Chapter

# **Preparing for** 10 Healthcare Employment

Working as Part of a Team Lesson 10.1

**Learning Universal Technical Skills** Lesson 10.2

Lesson 10.3 Transitioning from School to Work





#### **HOSA Event Prep: Job Seeking Skills**

Being confident and successfully expressing why your skills make you the best candidate is often what lands the job. For many, the hardest part is expressing pride in oneself or one's accomplishments and skills, especially during the first time interviewing for a job in healthcare. You may not feel like you have the skills needed to make you the best candidate right out of training. However, knowing how to showcase the knowledge you have and your potential could spark the interest of the one who may be hiring you. HOSA's event *Job Seeking Skills* helps provide early practice on résumé building, personal statements, making a digital portfolio, and interviewing in the healthcare field.

Go to the HOSA website to learn more about the HOSA *Job Seeking Skills* event. Find out the purpose of the event, what is involved in the event, and what knowledge is demonstrated in the event.

As you prepare for HOSA competitive events, be sure to check the website and talk with your HOSA advisor for the most up-to-date guidelines and procedures. Once you have learned about the *Job Seeking Skills* event, answer the following questions:

- How might participating in this event benefit you personally and your future career? Explain.
- 2. Are you interested in participating in this event? Why or why not?



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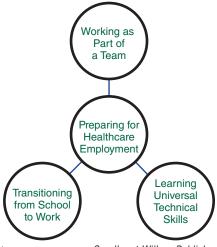


#### Connect with Your Reading

Knowledge. Skills. Attitude. All three are important to job success. Which one do you think most often causes young workers to lose their jobs? Pick one and create a scenario to support your choice.

### Map Your Reading

Create a mind map for the content in this chapter. Write the name of the chapter in the middle circle and connect a circle for each of the three lessons. Create additional spokes to add main ideas and important details as you read each lesson.



Chapter opener image: ESB Professional/Shutterstock.com

### Working as Part of a Team

# ESSENTIAL QUESTION

Why is teamwork important in healthcare, and what teamwork skills do healthcare workers need?

#### **Learning Outcomes**

After studying this lesson, you will be able to

- **10.1-1** enumerate characteristics of effective teams.
- 10.1-2 describe types of teams used in healthcare facilities.
- **10.1-3** illustrate the guidelines team members follow for delegating tasks, sharing information, and building positive relationships.
- **10.1-4** summarize sources of team conflict and steps for resolving conflict.
- 10.1-5 identify qualities of an effective leader.

#### **Professional Vocabulary**

#### **Essential Terms**

**collaborate** to work together; to consult with each other

delegate to direct another healthcare worker to perform a care task that is within that worker's training and experience and within the scope of practice of the licensed provider giving the direction

interdisciplinary healthcare team a group of professionals from different health science training backgrounds working in coordination toward a common goal for the patient

multidisciplinary healthcare team a group of healthcare workers from different healthcare specialties, each providing specific services to the patient

**personal leadership style** an individual approach to giving directions, implementing plans, and motivating people

#### **Important Terms**

case manager primary care teams team nursing delegation primary nursing teleconferencing functional nursing secondary care teams work styles

#### Introduction

Healthcare workers know that they must have top-notch job skills and perform their duties accurately. They may not realize that they also need to be highly skilled at working in a team. The healthcare industry is increasingly using teams of workers to improve healthcare delivery.

Teams deliver patient care in all kinds of healthcare settings. Healthcare professionals can improve patient safety and quality of care for a larger number of

patients when they work in teams. Teams also reduce the cost of patient care by employing workers with different levels of training. For example, a nursing team that includes a registered nurse, licensed practical nurse, and certified nursing assistant can care for more patients than a single registered nurse. Using the combined skills of many health professionals reduces medical costs for patients and helps bring healthcare to underserved areas.

As a healthcare worker, you need to know your roles and responsibilities within a team and understand how to be an effective team member. In this lesson, you will learn about types of teams used in healthcare, how to resolve team conflict, and team leadership styles.

#### 10.1-1 Effective Teams

Myesha, a medical coder, is part of an **interdisciplinary** (ihn-ter-DIH-suhplih-nair-ee) **healthcare team** in her medical clinic. The team members include doctors, nurses, therapists, medical assistants, insurance representatives, and even the housekeepers she works with in the office. Each member of the team has different skills and knowledge and contributes to the patient's care in a different way (**Figure 10.1**). Myesha knows she must code patient procedures in a reasonable amount of time so the clinic will receive payment for its services. She knows who is responsible for each part of patient care and whom to ask if the medical records lack the information needed.

As part of a diverse interdisciplinary team, Kia—the medical assistant—organizes appointments so patients do not wait for long periods of time and the doctor does not have to wait for the next patient to arrive. When there is an emergency or delay, Kia adjusts the schedule and continues to meet the needs of patients. Calming a frustrated patient can be a challenge. As the first person who answers the phone, Kia must quickly assess the level of each caller's need. If every call went directly to the doctor, the doctor would spend the day talking on the phone instead of assessing and treating patients. Sometimes Kia calls 911 if there is an emergency, but often she can have a nurse return the

patient's call. Despite many interruptions to her work, Kia is careful to keep accurate and complete patient records so the billing process goes smoothly.

Adam also works at the medical clinic as an education specialist. All the people on Adam's team are from the same discipline. They are all educators. The team members have similar responsibilities that include developing educational workshops. They schedule students and teachers to attend the workshops and organize equipment and supplies for teaching. When the team members meet, they coordinate teaching schedules and evaluate the outcomes of their teaching methods to make improvements. They all benefit from working together.



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**Figure 10.1** Each member of an interdisciplinary healthcare team has specific roles and responsibilities. *How does teamwork improve patient care?* 

Knowing your own roles and responsibilities is the first step in becoming an effective team member. You must also know the roles and responsibilities of the other members of your team. The responsibilities of each team member are part of scope of practice, which includes certain tasks the team member is qualified to perform. For example, when Kia directs a phone call to the nurse, she communicates a patient's need that she is not qualified to meet. By knowing each team member's scope of practice, she can choose the correct person to help the patient.

Directing information to the correct person is a teamwork-related skill. Skilled team members monitor the activities of other members. They know their strengths and weaknesses and organize tasks with each person's strengths in mind. For example, Kia knows the doctor on her team is excellent at assessing and diagnosing a patient but has a hard time remembering names. She always prompts the doctor's memory by introducing a patient at the beginning of an exam.

Members of effective teams remain positive despite personal differences. A positive attitude is critical to the success of a team. In addition to knowing the strengths and weaknesses of other members, everyone on the team must know how to fit their different personalities together to create a comfortable work environment. Understanding and respecting the feelings and beliefs of each team member is just as important as performing the duties of your job correctly.



#### Healthcare Professions: Working in a Team

When Adam designs a workshop for students, he naturally thinks of creative activities students will enjoy. Another team member considers the information that must be presented for students to learn a scientific concept. A third team member creates a schedule and determines what lab supplies to order. By using the personal strengths of each team member,



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the team can work efficiently. Team members rely on each other to complete different tasks when preparing for the workshop. They are happy to focus on the tasks they enjoy most. A positive attitude toward teamwork and mutual trust among team members make this team successful.

#### 10.1-2 Types of Healthcare Teams

Many physician specialties have developed during the past 50 years. As a result, many different doctors can work with a single patient. A patient might see a podiatrist, dermatologist, cardiologist, obstetrician, and so on. Each specialist could have a different office. In the past, each office maintained its own set of records and did not share patient records with other offices. Unless the patient talked about other doctors, many physicians were unaware a patient was receiving any other treatment. The patient was being treated by a multidisciplinary healthcare team, but care was not coordinated, especially because patient records were not shared.

If a general practice physician referred a patient to a specialist, the physician would receive a consult report but could not access complete patient records.

In healthcare today, the interdisciplinary healthcare team approach is becoming more common. Interdisciplinary teams coordinate patient care. They improve patient outcomes by preventing conflicting treatments and avoiding duplication of services. This saves money. Communication between interdisciplinary team members improves when all providers can access patient records.

#### **Interdisciplinary Teams**

Interdisciplinary teams consist of different types of healthcare professionals just like multidisciplinary teams. However, interdisciplinary team mem-

bers **collaborate** as they work together to provide a coordinated plan of treatment for the patient. Interdisciplinary teams are either *primary* or *secondary*. Primary care teams function in clinical and community settings, while secondary care teams provide hospital services.

Primary care teams include the primary care physician, physician assistants, and nurse practitioners who see the patient in the clinic setting. Depending on patient needs, the team may also include nutritionists, pharmacists, social workers, or others. The team decides which additional healthcare practitioners are needed to promote patient health and wellness. For example, a community-based health team may add dentists, health educators, or mental health professionals. A rehabilitation team would include physical, occupational, and speech therapists.

