



Oregon

John A. Kitzhaber, M.D., Governor

Exhibit C-E1.6
November 15-16, 2000

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To: Oregon State Board of Nursing

From: Louise Shores, RN, EdD
Education Consultant

Subject: Southwestern Oregon Community College progress report on survey recommendations

Make copies

Date: November 16, 2000

Progress Report

The Southwestern Oregon Community College (SWOCC) Survey visit was conducted on February 18-20, 1998. In June 1998, the Board granted continuing approval and required an annual progress report on four recommendations. The progress report on these recommendations is attached.

Staff Comments and Recommendation:

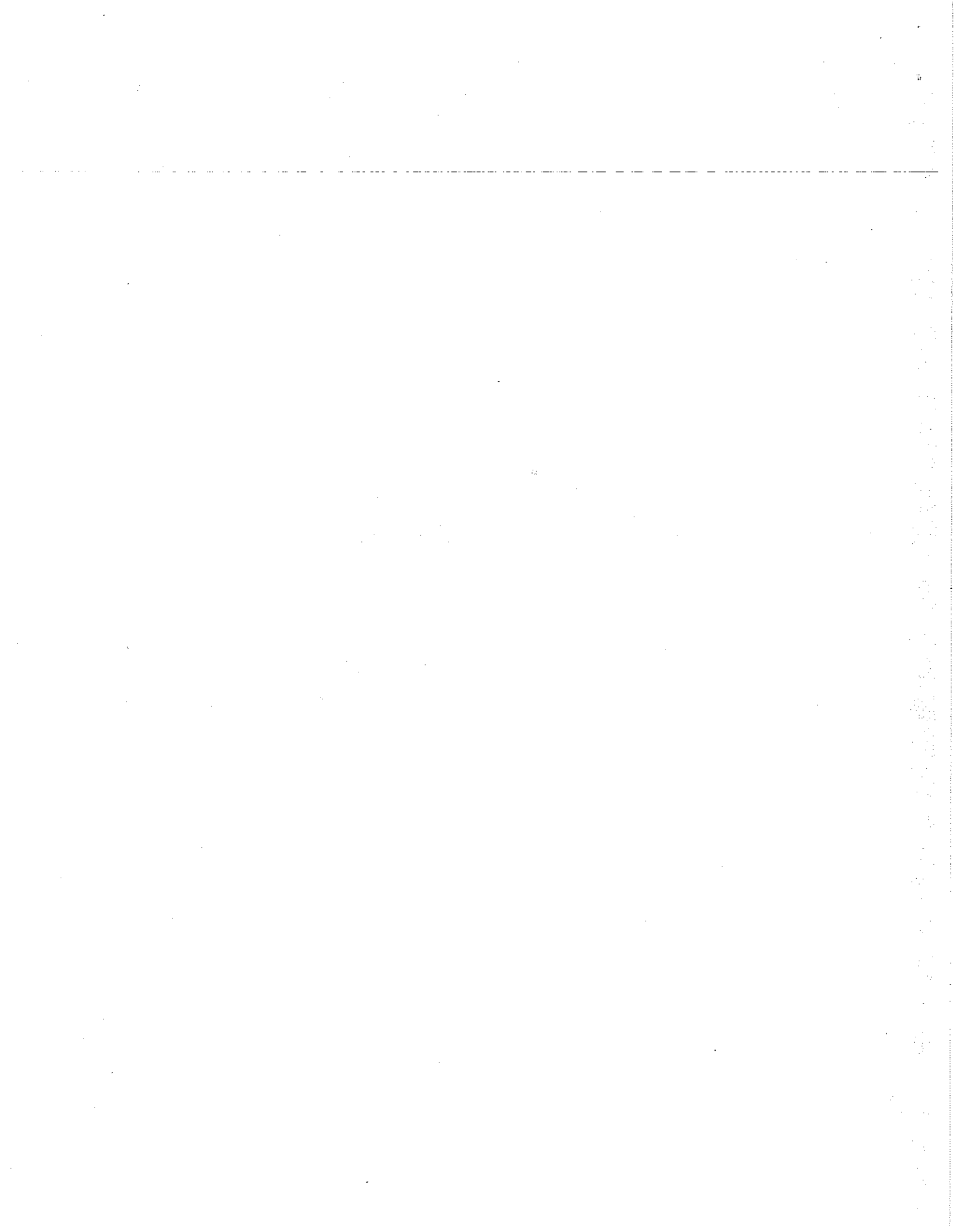
The report addresses the concerns that were identified in the survey visit, and shows substantial progress in attainment of the Board standards related to the three curriculum recommendations. It is recommended that the Board commend the college and faculty for its progress, and review continuing work on the curriculum with the next scheduled survey visit, February 2006.

