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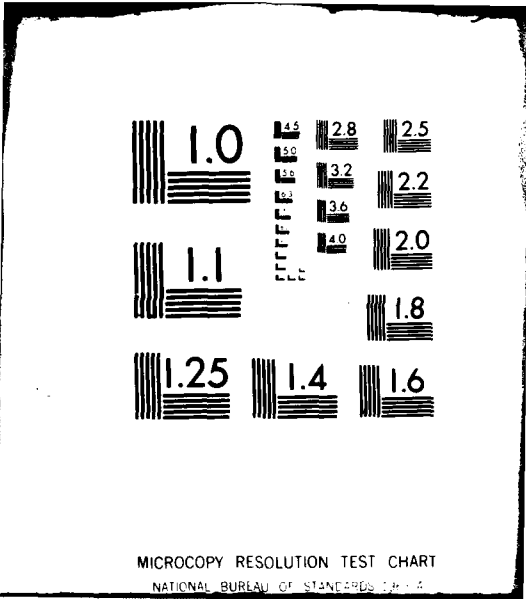
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APPENDIX 43.

COMPETENCY CURRICULA FOR
HOSPITAL ADMINISTRATIVE ASSISTANT
AND
HOSPITAL ADMINISTRATIVE TECHNICIAN

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

AUGUST 31, 1974

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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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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 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 CURRICULA FOR
HOSPITAL ADMINISTRATIVE ASSISTANT
 AND
HOSPITAL ADMINISTRATIVE TECHNICIAN

HOSPITAL ADMINISTRATIVE ASSISTANT

<u>Units/Modules</u>	<u>Page</u>
I. <u>Clerical Operations</u>	1
1. Log Maintenance Procedures	2
2. Routine Daily Filing	3
3. Maintenance of the Visible Filing System	4
II. <u>Patient Charts</u>	5
1. Patient Chart Assembly	6
2. Patient Chart Recording	7
3. Maintenance of Patient's Charts	8
III. <u>Coordination</u>	9
1. Internal Communications	10
2. Support Service Coordination	11
IV. <u>Ward Support</u>	12
1. General Ward Support	13
2. Ward Security Procedures	14
V. <u>Supply Procedures</u>	15
1. Procurement and Inventory of Ward Supplies	16
2. Inventory and Requisition Procedures	17
3. Maintaining and Transporting Supplies and Equipment	18
4. Linen Exchange Procedures	19

HOSPITAL ADMINISTRATIVE TECHNICIAN

I. <u>Clerical Operations</u>	20
---	----

<u>Units/Modules</u>	<u>Page</u>
1. Statistical Data Collection and Analysis	21
2. Work Order/Work Request	22
3. Admission and Transfer of Patient	23
II. <u>Supply Procedures</u>	24
1. Local Supply and Equipment Purchase	25
2. Supply and Equipment Accountability	26
3. Survey of Supplies and Equipment	27
III. <u>Personnel Recall</u>	28
1. Personnel Recall	29

HOSPITAL ADMINISTRATION

ASSISTANT

Competency: HOSPITAL ADMINISTRATIVE ASSISTANT (HAA)

COMPETENCY UNIT I: CLERICAL OPERATIONS

This unit includes the following modules:

<u>Number</u>	<u>Title</u>	<u>Page</u>
1	Log Maintenance Procedures	2
2	Routine Daily Filing	3
3	Maintenance of the Visible Filing System .	4

Competency: HOSPITAL ADMINISTRATIVE ASSISTANT (HAA)

Unit I: Clerical Operations

MODULE 1: LOG MAINTENANCE PROCEDURES

- TASKS
- a. Make entries into ward log, e.g., unusual events, shift summary
 - b. Log in patients to clinic/department/sick call
 - c. Ensure that patients log in and out of the department
 - d. Log standard form 519A results

PERFORMANCE OBJECTIVE

- (Stimulus) Upon receipt of any test results, at the end of a shift, when an unusual event occurs or when ordered by the ward supervisor
- (Behavior) The HAA will log lab or x-ray results in the proper log book, maintain the patient's in/out log book; ensure that each patient complies with ward procedures, log all incoming standard form 519A results onto the proper records and instruct other ward personnel in log book procedures and maintenance
- (Conditions) With minimal supervision
- (Criteria) Ward and unit logs will be established in accordance with ward/local command procedures and BuMed regulations; routine/unusual events and shift summary report will be entered sequentially into the correct log book; all log entries will be clear, concise and contain only pertinent information
- (Next Action) Visually check all log entries for correct notations and utilization and make any necessary corrections

