was developed so as to enhance the effectiveness of professionals and sub-professionals alike.



APPENDIX 38.

COMPETENCY CURRICULUM FOR PSYCHIATRIC TECHNICIAN

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

August 31, 1974

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

Quida C. Upchurch, Capt., NC, USN
Program Manager
Education and Training R&D
Bureau of Medicine and Surgery (Code 71G)

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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 needs. The system, however, remains untested and unevaluated. ADO 43-03X called for feasibility test 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 reapplied 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 of 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 up-dating, 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.

TABLE OF CONTENTS

COMPETENCY CURRICULUM FOR

PSYCHIATRIC TECHNICIAN

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

COMPETENCY UNIT I: STAFF AND PATIENT INTRODUCTION TO PSYCHIATRIC UNIT

This unit includes the following modules:

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit I: Staff and Patient Introduction to Psychiatric Unit

MODULE 1: ORIENTATION TO PSYCHIATRIC TEAM MEMBERS

TASKS

a. Identify psychiatric team members as to role and function
b. Orient self to physical facilities
c. Familiarize self with information in patient charts

PERFORMANCE OBJECTIVE

(Stimulus)	Upon assignment to the psychiatric unit
(Behavior)	The PSYT will become acquainted with the psychiatric unit by identifying the members of the psychiatric team as to role and function, investigating the physical surroundings and reading patient charts and procedure manuals
(Conditions)	With supervision; using available procedural manuals and patient charts
(Criteria)	Sufficient familiarity with staff, environment, patient and procedural information to be able to refer specific patient or ward problems to appropriate team member
(Consequence)	The proper reporting of problems to the appropriate team member facilitates the smooth functioning of the unit
(Next Action)	As problems occur refer to appropriate staff person for handling

KNOWLEDGES AND SKILLS

Basic psychiatric terminology
Verbal and written communication skills relative to psychiatric environment
Role, functions and responsibilities of individual team members
Interrelationships of the psychiatric team

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit I: Staff and Patient Introduction to Psychiatric Unit

MODULE 2: CONDUCTING ADMISSIONS/INTAKE INTERVIEW

TASKS

a. Receive patient on arrival, e.g., introduce self, obtain patient's name
b. Conduct intake interview
c. Observe patient's general appearance, e.g., dress, grooming
d. Observe patient for behavioral changes, e.g., disturbed, combative, psychotic
e. Observe for patient communication disability
f. Establish relationship with patient
g. Obtain patient's social and family history

PERFORMANCE OBJECTIVE

(Stimulus) When a new patient is admitted to the psychiatric unit

(Behavior) The PSYT will conduct the patient intake interview by encouraging patient to verbally express his problems and immediate needs, asking appropriate questions to acquire needed information, identifying nonverbal messages conveyed by patient, evaluating patient's orientation to time, place and person and identifying patient's strengths and weaknesses, e.g., education, work experience, talents, interests

(Conditions) With indirect supervision; in a comfortable, private area for interview; using appropriate unit forms and checklists

(Criteria) Interview conducted within specified time period after admission to ward; complete and accurate preliminary patient information obtained

(Consequence) Preliminary information on patient's condition obtained and available for psychiatric team

(Next Action) Enter information on patient's records; inform appropriate psychiatric team member

KNOWLEDGES AND SKILLS

Intake interview form--types of questions to ask to obtain required information
Recognition/identification of nonverbal patient messages, e.g., body language
Personality growth and development
Self-awareness and possible effect on patient
Basic psychiatric terminology
Identification of levels of anxiety
Verbal and written techniques to communicate with psychiatric patients

MODULE 2 (Continued)

Listening techniques
Techniques to communicate empathy to patient
Interviewing techniques, i.e., talk with people comfortably

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit I: Staff and Patient Introduction to Psychiatric Unit

MODULE 3: ORIENTATION OF NEW PATIENT TO UNIT

TASKS

a. Receive patient on arrival, e.g., introduce self, obtain patient's name
b. Introduce patient to other patients in the unit and to staff personnel
c. Introduce patient to physical setting of unit, e.g., bed, bathroom facilities
d. Assist patient with admission routine, e.g., clean-catch specimen, x-rays
e. Provide patient with information regarding activities, daily routine and therapy

PERFORMANCE OBJECTIVE

(Stimulus) Upon admission of a new patient to the psychiatric unit

(Behavior) The PSYT will orient the patient to the psychiatric unit by taking the patient on a tour of the unit, explaining daily routine and procedures, assisting the patient if necessary with admission routine, e.g., collection of urine specimens, x-rays. The PSYT will also collect and wrap specimens and record needed information on appropriate forms

(Conditions) With supervision

(Criteria) Performed in accordance with established unit admission procedures

(Consequence) Establishment of a relationship with the patient and communication of information about the unit and routines the patient is expected to participate in, facilitating the patient's adjustment to hospitalization and establishing a constructive relationship for initiation of the therapeutic process

KNOWLEDGES AND SKILLS

Knowledge of unit routines and admission procedures
Psychiatric diagnosis
Basic terminology
Techniques to interact with a distrubed or aggressive patient
Objective clarity in recording information in patient's record and other relevant forms
Awareness of PSYT's effect on patient

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

COMPETENCY UNIT II: PATIENT SAFETY

This unit includes the following modules:

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit II: Patient Safety

MODULE 1: SECURITY MAINTENANCE

TASKS

a. Perform routine screening of visitors admitted to unit
b. Arrange for prescribed pass/leave time for patient's family
c. Observe visitors/patients for unauthorized articles, e.g., drugs, sharps
d. Get clearance for patients to make or receive phone calls and mail
e. Coordinate with legal services
f. Observe patient "on restriction" when placed there by order
g. Maintain constant control of keys
h. Observe effect of visitors on patient behavior

PERFORMANCE OBJECTIVE

(Stimulus) When assigned

(Behavior) The PSYT will maintain security within the psychiatric unit, e.g., screen and inform visitors of rules and regulations, determine that patients are aware of regulations concerning self and visitors, inspect visitors for unauthorized articles when ordered to do so, provide opportunity for the patients to use telephone or receive mail when allowed to do so, maintain patients on restriction as ordered, maintain continuous awareness of patients' whereabouts, keep keys concealed on self when not in use and use them in an unobtrusive manner, instruct patient and family in care of patient on pass or leave, chart patients' behavior/ reactions to visitors, friends or family and make verbal or written reports as requested

(Conditions) With indirect supervision and technical assistance as needed, and when legal action is pending, in coordination with a legal authority

(Criteria) Performed according to physician's orders, legal counsel, standard operating procedures of the institution and/or psychiatric unit and therapeutic processes

(Consequence) Patients are protected from outside influences which may be harmful to them or to other patients; patients and visitors have greater sense of security by knowing what is expected of them; psychiatric staff is aware of results of patient interaction with visitors and family; legal record is maintained of visitors

Module 1 (Continued)

KNOWLEDGES AND SKILLS

Established hospital and unit operating procedures concerning security
Patient diagnosis and condition relative to legal requirements and physician's orders
Techniques to supervise patient's visitors unobtrusively and to carry out required regulations and procedures without antagonizing patients or visitors

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit II: Patient Safety

MODULE 2: SURVEILLANCE FOR SHARPS

TASKS

a. Perform routine safety inspections
b. Store sharps according to psychiatric ward procedures
c. Participate in/supervise patients while shaving or showering
d. Make patient rounds at irregular intervals

PERFORMANCE OBJECTIVE

(Stimulus) When assigned to maintain surveillance for sharps in the possession of patients in the psychiatric ward

(Behavior) The PSYT will ensure that patients are informed of regulations regarding the use and/or possession of sharps, maintain accurate records of the whereabouts of sharps, supervise the use of razors/knives/silverware according to patient's condition and physician's or nurses' orders, monitor activities of patients especially of depressed or suicidal patients, remove potentially harmful articles from environment, observe for cues from patients attempting to conceal sharp articles, supervise/monitor patient shaving or showering as required by patient's condition and inspect unit for sharps and other harmful articles