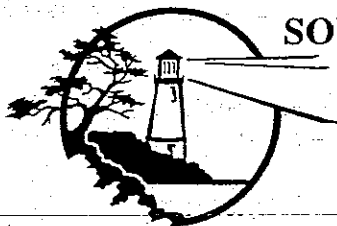
The report clarifies that the Cooperative Work Experience (CWE) is not considered a part of the nursing program curriculum. The contract between the CWE department and Bay Area Hospital clearly requires that summer employment of students be as CNAs and within CNA authorized duties. The Job description directly reflects the CNA authorized duties. It is recommended that the Board accept the report and commend the college and faculty for attainment of the standard.

Action by Consensus:

that the Board commend the college and faculty, and review continuing work on the curriculum with the next scheduled survey visit, February 2006.







**SOUTHWESTERN OREGON
COMMUNITY COLLEGE**

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September 14, 2000

Deborah Burton, RN, PhD, President
Oregon State Board of Nursing
800 NE Oregon St., STE 465
Portland, OR 97232

Dear Dr. Burton:

This report is a continuing progress report requested by the Board in September 1999 related to the recommendations made in June 1998 as a result of our approval visit in February 1998. I will be present at the Board meeting in November to answer any further questions you might have.

Because **Items 1, 3, and 4** are similar in that they speak to legal scope of practice permission was given to combine them under one heading.

1) Assure that both the practical nursing and associate degree curricula are consistent with the legal scope of practice; 3) Identify terminal competencies expected for the practical nursing certificate, and for the associate degree program, which are consistent with the legal scope of practice; 4) Assure that the associate degree curriculum provide theory and practice in critical thinking, decision making, and creativity in nursing practice, and that students at each level are prepared for and can articulate the respective scope of practice.

1. Continued curriculum modifications are underway as we strengthen the curriculum to further delineate scope of practice. We are identifying each Learning Episode objective with the level of practice. (Sample attached) Students are required to purchase for Nursing 101, Fundamentals of Nursing, and a text on contemporary practical/vocational nursing. Previously his text was recommended in the last quarter of the practical nursing level rather than at the beginning of the program. The text builds a foundation in many of the concepts that are built upon throughout the curriculum including critical thinking, nursing process, health care systems, cultural diversity, communications, ethics, and legal responsibilities. These concepts will be introduced early in the curriculum and expanded upon with each Learning Episode. Differences between the practice levels of the LPN and RN will also be discussed as the concepts are introduced and integrated.

We will continue to have student's responsible for a PN Capstone project at the end of the fall term in the second year. Last fall our student's again did a marvelous job using problem solving, critical thinking and creativity to delineate the scopes of practice. We were also fortunate to have Dr. Julie Cartwright with us as a visitor and she attended most of the presentation. She was indeed impressed with the student's abilities, knowledge and creativity. The audience made up of first year students, faculty and visitors asked questions and students were evaluated on their presentation and ability to answer the questions.

2. Having completed one year under the new program outcomes as mentioned in our September 1999 report we are now in the process of determining how we will evaluate these outcomes. Some

methods already exist on campus in that we do employer follow up and with some modifications of the questionnaire we can determine if employers believe our graduates are demonstrating the outcomes in practice. This is a faculty goal for fall 2001. Graduates are also surveyed annually and this input along with student evaluations will also be used. We are also using the comprehensive NLN exams at the end of the PN and ADN levels. We will review examination results to see if there are areas of weakness related to outcomes and use this information to help us focus on areas of needed improvement in the curriculum. Because of the small class size we have decided to wait until at least three classes have taken the examination. Pass rates on NCLEX examinations will also assist us in assessing curriculum and program improvement areas.