KNOWLEDGES AND SKILLS

Required log books
Kinds of information to be recorded
Recording procedures
Standard medical terminology
Knowledge of staff
Applicable BuMed regulations
Kinds of information to be recorded by ward supervisor or nurse in charge, i.e., professional medical notations
Instructional techniques
Use, operation and preventive maintenance of office equipment, e.g., typewriter, manual Addressograph machine, photocopier (e.g., Xerox)

Competency: HOSPITAL ADMINISTRATIVE ASSISTANT (HAA)

Unit I: Clerical Operations

MODULE 2: ROUTINE DAILY FILING

- TASKS
- a. Perform routine daily filing
 - b. Select required document from files
 - c. Prepare necessary forms and chits, e.g., special request, materials requested
 - d. Assemble patient's record for physician's review

PERFORMANCE OBJECTIVE

- (Stimulus) Upon receipt and/or completion of forms and records or when directed by ward supervisor
- (Behavior) The HAA will correctly file completed forms and records, select and assemble patient's records for daily review by the physician and, when admitting or discharging patient's assemble and check patient's chart prior to the physician's review
- (Conditions) Without supervision; using patient's chart, forms, records
- (Criteria) Patient's record and all necessary forms and requests are accurately completed in all details according to local command procedures and/or BuMed regulations
- (Next Action) Submit patient's chart to the appropriate physician for review and approval; carry forms and chits to central medical supply for issuance of necessary materials; complete routine filing and ensure that an efficient system is utilized to maintain accurate and easily accessible records

KNOWLEDGES AND SKILLS

Location of forms and chits
Filing system used, e.g., alpha, numerical
Filing procedures for charts/forms/chits
Types and sequence of forms contained in charts
Use, operation and preventive maintenance of office equipment, e.g., typewriter, manual Addressograph machine, photocopier (e.g., Xerox)
Local command procedures
Relevant BuMed regulations
Ability to write and print legibly
Accuracy in filing and checking

Competency: HOSPITAL ADMINISTRATIVE ASSISTANT (HAA)

Unit I: Clerical Procedures

MODULE 3: MAINTENANCE OF THE VISIBLE FILING SYSTEM

TASKS a. Prepare nominal index cards on inpatients
 b. Search files for patient nominal index card
 c. Maintain an accurate visible file system

PERFORMANCE OBJECTIVE

(Stimulus) Upon commencement of a ward assignment and when directed by the ward supervisor
(Behavior) The HAA will prepare nominal index cards for a patient arriving on the ward, search files for a patient's index card, when necessary, and maintain the visible file
(Conditions) Without supervision
(Criteria) Preparing and maintaining the visible file according to ward and local command procedures and/or BuMed regulations; employing the proper security procedures while using the visible filing system
(Consequence) Accurate record of all patients on the ward

KNOWLEDGES AND SKILLS

NAVMED 6300/5
Procedures for establishing and maintaining a visible filing system
Visible filing system security procedures
Organization
Relevant ward procedures, local command procedures and BuMed regulations
Use, operation and preventive maintenance of office equipment, e.g., typewriter, manual Addressograph machine, photocopier (e.g., Xerox)

Competency: HOSPITAL ADMINISTRATIVE ASSISTANT (HAA)

COMPETENCY UNIT II: PATIENT CHARTS

This unit includes the following modules:

<u>Number</u>	<u>Title</u>	<u>Page</u>
1	Patient Chart Assembly	6
2	Patient Chart Recording	7
3	Maintenance of Patient's Charts	8

Competency: HOSPITAL ADMINISTRATIVE ASSISTANT (HAA)

Unit II: Patient Charts

MODULE 1: PATIENT CHART ASSEMBLY

- TASKS
- a. Prepare x-ray reports for physician to complete
 - b. Obtain patient's past hospitalization records and x-rays
 - c. Assemble chart and requisitions for physical examination

PERFORMANCE OBJECTIVE

- (Stimulus) Upon admission of patient to the ward and physician's request
- (Behavior) The HAA will prepare needed charts for the physician to complete after patient work-up and examination, prepare lab, x-ray or other necessary examination requisitions, and properly assemble all items into a complete, accurate clinical chart for review by the physician
- (Conditions) With minimum supervision; using required forms, records and charts
- (Criteria) According to physician's orders, established procedures and ward and local command policies
- (Next Action) Chart patient information