Secondary care teams deliver services to hospital patients. For example, surgical teams include surgeons, surgical technicians (Figure 10.2), nurse anesthetists, and operating room nurses. Cardiologists, dietitians, and exercise therapists make up cardiovascular teams. An infection control team might consist of infectious disease specialists, a pharmacologist, a social worker, and so on.

Collaboration is key in the interdisciplinary team model (Figure 10.3). Regardless of the healthcare team or setting involved, team members communicate regularly. Hospital-based teams go on rounds together or hold conferences to communicate about patients in their care. A team working in an outpatient office or clinic communicates frequently to keep team members up to date about which patients have been seen and which treatments they have received. Team members work together to plan and carry out patient treatments. The physician diagnoses and prescribes medications, the nurse practitioner educates the patient about the illness and treatment, and the social worker counsels the patient on community resources available.



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**Figure 10.2** The surgical team is a secondary care team. In addition to the surgeon, can you identify other members of this team?



**Figure 10.3** Healthcare team members collaborate by communicating with each other and with the patient as they coordinate the plan of treatment for the patient. Who is the most important member of this team?

**Teleconferencing** allows healthcare professionals to interact and collaborate over long distances. As a result, healthcare team members can be spread over a wide geographic area. This is important when providing care to patients in rural areas. Telemedicine allows a primary physician to seek a specialist's opinion without sending the patient hundreds of miles to see that specialist. Similarly, an anesthesiologist (an-ehs-thee-zee-AH-luh-jihst) working at a major medical center in another city can use telemedicine to supervise a nurse anesthetist in a small community hospital.

#### **Nursing Teams**

Nurses function as members of the healthcare team. They also have their own teams to provide the round-the-clock care required in hospitals and long-term care facilities. The most basic nursing team includes the nurse (RN, LPN, or LVN) and the nursing assistant (CNA). The nurse carries out the doctor's orders, and the nursing assistant completes care tasks assigned by the nurse. The nurse has the authority to delegate tasks that are within the nursing assistant's scope of practice.

Nursing teams also include supervisors. The charge nurse supervises all the nurses for a specific shift. The head nurse oversees a department, and the director of nursing (DON) supervises all the nursing care within a facility.

Nurses provide care using a variety of nursing care models. Each healthcare facility determines which model its nurses will use. Home healthcare often uses a **case manager** model. The RN serving as the case manager develops a care plan along with the client and the client's family. The nursing assistant follows this plan when visiting the client, and the case manager supervises the care provided.

In a **primary nursing** model, one RN, LPN, or LVN cares for several patients or residents. This nurse is responsible for planning and carrying out all aspects of care while patients are in the care unit. Other nurses will follow this care plan when the primary nurse is not working, but the primary nurse has 24-hour responsibility for planning patient care. Patients report higher levels of satisfaction with this model.

A **functional nursing** model assigns tasks. Each nurse is responsible for completing a set of assigned tasks for every patient or resident. So, one nurse may administer medications, while another nurse delivers special treat-

ments. The nursing assistant takes all vital signs and assists with meals. Patient care becomes fragmented with this system, and patients do not like this model as much.

An RN functions as the team leader in the **team nursing** model (**Figure 10.4**). Nursing staff members report to the team leader, and together the group divides nursing care tasks. Team members complete tasks based on their training and expertise, but the team leader is still accountable for all the care provided. Planning for patient care uses the input and expertise of all team members (RN, LPN, and CNA). In this model, the team leader needs clinical nursing skills and must also be an effective group leader. When a nursing team communicates effectively, patient needs are met quickly. Patients are very satisfied with this model, especially when nursing team members stay the same for each patient.



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**Figure 10.4** In the team nursing model, tasks are divided up according to each member's training and expertise.

#### 10.1-3 Healthcare Team Interaction

As healthcare team members work with each other, they follow a set of important guidelines for assigning tasks to each team member. This process is called **delegation**. Even the sharing of patient information follows a set of established guidelines or protocols. Following these guidelines ensures that patient care is safe and effective. It protects each patient's right to confidentiality.

Productive relationships among team members promote high-quality patient care. In addition, having a positive attitude at work makes your work-day more pleasant and calm. Since people spend about one-third of their lives at work, learning how to build and maintain positive team relationships is worth the time and effort.

#### **Delegating Tasks**

Healthcare workers who supervise other workers may have the right to delegate some work tasks. To delegate means to make another person responsible for completing a specific task for you. For example, licensed nurses (RNs or LPNs) may delegate tasks to nursing assistants or medical assistants. Physicians may delegate tasks to physician assistants or nurse practitioners. State laws and facility policies guide the practice of delegation. Physicians and nurses have the authority to delegate tasks, but they are still responsible for the quality of patient care.

A worker's scope of practice always determines which tasks are delegated (**Figure 10.5**). If a nurse delegates a task a nursing assistant is not qualified to perform and fails to supervise the assistant, the nurse is liable if the patient is harmed. However, if a nurse delegates a task within the assistant's scope of practice, but the assistant does not complete the task correctly, then the assistant is liable for patient injury.

Delegation		
CAN Delegate	CANNOT Delegate	
Tasks That Physicians CAN Delegate to Physician Assistants and Nurse Practitioners	Tasks That Physicians CANNOT delegate to Physician Assistants or Nurse Practitioners	
Examining patients	Assuming responsibility for total care of the patient	
Interpreting diagnostic test results Obtaining and recording patient medical data	Supervising other physician assistants and nurse practitioners	
Performing therapeutic procedures, such as injections	Prescribing medication	
and wound sutures	Performing tasks outside the physician's scope of	
Instructing and counseling patients	practice	
Tasks That Registered Nurses or Practical Nurses CAN Delegate to Nursing Assistants	Tasks That Registered Nurses or Practical Nurses CANNOT Delegate to Nursing Assistants	
Assisting with activities of daily living	Administering medications	
Measuring vital signs	Receiving verbal orders from doctors	
Ambulating patients	Supervising other nursing assistants	
Changing bed linens	Inserting or removing catheters	
Repositioning patients		

**Figure 10.5** This table shows the types of tasks that physicians and registered nurses and practical nurses can and cannot delegate to others on their team. Why do you think some of these tasks can be delegated while others cannot?

Workers protect patients and themselves when they carefully consider work assignments. Healthcare workers never refuse a task because they do not want to do it. However, they may refuse a task for valid reasons, including the following:

- The task is illegal or unethical.
- The task is outside their scope of practice.
- They cannot perform the task safely because they lack clear directions, proper equipment, or adequate supervision.
- They have not been trained for the task.
- The task is not part of their job description at the facility where they are working.

Healthcare team members follow the organizational chain of command when reporting problems. They also follow a chain of command for accepting work assignments. They know when they can take directions from another worker and when they cannot. For example, a nursing assistant may not supervise or delegate tasks to another nursing assistant.

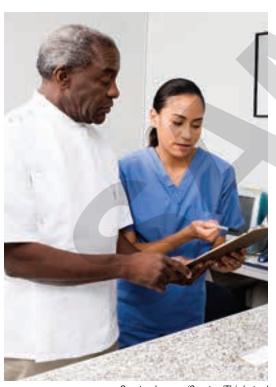
#### **Sharing Information**

A healthcare worker's scope of practice also guides the process of sharing information. For instance, a dental assistant does not diagnose patient conditions. When a patient asks if a tooth can be repaired, the dental assistant refers the question to the dentist (**Figure 10.6**). If a physician calls to give orders regarding patient care, an RN or LPN must take the phone call.

Healthcare workers are cautious about what patient information they share and with whom. They must protect the privacy of each patient's medical information according to the guidelines of the HIPAA Privacy Rule. As a general guideline, physicians will disclose an individual's information for three purposes: treatment, payment, and healthcare operations such as quality assessment or medical reviews.

Healthcare workers only share medical information that is important to a patient's care with other members of the healthcare team. For example, a physician will give orders for patient care following surgery but will not discuss any previous medical procedures unless they affect current care. A nurse caring for a patient who has had an appendectomy (removal of the appendix) does not need to know about the patient's history of depression unless the patient shows signs of depression that require nursing observation and care.

Healthcare workers must also follow guidelines for sharing medical information with a patient's friends and family members. If the patient does not object, a healthcare provider may share information with family, friends, or others involved in providing or paying for that person's care. However, they may only discuss the information the third party needs to know about the care. Healthcare providers have policies regarding this type of information sharing. These policies may require a patient's verbal or written permission to share information. If a patient objects to the sharing of his or her information, providers are not allowed to share it.



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**Figure 10.6** Because of her scope of practice, this dental assistant must ask the dentist to answer diagnostic questions from patients.

#### **Building Positive Team Relationships**

Team members rely on each other as they work together to provide quality care. When team members do not work well together, workers' stress levels increase. This causes the quality of care to decrease. Successful healthcare teams make a constant effort to maintain positive working relationships.

Team members understand that each member is unique. Members will have different ages, sexes, socioeconomic statuses, lifestyle preferences, beliefs, education, and cultural backgrounds. These differences affect each person's attitudes and work preferences. Team members must be sensitive to and respectful of these differences to build positive relationships.