3. Students in the first year of the program will be doing assignments from Castillo; Strategies, Techniques and Approaches to Thinking; W.B. Saunders. There are exercises and case studies that students will work on individually and in groups. The text was piloted this past academic year and the student input was that it was helpful in that the exercises assisted them in gathering information and thinking through questions they might ask related to nursing problems and procedures. Students in the second year of the program will be using a workbook by Green; Critical Thinking in Nursing: Case Studies Across the Curriculum; Prentice-Hall. This workbook requires students to have a firm foundation in the process of critical thinking in that the exercises require higher and more complex thinking and all specialty areas are included. Some of these case studies were used with second year students last year and again they indicated that they were very helpful in organizing the critical thinking process. (Sample included) Students in the last two quarters of the program have been given assignments such as reading journal articles using critical thinking and creativity in the analysis. A group of 4-5 students were given this assignment to build on working and communicating in teams. Each member of the group had to do an evaluation of the team process and relate how each team member contributed to the assignment (Sample included). I believe the best way to tell our story about the value we place on critical thinking and creativity is through the work of students, which is why I have included samples with permission. Teams are assigned so as to get a variety of students working together throughout any given quarter.

4. Again I must reiterate that with a faculty of four it takes longer to get curricula work done. We have been meeting weekly with one to two hours of the meeting discussing curriculum changes. The course outlines for Nursing 101 and 201 still need to be revised and the other four will need revision as we move through this process. Nursing 101 in the first course in the ADN/PN curriculum and 201 is the last course for the PN level. Now we believe it is necessary for us to look at the Associate Degree Nurses role in community based practice settings and to look at more holistic, health-oriented concepts. Anytime you begin looking at new focuses you have to start looking at what can be taken away without jeopardizing the program outcomes. We are in the process on a quarter by quarter basis having these discussions and at the same time assuring that our curriculum builds upon concepts already established as crucial to the role of the practical and registered nurse. We want our students to understand that these programs are only the beginning steps in nursing education and that they really do need to look at continuing their education as lifelong learners.

ITEM 2:

Clarify that the "Cooperative Work Experience" requires certification as a CNA or licensure as a LPN, and is consistent with the respective duties or scopes of practice.

1. A new contract has been developed between Bay Area Hospital and our CWE office. The nursing faculty is no longer involved in the oversight in any way of this summer program. We do allow the recruiter from Bay Area Hospital and staff from our CWE office to come into the classroom in the

spring of the first year of the program to explain the summer opportunity and to recruit students who may be interested. Attached is the contract between Bay Area Hospital and Southwestern's CWE office and the job description developed by Bay Area Hospital. I want the Board to understand that the nursing faculty is not responsible for these students in the summer.

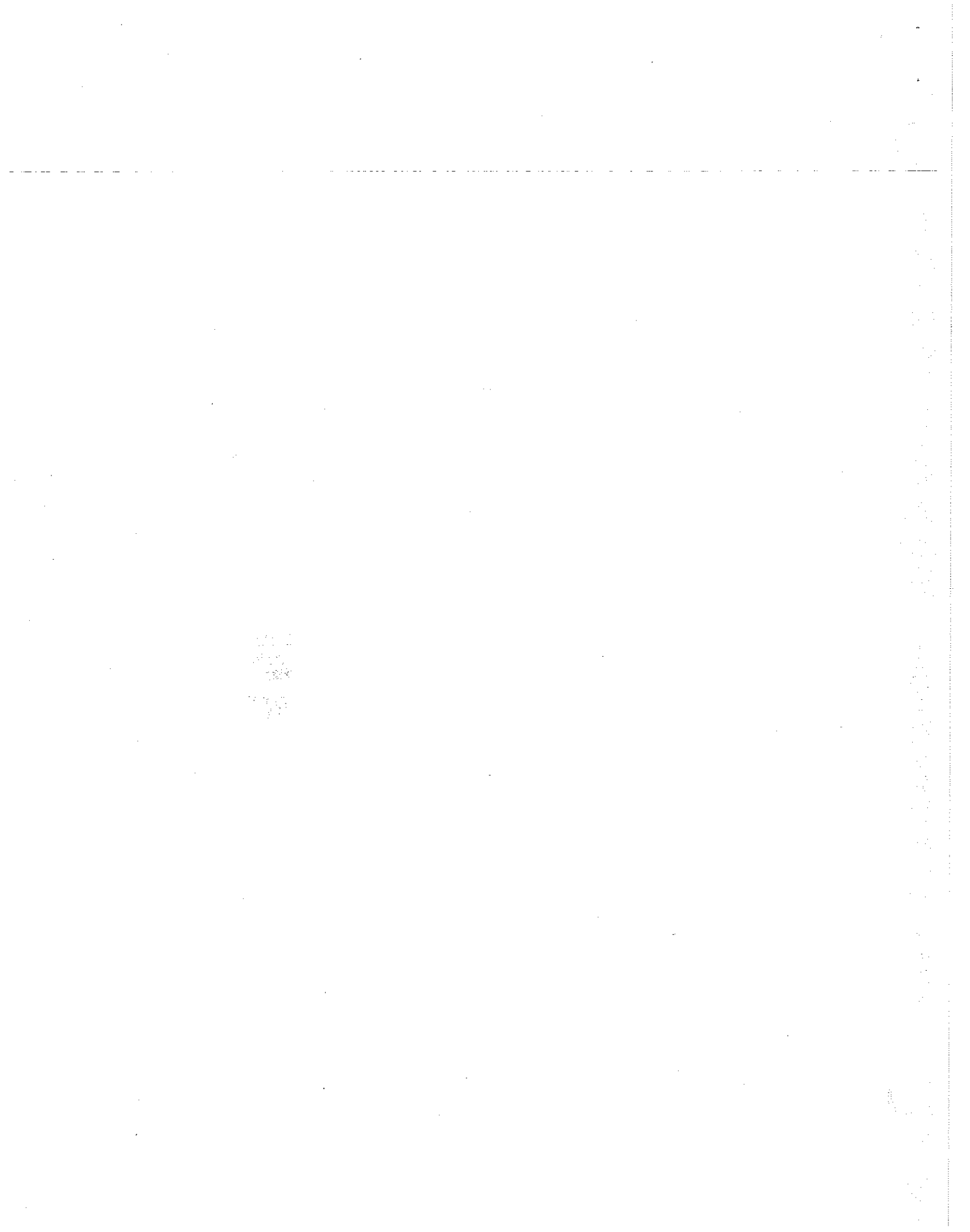
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**SOUTHWESTERN OREGON COMMUNITY COLLEGE
NURSING PROGRAM
FALL TERM – FIRST YEAR**