KNOWLEDGES AND SKILLS

Location of files
Required forms contained in chart
Sequence of forms in chart
Recognition of normal/abnormal test results ordered
Transcription of physician's orders to proper request forms
Location of patient charts on the ward or in patient administration department
Security procedures for chart
Destination of assembled chart
Accuracy in typing and printing
Effective communication skills
Filing procedures

Competency: HOSPITAL ADMINISTRATIVE ASSISTANT (HAA)

Unit II: Patient Charts

MODULE 2: PATIENT CHART RECORDING

- TASKS
- a. Chart/graph data
 - b. Enter patient identification information onto required reports and records
 - c. Log and record analysis results
 - d. Fill out/complete casualty card (NAVMC 10453-PO)
 - e. Log x-ray numbers or identification onto records
 - f. Graph patient data, vital signs, intake and output

PERFORMANCE OBJECTIVE

- (Stimulus) Upon request
(Behavior) The HAA will chart data; enter patient identification information onto reports received; log lab analysis, x-ray reports, vital signs, intake and output results and/or other test results, and complete casualty card
- (Conditions) With minimal supervision by the head nurse or nurse in charge
- (Criteria) Information recorded according to ward procedures, local command procedures and/or BuMed regulations; missing forms traced back to the cognizant sections and completed for charting purposes as expeditiously as possible
- (Consequence) Maintenance of inpatient charts

KNOWLEDGES AND SKILLS

Identification required on forms
How and where to log analysis results
Charting procedures and use of graphs
Personnel authorized to use charts
Legal implications of charting
Relevant ward procedures, local command procedures and BuMed regulations

Competency: HOSPITAL ADMINISTRATIVE ASSISTANT (HAA)

Unit II: Patient Charts

MODULE 3: MAINTENANCE OF PATIENT'S CHARTS

- TASKS
- a. Maintain daily records of procedures/ examinations performed on patient
 - b. Assemble patient chart/records/x-rays for pre-op
 - c. Assess completeness of lab reports
 - d. Stuff/thin/pull patient's chart

PERFORMANCE OBJECTIVE

- (Stimulus) After checking the patient's chart and when ordered by the ward supervisor
- (Behavior) The HAA will maintain daily records of procedures and examinations performed on each patient on the ward; assemble patient charts on a daily basis for the physician's review; prepare lab forms and other types of requests for examination procedures, according to physician's orders; assemble patient's chart, records, x-rays for pre-op, and assure the nurse in charge of the accuracy and completeness of the patient's chart and records prior to surgery
- (Conditions) With minimal supervision by the ward supervisor
- (Criteria) Accurately and efficiently according to ward/local command procedures and physician's orders
- (Consequence) This action will produce proper patient care schedule and updated patient clinical chart on the ward

KNOWLEDGES AND SKILLS

Type of test/procedure ordered
Reporting/recording procedures
Procedures to assemble patient's chart, records, x-rays for physician's review
Pertinent ward/local command procedures and BuMed regulations

Competency: HOSPITAL ADMINISTRATIVE ASSISTANT (HAA)

COMPETENCY UNIT III: COORDINATION

This unit includes the following modules:

<u>Number</u>	<u>Title</u>	<u>Page</u>
1	Internal Communications	10
2	Support Service Coordination	11

Competency: HOSPITAL ADMINISTRATIVE ASSISTANT (HAA)

Unit III: Coordination

MODULE 1: INTERNAL COMMUNICATIONS

- TASKS
- a. Inform hospital authorities of each patient's condition
 - b. Inform ward personnel of administrative communications

PERFORMANCE OBJECTIVE

- (Stimulus) Routinely and when necessary
(Behavior) The HAA will keep ward personnel informed and up-to-date on all administrative communications and directives and, in conjunction with the ward supervisor or nurse in charge, will inform hospital authorities of a patient's being placed on or removed from the seriously or very seriously ill list
- (Conditions) Without supervision; using log books, required forms
- (Criteria) Following the chain of command; according to ward and local command procedures
- (Consequence) These actions result in orderly, timely flow of required information to all personnel
- (Next Action) Take required action to ensure that all personnel are correctly using the communications system