(Conditions) Without supervision but with technical assistance as necessary

(Criteria) Performed in accordance with established procedures of the institution and/or psychiatric unit

(Consequence) Patients are protected from harmful and/or potentially destructive objects thereby preventing accidents and discouraging suicidal attempts

KNOWLEDGES AND SKILLS

Standard unit procedures for control of sharps
Techniques used by patients to conceal sharps
Danger of sharps in relation to patient's condition and/or needs
Physician's orders concerning the use and availability of sharps
Objective, nonpunitive techniques to inspect or assist in the inspection of patients

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit II: Patient Safety

MODULE 3: COORDINATION OF PATIENT CARE DURING FIRE DRILLS

TASKS
a. Coordinate fire drill procedures
b. Supervise patient evacuation
c. Evaluate patient and staff participation in drill

PERFORMANCE OBJECTIVE

(Stimulus) When a fire drill is called

(Behavior) The PSYT will aid in the orderly evacuation of patients; prepare patients for evacuation who are unable to help themselves, e.g., unable to understand what has to be done, unable to trust; provide for continuous care of restrained patients during evacuation; protect all patients during evacuation from injury and from elopement; maintain constant awareness of the whereabouts of patients during fire drill; direct patients during evacuation process with clear, simple and calm instructions

(Conditions) Without supervision but with permission of the supervising physician

(Criteria) Upon technical review is judged to have been correctly performed with regard to patient safety, conditions, and established unit and institutional fire drill procedures

(Consequence) An organized, efficient procedure providing for the patients' safety in event of a fire/fire drill; patient and staff familiarity with the procedures, minimizing fear and panic in case of an emergency

(Next Action) Report results of fire drill to unit/institutional administration

KNOWLEDGES AND SKILLS

Standard unit/institutional procedures for fire drills
Patient's condition and behavior relative to emergency situation
Methods of transporting disturbed or restrained patients safely
Controlled/rational conduct under stress
Ability to give clear verbal instructions under stress

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit II: Patient Safety

MODULE 4: ESCORTING PATIENT/GROUP OF PATIENTS

TASKS

a. Observe patients on trips outside the psychiatric unit, e.g., movies, field trips, walks
b. Observe patients while taking them to another department or clinic
c. Maintain awareness of patients whereabouts while accompanying them away from the unit
d. Assess patient's level of responsibility and reliability
e. Assess patient's behavior at social activities

PERFORMANCE OBJECTIVE

(Stimulus) When assigned to escort a patient or a group of patients to a place or activity outside the psychiatric unit

(Behavior) The PSYT will discuss with the patients their responsibilities while away from the psychiatric unit, e.g., routines, acceptable behavior; inform patients of purpose and destination of trip; supervise and initiate group activities away from the unit, e.g., field trips, group games or walks; maintain an accurate account of patients being escorted; protect patients from harmful or embarrassing behavior in public, e.g., redirect energies or attention; assess patient's reaction to ward activities; chart patient's behavior/reaction to place or activity and give written and verbal reports about patient

(Conditions) Without supervision but with technical assistance when necessary

(Criteria) Performed according to physician's written orders, established unit procedures concerning off-ward activities, therapeutic principles, institutional standards and in unforeseen situations, according to PSYT's best judgement

(Consequence) Patients are enabled to keep appointments and/or engage in outside group or social activities with a minimum of stress and maximum of safety to prevent elopement; patients are provided with opportunities to try out their reactions and behavior in public situations or social groups

Module 4 (Continued)

KNOWLEDGES AND SKILLS

Hospital unit/physician's instructions concerning activities away from psychiatric unit
Behavior of patients
Types of available hospital facilities and location of departments
Acceptable field trip facilities
Forms of social/diversional/recreational activites
Techniques to supervise, participate and maintain verbal control without antagonism in group activities, sports, social outings

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit II: Patient Safety

MODULE 5: ELOPEMENT PREVENTION

TASKS

a. Observe patients who are escape risks
b. Assess unit precautions to prevent escape
c. Observe patient's behavior for clues to possible elopement
d. Watch/guard specific patients unobtrusively
e. Maintain constant awareness of patient's whereabouts

PERFORMANCE OBJECTIVE

(Stimulus) Upon being informed that a patient is an escape risk or observing a patient whose behavior indicates possible elopement

(Behavior) The PSYT will verify that the patient is aware of unit restrictions and policies, maintain constant awareness of patient's activities and whereabouts, encourage patient's verbalization to gain information about thoughts and plans concerning elopement/escape, watch and guard patient without engendering antagonism, report and record patient's behavior

(Conditions) Without supervision but with technical assistance when needed

(Criteria) Upon review of patient's behavior, PSYT's actions are judged to be appropriate for situation; performed in accordance with patient's condition and unit's procedures concerning patient movement

(Consequence) These actions can result in preventing elopement and reinforcing patient's feelings of security through acceptance of shared responsibility for preventing escape

(Next Action) Advise proper authorities of patient elopement, e.g., physician, hospital administration

KNOWLEDGES AND SKILLS

Hospital unit and physician's instructions concerning specific patient's movements within/outside the psychiatric unit
Specific patient's condition, behavior, whereabouts and orders
Methods of transporting patient safely from one unit to another within institution and outside the institution
Escape precautions
Techniques to apply physical restraints when necessary
Recognition of signs of patient's possible escape tendencies

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit II: Patient Safety

MODULE 6: VERBAL AND PHYSICAL CONTROL OF PATIENTS

TASKS

a. Assess need to restrain patient
b. Determine appropriate methods of restraint
c. Determine need for help in controlling patient
d. Assess patient's behavior for clues to impending disruptive or destructive behavior
e. Protect others from disturbed patient
f. Control patient without harm to him, to self or to others
g. Assess degree of disturbance
h. Recognize consequence of patient's behavior if not controlled, i.e., harmful or not

PERFORMANCE OBJECTIVE

(Stimulus) When directed to assist in controlling patient's behavior or upon observation of disruptive or combative behavior

(Behavior) The PSYT will attempt to verbally control the patient, i.e., talking with and informing patient of unacceptable behavior, redirecting the behavior and diverting the patient's attention. He will protect the patient from injury to self or others, determine need for additional help to control or restrain patient physically, and separate or isolate the agitated patient from the group and stay with him. An evaluation of physical injuries will be made and medical help obtained immediately in any questionable situation. The PSYT will maintain awareness of continuing impending disturbances and/or environmental situations which might trigger disruptive behavior; report and record patient's behavior and actions and report incidents and injuries to proper authority

(Conditions) Without supervision but with technical assistance, when necessary; using restraint straps, soft restraints, available prescribed medications

(Criteria) Upon technical review PSYT's actions are judged correct with regard to patient's behavior, patient's safety, the safety of self and others, physician's orders, and departmental policies and instructions

(Consequence) Prevention of harm or abuse to patients, staff and/or visitors; increased sense of security as a result of calming disturbed patient and relieving tension on the psychiatric unit

Module 6 (Continued)

KNOWLEDGES AND SKILLS

Departmental policies and instructions concerning combative or disruptive patients
Restraining techniques, e.g., armhold
Application of restraints without harm to patient
Ability to function as a team member in controlling disruptive patient
Communication skills and techniques for verbally controlling disruptive patients
Patient's condition, usual behavior, diagnosis and situations tending to produce combative or disruptive behavior
Environmental factors conducive to producing disruptive behavior
Intervention in disruptive/combative behavior, e.g., stop fights, disarm patient, participate in riot control

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit II: Patient Safety

MODULE 7: WARD SHAKEDOWN

TASKS

a. Observe ward atmosphere for clues to possession of unauthorized material
b. Assess need for search of unit/patients/lockers
c. Make recommendations for unit search