**NURSING 101
FUNDAMENTALS OF NURSING**

**LEARNING EPISODE 1
INTRODUCTION TO NURSING HISTORY AND CONCEPTS**

This Learning Episode is three weeks in length. It involves program orientation, roles and responsibilities of RNs and LPNs (program outcomes) and other health team members, major concepts that will be integrated throughout the program such as caring, critical thinking, ethics, legal issues, nurse-client relationship including therapeutic, group interactions and teaching-learning, and role as a patient advocate.



LEARNING EPISODE 1 OBJECTIVES

1. Design a schedule that includes time for study, personal needs, and family, social and recreational activities. (PN/ADN)
2. Name and define the five levels of human needs described by Maslow. (PN/ADN)
3. Discuss historical and contemporary factors influencing the development of practical and registered nursing. (PN/ADN)
4. List the eight themes that are common to many of the definitions of nursing. (PN/ADN)
5. Explain the difference between professional and nonprofessional in terms of education. (PN/ADN)
6. Explain the purpose and characteristics of the Oregon Nurse Practice Act and Standards of Nursing Practice for RNs and LPNs. (PN/ADN)
7. State the major differences in the scope of practice for LPN's and RNs in the state of Oregon. (PN/ADN)
8. Using the eight themes common to many definitions of nursing in objective 4, apply them to the following theorist's models: Orem, Neuman, Roy, and Watson. (ADN)
9. Name and describe the five steps to the nursing process. (PN/ADN)
10. Name four functions of the law in nursing. (PN/ADN)
11. Define public, criminal, private, civil, contract and tort law. (PN/ADN)
12. Differentiate between criminal and civil actions. (PN/ADN)
13. Name the three criteria that a profession or occupation must meet to be licensed. (ADN)
14. Discuss the three separate, interdependent legal roles and the rights and responsibilities associated with each. (PN/ADN)
15. Define privileged communication, informed, express and implied consent and give an example of each. (PN/ADN)
16. Define crime, felony, manslaughter, misdemeanor, tort, negligence, gross negligence, malpractice, assault, battery, invasion of privacy, defamation, libel and slander.
17. Apply each of the above definitions to a patient situation.
18. Describe the several categories of orders that nurses must question to protect themselves legally. (PN/ADN)
19. Discuss legal precautions a nurse should take in the clinical setting. (PN/ADN)
20. Discuss the legal issues behind record keeping and the incident report. (PN/ADN)
21. Name four actions a nursing student should take in the clinical area to minimize chances for liability. (PN/ADN)
22. Explain how cognitive development, values, moral frameworks, and codes of ethics affect moral decisions. (PN/ADN)
23. Explain how nurses can use knowledge of values transmission and values clarification to facilitate the ethical decision making of clients. (PN/ADN)
24. When presented with an ethical situation, identify the moral issues and principles involved. (PN/ADN)
25. Discuss common ethical issues currently facing health care professionals. (PN/ADN)
26. Discuss the advocacy role of the nurse. (PN/ADN)
27. Name types of health care settings and how LPN's and RN's may function in each. (PN/ADN)
28. Name eight factors that are affecting health care delivery and its affect on the client. (PN/ADN)
29. Explain why an understanding of cultural and ethnic influences is important for nurses. (PN/ADN)
30. Explain what Madeleine Leininger means by her goal of transcultural nursing care. (PN/ADN)
31. Define the characteristics of culture. (PN/ADN)
32. Describe Leininger's sunrise model of cultural care diversity and universality. (PN/ADN)
33. Name and describe Kittler and Sucher's four-step process to improve cultural sensitivity. (PN/ADN)
34. Describe the four barriers to cultural sensitivity. (PN/ADN)
35. Discuss how verbal and nonverbal communication is closely connected to culture. (PN/ADN)