Productive and positive relationships result when team members are friendly and willing to assist each other (Figure 10.7). They keep their communication positive and encourage rather than criticize fellow team members. Finally, they work hard and perform job tasks to the best of their ability. Their actions show that they are reliable and can be trusted.

## 10.1-4 **Team Conflict and Conflict Resolution**

When a group of people works closely together, there will always be differences of opinion. This can create conflict within a team. Unresolved conflicts can cause problems for both employees and patients. Ineffective teamwork reduces the quality of healthcare.

Effective team members know the factors that lead to conflict and can handle disagreements without damaging their working relationships. They are committed to resolving conflict quickly so that quality of care is not compromised. Some people are naturally good at this type of cooperation and collaboration. Many people, however, learn conflict-resolution skills in the same way they learn medical skills—through training and experience.

### Identifying Factors That Lead to Team Conflict

Team members are unique individuals with differing viewpoints and work habits (Figure 10.8). This is generally a good thing. Teams can accomplish more work with a variety of talents. A team needs practical workers and creative thinkers, detailed people and "big picture" people, reserved workers and outgoing workers. However, these differences can also lead to conflict.

Dos and Don'ts for Building Positive Relationships		
Do	Don't	
Be sensitive to the feelings of all team members	Expect everyone to participate equally	
Be willing to compromise	Demand that others compromise before you will	
Be honest	Give up at the first sign of disagreement	
Listen to all members	Assume that everyone thinks the way you do	
Be patient	Assume that all of your expectations will be met	

**Figure 10.7** Building positive relationships is important for everyone on the healthcare team. Which of these practices do you already follow when building your own relationships?



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**Figure 10.8** Team members are individuals, so they will bring unique opinions and work styles to a project. Explain how this is a benefit to the team and why it might also cause problems.

Team conflict is a disagreement or difficulty that occurs between two or more members of a team. As a result, the whole team works less effectively.

Many conflicts arise from differences in individual viewpoints and the ways people like to work. It is easy to think that other team members should "see things your way." However, there is more than one right way to accomplish most tasks, and you can learn a lot by observing other team members. They may get great results using a different method than what you use. The "my way is right" mind-set only causes more conflict.

Team members often try to analyze each other's behavior using their own personal viewpoint. For example, if you are naturally talkative, do you assume a quiet person is angry or upset? Another person's behavior does not necessarily mean what you think it does. Using your own viewpoint to interpret the behavior of others is often the root of misunderstandings between team members. Misunderstandings can lead to conflict.

When a team member wants to do something in a new or different way, try not to be judgmental. It is easy to label this person a troublemaker and begin to gossip or complain about the person's ideas. However, these "troublemakers" are actually good for the team. When they challenge the team, team members can reevaluate, consider, and maybe even learn a new and better way to accomplish a task.

Just as individuals have different learning styles, team members have different work styles (Figure 10.9). Once you identify the work preferences of fellow team members, you can take advantage of style differences when dividing work tasks. This allows all members to contribute and avoids misunderstandings. Ignoring work styles leads to ineffective teamwork and frustrated team members. Do you see your own preferences in the list of contrasting work styles in Figure 10.9?

Avoiding potential conflicts begins with each team member. Analyze your own behavior and avoid the patterns that lead to serious conflict with other members. Learn to recognize the work-style preferences of each team member and use them to provide positive results.

#### **Resolving Team Conflict**

**Work Preferences** 

People are imperfect communicators, so conflicts among team members do happen. Your first goal when managing conflict is to recognize and correct simple misunderstandings. Begin by checking your own motivation and attitude. Are you trying to prove you are right or make things right? Successful team members focus on fixing problems and achieving the common goals of the team.

# A team member may complete one task before starting a new one work alone work with details know exactly what to do A team member may OR OR OR

receive lots of direction prefer quiet and order

A team member may

work on several projects at once

OR • work with othersOR • create ideas

figure it out along the way

OR • work with little supervisionOR • thrive on noise and activity

anno on noise and delivity

Figure 10.9 People have different work preferences. Which work preferences do you identify with?

Look at how your team is functioning. When you see these behaviors, your team needs to focus on conflict resolution:

- gossip, blaming, and complaining
- hoarding of information that should be shared
- late work, poor quality work, and absenteeism

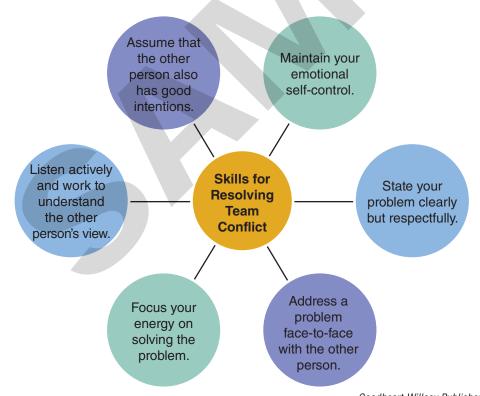
Resolving conflict begins with setting clear goals for the team. What is the team supposed to accomplish? What are each member's individual roles and responsibilities? How will the team share information, and how can members get help when needed? As you work to resolve a conflict, remember to listen to other points of view (**Figure 10.10**). You can certainly speak up and share your ideas and opinions, but always state your view positively. Blaming or ridiculing another team member only increases conflict.

Ground Picture/Shutterstock.com

**Figure 10.10** Successful teams resolve conflicts and move onto more important tasks. What are some signs that your team needs to focus on conflict resolution?

If necessary, ask your team leader to help you focus on the facts of your situation. Your leader can mediate your dispute and work with you to negotiate a resolution.

Finally, be willing to accept the team's decision even if it is not your first choice. As you move forward, do not allow disagreements to become personal. Instead, focus on doing your part as a team member. Complete your work to the best of your ability. Ask for help when you need it and volunteer to help others as well. Practice using the key skills shown in **Figure 10.11** for managing and resolving conflict.



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**Figure 10.11** The behaviors described here will help team members resolve conflicts and keep a positive working relationship in the process.

#### 10.1-5 **Team Leadership**

All people assume leadership roles at various times in their personal and work lives. When you choose to lead, you usually will find a leadership task that fits your personality. These leadership opportunities feel comfortable, and you will feel confident about your skills.

For example, Sally works as a medical secretary at a local healthcare clinic. When she joins the local chamber of commerce as a representative of her company, she acts as the organization's secretary. She is comfortable taking notes and feels confident producing accurate minutes of each meeting.

Emily, on the other hand, dreaded being assigned the team leader role for a group project. Although Emily was a good leader in her classroom every day as she helped other students struggling with the course content, she believed she could never be a successful leader. Because of Emily's quiet nature, managing a team and organizing the work of her classmates felt uncomfortable. How could she be effective doing something she did not like?

#### **Leadership Styles**

Each individual has a **personal leadership style** that relies on unique preferences and attributes. Like the connection between personality and career choices, there is a connection between personality and leadership styles. Do any of the descriptions in **Figure 10.12** match your leadership preferences?

Characteristics of Leadership Styles			
John Holland Type	Leadership Style	When to Use	
Realistic Doer Likes mechanical, hands-on activities	Role Model     Takes action     Sets an example by doing what is asked of others	When team members lack motivation and are not focused on accomplishing tasks	
Investigative Thinker Is an analytical problem solver	<ul><li>Pioneer</li><li>Analyzes and compares other situations</li><li>Develops a long-term view of the future</li></ul>	When long-term change is needed	
Social Helper Is cooperative and people-oriented	Facilitator     Encourages and mentors people     Builds personal relationships and cares for others	When there are sensitive situations or when support from others is necessary	
Enterprising Persuader Is a competitive leader	Innovator  Tries new things and likes change  Creates new work-related opportunities	When the group is stuck in the same routines	
Conventional Organizer Pays attention to detail	Monitor     Observes and organizes the work of different people     Sets clear goals and manages resources	When there is a lack of organization and expectations are unclear	
Artistic Creator  Exhibits creativity and originality  Motivator  Shows passion for key issues Supports the current cause		When the group has lost its sense of identity	

**Figure 10.12** There are six John Holland types of leaders, each with their own characteristics and leadership styles. *Which type of leader are you?* 

Knowing your personal leadership style helps you assess how effective you will be at accomplishing a leadership task. Because different tasks require different styles, you may need to expand your leadership skills to accomplish your goals. In the same way you learn the technical skills and knowledge required for your job, you can also learn the skills required for various leadership roles.

#### **Leadership Skills**

Effective leadership uses many familiar skills (**Figure 10.13**). Developing leadership skills begins with developing all the skills that make you a good worker. When you take on or are assigned a leadership role, remember that a true leader unites people and works to achieve a positive result. Effective leaders do not focus on themselves. They do not try to prove they are better than others or make a show of being in charge. Instead, they model the behavior they want to see in team members. They encourage and help team members perform work tasks effectively.