KNOWLEDGES AND SKILLS

- Required forms
- Communications system
- Chain of command
- Criteria for various patient condition designations, e.g., serious or very serious

Competency: HOSPITAL ADMINISTRATIVE ASSISTANT (HAA)

Unit III: Coordination

MODULE 2: SUPPORT SERVICE COORDINATION

- TASKS
- a. Coordinate with hospital/department support services, e.g., social services, Red Cross
 - b. Contact other departments to obtain and coordinate patient/personnel appointments
 - c. Coordinate ambulance requests

PERFORMANCE OBJECTIVE

(Stimulus)	Upon physician's orders
(Behavior)	The HAA will coordinate all support services (e.g., social services, Red Cross or visiting groups of celebrities) with the ward medical staff, will organize and obtain needed appointments from the various departments, and will coordinate all ambulance requests received
(Conditions)	With minimal supervision
(Criteria)	According to ward, hospital and local command procedures
(Consequence)	Correct coordination of appointments and support services, resulting in less loss of time and services, better patient care and greater efficiency within all departments

KNOWLEDGES AND SKILLS

Procedures for scheduling appointments
Effective coordination procedures
Daily work schedule adjustments
Communications skills
Procedures for coordinating ambulance requests

Competency: HOSPITAL ADMINISTRATIVE ASSISTANT (HAA)

COMPETENCY UNIT IV: WARD SUPPORT

This unit includes the following modules:

<u>Number</u>	<u>Title</u>	<u>Page</u>
1	General Ward Support	13
2	Ward Security Procedures	14

Competency: HOSPITAL ADMINISTRATIVE ASSISTANT (HAA)

Unit IV: Ward Support

MODULE 1: GENERAL WARD SUPPORT

- TASKS
- a. Prepare patients/ward for physician's rounds
 - b. Receive patients on arrival, e.g., introduce self, obtain patient's name, ensure patient's comfort

PERFORMANCE OBJECTIVE

- (Stimulus) Routinely and/or upon the arrival of a new patient on the ward
- (Behavior) The HAA will greet an arriving patient and orient him regarding ward rules; prepare patients/ward for the physician's daily rounds
- (Conditions) With minimum supervision but with the assistance of the nursing care team; using necessary records and equipment
- (Criteria) According to ward and local command procedures and/or BuMed regulations; patients, records and special equipment available and ready for the physician's inspection and review
- (Next Action) Inform ward supervisor or nurse in charge of any corrective action that needs to be taken regarding the physician's rounds or patient admission procedures

KNOWLEDGES AND SKILLS

Ward layout
Coordination abilities
Relevant ward procedures, local command policies and BuMed regulations

Competency: HOSPITAL ADMINISTRATIVE ASSISTANT (HAA)

Unit IV: Ward Support

MODULE 2: WARD SECURITY PROCEDURES

- TASKS
- a. Carry out office/area/unit security measures
 - b. Recommend ward/unit shakedown

PERFORMANCE OBJECTIVES

- (Stimulus) When requested by ward supervisor
(Behavior) The HAA will organize and supervise a security check and/or patient shakedown, and report the results to the ward supervisor, physician or nurse in charge
- (Conditions) With minimum necessary supervision
(Criteria) According to current local security regulations
(Consequence) This action will result in an efficient and secure ward/unit
- (Next Action) Inform all personnel on the ward of regulations governing the inventory of patient's valuables and property

KNOWLEDGES AND SKILLS

- Need for security
- Relevant ward, hospital and BuMed security regulations
- Purpose/objectives and procedure for security measures
- Recognition of security breaches
- Leadership skills
- Enforcement of regulations and policies

Competency: HOSPITAL ADMINISTRATIVE ASSISTANT (HAA)

COMPETENCY UNIT V: SUPPLY PROCEDURES

This unit includes the following modules:

<u>Number</u>	<u>Title</u>	<u>Page</u>
1	Procurement and Inventory of Ward Supplies .	16
2	Inventory and Requisition Procedures	17
3	Maintaining and Transporting Supplies and Equipment	18
4	Linen Exchange Procedures	19

Competency: HOSPITAL ADMINISTRATIVE ASSISTANT (HAA)