36. Describe the spiritual development of the individual across the life span. (PN/ADN)
37. Identify characteristics of spiritual well-being. (PN/ADN)
38. Discuss characteristics, skills, and attitudes of critical thinking. (PN/ADN)
39. Identify elements of critical thinking according to Paul and compared them to the steps in the nursing process. (PN/ADN)
40. Define the terms: growth and development. (PN/ADN)
41. Describe the principles of growth and development. (PN/ADN)
42. Using the stages listed on p.368 of your Fundamental's of Nursing text give the age range, significant characteristics and nursing implications at each stage. (PN/ADN)
43. Describe the developmental theories of Erickson, Piaget and Kohlberg. (ADN)

SUMMER COOPERATIVE WORK EXPERIENCE
for STUDENT NURSES - AGREEMENT

BAY AREA HEALTH DISTRICT, doing business as Bay Area Hospital (Hospital) and Southwestern Oregon Community College (College) enter into this agreement for the purpose of providing patient care work experience to Certified Nursing Assistants (C.N.A.) enrolled in the Practical Nurse/Associate Degree in Nursing (P.N./A.D.N.) program at the College. The following terms and conditions apply:

DESIGNATION AND OPERATION OF THE PROGRAM: The program is classified as a Cooperative Work Experience (CWE) and will be entitled Summer CWE for Student Nurses Program. The Hospital and College will plan and administer the program through the CWE Office. Specific duties of the Hospital and College are listed below.

SELECTION AND STATUS OF STUDENTS: All students who have satisfactorily completed (grade of "C" or better) the first of two years in the P.N./A.D.N. program at the College, and who hold a current Oregon State Board of Nursing C.N.A. credential, are eligible for consideration as participants in the Summer CWE Program. Selection of participants is at the sole discretion of the Hospital. Those enrolled in the CWE are considered student interns, not employees, and are paid a stipend in lieu of an hourly fee for time worked. Termination of an individual student's participation in the Summer CWE Program is between the College CWE Office and the Hospital. Students may withdraw from the program with CWE Office approval. Hospital reserves the right, in its sole discretion, to deny participation and/or continued participation of any student in the Summer CWE Program.

INSURANCE AND LIABILITY: Under the Oregon Tort Claims Act, both the Hospital and College are responsible for the acts and omissions of its own officers, employees, and agents, and both agree to carry insurance to the limit of such liability. Any participant in the Summer CWE Program registered as an apprentice or trainee under ORS Chapter 660 will be included under the workers' compensation coverage of the College as required by ORS 656.138. College may require students to carry their own malpractice insurance during their participation in activities under this agreement.

COMPLIANCE WITH LAWS: The Hospital and College agree to comply with all federal, state, and local laws and regulations which are applicable to this agreement, and this agreement will be governed and construed according to the laws of the State of Oregon. Students will practice only within the Oregon State Board of Nursing (OSBN) scope of practice for C.N.A.s.

HOSPITAL RULES: Summer CWE participants will comply with all Hospital policies, procedures, rules, and regulations, as they apply to Hospital employees.

SPECIFIC RESPONSIBILITIES OF THE COLLEGE:

1. The CWE Office shall:
 - Provide the Hospital with a current course outline for the Summer CWE for Student Nurses Program.
 - Make available to Hospital personnel syllabi from coursework that has been completed by eligible students.
 - Arrange a time and place for eligible students to learn about the availability, terms, and conditions of the program.