From informal team working sessions to formal business gatherings, effective leaders frequently conduct meetings. These leaders usually set the agenda that lists the topics to be discussed and acted upon. In formal meetings, they may guide the meeting's progress using parliamentary procedure.

Based on Robert's Rules of Order, parliamentary procedure is a set of rules that maintains order and allows all members to participate in the meeting. Leaders know how to call a meeting to order, handle a variety of motions, and address a motion to adjourn or end the meeting. In a well-run meeting, people take turns speaking and discuss only one idea at a time.

Members present their ideas by making a motion. Everyone has an opportunity to discuss or debate each motion before voting to accept or reject it. Ideally both the leader and members of the group are familiar with several different kinds of motions. If everyone speaks clearly and uses parliamentary procedure correctly, the group is more likely to accomplish business in a productive, timely manner.

Effective leaders also accept the challenge of learning new leadership skills. They develop self-confidence and learn to make decisions in the face of disagreement. Team leaders make the best choice after considering all the information, but they understand some team members may not like the decision. Effective leaders know their personal leadership preferences, but they are willing to learn different styles of leadership that fit their current leadership task.

Leadership Skills		
Familiar Skills for Leaders	How Leaders Put Those Skills to Use	
Effective leaders practice personal health maintenance.	They set realistic goals and manage their time to effectively achieve their goals.	
Effective leaders are effective workers.	They have developed excellent technical skills for the job tasks they perform.	
Effective leaders use an organized system for managing the tasks of everyday work and life.	They use problem-solving techniques to make decisions when conflicts and problems arise.	
Effective leaders are team players.	They use a positive attitude and assertive communication skills to improve relationships with coworkers.	

**Figure 10.13** Effective leaders practice and adapt their skills.

### Healthcare Professions: Leadership Styles

Margo spent multiple hours planning her hospital department's budget. She analyzed previous purchases, reviewed equipment usage trends, and tried to anticipate future needs. Before committing to major purchases based on her plan, she sought the advice of her supervisor, Janelle. Janelle told her to move forward with major purchases without



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even looking at Margo's plan. Janelle wanted to discuss a change in the color of scrubs worn on each hospital unit. Margo was dumbfounded. She could not believe her boss was more interested in uniforms than a major spending initiative.

A few weeks later, Margo attended a leadership training workshop and learned about leadership styles. Now her supervisor's actions and her own reactions made more sense. Margo learned she has a pioneer style, which causes her to focus on future plans. Janelle has a role-model style of leadership. She prefers to focus on smaller activities that can be decided and completed now. Neither leadership style is right or wrong. However, effective leaders learn to change their preferred style to fit the current task.

Great leaders are developed rather than born. They build excellent work skills and are willing to step beyond their comfort zone to learn new skills for leading others' work. They know effective leaders promote positive changes by inspiring others. They work to become innovators, motivators, and facilitators rather than pessimists, opponents, or referees.

#### **Lesson 10.1 Review**



Complete the *Map Your Reading* graphic organizer for the section you just read.

- 1. Knowing your \_\_\_\_ is the first step in being an effective team member. (10.1-1)
  - A. education and training
  - B. experience and work history
  - C. roles and responsibilities
  - D. cultural background
- 2. The two main types of interdisciplinary healthcare teams are (10.1-2)
  - A. case manager and functional nursing
  - B. multidisciplinary and monodisciplinary
  - C. team nursing and primary nursing
  - D. primary and secondary

- 3. Which term refers to the assignment of tasks to each team member? (10.1-3)
  - A. Delegation
- C. Supervision
- B. Election
- D. Resolution
- To avoid conflict, team members should consider each other's different (10.1-4)
  - A. personal styles
  - B. work styles
  - C. personal opinions
  - D. group opinions
- 5. Effective leaders \_\_\_\_\_ the work behaviors they want to see in team members. (10.1-5)
  - A. model
- C. dictate
- B. change
- D. invent

### **Learning Universal Technical Skills**

#### **Learning Outcomes**

After studying this lesson, you will be able to

- **10.2-1** explain why temperature, pulse, respiration, and blood pressure are called vital signs and demonstrate steps for measuring vital signs, including height, weight, oral temperature, radial pulse, respiration, and blood pressure.
- **10.2-2** describe the steps for graphing vital signs.
- **10.2-3** articulate how to obtain the appropriate first aid training and certification for your healthcare career.



What universal technical skills do healthcare workers need to master?

#### **Professional Vocabulary**

#### **Essential Terms**

**first aid** emergency treatment given before regular medical services can be obtained

vital signs the key measurements that provide information about a person's health; they include temperature, pulse, respiration, and blood pressure

#### **Important Terms**

apical pulse continuous rectal temperature compression automated external respiration resuscitation (CCR) defibrillator (AED) sphygmomanometer hypertension blood pressure stethoscope hypotension cardiopulmonary temporal artery radial pulse resuscitation thermometers

#### Introduction

Many healthcare workers measure and record vital signs for patients. Obtaining certification in first aid may also be a requirement for employment. Learning these technical skills builds a good foundation for entry-level healthcare employment.

#### 10.2-1 Measuring Vital Signs

The term *vital* means "needed for life." **Vital signs** measure height, weight, temperature, pulse (heartbeat), respiration (breathing), and blood pressure. Healthcare workers must know the normal ranges for each vital sign and techniques for accurately measuring them. Healthcare workers must also know how to record vital sign measurements in the medical record and when to report changes that may indicate a need for prompt medical care.

#### **Height and Weight**

Height and weight are measured periodically. The relationship between a person's weight and height provides information about that person's overall health. Physicians can compare a baseline height and weight to future changes.

Height is typically measured on admission to a healthcare facility or at a yearly exam. Individuals with osteoporosis, a degeneration of the spinal column, will have more frequent height measurements.

Weight, however, is measured at most physician visits and on admission, transfer, and discharge at a healthcare facility for a variety of reasons:

- Weight indicates nutritional status.
- When a patient retains fluid, weight will increase. This is an indication of heart and kidney function.
- Unexplained weight loss can signal a disease such as cancer or diabetes.
- Since many medications are prescribed based on body weight, a change in weight may require a change in medication dosage.

Healthcare facilities use several types of scales (**Figure 10.14**). Both the mechanical scale and digital scale are commonly used for patients who can stand independently. To use a mechanical scale, you slide metal weights along a bar until the bar is balanced. Once turned on, a digital scale automatically measures a patient's weight and displays it on a screen. Height measurements are recorded in feet (') and inches ("), or meters (m) and centimeters (cm). Weight is recorded in pounds (lb) or kilograms (kg).



Left to right: bikeriderlondon/Shutterstock.com, Frédéric Astier/Science Source, Courtesy of Doran Scales, Inc.,Voisin/Phanie/Science Source, Sokolova Maryna/Shutterstock.com

**Figure 10.14** Different patients require different types of scales. When might it be necessary to use the bed scale?

### Measuring Height and Weight Using a Mechanical, Upright Scale

Follow these steps to measure height and weight using a mechanical, upright scale:

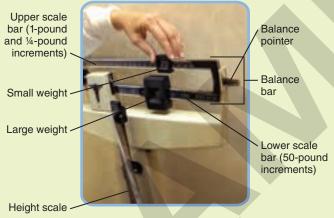
- 1. Complete your beginning procedure steps, including washing your hands.
- 2. Place paper toweling on the stand area of the scale. Move both weights to the zero position.
- 3. Ask the patient to remove their shoes and coat and put aside anything they are carrying. Help the patient onto the scale platform, facing the balance bar. Check to see that the patient is not holding on to you or the scale.
- 4. Move the large weight to the right until the balance bar drops down on the lower guide. Slide the weight back one notch (**Figure 10.15**). Move the small weight on the upper scale bar to the right until the balance pointer is centered between the two scale bars.



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**Figure 10.16** 

Read the number at the place where the movable ruler bar meets the stationary ruler bar. This is the patient's height (**Figure 10.17**).



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#### **Figure 10.15**

- 5. Read the numbers on the upper and lower scale bars where each weight is positioned. Add these two numbers together. This is the patient's weight.
- 6. Help the patient turn and face away from the scale bar. Keep safety in mind by observing the patient and assisting as necessary to prevent falls. Slide the height rod up until you can open the measuring bar without hitting the patient. Seek assistance if you cannot safely operate the height bar when a patient is taller than you.
- 7. Slide the height rod down until it touches the top of the patient's head (**Figure 10.16**).



moodboard/moodboard/Thinkstock

**Figure 10.17** 

- 8. Help the patient step off the scale.
- 9. Record the patient's name, the time you took measurements, and the height and weight measurements.
- 10. Discard the paper toweling, lower the height rod, and slide the weights to zero.
- 11. Complete your end-of-procedure steps.