PERFORMANCE OBJECTIVE

(Stimulus) Upon observing signs indicating the need for a ward shakedown or when directed to do so

(Behavior) The PSYT, conducting self so as to avoid belittling or antagonizing patients, will assist in the orderly search of the ward, e.g., explaining what is taking place to the patients, protecting them from abuse or embarrassment by self or others, recognizing patient behavior indicative of hidden objects (e.g., guilt, suspicion, seclusiveness, hiding), confiscating unauthorized articles found and reporting and recording results of search and patients' behavior and attitudes during search

(Conditions) With supervision and technical assistance

(Criteria) Performed in accordance with the institution's standard procedures and accepted psychiatric standards to protect patients' rights and self-esteem

(Consequence) An organized and efficient search is conducted, increasing patients' safety through confiscation of unauthorized and possibly harmful articles. Ward is made more secure, accidents can be prevented and responsibility for possession of unauthorized articles is removed thereby releasing tension

KNOWLEDGES AND SKILLS

Hospital/departmental instructions and policies concerning search procedures
Patients' diagnoses, conditions, behaviors
Ward environment, e.g., locker, storage units
Understanding of the importance of patient's feelings of self-esteem and self-importance
Technique for conducting shakedown procedures including search of patients
Awareness of one's own attitude to procedure and to patients and patients' rights

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit II: Patient Safety

MODULE 8: SECLUSION

TASKS

a. Assess need and advantages for patient to be in locked or unlocked quiet room
b. Prepare isolation room for patient
c. Observe patient in locked quiet room, e.g., monitor him with an awareness of his physical and psychological needs
d. Assess patient's reaction to seclusion

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders or upon observing patient's need for a limited setting or a decrease in external stimuli

(Behavior) The PSYT will verify that the isolation room has been prepared for patient; inform patient of action and the reasons for it; accompany patient to isolation room and explain procedure, e.g., door locked/unlocked, limited movement available, availability of staff; provide physical care if necessary, e.g., for bathing, elimination, eating, fluid intake; provide emotional support as necessary, e.g., stay with patient, provide opportunity to smoke, talk, test limits; remain with patient in seclusion as indicated, e.g., to prevent panic, loneliness, withdrawal, and record and report patient's response to seclusion

(Conditions) With supervision and technical assistance when necessary

(Criteria) Upon technical review procedure is judged to have been performed correctly according to physician s orders and standard procedures of unit and with regard to patient's safety

(Consequence) These actions should reduce patient's tension and reinforce therapeutic structure of the ward, i.e., set limits and show the patient that staff is concerned in a therapeutic and not punitive manner

KNOWLEDGES AND SKILLS

Patient's diagnosis, condition and behavior
Standard reasons and procedures for isolation
Theory of seclusion as a therapeutic measure, e.g., limited setting, reassurance
Defense mechanisms
Personality growth and development
Patient's physiological needs
Techniques for providing emotional support and reassurance to patient in seclusion
Physician's orders

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

COMPETENCY UNIT III: PSYCHIATRIC PATIENT CARE

This unit includes the following modules:

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit III: Psychiatric Patient Care

MODULE 1: INTERACTION WITH PATIENT WITH NEUROTIC OR PSYCHOSOMATIC DISORDER

TASKS

a. Determine own attitude towards patient's expression of emotional distress, e.g., anxiety, ritualistic behavior or physical complaints
b. Demonstrate an understanding attitude toward patient's behavior, e.g., calmness, acceptance
c. Demonstrate an ability to listen with an accepting attitude
d. Identify patient's need to develop interest outside himself
e. Encourage patient to widen his sphere of interests
f. Identify patient's need for assistance in making decisions
g. Communicate understanding of patient's neurotic behavior and treatment goals

PERFORMANCE OBJECTIVE

(Stimulus) When assigned to care for a patient with observed or diagnosed neurotic and/or psychosomatic disorders

(Behavior) The PSYT will listen to patient and encourage verbalization of complaints, problems, feelings, needs; identify patient's needs without emphasizing complaints; encourage patient into activities and interests outside of himself; determine whether patient's condition requires medical attention; demonstrate consistency of care relative to patient's treatment plan; maintain patient's hygienic and physiologic well-being; maintain a daily schedule for a patient which includes a balance of work and recreation; express a nonjudgmental attitude toward patient as a sick person; direct positive statements to patient rather than questions; express a sincere understanding of patient's physical complaints and handicaps; report patient's condition, communications and complaints to team members and record in appropriate patient records

(Conditions) With indirect supervision

(Criteria) Performed according to patient's treatment plan, therapeutic principles and patient's observed behavior

Module 1 (Continued)

(Consequence) Provides basis for a consistent therapeutic approach and environment by lowering the patient's level of anxiety; observing and reporting of symptomology assists physician in treatment and diagnosis

KNOWLEDGES AND SKILLS

Personality growth and development
Gross anatomy and physiology
Interrelationship of physical and emotional illnesses
Defense mechanisms
Levels of anxiety
Neurosis--transient situational disorders
Psychosomatic medicine
Body language
Individual patient's condition, behavior, treatment plan
Awareness of own attitude towards patient's condition
Types of suitable recreational and occupational therapy
Effective listening techniques without directing patient's communication to specific symptoms
Objective reporting and recording skills

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit III: Psychiatric Patient Care

MODULE 2: INTERACTION WITH PATIENT DIAGNOSED AS A SEXUAL DEVIANT

TASKS

a. Observe patient for sexually deviant behavior
b. Assist in assessing the degree of deviant behavior
c. Identify own attitude toward patient behavior
d. Observe patient's interaction with other patients and staff members
e. Assess patient's level of anxiety

PERFORMANCE OBJECTIVE

(Stimulus) When assigned to care for patient with observed and/or diagnosed sexually deviant behavior

(Behavior) The PSYT will protect the patient from physical or moral injury by self or others, maintain social contact with patient to prevent his becoming an outcast, initiate recreational and diversional activities within patient's prescribed rights to avoid lethargy and boredom, provide care for patient's physiologic and hygienic needs, observe degree of deviant behavior, report patient's behavior to psychiatric team members and record on appropriate charts/forms

(Conditions) With supervision and, when legal action is pending, with legal counsel

(Criteria) Performed according to physician's orders, recommendations of legal counsel, ethical behavior and accepted psychotherapeutic principles

(Consequence) These actions will aid in decreasing patient's level of anxiety, provide information to assist physician in diagnosing and prescribing treatment, maintain custodial care for patient and assure that a documented patient record is kept for legal purposes

KNOWLEDGES AND SKILLS

Psychosexual development
Patient's basic hygienic and physiologic needs
Defense mechanisms
Patient behavior, e.g., immature behavior
Historical development of social attitudes toward sexual deviation
Family history
Legal actions pending and legal ramifications of behavior
Recreational and diversional therapy available and suitable for patient's problem

Module 2 (Continued)

KNOWLEDGES AND SKILLS

Objective observing, reporting and recording techniques
Communication skills with sexual deviates
Awareness of own attitude towards patient's problem

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit III: Psychiatric Patient Care

MODULE 3: INTERACTION WITH PATIENT WITH MENTAL RETARDATION AND/OR ORGANIC BRAIN SYNDROME

TASKS

a. Assess patient's abilities
b. Observe patient's interaction with other patients and staff
c. Observe patient for physiological changes and needs, e.g., eating, sleeping
d. Observe patient for hygienic needs, e.g., cleanliness, toileting
e. Provide patient with opportunity to participate in a variety of activities appropriate to abilities
f. Observe for opportunity to reinforce positive behavior
g. Observe patient for physical manifestations of condition, e.g., seizures, tremors, paralysis, memory defects
h. Observe for changes in patient's mental capacities