- Provide the Hospital with names, addresses, and telephone numbers of students (with the student's permission) eligible to participate in the program.
2. The CWE Office will provide:
- Eligible students with necessary CWE enrollment forms.
 - Bay Area Hospital a copy of enrollment forms from eligible students.

SPECIFIC RESPONSIBILITIES OF THE HOSPITAL:

1. Provide timely information to first year nursing students regarding the Summer CWE for Nursing Students Program.
2. Interview, select, and schedule Summer CWE students for assignments, as needed and available, during June, July, and August. (Should be done after first year final exams in June.)
3. Provide a health screen to those who have not completed such a screen with the Hospital Employee Health Nurse in the 12 months prior to beginning the Summer CWE Program.
4. Provide an orientation to Hospital safety and personnel policies and procedures.
5. Provide a current job description and performance standards, within the OSBN's scope of practice for C.N.A.s, to students participating in the Summer CWE Program.
6. Assign Summer CWE students to units and shifts and to provide for appropriate mentoring and supervision within the C.N.A. scope of practice.
7. Pay Summer CWE students a stipend based on hours worked.
8. Provide a written evaluation, by nursing staff, of each Summer CWE student's performance.
9. Share evaluation data with staff of the College CWE Office.

MUTUAL RESPONSIBILITIES:

1. Assigned staff of the Hospital and the staff of the CWE Office of the College will cooperate in an annual evaluation of the program.
2. No change shall be made in the content of this Agreement without the prior written consent of each of the parties involved.
3. The Hospital and College recognize that all Summer CWE students have been certified as C.N.A.s by the OSBN and that the OSBN performs a criminal background check on all applicants for licensure through the Oregon Law Enforcement Data System. All Summer CWE students shall be in good standing with the OSBN.

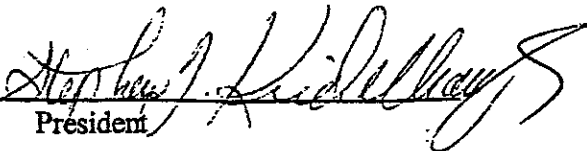
DURATION AND TERMINATION: This contract will become effective upon its execution by both parties and will continue until terminated by either or both parties. This agreement may be terminated at any time by either party after 180 days written notice to the other party delivered or sent by certified mail.

Executed this 20 day of April, 2000

BAY AREA HEALTH DISTRICT

BY: 
President/CEO


SOUTHWESTERN OREGON COMMUNITY COLLEGE

BY: 
President

BAY AREA HOSPITAL

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Job Description

6010	PATIENT CARE SERVICES
DEPARTMENT CODE	DEPARTMENT NAME
340	NURSE TECH (CNA) (CERTIFIED NURSE ASSISTANT)
JOB CODE	POSITION TITLE
10/01/00	
DATE APPROVED	HUMAN RESOURCE APPROVAL

1. JOB DUTIES: (The duties listed are those within the Scope of Practice for a Certified Nursing Assistant, as defined by the Oregon State Board of Nursing)

- *A. Frequently—Reports to Licensed Nurse re:
 physical status of patient
 nursing care delivered
 comfort measures taken
 patient's physical response to procedures carried out
- *B. Continually—Provides care for patients and performs tasks associated with daily living, as outlined in standard nursing procedure references.
1. Personal care, including:
 Bathing/maintaining cleanliness
 Dressing
 Shaving
 Hair care
 Oral hygiene and denture care
 Skin, nail care
 Peri care
 Bedmaking; handling linen
 Assisting with coughing and deep breathing
 2. Maintaining mobility, including:
 Ambulating
 Transferring
 Transporting
 Positioning; maintaining alignment; turning; lifting; elevating extremities
 Performing range of motion exercises
 3. Nutrition and hydration
 Checking, delivering, removing meal trays
 Feeding and assisting patient with eating/drinking
 4. Elimination
 Toileting; use of bedpan/urinal
 Catheter care, including application and removal of external urinary catheter, emptying urine drainage devices
 Administering enemas (non-medicated)
 Collecting specimens
 Emptying ostomy bags