When patients cannot stand independently, you can use a wheelchair scale to measure weight. Wheelchair scales allow you to roll the chair onto a platform, which weighs the patient and the chair. Next, you weigh the empty chair. Subtracting the weight of the chair from the first measurement gives you the patient's weight. Patients who must stay in bed can be measured and weighed using a bed scale. You can weigh infants using a special scale that features a tray to support the infant.

#### **Temperature**

The human body balances the heat it loses and the heat it produces to maintain a temperature that varies only slightly. When you are hot, you sweat to cool the body, and when you are cold, you shiver to warm the body. Physical activity, sleeping, and anything that creates excitement cause temperatures to change slightly. These are normal variations. However, an abnormally increased temperature signals a fever. Fever is a sign the body is fighting infection. **Figure 10.18** shows the normal ranges for temperatures taken in different body locations for children and adults. Note that normal temperature readings vary depending on the body location. Healthcare workers report temperatures outside these normal ranges. They also report changes outside the typical range of temperatures for a particular patient. Even though a temperature may be within average normal ranges, it can still signal illness when it is not normal for a specific patient.

You can measure temperature at various sites in the body. Measurement in the mouth, called *oral temperature*, is common. For accuracy, an oral temperature cannot be measured if a person has recently had something to eat or drink. In this case, wait at least 15 minutes before taking the oral temperature.

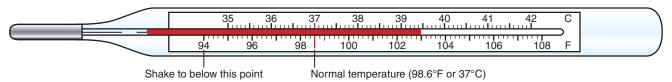
Glass thermometers (not containing mercury), such as the one in **Figure 10.19**, and digital electronic thermometers measure oral temperature. Digital electronic thermometers measure temperature in just a few seconds. They are easier to read because the temperature appears in large numbers on the viewing screen.

Normal Temperature Ranges for Adults and Children (° Fahrenheit)				
Method	0 to 2 Years	3 to 10 Years	11 to 65 Years	<b>Greater Than 65 Years</b>
Oral	N/A	95.9-99.5°F	97.6-99.6°F	96.5-98.5°F
Rectal	97.9-100.4°F	97.9-100.4°F	98.6-100.6°F	97.1–99.2°F
Axillary	94.5-99.1°F	96.6-98.0°F	95.3-98.4°F	96.0-97.4°F
Tympanic	97.5-100.4°F	97.0-100.0°F	96.6-99.7°F	96.4-99.5°F
Temporal Artery	97.9-100.0°F	97.5-100.0°F	98.2–100.2°F	96.6-98.8°F

Note: Tympanic thermometers are used with infants 6 mo. and older. Temporal artery thermometers are used with infants 3 mo. and older.

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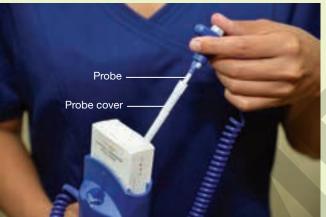
Figure 10.18 Normal temperature ranges vary based on age and body site where the temperature is taken.



**Figure 10.19** To read temperature on a glass thermometer, hold the thermometer at eye level and rotate until you see the indicator line. Add 0.2 degrees for each mark on the thermometer. What temperature is shown on this thermometer?

Follow these steps to take an oral temperature using a digital thermometer:

- 1. Complete your beginning procedure steps, including washing your hands. Wear gloves for this procedure.
- 2. Make sure the person has not had anything to eat or drink within the last 15 minutes.
- 3. Cover the thermometer's probe with a sheath/probe cover (**Figure 10.20**). Turn the thermometer on and wait until it beeps or the "ready" sign appears on the viewing screen.



Wards Forest Media, LLC

Figure 10.20 What is missing from this image?

- 4. Ask the patient to open their mouth and carefully place the thermometer under the tongue and to one side. Have the patient gently close their mouth to hold the thermometer in place and breathe through the nose.
- 5. Hold the thermometer in place until it blinks or beeps.
- 6. Ask the patient to open their mouth and carefully remove the thermometer while holding it at the stem end.
- 7. Remove the sheath or eject the probe cover and discard it in an approved waste container.
- 8. Read the temperature on the display screen.
- 9. Turn off the thermometer. Clean as required by facility policy and push the probe back into the thermometer case. Remove gloves and wash hands.
- 10. Record the patient's name, time you took the temperature, temperature, and method used (in this case, *O* for *oral*). Report an abnormal temperature immediately.
- 11. Complete your end-of-procedure steps.

Some situations require a different method of temperature measurement, such as axillary (armpit), tympanic (eardrum), or temporal artery (forehead). For example, young children may bite an oral thermometer, and an unconscious person cannot hold an oral thermometer in the mouth. **Figure 10.21** shows a variety of thermometers.

A rectal temperature is taken by placing the thermometer in the rectum. Rectal and temporal artery temperatures are the most accurate temperature readings. For this reason, a physician may indicate a patient's temperature should be measured rectally in critical situations.

Hospitals and clinics frequently use **temporal artery thermometers**. They are safe to use with infants through adults, read temperature quickly, and are easy to use and store. While more expensive than a digital thermometer, they are becoming a popular choice for home use as well.



OLEG525/Shutterstock.com

**Figure 10.21** Today you see many types of thermometers. Can you tell which one takes a tympanic temperature? temporal artery temperature? Which one is a noncontact thermometer?

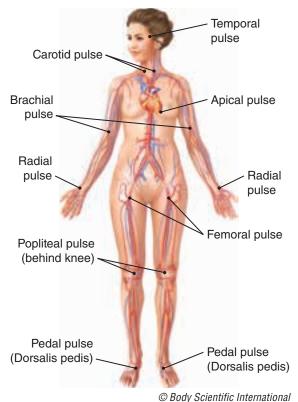


Figure 10.22 This figure shows pulse points on the body. Which pulse requires a stethoscope for its measurement?

Noncontact forehead thermometers are popular for quickly screening large numbers of people, such as at the entrance to a hospital.

To take a temperature using a temporal artery thermometer, simply place the probe on the center of the forehead and slide the thermometer sideways to the hairline. You will read the temperature on the screen within a few seconds. If the patient is sweating, take the temperature on the neck just behind the ear lobe. When using a noncontact thermometer, make sure the person's forehead is clear and dry. Follow the manufacturer's directions for distance and position of the thermometer.

#### **Pulse**

Pulse measures heartbeats. With each beat, blood moves through the arteries in a wave or pulse. When you touch or palpate an artery near the surface of the skin, you will feel these waves. All your arteries have a pulse, but you can feel the pulse in only a few of the arteries (Figure 10.22).

You measure pulse rate by counting the number of beats or pulses in one minute. This tells you the heart rate, which is how fast the heart is beating. In addition to measuring pulse rate, you will assess pulse rhythm and pulse volume, or *amplitude*. Pay attention to the pattern of pulsations and the pauses between them. Normally, pulse rhythm is smooth and regular, with the same amount of time between each pulsation. Pulse amplitude measures the

force or quality of the pulse; it describes how the pulse feels. A normal pulse is easy to feel, and each pulsation is strong. You can describe pulse using terms such as weak, thready, normal, full, or bounding. Report and record any pulse rate that is higher or lower than normal, is irregular, or feels weak or faint.

Pulse rate varies with age (Figure 10.23). An infant's heart beats much faster than an adult's does. Physical activity affects pulse rates because the heart speeds up to supply more oxygen to body tissues. Heart rates also increase due to anger, excitement, illness, pain, or fever. Medications may increase or decrease heart rate. Low body temperature, lowered oxygen levels, physical conditioning, and sleep will decrease heart rate.

Average Resting Pulse Rate Per Minute			
Group	Average Resting Pulse Rate		
Adults	60-100 bpm		
Teenagers	60-100 bpm		
Children	70–120 bpm		
Infants	120-160 bpm		
Well-conditioned athletes	40-60 bpm		

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Figure 10.23 Pulse rate measures heartbeats. How do age and physical conditioning influence resting pulse rates?

330

Two common sites for pulse measurement are the radial artery and the apex of the heart. These are known as *radial pulse* and *apical pulse*. You can measure **radial pulse** by placing two or three fingers over the radial artery on the inside of the wrist.

#### **PROCEDURE**

#### **Measuring Radial Pulse**

Follow these steps to measure radial pulse:

- 1. Complete your beginning procedure steps, including washing your hands.
- 2. Rest the patient's arm on a table or the bed. Locate the radial pulse on the thumb side of the wrist using two or three fingers. Do *not* use your thumb because you may feel your own pulse.
- 3. Count the number of pulses for one full minute to assess rhythm and amplitude. For pulse rate only, you may count pulses for 30 seconds and multiply by two.
- 4. Record the patient's name; time you took the pulse; and pulse rate, rhythm, and amplitude. Report an abnormal pulse rate, rhythm, or amplitude immediately.
- 5. Complete your end-of-procedure steps.

You can measure **apical pulse** by listening over the apex (lower tip) of the heart using a stethoscope. A **stethoscope** makes sound louder (**Figure 10.24**). You will hear, rather than feel, each beat of the patient's heart. The apex is located in the left fifth intercostal space on the midclavicular line, or approximately 2 inches below the left nipple. An apical pulse is taken when a patient has a weak or irregular pulse that may be difficult to feel. An apical pulse is also used to measure heart rate in infants.