PERFORMANCE OBJECTIVE

(Stimulus)	When assigned by supervisor to care for patient with diagnosed mental retardation or an organic brain syndrome (organic brain disorder)
(Behavior)	The PSYT will assist patient in becoming familiar with the physical environment of the unit, adjust patient's routine and activities to his abilities and limitations, evaluate tasks and activities and assign the patient those that would provide positive enforcement and support, communicate friendly, open attitude frequently to patient, assist patient as necessary with activities of daily living and self-care, e.g., eating, hygiene, and record patient's behavior and participation on appropriate charts and reports
(Conditions)	Without supervision but with technical assistance when necessary
(Criteria)	Performed in accordance with accepted standard of therapy
(Consequence)	The needs of the handicapped patient are attended to and the patient is encouraged to develop/ behave at his greatest potential while safeguarded from harm to self or others and from further mental or physical disability

Module 3 (Continued)

KNOWLEDGES AND SKILLS

Personality growth and development
Mental retardation
Organic brain syndrome
Organic psychosis
Recreational, occupational and work therapy
Family and social situations outside hospital
Defense mechanisms
Patient's basic hygienic and physiological needs
Understanding attitude towards patient's limitations
Awareness of own attitude toward unsocial behavior
Principles and techniques of teaching skills to patient with limited mental capacity, e.g., hygiene, eating, dressing
Effective communication on patient's level
Accurate recording and reporting procedures

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit III: Psychiatric Patient Care

MODULE 4: INTERACTION WITH PATIENT WITH PERSONALITY OR CHARACTER DISORDER

TASKS

a. Demonstrate an understanding of patient's limitations in dealing with rules and regulations
b. Observe for methods of avoiding unit structure
c. Avoid allowing patient to control situation
d. Observe patient's level of common sense and judgment
e. Avoid making patient a social outcast
f. Reinforce patient's socially acceptable behavior
g. Demonstrate awareness of patient's use of pretense and charm to avoid responsibility

PERFORMANCE OBJECTIVE

(Stimulus) When assigned to care for patient with personality or character disorders (sociopath, psychopath)

(Behavior) The PSYT will establish firm, reasonable and consistent limits and controls; maintain constant, patient vigilance demonstrating minimum of trust and accepting limited antisocial behavior unless dangerous to self or others; encourage patient to participate in socially acceptable activities; encourage a daily routine of good personal hygiene and health habits and accurately record and report patient's behavior, condition, conversation

(Conditions) With indirect supervision and assistance when necessary

(Criteria) Performed in accordance with physician's orders, unit routine, psychotherapeutic principles, and PSYT's own judgement in dealing with questionable situations

(Consequence) These actions will establish a therapeutic environment for the patient and keep other psychiatric team members informed of the patient's activities and behavior, enabling them to better understand the patient's situation and progress

KNOWLEDGES AND SKILLS

Sociopathic/psychopathic personality patterns/ disturbances
Behavioral techniques of trickery and/or pretense frequently employed by sociopaths/psychopaths

Module 4 (Continued)

KNOWLEDGES AND SKILLS

Personality growth and development
Individual patient's behavior
Defense mechanisms
Basic therapy modalities, e.g., occupational therapy, recreational therapy or work
Patient's basic hygienic and physical needs
Techniques to interact therapeutically and ethically with patient
Awareness of attitude toward patient's condition
Procedures for reporting and recording patient's condition
Objective observation of patient's condition
Communication skills

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit III: Psychiatric Patient Care

MODULE 5: INTERACTION WITH WITHDRAWN PATIENT

TASKS

a. Observe patient's behavior and activity
b. Observe for physiological changes and needs, e.g., not eating, elimination
c. Observe patient interaction/lack of interaction with other patients and staff
d. Observe patient's orientation to reality or state of being, e.g., disorientation, aggression
e. Assess patient's level and mode of communication
f. Assess patient's level of consciousness and anxiety

PERFORMANCE OBJECTIVE

(Stimulus) When assigned to care for a patient with diagnosed or observed withdrawal symptoms

(Behavior) The PSYT will initiate verbal contact and physical proximity; maintain patient orientation; discuss daily unit activities, time, place, person; encourage attention-getting and thought-provoking activities and consistently reinforce positive behavior; protect patient from injuring self or others; attend to patient's physiological needs, e.g., eating, sleeping, elimination, exercise, hydration; encourage patient's participation in ward activities involving others within the limits of the patient's abilities; report patient behavior/actions and progress to appropriate staff and record in appropriate charts and forms

(Conditions) With direct supervision

(Criteria) In accordance with physician's orders, patient's observed behavior and accepted psychotherapeutic principles

(Consequence) Patient's physical well-being is supervised and patient is in a less isolated situation; information about behavioral changes/progress and actions is obtained to provide the basis for devising a consistent therapeutic approach or milieu

Module 5 (Continued)

KNOWLEDGES AND SKILLS

Personality growth and development--identification of regression
Basic hygienic and physiological needs--preventive health care
Defense mechanisms
Symptoms and diagnosis of schizophrenia, depression
Identifying development of patterns of withdrawal
Treatment of withdrawal patterns, e.g., recreational and occupational therapies
Awareness of one's own attitude towards patient's behavior
Techniques for communicating with patient particularly for maintaining a one-sided conversation
Objective reporting and recording of patient's condition

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit III: Psychiatric Patient Care

MODULE 6: INTERACTION WITH DEPRESSED AND/OR SUICIDAL PATIENT

TASKS

a. Observe patient for behavioral changes
b. Encourage patient's interest in activities
c. Observe patient's interaction/lack of interaction with other patients and with staff
d. Determine need for security precautions
e. Assess patient's level of anxiety and depression
f. Observe patient's physiological needs, e.g., eating, sleeping
g. Assess level and mode of communication
h. Reinforce patient's positive behavior
i. Reassure patient of his personal value as an individual
j. Structure the patient's day

PERFORMANCE OBJECTIVE

(Stimulus) When assigned to care for a patient with observed and/or diagnosed depression or suicidal tendencies

(Behavior) The PSYT will talk to the patient to determine needs/problems; show personal interest in patient, listening carefully to patient's verbal communications, demonstrating an awareness of patient's behavior patterns, supporting patient in constructive activities, not trying to "jolly" patient out of depressed mood; help patient make decisions; demonstrate an awareness of hyper or retarded physical activities and eating or sleeping difficulties; simplify daily routines as much as possible; initiate activities for patient to provide reasonable tasks and/or goals; supervise patient continuously, recognizing changes in behavior and attitude and instituting precautions as necessary; report and record observations about patient verbally and in writing

(Conditions) With indirect supervision and technical assistance when necessary

(Criteria) Performed in accordance with accepted safety standards, physician's orders, unit procedures and psychotherapeutic principles

(Consequence) These activities, i.e., establishing a relationship, will enable the patient to feel more secure, develop self-esteem and function in a therapeutic milieu

Module 6 (Continued)

KNOWLEDGES AND SKILLS

Behavior of depressed patient
Behavior of suicidal patient
Behavior of schizophrenic patient
Personality growth and development
Patient's level of anxiety and guilt
Defense mechanisms
Involutional melancholia
Transient situational depression
Sedative therapies, e.g., wetpack
Psychopharmacology
Somatic therapies, e.g., Ect, medications
Individual patient condition and behavior
Body language and ability to recognize meaning
Therapeutic modalities, e.g., recreational therapy, occupational therapy, diversion, work
Recognition of clues to an impending suicidal attempt
Communication skills
Techniques for objectively and accurately observing, reporting and recording patient's condition

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit III: Psychiatric Patient Care

MODULE 7: INTERACTION WITH HYPERACTIVE AND/OR AGGRESSIVE PATIENT

TASKS

a. Observe patient's behavior
b. Identify excessive stimulation in patient's environment
c. Assess patient's behavior in regard to reality, e.g., hallucinations, delusions
d. Observe patient's physical well-being or lack of it, e.g., eating, sleeping
e. Observe level of anxiety and combativeness
f. Identify situations which upset patient
g. Observe patient's body movements, positioning and tone
h. Build patient's self-esteem