Unit V: Supply Procedures

MODULE 1: PROCUREMENT AND INVENTORY OF WARD SUPPLIES

TASKS

- a. Store supplies
- b. Potate inventory
- c. Prepare inventory reports

PERFORMANCE OBJECTIVE

(Stimulus) Routinely or when directed by ward supervisor
(Behavior) The HAA will receive supplies upon their arrival, perform an inventory and check against the submitted requisition for any discrepancies, rotate supplies, return outdated materials to supply and prepare an inventory report for the concerned departments

(Conditions) With minimum supervision
(Criteria) Supplies up-to-date and ready for immediate ward use

(Next Action) Fill in and accurately complete all necessary forms to order supplies; give personnel on-the-job training in procurement procedures

KNOWLEDGES AND SKILLS

- Location of supplies
- Organization and filing
- Procedures for ordering/inventory
- Supply rotation procedures

Competency: HOSPITAL ADMINISTRATIVE ASSISTANT (HAA)

Unit V: Supply Procedures

MODULE 2: INVENTORY AND REQUISITION PROCEDURES

- TASKS
- a. Identify/locate/check part numbers from catalogues and manuals
 - b. Prepare requisitions for supplies/equipment
 - c. Attach identifying tag to equipment and/or component parts

PERFORMANCE OBJECTIVE

- (Stimulus) Upon depletion of supplies, faulty operation of equipment or when requested by the ward supervisor
- (Behavior) The HAA will maintain an authorized inventory and will prepare requisitions for needed supplies and equipment
- (Conditions) Establishment and maintenance of ward inventory will be performed with direct supervision; daily inventory and requisition procedures with minimal supervision; using manuals, catalogues, requisition forms
- (Criteria) Maintains and orders all supplies and equipment in accordance with current local inventory and requisition policies; coordinates closely on a daily basis with other staff members within the ward; properly utilizes necessary catalogues and manuals; amount of on-hand stock depends upon the established usage factor and the base load authorized by local policies
- (Consequence) Maintenance of an accurate and concise inventory and attention to detail in requisitioning supplies and equipment ensures an up-to-date stock of supplies ready for immediate use on the ward
- (Next Action) Give personnel on-the-job training in procurement procedures; maintain and transport necessary supplies and equipment

KNOWLEDGES AND SKILLS

Location of supplies and equipment
Requisitioning procedures
Local supply procurement policies
Correct usage of catalogues and manuals

Competency: HOSPITAL ADMINISTRATIVE ASSISTANT (HAA)

Unit V: Supply Procedures

MODULE 3: MAINTAINING AND TRANSPORTING SUPPLIES AND EQUIPMENT

- TASKS
- a. Maintain stock of sterile supplies
 - b. Transport sterile equipment/supplies
 - c. Return dirty or expired items to central supply room
 - d. Maintain stock of chemical solutions

PERFORMANCE OBJECTIVE

- (Stimulus) Routinely and when sterilized supplies and equipment are received
- (Behavior) The HAA will perform sterilization checks upon arrival of supplies and equipment on the ward, rotate stock, dispense sterile supplies for immediate ward use, and dispose of or return unusable or outdated supplies to the central supply room
- (Conditions) With minimal supervision
- (Criteria) According to local procedures, regulations and required schedules
- (Next Action) Detect, record and report all unsterile supplies and the source(s) of contamination, when known

KNOWLEDGES AND SKILLS

- Detection of contamination sources
- When and how to perform sterilization checks
- Disposal and reporting of unsterile supplies
- Proper handling procedures for sterile supplies
- Procedures for transporting sterile supplies/equipment
- Stock rotation principles and procedures

Competency: HOSPITAL ADMINISTRATIVE ASSISTANT (HAA)

Unit V: Supply Procedures

MODULE 4: LINEN EXCHANGE PROCEDURES

- TASKS
- a. Prepare laundry list (NAVMED-6770/3)
 - b. Prepare linen inventory (NAVMED-6770/1)

PERFORMANCE OBJECTIVE

- (Stimulus) When scheduled or when linen supplies are low
(Behavior) The HAA will inventory, order and store ward linen
(Conditions) With minimal assistance and supervision; using required forms
(Criteria) According to local inventory procedures
(Consequence) Maintenance of an adequate supply of linens for ward requirements
(Next Action) Maintain an up-dated inventory of linens

KNOWLEDGES AND SKILLS

- Location of linens
- Proper linen storage techniques
- Inventory procedures
- Preparation of laundry forms
- Procedures for submission of laundry forms

HOSPITAL ADMINISTRATION

TECHNICIAN

Competency: HOSPITAL ADMINISTRATIVE TECHNICIAN (HAT)