Alex Hinds/Hemera/Thinkstock

**Figure 10.24** Before using a stethoscope, clean the earpieces, bell, and diaphragm with alcohol wipes. Rotate the diaphragm until you can hear sound through the earpieces.



Fuse/Thinkstock

**Figure 10.25** To check a patient's respiration, pretend to continue taking a pulse reading as you observe and count the patient's breaths.

#### Respiration

Counting breaths for one minute is the simplest way to assess a person's respiratory function. As you watch a patient's chest move, count one breath in (inhalation) and one breath out (exhalation) as a single **respiration** or breath. If it is difficult to see chest or abdominal movement, place your hand near the collarbone to feel the patient's breathing. Try to measure respiration right after measuring pulse. Keep your fingers on the patient's wrist as though you are still counting the pulse (Figure 10.25). You do not want the patient to know you are measuring respirations because a person can consciously change breathing rates, which will result in an inaccurate measurement. Your measurements will be more accurate when patients do not know that their breaths are being counted.

A healthy resting adult will breathe about 12 to 20 times per minute. During normal breathing, the chest rises and falls evenly in a regular rhythm and breathing is quiet and easy.

#### **PROCEDURE**

#### **Measuring Respirations**

Measure respirations using the following steps:

- 1. Complete your beginning procedure steps, including washing your hands.
- 2. Measure respiration right after measuring pulse. Without telling the patient, begin counting each rise and fall of the chest as one breath. For regular respirations, you may count for 30 seconds and multiply by two. If breathing is irregular, you should count respirations for a full minute.
- 3. Record the patient's name, time you measured the respiration, and respiratory rate. Report a respiratory rate that is greater than 24 or less than 10 breaths per minute. Report any breathing that is irregular, very deep or very shallow, difficult, or painful.
- 4. Complete your end-of-procedure steps.



James Kappernaros/Shutterstock.com

**Figure 10.26** Pulse oximeters measure oxygen saturation and heart rate. *Are this adult patient's readings within normal ranges?* 

#### **Oxygen Saturation**

A pulse oximeter measures the amount of oxygen in blood (**Figure 10.26**). Oxygen saturation indicates how much oxygen the blood is carrying as a percentage of the maximum it could carry. A normal reading is 95–100 percent. A pulse oximeter will also show pulse rate.

You may take an oximeter reading as part of vital signs measurement. This is especially important for patients with blood disorders, circulatory diseases, and lung issues. These health conditions negatively affect blood oxygen saturation levels. You will also use oximeters when patients are receiving oxygen.

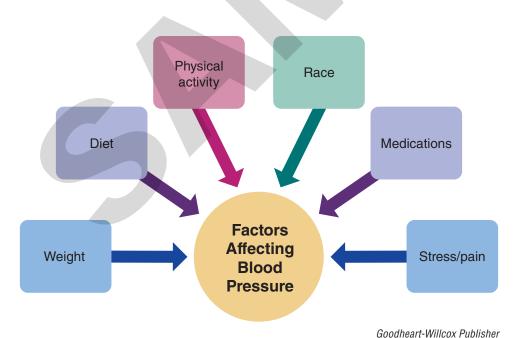
Remove nail polish before using a pulse oximeter. The oximeter uses infrared light, and nail polish will absorb light and interfere with the oxygen measurement. Clip the oximeter to the tip of the finger. Hold the hand still and wait for the reading to appear. Within seconds, the pulse rate and oxygen saturation level will appear on the screen. Record this measurement in the patient's chart. Report any readings outside the normal range.

#### **Blood Pressure**

**Blood pressure** is the force of blood pushing against the inside of the blood vessel (artery) walls. When you take someone's blood pressure, you record two measurements: systolic and diastolic. Systolic (sihs-TAHL-ihk) pressure is the force caused by the contracting heart muscle pushing blood through the arteries. Diastolic (dI-uh-STAHL-ihk) pressure is the lesser force of the blood when the heart muscle relaxes. Blood pressure is measured in millimeters of mercury (mmHg) and is recorded as a fraction. Write the higher (systolic) number first and the lower (diastolic) number second. A systolic pressure of 115 mmHg and a diastolic pressure of 70 mmHg are written as 115/70.

Blood pressure readings provide vital information about a person's current health and future risk for disease. Normal blood pressure varies throughout the day, with readings being lower in the morning and when lying down. Readings are typically higher when sitting or standing, after eating a meal, and when exercising. Stress, anxiety, and pain all increase blood pressure. Figure 10.27 shows several factors that influence blood pressure, including some related to lifestyle choices.

When blood pressure is too low (**hypotension**), the body tissues do not get enough nutrients and oxygen. When blood pressure is too high (**hypertension**), the heart works harder to push blood through the arteries.



**Figure 10.27** Many factors influence blood pressure readings. *How many of these factors are related to lifestyle choices?* 

<b>Blood Pressure Classifications for Adults</b>		
Classification	Range	
Hypotension	<90/60 mmHg	
Normal	90-120/60-80 mmHg	
Elevated	120-129/<80 mmHG	
Hypertension	Stage 1: 130-139/80-90 mmHG	
	Stage 2: >140/90 mmHg	

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**Figure 10.28** Blood pressure readings provide important information about a person's current health and future disease risk. What risks are associated with hypotension and hypertension?

Eventually, this causes damage to the heart muscle. High blood pressure also stresses the kidneys and blood vessels, which can lead to kidney failure and stroke. **Figure 10.28** lists the readings that indicate normal blood pressure, hypertension, and hypotension.

A **sphygmomanometer** (sfihg-moh-muh-NAHM-eht-er) measures blood pressure and comes in two types: aneroid and digital (**Figure 10.29**). Aneroid sphygmomanometers are very common. They use a small mechanical device with a convenient dial to measure pressure. Aneroid sphygmomanometers do require recalibration, which means the equipment must be checked regularly to ensure its measurements remain accurate. The manometer, or *gauge*, should point to zero when the cuff is deflated. When

using an aneroid sphygmomanometer, you are trying to "hear" the blood pressure.

Digital sphygmomanometers are more convenient, especially in noisy places. Instead of sound, digital instruments use vibration to determine diastolic and systolic pressures. When blood pressure is high, arterial walls vibrate as blood flows through them. Digital sphygmomanometers detect the changes in these vibrations as the pressure in the cuff is released.

You will hear sounds through the stethoscope as you auscultate (AW-skuhl-tayt), or listen to, a blood pressure on an aneroid sphygmomanometer. These sounds are named for Nikolai Korotkoff (koh-RAHT-kohf), the Russian surgeon who first identified them. As you slowly release the valve, you will hear tapping sounds that gradually become louder.





Dmitry Naumov/Shutterstock.com, Khamidulin Sergey/Shutterstock.com

**Figure 10.29** Shown here are (A) aneroid and (B) digital sphygmomanometers. Which piece of equipment works better in a noisy setting?

The first tapping sound indicates the systolic pressure. Next, you will hear a sequence of swishing and tapping sounds. Finally, the sound will become muffled and very soft. The last sound indicates the diastolic pressure.

Sphygmomanometers consist of a bulb that is squeezed to fill the cuff with air, a manometer that measures pressure in the cuff, the cuff itself, and flexible tubing to connect all the parts. Cuffs come in different sizes, designed to fit children, adults, large adults, and the thigh. The cuff must fit correctly, or the blood pressure reading will not be accurate. The manometer measures the pressure of the air in the cuff (**Figure 10.30**). The longer dark lines mark increments of 10 mmHg, and the short lines in between mark increments of 2 mmHg.



Figure 10.30 Each long line on the manometer gauge represents 10 mmHg. What pressure measurement is shown on this gauge?

#### **PROCEDURE**

#### **Measuring Blood Pressure**

The most common place to measure a person's blood pressure is the brachial artery of the upper arm. Measuring blood pressure requires practice until you can operate the equipment smoothly and assess the sounds accurately. Use the following steps to measure a patient's blood pressure:

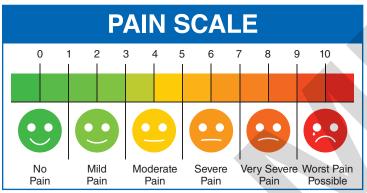
- 1. Complete your beginning procedure steps, including washing your hands.
- 2. Help the patient into a sitting or lying-down position so the forearm is level with the heart and the palm is facing upward. Expose the upper arm by rolling up the sleeve or removing the shirt if the sleeve is tight. For accuracy, the patient should be resting quietly for five minutes before blood pressure is measured.
- 3. Use alcohol wipes to clean the stethoscope. Rotate the diaphragm until you can hear through it.
- 4. Locate the patient's brachial artery pulse by straightening the arm. Place your fingers across the inside of the antecubital space located at the inner bend of the elbow.
- 5. Place the arrow mark on the blood pressure cuff over the brachial artery. Wrap the cuff around the patient's upper arm so the bottom of the cuff is at least 1 inch above the elbow. The cuff must be even and snug. Place the stethoscope earpieces in your ears.