PERFORMANCE OBJECTIVE

(Stimulus) When assigned to care for patient observed/ diagnosed as hyperactive, aggressive or having threatening tendencies

(Behavior) The PSYT will protect patient from injuring self or others; remove excessive stimulation from environment, e.g., modify tone of voice, simplify surroundings, remove from group; supervise patient's daily schedule and select nonchallenging activites; identify indicators of any hallucinations or delusional fears; redirect excessive energy into acceptable behavior, e.g., punching bag; monitor own behavior in presence of patient to maintain self-control, calmness, quietness, without being offensive; seclude or restrain patient as necessary, according to safety requirements; adapt type and availability of food for quick eating, according to patient's needs; report patient's behavior, communications and condition and record in patient record and other appropriate report forms

(Conditions) With indirect supervision and technical assistance as necessary

(Criteria) Performed according to physician's orders, established unit procedures and acceptable standards of therapy

(Consequence) A more structured environment is created, maintaining safety for the patient and others and decreasing patient's excitement; members of the psychiatric team are informed of patient's progress and a continuing basis is provided for therapeutic treatment and milieu

Module 7 (Continued)

KNOWLEDGES AND SKILLS

Psychosis
Schizophrenia
Manic-depressive
Transient situational disturbance
Toxic reactions
Levels of anxiety, e.g., panic
Personality growth and development
Seclusion and restraining techniques
Use of wetpacks
Psychotropic medications
Recreational and occupational therapy
Defense mechanisms
Hygienic and physiologic needs, e.g., nutrition-fluid intake, elimination
Body metabolism
Body mechanics
Awareness of how one's behavior affects the patient
Communication techniques
Selection of nonstimulating and nonchallenging activities for patient
Procedures to reduce environmental stimulation to a minimum

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit III: Psychiatric Patient Care

MODULE 3: INTERACTION WITH PATIENT WITH TOXIC PSYCHOSIS

TASKS

a. Observe for signs of toxicity, e.g., consciousness level, tremors, delerium, hallucinations
b. Observe general physical condition including nutritional intake
c. Determine drug abuser's route of drug intake and amount
d. Avoid making patient a social outcast
e. Initiate measures to prevent impending delerium tremens
f. Observe for signs of exhaustion/sleeplessness
g. Avoid excessive stimulation in environment
h. Observe patient's level of anxiety
i. Observe for withdrawal symptoms
j. Recognize own attitude toward disorder
k. Supervise patient on withdrawal therapy

PERFORMANCE OBJECTIVE

(Stimulus) When assigned by supervisor to care for a patient with a diagnosed toxic psychosis

(Behavior) The PSYT will express a sincere and accepting interest in patient; maintain a continuous awareness of patient's physical condition and activities; supervise and provide necessary physical care; initiate contact with patient and encourage patient to talk and interact with others; establish firm, reasonable and consistent limits and controls; enforce protective rules and regulations; direct patient into group activity and encourage participation in socially acceptable activities; maintain adequate nutrition, hygiene and sleep routines and accurately record and report patient's behavior, condition and conversation

(Conditions) With selective supervision and technical assistance when necessary

(Criteria) Performed in accordance with physician's orders, standard ward procedures, basic medical and psychotherapeutic principles and PSYT's own judgment in questionable situations

(Consequence) This will enable the patient to receive good physical care and nutritional build-up, to establish therapeutic relationships in an accepting environment and to receive help in avoiding the addicting drug; all psychiatric team members will be kept informed of patient's progress

Module 8 (Continued)

KNOWLEDGES AND SKILLS

Toxic psychosis (personality disorders), e.g., alcohol and other drugs
Organic brain syndrome
Methods of obtaining and hiding drugs, e.g., pretense
Chemical and physiological reactions to drugs and alcohol
Defense mechanisms
Personality growth and development
Alcoholics Anonymous
Techniques for observing patient's behavior and condition
Self-awareness, tact, patience
Objective observational skills
Techniques of communicating, reporting and recording patient information
Listening skills

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit III: Psychiatric Patient Care

MODULE 9: CHARTING, RECORDING AND REPORTING PATIENT INFORMATION

TASKS

a. Observe patient's general appearance, e.g., dress, physical appearance
b. Observe patient's relationship to other patients
c. Observe patient's behavior patterns, e.g., eating, sleeping
d. Observe patient's response to unit situation and to daily living
e. Observe patient's verbal and nonverbal communication
f. Observe response to treatment and/or therapies
g. Observe patient's orientation to reality
h. Observe patient's socially acceptable behavior

PERFORMANCE OBJECTIVE

(Stimulus) Upon observing patient behavior or when assigned to chart and report patient's condition

(Behavior) The PSYT will record observed behaviors, unusual events, summary of shift, and information vital to maintaining continuity in patient care in the appropriate records, e.g., nurses' notes, patient's charts, ward logs; according to the nature of the information, the PSYT will give and receive verbal reports concerning the patient's condition and, when necessary, the PSYT will interact with the patient in a therapeutic manner to obtain information necessary to give reports and maintain accurate charts

(Conditions) With indirect supervision; using appropriate forms, e.g., charts, logs, routine forms

(Criteria) Performed in accordance with standard procedures of the psychiatric unit

(Consequence) A permanent record of patient's condition during hospitalization will be maintained in order to keep hospital authorities and psychiatric team members adequately informed of patient's response to medication and therapies

KNOWLEDGES AND SKILLS

Psychiatric unit record keeping system
Treatment programs for specific patients
Condition and changes in patient's condition
Accuracy, completeness and objectivity in reporting and recording

Module 9 (Continued)

KNOWLEDGES AND SKILLS

Techniques to interact with patients and elicit appropriate information
Criteria to objectively assess status of unit at any given time
Verbal and written communication skills
Clarity/legibility in communication

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit III: Psychiatric Patient Care

MODULE 10: PARTICIPATION IN DEVELOPMENT OF NURSING CARE PLANS

TASKS

a. Make suggestions regarding patient care
b. Suggest changes in nursing care plan for specific patient
c. Collaborate in preparing nursing care plan for patient
d. Initiate and implement changes recommended in most current nursing care plan

PERFORMANCE OBJECTIVE

(Stimulus) When assigned to participate in nursing care planning session

(Behavior) The PSYT will participate in the development of nursing care plans for specific patients by expressing ideas on requirements for patient care

(Conditions) With supervision by psychiatric nurse at prespecified times on a planned basis

(Criteria) Types and level of ideas/recommendations presented indicate a sufficient familiarity with patient's condition so that constructive changes can be made in the nursing care plan; plan modified according to patient's physical and emotional responses to prescribed care

(Consequence) Assessment of patient's current nursing care plan to determine the need for change and to provide an up-to-date nursing plan to meet patient's needs

KNOWLEDGES AND SKILLS

Patient's condition, behavior and progress
Medications and response to medications
Hospital and psychiatric unit procedures
Communication skills
Objective observation of patient
Techniques to verbally interact and work with other members of the staff/psychiatric team
Interpretation of locally established unit procedures

Competency: PSYCHIATRIC TECHNICIAN ~~(PT)~~

COMPETENCY UNIT IV: PSYCHOTHERAPEUTIC TREATMENT

This unit includes the following modules:

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit IV: Psychotherapeutic Treatment

MODULE 1: OBSERVATION FOR TOXIC EFFECTS OF MEDICATIONS

TASKS

a. Verify that patient has taken prescribed medication
b. Observe for toxic/adverse or other side effects of psychotropic medications

PERFORMANCE OBJECTIVE

(Stimulus) When assigned to administer psychotropic and/or other medications on the psychiatric unit

(Behavior) The PSYT will pass the proper medication to patient, determine that the patient has actually taken prescribed medication and observe for and report toxic or other side effects of the medication administered