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5. Use of assistive devices, including:
 - Caring for eyeglasses, hearing aids
 - Applying established prosthetic and orthotic devices
 - Applying braces
 - Applying anti-embolus stockings
 - Utilizing and assisting patient with devices for transferring, ambulation, and alignment, such as wheelchairs, walkers, and crutches
 - Using footboards
 - Assisting with an encouraging use of self-help devices for eating, grooming, and other personal care tasks
 6. Maintaining environmental and client safety
 7. Data gathering
 - Measuring vital signs (temperature, respirations, pulse, blood pressure)
 - Measuring height and weight
 - Measuring and recording oral intake
 - Measuring and recording urinary output (voided and from urinary drainage systems)
 - Measuring and recording emesis
 - Measuring and recording liquid stool
- C. Occasionally—Performs additional tasks listed below only after being taught the skill by a Registered Nurse in a formal training program at Bay Area Hospital and demonstrating initial competency to a Registered Nurse.
1. Tasks associated with oxygen:
 - Turn oxygen on and off at pre-determined, established flow rate
 - Attach or detach continuous or episodic pulse oximeter; read pulse oximeter and record reading
 2. Tasks associated with skin care:
 - Change simple, non-sterile dressing using aseptic technique when no wound debridement or packing is involved.
 - Clean skin around ostomy sites
 3. Tasks associated with monitoring intake and output:
 - Discontinue Foley catheters
 - Collect clean-catch urine specimen
 - Empty, measure and record output from other drainage devices
 4. Tasks associated with testing and monitoring:
 - Perform tests on urine specimens
 - Perform hemocult test for occult blood
 - Perform capillary blood glucose
 - Assist with incentive spirometer
 5. Other tasks
 - Set up traction equipment
 - Insert over-the-counter suppositories for bowel care
 - Assist clients in and out of Continuous Passive Motion machines if previously applied and regulated by a qualified health care professional
 - Assist with cleaning of endoscopes
- D. Occasionally—Assists with team cleaning of LDRP after delivery.
- *E. Frequently—Demonstrates the ability to use the equipment listed under #7 according to nursing procedures.

- *F. Occasionally—Documents some phases of nursing care and observations, utilizing nursing forms according to established guidelines.
- *G. Continually—Adheres to requirements for patient rights/legal issues.
- *H. Continually—Observes and adheres to all safety policies and procedures: infection control – restraints – fire – disaster/bomb threat – electrical safety – equipment maintenance – visitors – fall prevention program – hazard communication program (Material Safety Data Sheets) – suicide (awareness/alert/watch) – emergency pages
- *I. Rarely—Demonstrates effective response to patient crisis/emergency situations.
- J. Rarely—Utilizes authorized resource manuals and policy/procedure manuals.
- *K. Continually—Formulates and maintains effective working relationships with unit co-workers and other members of the health care team.
- *L. Frequently—Floats to other patient care areas as requested.
- *M. Continually—Demonstrates knowledge and skills to provide appropriate levels of service to patients in specific age groups as defined in evaluation tool.
- *N. Continually—Demonstrates knowledge of and complies with the hospital's mission, vision, and values as defined in evaluation tool.

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2. LINE OF RESPONSIBILITY

Nurse Tech—Registered Nurse—Charge—Nurse Manager—Vice President/Patient Care Services—
President/Chief Executive Officer

3. EDUCATIONAL REQUIREMENTS

A. ACADEMIC

*Ability to read, write legibly and converse effectively in the English language.

B. LICENSURE

*Current licensure to practice as a Certified Nursing Assistant in the state of Oregon.

C. CERTIFICATION

*Current Basic Life Support-Healthcare Provider card

4. OCCUPATIONAL EXPERIENCE/PERSONAL ATTRIBUTES

A. Recent (within the past two years) acute hospital nursing experience preferred.

*B. Priority setting ability and organizational skills.

*C. Effective communication skills.

*D. Personal attributes are consistent with the Mission and Values of Bay Area Hospital

5. PHYSICAL REQUIREMENTS

*A. Sitting: Frequently—To do paperwork, review documents and during patient care.