COMPETENCY UNIT I: CLERICAL OPERATIONS

This unit includes the following modules:

<u>Number</u>	<u>Title</u>	<u>Page</u>
1	Statistical Data Collection and Analysis .	21
2	Work Order/Work Request	22
3	Admission and Transfer of Patient	23

Competency: HOSPITAL ADMINISTRATIVE TECHNICIAN (HAT)

Unit I: Clerical Operations

MODULE 1: STATISTICAL DATA COLLECTION AND ANALYSIS

- TASKS
- a. Compile patient census statistics
 - b. Maintain patient status board/chart

PERFORMANCE OBJECTIVE

- (Stimulus) Daily or when requested by the ward supervisor
(Behavior) The HAT will communicate with the nursing staff to correlate daily information, compile patient census statistics, make necessary changes on the patient status board/chart, complete required forms on patients, prepare patient data for required reports and disseminate reports
(Conditions) Without supervision; using patient's chart and appropriate equipment, e.g., duplicator, calculator, optical scanner, flexiwriter, typewriter
(Criteria) Patient status and census information will be compiled accurately and concisely according to local and BuMed procedures
(Consequence) This action will provide latest patient data and status
(Next Action) Ensure proper routing of required reports

KNOWLEDGES AND SKILLS

Compilation abilities
Preparation of census statistics
Notification and routing procedures
Local and BuMed regulations
Use, operation and preventive maintenance of associated equipment, e.g., typewriter, calculator, optical scanner, flexiwriter, duplicator

Competency: HOSPITAL ADMINISTRATIVE TECHNICIAN (HAT)

Unit I: Clerical Operations

MODULE 2: WORK ORDER/WORK REQUEST

TASKS a. Prepare work order/work request
 b. Receive and process material complaints

PERFORMANCE OBJECTIVE

(Stimulus) Upon receipt of a material complaint
(Behavior) The HAT will fill in and complete a work order/
 request, e.g., plumbing, electrical, painting,
 plastering, and forward the request to the proper
 facility to have the repairs made
(Conditions) Without supervision; using the necessary forms
(Consequence) Timely submission of work orders or requests
 prevents loss or damage to property and equipment
 and eliminates hazards to personnel

KNOWLEDGES AND SKILLS

Preparation of work order/work request
Hazardous conditions
Public work instruction
Location of essential services, e.g., plumbing,
painting, plastering

Competency: HOSPITAL ADMINISTRATIVE TECHNICIAN (HAT)

Unit I: Clerical Operations

MODULE 3: ADMISSION AND TRANSFER OF PATIENT

- TASKS
- a. Coordinate with hospital on admissions of patients
 - b. Coordinate patient transfer between medical facilities
 - c. Inform patient/family of VA hospital benefits

PERFORMANCE OBJECTIVE

- (Stimulus) When directed by the physician
(Behavior) The HAT will make necessary arrangements for intraward patient transfer (e.g., ward to surgery) and/or for transfer from one medical facility to another, and collect and assemble all records pertaining to each individual patient transfer
- (Conditions) With minimal supervision
(Criteria) All records and personal effects of the patient are ready prior to actual transfer; according to ward, local and/or BuMed policies
- (Consequence) These actions will result in an orderly and efficient patient transfer

KNOWLEDGES AND SKILLS

- Pertinent local, ward and/or BuMed policies and procedures
- Patient types eligible for transfer to VA facility
- Modes of transportation

Competency: HOSPITAL ADMINISTRATIVE TECHNICIAN (HAT)

COMPETENCY UNIT II: SUPPLY PROCEDURES

This unit includes the following modules:

<u>Number</u>	<u>Title</u>	<u>Page</u>
1	Local Supply and Equipment Purchase.	25
2	Supply and Equipment Accountability.	26
3	Survey of Supplies and Equipment	27

Competency: HOSPITAL ADMINISTRATIVE TECHNICIAN (HAT)

Unit II: Supply Procedures

MODULE 1: LOCAL SUPPLY AND EQUIPMENT PURCHASE

TASKS

- a. Inventory supplies/equipment
- b. Establish supply usage rate
- c. Maintain voucher register
- d. Log internal supply voucher (DD150)
- e. Prepare requisitions for supplies/equipment
- f. Inspect supplies/equipment for acceptability/damage/loss/pilferage