(Conditions) With indirect supervision; using medications, patient's records

(Criteria) Medications administered according to physician's orders; patient reaction accurately observed and reported; proper medication administered to each patient

(Consequence) These actions will ensure that physician's orders for patient medication are carried out and that drug administration results in safe chemotherapeutic patient care

KNOWLEDGES AND SKILLS

Recognition of signs and symptoms of toxic/adverse effects of psychotropic and other drugs
Techniques used by a patient to feign taking medications
Patient's condition prior to medication
Patient's medication record
Observational skills

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit IV: Psychotherapeutic Treatment

MODULE 2: STRUCTURING THE ENVIRONMENT

TASKS

a. Define acceptable patient behavior consistent with environment and patient's condition
b. Define daily routine which must be followed, e.g., dressing, eating, personal hygiene
c. Channel patient's expression of feelings and evaluate limits
d. Identify factors which may contribute to disturbed behavior
e. Identify inappropriate behavior and discuss with patient

PERFORMANCE OBJECTIVE

(Stimulus) When assigned to a patient demonstrating disturbed behavior which is harmful/potentially harmful to the patient or others, e.g., acting out

(Behavior) The PSYT will advise the patient of ward rules and routines (acceptable behavior) necessary to maintain structure; without offending patient explain that his behavior is unacceptable and why; allow patient to express feelings in his own way diverting them only when inappropriate behavior could be physically, legally and/or morally detrimental; eliminate irritating or over stimulating factors, e.g., loud repetitive noises, excessive crowding; encourage patient to control his own behavior by discussing methods he can use to do so

(Conditions) Without supervision but with technical assistance when necessary

(Criteria) Performed in accordance with unit's specific limit-setting requirements, psychotherapeutic principles and physician's therapeutic plan, and without physical or emotional injury to the patient

(Consequence) Patient's understanding of limits provides consistency in patient care, lowers anxiety and maintains harmony within the unit, tends to reduce patient's anxiety and to develop self-esteem and a sense of security

(Next Action) Record limits established in patient's record and report verbally to psychiatric team

Module 2 (Continued)

KNOWLEDGES AND SKILLS

Established unit limits
Differentiation between setting limits and controlling patient behavior
Personality growth and development
Defense mechanisms
Patient response to psychotropic drugs
Recreational and diversional therapy
Patient behavior, symptoms and diagnosis
Levels of anxiety
Environmental stimuli
Methods to control "acting out" behavior

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit IV: Psychotherapeutic Treatment

MODULE 3: PLANNING THE PATIENT'S DAY

TASKS

a. Plan schedule of daily activities for psychiatric patient
b. Adjust and coordinate patient's schedules as required

PERFORMANCE OBJECTIVE

(Stimulus)	When assigned by the unit supervisor
(Behavior)	The PSYT will plan and/or adjust and coordinate the patient's daily schedule
(Conditions)	With supervision
(Criteria)	Patients are meaningfully occupied during their waking hours and are appropriately settled for rest hours during the day; technical review indicates that patient's schedule has been developed in accordance with patient's condition, physician's orders and the unit's standard operating procedures
(Consequence)	This will result in an organized and therapeutic ward routine conducive to providing a therapeutic environment for patient
(Next Action)	Report and record patient's activities and behavior during the day

KNOWLEDGES AND SKILLS

Unit and hospital activities, e.g., occupational and recreational therapy
Unit procedures for daily activities
Patient's condition and therapy
Recognition of patient's needs and limitations for activity

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit IV: Psychotherapeutic Treatment

MODULE 4: ASSISTING WITH ACTIVITIES OF DAILY LIVING

TASKS

a. Observe for emotional difficulties in performing activities of daily living, e.g., eating, hygiene, sleeping
b. Inform patient of routine and expectations
c. Supervise meal tray activities and counting silver
d. Encourage patient's interest in personal hygiene, relating to others, etc.

PERFORMANCE OBJECTIVE

(Stimulus) When assigned to assist patient with activities of daily living or upon observing patient with emotional difficulties in handling such activities, e.g., eating, sleeping, cleanliness

(Behavior) The PSYT will assist the patient in adequately maintaining minimum level of activities of daily living, e.g., patients have proper nutrition, are clean and have adequate rest during the day and at night; report and record patient's behavior concerning maintenance of activities of daily living

(Conditions) Without supervision

(Criteria) Performed in accordance with physician's orders, patient's condition and behavior and standard operating procedures of the unit

(Consequence) These actions will provide for the basic physiological needs and care of the patient and establish a routine for the patient

KNOWLEDGES AND SKILLS

Identification of patients with emotional difficulty in handling activities of daily living
Techniques for assisting patient in maintaining an adequate level of activities of daily living
Patient's abilities and orientation to self-care
Unit procedures concerning activities of daily living

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit IV: Psychotherapeutic Treatment

MODULE 5: PATIENT PREPARATION FOR ECT

TASKS

a. Inform patient of procedures required prior to and during ECT
b. Explain EKG/EEG procedures to patient
c. Explain skull series to patient
d. Contact anesthesia department
e. Determine if patient has been prepped for tests and/or treatment

PERFORMANCE OBJECTIVE

(Stimulus) When ordered by physician to prepare patient for ECT

(Behavior) The PSYT will inform the patient of the procedures required prior to and during therapy, explain EKG, EEG and skull series procedures, contact the anesthesia department and verify that requested diagnostic test results have been returned to the ward prior to therapy

(Conditions) Without supervision

(Criteria) Performed according to physician's orders, institution's standard operating procedures and patient's condition; observing all safety precautions

(Consequence) This will result in reducing patient's fear of ECT and the possiblity of physical harm to self and to others

KNOWLEDGES AND SKILLS

Patient's behavior and conditions requiring ECT
Patient's normal vital signs
ECT/EEG/EKG procedures
Observation of patient's behavior prior to ECT

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit IV: Psychotherapeutic Treatment

MODULE 6: ASSISTING WITH ECT

TASKS

a. Give care to patient during electric shock therapy
b. Assist anesthesiologist
c. Clean electroconvulsive therapy machine following treatment
d. Monitor patient's condition following ECT
e. Determine when and extent to which patient may resume normal activities following ECT

PERFORMANCE OBJECTIVE

(Stimulus) When requested by physician to assist in ECT treatment

(Behavior) The PSYT will monitor the patient's condition, i.e., pulse and respiration; assist the anesthesiologist; clean the ECT machine following treatment and, during the post-ECT period, observe patient's condition, level of consciousness, vital signs, and ability to walk, to determine when patient may resume ward activities and to provide emotional reassurance to patient

(Conditions) With supervision

(Criteria) Performed in accordance with physician's instructions, patient's condition and standard unit procedures for ECT; treatment administered observing all safety precautions

(Consequence) These actions decrease the possibility of physical harm to patient during therapy process

KNOWLEDGES AND SKILLS

Medications used for ECT
ECT procedures
Anesthesiology procedures and assisting
Instruments and supplies on ECT cart
Available emergency carts and operating emergency equipment, e.g., ambu bag, O_2 unit

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit IV: Psychotherapeutic Treatment

MODULE 7: WET PACK THERAPY

TASKS

a. Administer wet sheet pack therapy
b. Observe patient's response to therapy, e.g., sedative and physical effects

PERFORMANCE OBJECTIVE

(Stimulus) Upon physician's orders to administer a wet sheet pack

(Behavior) The PSYT will advise the patient about the therapy process in advance; explain purpose of therapy; prepare patient physically for therapy; check vital signs before, during and after therapeutic process; apply wet sheets quickly and efficiently keeping body in proper alignment and sheets free of wrinkles and positioned correctly; observe patient constantly and provide patient with a sense of security; provide fluids for patient; reduce stimuli in room; remove sheets at appropriate time to prevent chilling and record and report therapeutic process and patient's behavior during and after therapy in appropriate patient records and forms