- 6. Pump the bulb until the pressure is 30 mmHg higher than the systolic pressure. You can achieve this by using one of the following methods:
  - A. Place the stethoscope over the brachial artery. Inflate the cuff until you hear the pulse stop. Inflate 30 mmHg more.
  - B. Hold the bulb in one hand and palpate the radial artery with the other hand. Inflate the cuff until you no longer feel the radial pulse. Inflate 30 mmHg more.
- 7. With the stethoscope positioned over the brachial artery, release the valve slightly by turning it counterclockwise. This will allow air to escape from the cuff slowly.
- 8. Note the reading on the manometer when you hear the first Korotkoff sound. This is the systolic pressure.
- 9. Continue to deflate the cuff and note the reading when you hear the last Korotkoff sound. This is the diastolic pressure.
- 10. Deflate the cuff completely and remove it from the patient's arm.
- Record the patient's name, time you measured the blood pressure, and blood pressure reading. Report an abnormal blood pressure immediately.
- 12. Store the sphygmomanometer. Clean and store the stethoscope.
- 13. Complete your end-of-procedure steps.

Does it make a difference which arm you use to take a blood pressure reading? A good guide is to determine whether a person's pulse feels stronger in one arm compared to the other. You will have an easier time measuring blood pressure in the arm with the stronger pulse. Do not use an arm that is injured, in a cast, or has an IV. If a patient has had a mastectomy with lymph node removal, use the arm on the other side of the body. In the case of a double mastectomy, seek a doctor's advice about the best option for measuring blood pressure.

Do not partially deflate the cuff and then reinflate it while taking a blood pressure measurement. This will result in an inaccurate reading. If the cuff is partially deflated, release all the air in the cuff and wait 30 seconds before trying again. Remember that the cuff pressure is uncomfortable for the patient. Be accurate, but also efficient with your blood pressure measurement.

If, while practicing, you take a blood pressure measurement that is very high or extremely low, check again. Remember, you are just learning this skill. Remain calm, but ask the person to have a healthcare professional check their blood pressure if the measurement varies from the normal range.



EgudinKa/Shutterstock.com

**Figure 10.31** A pain scale can help patients communicate their level of discomfort to their healthcare provider.

#### Pain Assessment

Unlike vital signs, pain cannot be measured. It is a symptom, rather than a sign. Still, pain level is an important factor in assessing your patient's well-being. Begin by observing your patient. Are the patient's teeth clenched and eyes closed? Is the patient clutching her ankle, holding her arms over her stomach, or rubbing her forehead? Facial expressions and gestures can provide clues to pain. Is your patient crying or moaning? Document these observations and all complaints of pain. Ask your patient to assess pain level using a pain scale (Figure 10.31). When a patient cannot communicate verbally, compare the patient's facial expressions to the pain scale to make the most objective assessment of pain. Finally, remember that

some individuals are stoic about pain. Because of personality or culture, they are unwilling to express pain. Do not assume a patient has no pain because the patient does not talk about it.

#### 10.2-2 Graphing Vital Signs

Vital signs are routinely recorded in a patient's medical record. Today, most facilities use electronic health records, which automatically graph vital signs. Healthcare workers enter the measurements in a table in the electronic record. Selecting the chart view displays the measurements in a graph. Graphic charts provide a visual diagram of a patient's progress and can be easier to read than a list of numbers containing the same information. Newer technologies connect vital signs equipment with the patient's medical record. When the equipment measures the patient's vital signs, the readings are transmitted directly to the patient's electronic health record. This avoids possible recording errors.

**Figure 10.32** shows two formats of the vital signs taken for a patient who has just returned from surgery.

Before the development of electronic records, all vital signs were graphed on paper charts and written by hand. This process took time and great attention to detail when locating the correct spot on a grid. When recording temperatures, healthcare workers would also flag any temperature not taken orally. For example, an oral temperature is recorded as 98.6°F, but a rectal temperature is recorded as 99.6°F followed by the letter *R* in a circle. A temporal artery temperature may read like an oral temperature or a rectal temperature depending upon the individual thermometer. Record the temperature reading followed by the letters *TA* in a circle.





Courtesy of OmniMD

**Figure 10.32** Vital signs are entered into a table like this one. In an electronic health record, the chart view displays vital signs in a graph form. This makes it easier to see a patient's progress over time. What does the red text indicate in the table?

Remember that temperature readings vary based on the site. For example, a rectal temperature will be higher than an oral temperature because it measures temperature closer to the core of the body. For this reason, health-care workers also note additional vital signs information that may affect readings. These include items such as the site for measuring temperature, or which arm was used for taking a blood pressure measurement. Facilities that still use handwritten charts often require workers to note medications that affect vital signs or hospital events such as admission, delivery, surgery, and discharge on the graphic chart (**Figure 10.33**). Specific graphic forms vary by facility, but the basic steps for graphing vital signs remain the same:

- 1. Fill in patient identification information and dates.
- 2. Note the admitting date (ADM) and number the days after admission. Day 1 is the first day after admission.
- 3. Note the date of surgery (OR) and number the days after surgery (PO for *postoperative*). If a patient has given birth, note the date of delivery (DEL) and number the days after delivery (PP for *postpartum*).
- 4. Find the correct date and time column for your vital sign reading (x-axis). Move down the column until you reach the correct number on the left side (y-axis) and mark the reading with a dot. When you have made dots for each vital sign reading, connect the dots for each vital sign to make a line graph.
- 5. Flag temperatures not taken orally by writing the correct abbreviation on the graph. Circle the abbreviation for emphasis.

# 10.2-3 Obtaining First Aid Training and Certification

Healthcare workers must be alert to changes in patient status and prepared to report those changes. Sometimes a healthcare worker will detect a patient emergency when others do not notice a serious problem.



### Healthcare Professions: Identifying Emergencies

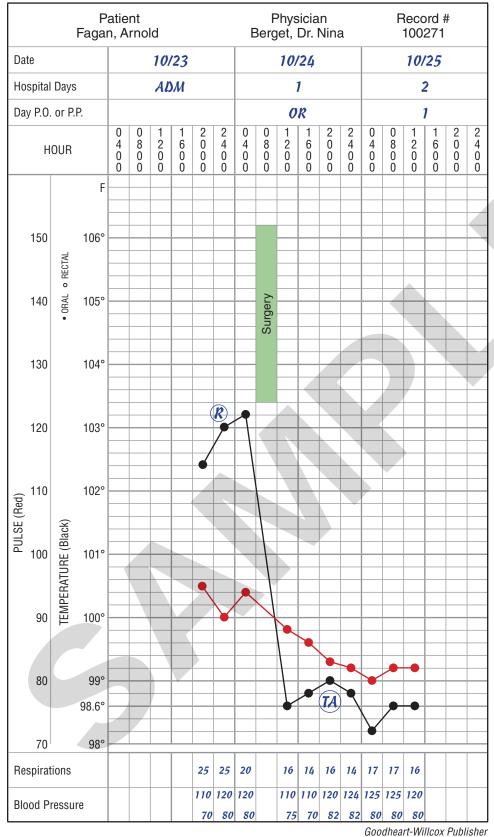
Erin works in a long-term care facility. She knows the normal signs of health for the residents in her care and realizes that a change in status can signal an emergency. For example, Mr. Lyon usually has above-normal blood pressure readings, Mrs. Siemens is always hungry at mealtime, and Mr. Frederick complains about his arthritis most often in the evening. Erin



Dean Mitchell/E+ via Getty Images

observes her residents closely to notice when something is different.

Could Mrs. Siemens' tiredness and indigestion be signs of a heart attack? Does Mr. Frederick's slurred speech indicate a stroke? Does Mr. Lyon's drop in blood pressure mean something is wrong? Erin reports signs and symptoms that are unusual or alarming, so her residents receive needed emergency care at the earliest opportunity.



**Figure 10.33** The red line traces pulse; the black line traces temperature. Respirations and blood pressure have been listed below. Hand-charting of vital signs requires close attention to detail to produce an accurate record.





American Heart Association, American Red Cross
Figure 10.34 The American Red
Cross and the American Heart
Association offer many training courses
and certification for CPR and first aid.
How will you determine which course to
take?