PERFORMANCE OBJECTIVE

(Stimulus) According to schedule or when supplies are depleted
(Behavior) The HAT will perform a supply/equipment inventory, record supply usage rate, requisition needed supplies and equipment for the wards, verify requisition voucher in register, and check the quality and quantity of supplies and equipment delivered

(Conditions) With minimal supervision but with staff assistance
(Criteria) Only specified supplies and equipment are received unless items are acceptable to personnel placing the original order, i.e., physician, nurse or corpsman

(Next Action) Account for damaged supplies and equipment

KNOWLEDGES AND SKILLS

Location and use of stock numbers
Use of supply/equipment catalogues
Request numbers for DD150
Procedures to establish supply usage rate
Requisitioning procedures
Maintenance of voucher register
Criteria for acceptance of delivered supplies/equipment

Competency: HOSPITAL ADMINISTRATIVE TECHNICIAN (HAT)

Unit II: Supply Procedures

MODULE 2: SUPPLY AND EQUIPMENT ACCOUNTABILITY

- TASKS
- a. Store instruments
 - b. Maintain instrument calibration files
 - c. Log temporary loan card
 - d. Log plant property identification number and condition

PERFORMANCE OBJECTIVE

- (Stimulus) Upon receipt and custody of office supplies and equipment
- (Behavior) The HAT will perform an inventory, check equipment for damage, properly store supplies and equipment in allocated spaces, maintain proper files and equipment status logs and maintain a loan card log
- (Conditions) Without supervision
- (Criteria) According to established local and BuMed regulations, policies and procedures
- (Consequence) Accurate record keeping ensures concise accountability and proper management of equipment, including observance of security precautions against loss and pilferage
- (Next Action) Update daily entries into all files and logs; check out equipment to proper personnel

KNOWLEDGES AND SKILLS

Instrument/equipment/supply storage temperatures, conditions and techniques
Preparation of loan cards
Plant property cards
Maintenance of instrument calibration files

Competency: HOSPITAL ADMINISTRATIVE TECHNICIAN (HAT)

Unit II: Supply Procedures

MODULE 3: SURVEY OF SUPPLIES AND EQUIPMENT

- TASKS
- a. Dispose of outdated/expired supplies/equipment
 - b. Determine extent of damage/loss/pilferage of supplies/equipment
 - c. Prepare required reports and forms for return of damaged supplies/equipment

PERFORMANCE OBJECTIVE

(Stimulus) Upon receiving supplies/equipment
(Behavior) The HAT will inspect supplies or equipment to determine the extent of any damage, loss or pilferage; notify the requestor of the state of materials, and, if necessary, prepare the required forms for return or disposal

(Conditions) Without supervision
(Criteria) According to local and BuMed directives
(Consequence) These actions will ensure an accurate system for supply and equipment disposal and/or return
(Next Action) Issue supplies and equipment

KNOWLEDGES AND SKILLS

Identification of defective items
Procedures for inspection and acceptance of supplies
Returnable supplies and equipment forms
Supply and equipment disposal directives
Preparation of forms for disposal

Competency: HOSPITAL ADMINISTRATIVE TECHNICIAN (HAT)

COMPETENCY UNIT III: PERSONNEL RECALL

This unit includes the following module:

<u>Number</u>	<u>Title</u>	<u>Page</u>
1	Personnel Recall.	29

Competency: HOSPITAL ADMINISTRATIVE TECHNICIAN (HAT)

Unit III: Personnel Recall

MODULE 1: PERSONNEL RECALL

TASKS a. Maintain duty/call/emergency recall roster
 b. Initiate/carry out recall procedures

PERFORMANCE OBJECTIVE

(Stimulus) When ordered
(Behavior) The HAT will maintain a duty/call roster and
 an Emergency Operation Plan (EOP)-type call
 roster and, when required, will initiate and
 carry out personnel recall
(Conditions) With minimal supervision; using necessary
 rosters, records
(Criteria) According to local and BuMed policies; completing
 total recall procedures in a minimum time frame
(Consequence) Accurate and up-dated rosters result in an orderly
 and totally efficient recall capability
(Next Action) Report to higher authorities as prescribed by
 current directives

KNOWLEDGES AND SKILLS

Location of recall records and roster
Maintenance of duty/call/emergency recall rosters
Procedures for selection of recall personnel
Recognition of recall situations
Recall procedures

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- 8