(Conditio) With supervision and technical assistance

(Criteria) Therapy is correctly performed according to physician's orders, standard operating procedures and accepted therapeutic principles

(Consequence) These actions will reduce patient's level of anxiety and tension, having a sedative or relaxing effect so that patient can get needed rest

KNOWLEDGES AND SKILLS

Principles of wet pack therapy, e.g., alignment of sheets
Body mechanics and body alignment
Normal vital signs
Patient's condition and behavior
Techniques for applying wet sheets quickly and effectively
Techniques to relate to patient during therapy process
Coordination with other members of the psychiatric team in affecting therapy

Competency: PSYCHIATRIC TECHNICIAN (~~PT~~)

Unit IV: Psychotherapeutic Treatment

MODULE 8: WARD GOVERNMENT MEETINGS

TASKS

a. Establish patient ward government meetings in an organized manner
b. Assist patient ward government officers, e.g., president, in conducting meetings
c. Encourage cooperation of patients and staff in carrying out decisions
d. Assess democratic process of group discussions
e. Encourage consensus on decisions
f. Elicit patient and staff complaints
g. Express attitude that patient must "get well" by himself with staff help
h. Observe patient participation in factors affecting daily living
i. Assess ward routines and regulations established by patients

PERFORMANCE OBJECTIVE

(Stimulus) When assigned to attend or assist at ward government meetings or when such a meeting is requested by a patient

(Behavior) The PSYT will verbalize own complaints during ward government meetings; encourage patients to voice complaints; discuss patient and staff complaints; explore the effects on all involved and arrive at a consensus; encourage patients to set and regulate ward routines themselves in a practical and realistic manner, e.g., mode of dress, privileges, lights out; encourage a feeling of group solidarity; encourage group decisions as to what is beneficial, what is needed and what changes or modifications are possible; discuss patient ward assignments, privileges, restrictions and reasons for them and gain a consensus; assist with election of ward government officers; encourage them to follow through with duties; maintain records of meetings and/or assist ward secretary to keep necessary minutes; gain cooperation of all staff and and hospital personnel in implementing ward decisions; encourage patients to function at the maximum of their total capacities rather than at their minimum (emphasizing weak areas)

(Conditions) With selected supervision and technical assistance as necessary

(Criteria) Meetings held at regular intervals, with permission of ward physician and/or others in authority, according to procedures previously agreed upon and in a therapeutic and democratic manner

Module 8 (Continued)

(Consequence) The ward government meetings enable the patients to participate openly in the functioning of the ward, giving them responsibility for their own behavior and encouragement to participate in their treatment; patients can contribute to their own care and comfort, fostering a therapeutic milieu which will help them develop towards social and personal responsibility

KNOWLEDGES AND SKILLS

Organization and rules of procedure for group meetings
Standard operating procedures of unit and the degree that such procedures can be modified, e.g., requirements for structure and limit setting, behavior and status of individual patients on ward
Recognition of potentially dangerous suggestions in relation to patient group behavior
Symptomatology
Methods of implementing decisions of ward government meetings
Ability to function in a group
Self-awareness in a group meeting
Ability to cooperate with democratic decisions reached by patient-staff group

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit IV: Psychotherapeutic Treatment

MODULE 9: ESTABLISHMENT OF A THERAPEUTIC ENVIRONMENT

TASKS

a. Observe social interaction among patients and staff
b. Assess ward environment as to attitudes
c. Assist with structure of total unit
d. Assess physical environment and its effect on patients
e. Encourage expression of feelings/attitudes towards unit and staff
f. Assess amount or degree of inappropriate behavior allowed
g. Observe patient interaction with family and visitors for stresses and tension
h. Encourage total staff impression of therapeutic success of hospital
i. Maintain awareness of patient's individual needs

PERFORMANCE OBJECTIVE

(Stimulus) Upon observation of nontherapeutic elements in the environment or elements lacking in the environment, or upon patient complaints

(Behavior) The PSYT will explore environmental stresses with proper authority, e.g., intrastaff conflict, in order to redirect disturbed patient behavior; provide feeling of security for patient by being nonthreatening and friendly; welcome patient to unit and help him to understand that he is deserving of the help needed; inform patient of right to have own belongings in his possession; make ward as attractive and home-like as possible; initiate conversations to show patient he is accepted and supported by staff and by patients as a group; allow more spontaneity in patient behavior than "society" does while protecting patient from destructive impulses; ensure that patient knows the rules, that he knows he does not have to make decisions and that he is trustworthy; demonstrate a nondemanding behavior towards patient; maintain an attitude of nonemotional involvement in patient's problems with society or with family; treat each patient as an individual; provide good custodial care as needed, e.g., personal hygiene, nutrition, fluid intake, elimination, personal comfort

Module 9 (Continued)

(Conditions) With indirect supervision
(Criteria) Performed in accordance with accepted standards of therapeutic environment control; in accordance with therapeutic principles and with advice and cooperation of physician and others in authority; in accordance with staff initiative and motivation within limits established by the institution
(Consequence) These actions establish a therapeutic environment, provide a setting in which the patient receives supportive help towards ego growth, acceptable social behavior and insight into problems

KNOWLEDGES AND SKILLS

Psychotherapeutic principles and techniques
Symptomatology
Patient behavior
Personality growth and development
Group and individual interaction
Historical development of milieu therapy concepts, e.g., therapeutic community

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit IV: Psychotherapeutic Treatment

MODULE 10: ROLE PLAYING IN A STRUCTURED THERAPY SETTING

TASKS a. Role play for and/or with psychiatric patient

PERFORMANCE OBJECTIVE

(Stimulus) When assigned to assist physician in a role playing situation within a therapy session

(Behavior) The PSYT will identify the role to be played with either the therapist or the patient, e.g., role of patient, patient's father; check with the physician to determine that patient is aware of the role playing to be conducted; play designated role in an honest, objective, realistic manner; as requested, discuss feelings and ideas encountered while playing the role; record session as requested

(Conditions) With supervision and in the presence of the patient's physician

(Criteria) Performed according to physician's directions and definition of role; situation defined adequately and accurately acted by PSYT to enable patient to realistically react and gain insight into situation portrayed

(Consequence) The patient is provided a structured setting for experiencing his reactions to a possible realistic situation and to gain insight into more acceptable means of handling specific and general behavioral problems. Presence of the physician protects patient from psychological damage

KNOWLEDGES AND SKILLS

Patient's behavior and conditions
Patient's social and family history
Psychodrama
Principles and techniques of role playing
Symptomatology
Definition of role to be played
Typical roles portrayed in structured therapy setting
Awareness of self in role playing

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit IV: Psychotherapeutic Treatment

MODULE 11: GROUP THERAPY

TASKS

a. Observe patient behavior in group therapy setting
b. Participate as a group member
c. Distinguish group process from group content
d. Provide feedback to patients during group therapy
e. Record interaction (content)
f. Observe members for anxieties and tensions aggravated by group discussion
g. Observe for verbal and body language
h. Investigate dynamics of group interaction with therapist

PERFORMANCE OBJECTIVE

(Stimulus) When assigned to function as a participant or observer-recorder in a group therapy session

(Behavior) The PSYT, as a participant, will consider himself a member of the group; initiate conversation and discuss own feelings and behavior; ask for elaboration and clarification when patients are hesitant or unclear; reinforce appropriate behavior; involve members in discussion regarding inappropriate behavior; maintain a practical level of discussion within achievable limits of group, and as feedback to group, will clarify own perceptions of group interaction and patient behavior as necessary. The PSYT, as an observer-recorder, will keep accurate notes of interactions, behaviors, verbalizations and content and will not become involved in the group but remain objective; following the session the PSYT will discuss the group dynamics and his own role during the process with the group leader

(Conditions) With supervision

(Criteria) Participation should meet with approval of professional leader; performed according to principles of group therapy and therapeutic interaction