- *B. Standing/Walking: Continually—Throughout the patient care areas to perform patient care tasks and access equipment and supplies.
- *C. Crouching (bend at knees): Occasionally—When adjusting or picking up treatment equipment from the floor, when equipment is attached to the wall or patient bed; and when performing direct patient care.
- *D. Stooping (bend at waist): Occasionally—When transferring patients, adjusting equipment and assisting patients in daily care.
- *E. Reaching: Occasionally—When adjusting equipment, acquiring supplies and linens and when physically transferring patients.
- *F. Twisting: To manage equipment, acquire supplies/linens.
- *G. Climbing: Occasionally—When assisting patients from one bed to another and when using a step stool for performing CPR.
- *H. Kneeling: Occasionally—When assisting patients to dress and put on footwear, when emptying or measuring fluid collection containers.
- *I. Leg/Foot: Rarely—To operate the bed brakes
- *J. Handling/Grasping/Fingering: Continually—When bathing and doing hands-on care of patients.
- *K. Balance: Continually—Normal balance required.
- *L. Vehicle Use: None
- *M. Pushing/Pulling: Occasionally—When transferring patients on stretchers, beds and in wheelchairs, when moving patient care equipment from one room to another or one area to another. Wheelchair push/pull has average strength factor of 20 lbs. and maximum of 40 lbs.
- *N. Lift/Carry: Occasionally—To lift/carry patient meal trays, equipment such as IV pumps and CPM machines. Equipment may average 15-20 lbs. and occasionally weigh a maximum of 45 lbs. Supplies may average 10-15 lbs. Average weight for patient transfers is 150 lbs. and rarely up to 300 lbs., but a Nurse Tech will never attempt to totally lift or carry a patient without the help of one or more people.

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6. WORKING CONDITIONS/PHYSICAL HAZARDS

- A. Normally works up to 80 hours per two-week period. However, situations may occur which require adjustment in hours worked and/or length of shift.
- B. Works in well-lighted, climate controlled, hospital.
- C. Potential exposure to hospital borne infections.
- D. Potential exposure to chemicals used by Environmental Services while cleaning (see MSDS books for further information).

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7. OPERATION OF EQUIPMENT/TOOLS

*Frequently—Must have working knowledge of the following:

patient bed – specialized air beds – stretchers – morgue cart – wheelchairs – Maxilift – overbed tables – patient call lights – lighting appliances – patient room TVs – video equipment – scales (balances/electronic/bed) – dynamaps – telephone system – computer system – tape recorder for the blind – closed caption TV device for the deaf – TDD phones for the deaf Working knowledge of other equipment not listed here will be in keeping with CNA Scope of Practice as outlined by OSBN.

8. COMMUNICATION SKILLS REQUIRED

- *A. Talking in person: Continually—With patients, patients' families, hospital staff, physicians, students, volunteers and visitors.
- *B. Talking on telephone: Occasionally—To communicate with hospital personnel.
- *C. Hearing in person: Continually—With patients, patients' families, hospital staff, physicians, students, volunteers and visitors.
- *D. Hearing on telephone: Occasionally—To communicate with hospital personnel.

9. USE OF SENSES

- *A. Near vision: Frequently—For reading and writing various documents, for utilizing the computer, for patient care and for managing patient care equipment.
- *B. Depth perception: Occasionally—For patient care activities, and for ambulating and transporting patients.
- *C. Color vision: Occasionally—When describing patient output.
- *D. Full field of vision: Occasionally—For safety when working with ambulatory patients, for checking environment of patient care areas, and locating other department personnel.
- *E. Smell: Rarely—When assessing patient output. For safety to detect smoke or odor of chemicals.

10. MENTAL REQUIREMENTS

- *A. Interaction with others: Continually—Interacting with patients, patients' families, hospital staff members, students and volunteers. May mean dealing with those who are inpatient, distraught, or demanding.
- B. Time/Deadline/Shift/Overtime requirement: Occasionally—Overtime may result when providing patient care.
- *C. Flexibility requirements: Frequently—Must deal with a variety of people and situations. Needs to be flexible with fluctuating patient conditions/assignment/load.
- *D. Pace requirements: Frequently—Pace is set by patient requirements for care. Must maintain an efficient pace in order to provide required patient care for shift and meet essential patient needs.
- *E. Communication skills required: Continually—When dealing with patients, patients' families, hospital staff members, physicians, students and volunteers. Communication must be in a professional, tactful manner. Must speak clearly so as to be easily understood.
- *F. Emotional stability requirements: Continually—Necessary for dealing with patients who are in pain or disabled (either physically or psychologically).

*G. Attention to detail requirements: Continually—When providing any patient care.

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H. Highly repetitive requirements: Occasionally—When operating computer, writing in patient charts.

Frequency Code: Rarely - less than 5% Occasionally 6-33% Frequently 34-65% Continually 66-100%

*Essential Functions are indicated with an asterisk.

[2/93 3/96 10/96 9/97 9/98 6/99 2/00 04/00 09/00]