(Consequence) Provides a means for patients and staff to therapeutically compare their own feelings and behavior to those of others, making the patients more open to therapy and able to achieve the desired change in their behavior; recording the activities of the session allows the leader to

Module 11 (Continued)

review what interactions occurred and to evaluate the therapeutic progress of the group

KNOWLEDGES AND SKILLS

Principles of group dynamics
Principles of group process
Individual patient behavior and condition
Defense mechanisms
Symptomatology
Personality development
Verbal and nonverbal communication techniques
Techniques of therapeutic interaction
Recording skills--observing and listening
Ability and willingness to express own feelings in group
Self-awareness during group process

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit IV: Psychotherapeutic Treatment

MODULE 12: PARTICIPATION IN GROUP THERAPY AS A CO-LEADER/ CO-THERAPIST

TASKS

a. Confirm responsibility for group therapy session
b. Participate as a co-leader and member of the group
c. Participate in group therapy feedback session with co-leader
d. Act as a role model for members
e. Identify potentially destructive interactions
f. Avert or redirect potentially destructive interactions
g. Observe group actions and interactions
h. Assist in initiating group discussion
i. Summarize activities of group therapy session

PERFORMANCE OBJECTIVE

(Stimulus) When assigned to function as a co-leader in a group therapy session

(Behavior) The PSYT will meet with the professional leader prior to the group meeting to develop a method of working together; function as a role model for patients during sessions; direct interactions and comments towards the patient's recovery, e.g., avoid derogatory remarks; encourage without forcing participation of all group members; verbalize interactions as an influencing person, e.g., encourage, prevent, redirect; encourage expression of feelings and support patients in such action; clarify situations, limits, feelings with patients; help patients to look at their own behavior by verbalizing one's own behavior in group; when assigned as recorder, take notes of patient's interactions/verbalization; discuss group process with leader at conclusion of meeting

(Conditions) With supervision, at a specified time on a regularly scheduled basis; having experience as a group member

(Criteria) Participation meets approval of therapy leader; performed according to predetermined methods based on patient's observed behavior, therapeutic principles and principles of group therapy

Module 12 (Continued)

KNOWLEDGES AND SKILLS

Criteria for assessment of own interaction in the group
Techniques for applying therapeutic intervention activities, e.g., not destructive
Ability to take and follow overt or covert directions from leader
Group process techniques
Listening, observing, and recording skills
Awareness of self during group process

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit IV: Psychotherapeutic Treatment

MODULE 13: WORK THERAPY

TASKS

a. Screen/survey jobs to select work therapy for patients consistent with physician's orders
b. Make arrangements for work therapy for patient
c. Follow up on patient's work therapy
d. Assess patient's abilities and needs
e. Supervise patient's work on ward
f. Assign work to patients
g. Determine work therapy/assignment for patient
h. Report and chart patient's ability to function in work situations

PERFORMANCE OBJECTIVE

(Stimulus)	When assigned by the supervising nurse
(Behavior)	The PSYT will make arrangements for, assign, screen/survey, supervise and do follow-up of patient's work therapy programs
(Conditions)	Without supervision but with technical assistance
(Criteria)	Work situations selected for patients as an integral part of the therapy process must represent meaningful, socially acceptable employment for the patient
(Consequence)	These actions will enable the patient to integrate into a work-oriented society and provide opportunities for supervised, goal-directed activity
(Next Action)	Record patient's response to work situations

KNOWLEDGES AND SKILLS

Patient's condition and behavior/diagnosis
Symptomatology
Local patient rehabilitation programs
Hospital and unit standard operating procedures
Techniques for motivating patient in work situation

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit IV: Psychotherapeutic Treatment

MODULE 14: SUPPORTIVE SERVICES

TASKS

a. Assist patient in religious rites, e.g., attending services, reading scriptures
b. Confer with chaplain to discuss needs/ problems of patients/family
c. Refer patient to chaplain for specific religious needs
d. Consult with social worker on problems requiring cooperative efforts

PERFORMANCE OBJECTIVE

(Stimulus)	When requested by the patient or when the patient's behavior indicates the need
(Behavior)	The PSYT will consult/assist the patient in consulting with the social worker and/or the chaplain to discuss the problems or needs of the patient or his family in religious and social matters
(Conditions)	Without supervision
(Criteria)	Effective referral of the patient's needs/ problems to the appropriate source; acceptable answers given to questions raised by patient during the referral process
(Consequence)	Referrals will reduce the patient's anxiety and meet his religious/socially oriented needs and problems

KNOWLEDGES AND SKILLS

Patient's condition
Patient's religion
Hospital services and facilities
Religious and cultural influences and their relationship to patient's problem
Techniques to communicate with patients and other departments
Assessment of patient's social/religious needs

Competency: PSYCHIATRIC TECHNICIAN (PSYT)

Unit IV: Psychotherapeutic Treatment

MODULE 15: RECREATIONAL THERAPY

TASKS

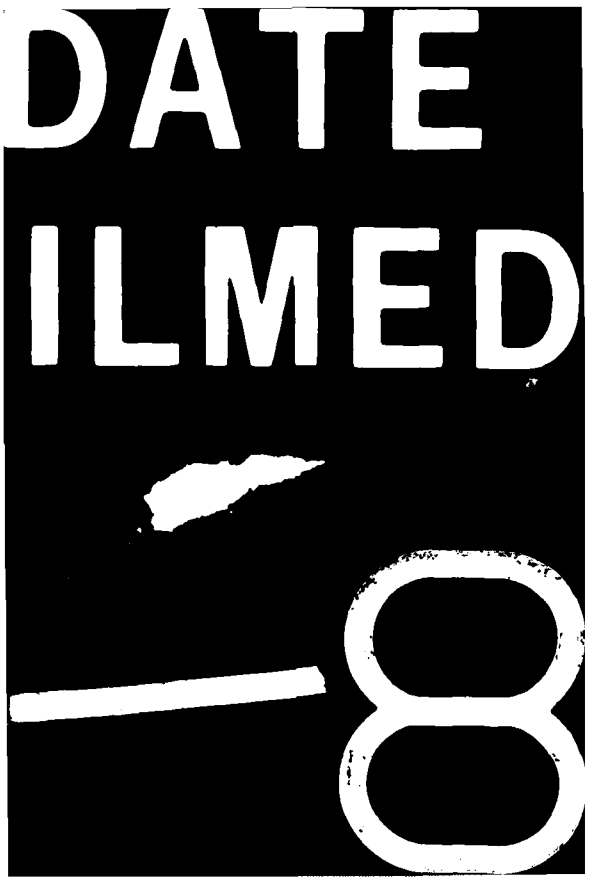
a. Meet with Red Cross worker
b. Direct patients to activities which provide an outlet for tension or aggression
c. Plan recreational/diversional therapy/ activities for patient
d. Conduct games/activities for hospitalized patients
e. Participate in recreational therapy for patients
f. Encourage patient to participate in social activities

PERFORMANCE OBJECTIVE

(Stimulus)	When assigned by the supervising psychiatric nurse
(Behavior)	The PSYT will meet with the American Red Cross worker(s) to plan and conduct recreational therapies and will encourage and direct patients into these activities
(Conditions)	Without supervision but with technical assistance, i.e., Red Cross worker(s)
(Criteria)	According to established procedures of the unit and institution
(Consequence)	Patients are provided with opportunities to release their emotions/anxieties in a socially approved/acceptable manner and with a diversion in structure of the therapeutic milieu, which will reduce patients' anxiety and improve their self-esteem through socialization with others; these actions will also enable staff to observe patient in a nonhospital social setting
(Next Action)	Record patient's observed behavior during recreational therapy

KNOWLEDGES AND SKILLS

Patient's condition and diagnosis
Symptomatology
Local recreational facilities
Availability and access to Red Cross workers and their policies concerning recreational activities
Hospital and unit operating procedures
Socialization activities as a part of the therapeutic process/interaction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