#### **First Aid Training Opportunities**

Healthcare workers must also be prepared to act in the case of a sudden illness or injury. All workers can seek **first aid** training. The goal of first aid is to minimize the effects of an injury or illness until more advanced medical help arrives. Appropriate first aid responses can mean the difference between life and death. The following are emergency health situations that healthcare workers must be prepared to treat:

- cardiac emergencies (heart attack and cardiac arrest)
- breathing emergencies (respiratory distress, respiratory arrest, choking, asthma, or anaphylaxis [an-uh-fuh-LAK-sihs]), which is a life-threatening allergic reaction)
- sudden illness (poisoning, fainting, seizures, stroke, allergic reactions, or diabetic emergencies)
- environmental emergencies (heat- or cold-related emergencies, bites, stings, or lightning strikes)
- soft tissue injuries (wounds, burns, or external bleeding)
- muscle, bone, and joint injuries (fractures; dislocations; sprains; strains; or head, neck, and spinal injuries)

The American Heart Association and the American Red Cross offer several levels of first aid training courses (**Figure 10.34**). At a minimum, health science students should learn basic first aid procedures for responding to a medical emergency. Course skills include, but are not limited to, checking an injured or ill person; performing **cardiopulmonary resuscitation** (CPR), which keeps the brain and other vital organs supplied with oxygen until advanced medical care arrives; and using an **automated external defibrillator** (dee-FIHB-ruh-layt-er), or

AED, to deliver an electric shock to the heart and restore its normal rhythm. Trainees will also learn how to clear a foreign body airway obstruction (FBAO), apply dressings and bandages to wounds, and detect signs of a stroke.

#### **Good Samaritan Laws**

When people encounter emergencies, they are often afraid to help because they feel unprepared or are afraid of being sued. Good Samaritan laws encourage people to help others in emergencies. Each state establishes its own Good Samaritan laws. These laws protect people who provide emergency care to ill or injured individuals. The responder cannot be sued or found financially responsible for the person's injury as long as the responder acted reasonably and within their level of training. The following are some reasonable actions responders can take:

- move a person only if their life is in danger
- ask a conscious person for permission before giving care
- call for professional help
- provide care until more highly trained help arrives

In many schools and workplaces, employers sponsor first aid training for employees. They may establish an emergency response team of volunteers who can assist when an emergency occurs. The Good Samaritan law continues to protect these workplace volunteers.



#### **Training for Healthcare Workers**

Many healthcare workers complete a more extensive training program designed for professional rescuers, and certain healthcare workers have a duty to respond to an emergency. Individuals who perform rescues as a part of their jobs have a legal duty to respond and rescue in an emergency. In addition, when emergency medical technicians (EMTs) are on duty, they are legally responsible for the care they provide to people who have experienced an accident or sudden illness. The training for EMTs includes each of the following:

- · making primary assessments
- giving ventilations
- performing advanced CPR and AED
- using epinephrine autoinjectors and asthma inhalers
- using emergency oxygen and breathing devices
- responding to opioid overdoses

#### Certification

Whether you are learning basic first aid or professional rescue techniques, you can earn certification to show you have passed a test demonstrating your new skills. The American Red Cross and the American Heart Association are the two agencies that certify first aid skills. To become certified, your first aid course must be taught by an approved trainer. You must complete the entire course curriculum and pass a written test as well as a skills demonstration.

#### **Scope of Practice**

In all situations, healthcare workers should provide emergency care within their scope of practice based on their training and certification (**Figure 10.35**).





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**Figure 10.35** Healthcare workers in a hospital must alert personnel in the hospital when an emergency occurs. In contrast, healthcare workers at an assisted living facility should call 911 if an emergency occurs. *What concept does this illustrate?* 

They also follow their facilities' policies for responding to emergencies. For example, Cindy works as a CNA in a hospital. When she identifies a patient emergency, a special code alerts hospital personnel to respond with medical assistance. Janice, on the other hand, works at an assisted living facility. She is required to maintain first aid certification. In an emergency, she calls 911 and provides appropriate first aid until emergency medical personnel arrive. Both workers must know a patient's wishes for resuscitation before providing life support. For example, patients who have a no code, or *do not resuscitate* (*DNR*), order have chosen not to receive resuscitation in the event of respiratory or cardiac arrest.

#### **Job Requirements**

You will want to seek the appropriate training and certification required for your current or future career. For example, emergency medical responder programs require professional level coursework and training. Some college nursing programs include a professional level course in their entrance requirements. Nursing assistants may or may not be required to complete first aid training based on individual state certification requirements, but employers appreciate CNAs who take the initiative to seek this training on their own. Employers often require home care and assisted living aides to maintain first aid certification since they may be the only ones available to act when a medical emergency occurs. Individuals who work as lifeguards are required to take a specialized water safety training course.

#### **Current Resources**

The most important step you can take to prepare for an emergency is completing a CPR and first aid training course. Continue to take refresher courses to maintain your certification. Care procedures change as newer and more effective treatments for illness and injury are developed. The AED is an example of an improvement in emergency care. Continuous compression resuscitation (CCR) is a technique developed to encourage more people to act immediately when they witness cardiac arrest in an adult.

The American Heart Association has developed a first aid and CPR mobile app that provides text and video care instructions. Since it can be downloaded and stored on a mobile device, you can access the app even without internet. Recently, a person who was injured in an earthquake used basic first aid knowledge and the information in his phone to care for his wounds and respond to signals of shock while he waited for rescue personnel to arrive.

The American Red Cross also has a free first aid mobile app with advice for everyday emergencies. It offers videos and interactive quizzes for reviewing first aid information. In addition, you can access the complete American Red Cross first aid training manual through the agency's website for further reading and study.

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Lesson 10.2 Review Complete the Map Your Reading graphic organizer for the section

	you just read	l.	
	Vital signs measure functions of the body. (10.2-1) A. unique B. essential C. important D. routine		Which of these pulse points is <i>not</i> palpated? (10.2-1) A. Radial B. Brachial C. Apical D. Carotid Which of the following patient health concerns
2.	In what units should a patient's weight be recorded? Choose all that apply. (10.2-1)  A. Pounds  B. Milligrams  C. Ounces  D. Kilograms		require oxygen saturation monitoring? Choose all that apply. (10.2-1)  A. Blood disorders  B. Poor circulation  C. Lung issues  D. Patients who are not receiving oxygen
3.	<ul><li>When measuring weight, which of these should a healthcare worker do first? (10.2-1)</li><li>A. Move the large weight to the right until the balance bar drops.</li></ul>	9.	Respiration measures (10.2-1) A. heartbeats per minute B. amount of oxygen in the blood C. breaths per minute
	<ul><li>B. Move the small weight to the right until the balance pointer is centered.</li><li>C. Read the numbers on the upper and lower scale.</li></ul>	10.	D. pressure of blood against artery walls In a blood pressure reading of 120/80, the number 120 represents pressure. (10.2-1) A. diastolic
4.	D. Move both weights to the zero position.  Martin is measuring the oral temperature of his teenage patient. Which of these temperatures will need to be reported as well as recorded? (10.2-1)  A. 96.8 degrees  B. 98.6 degrees  C. 99.0 degrees	11.	B. more important C. less important D. systolic Which condition indicates blood pressure is too low, meaning the body tissues do not get enough nutrients and oxygen? (10.2-1) A. Hydrotension B. Hydratension
5.	D. 98.0 degrees Patients should not have anything to eat or drink for at least 15 minutes before taking a(n) temperature. (10.2-1) A. rectal B. tympanic C. temporal artery D. oral	12.	C. Hypotension D. Hypertension You should record the when taking a temperature. (10.2-2) A. age of the patient B. suspected cause for symptoms C. site of the measurement
6.	A radial pulse is measured inside the wrist, while an apical pulse is measured at the apex of the (10.2-1)  A. heart  B. lung  C. carotid artery	13.	D. type of thermometer Which of the following healthcare workers could take a basic first aid course as preparation for a job? (10.2-3) A. Home health aide B. Physician

C. Emergency medical technician

D. Registered nurse

C. carotid artery

D. femur

### **Transitioning from School to Work**

# ESSENTIAL QUESTION

What employability skills do healthcare workers need for transitioning to work?

#### **Learning Outcomes**

After studying this lesson, you will be able to

- **10.3-1** define employability skills and name several examples.
- **10.3-2** describe each step in the process of acquiring a job.
- 10.3-3 relate the work behaviors that lead to job and career success.
- **10.3-4** explain how to leave a job responsibly and list the components of a letter of resignation.

#### **Professional Vocabulary**

#### **Essential Terms**

**cover message** a short letter sent with a résumé to introduce the job applicant and give the reasons for applying to a particular job

employability skills tasks related to choosing a career, acquiring and keeping a job, changing jobs, and advancing in a career

incompetence a lack of qualifications or ability to perform job tasks
 interview etiquette accepted appearance and behavior for the interview process

**letter of resignation** a written document that formally states an employee's decision to leave a job

**personal and professional development** steps taken to improve personal, educational, and career-related performance

**professional organization** an association formed to unite and inform people who work in the same occupation

#### **Important Terms**

advocate
Background Information
Disclosure (BID)
form
barred

Federal Insurance Contributions Act (FICA) federal withholding tax gross pay

net pay network personal data page references Social Security

#### Introduction

Preparing for a job includes more than completing an education and training program. Workers need employability skills to locate a job, get hired, succeed in their jobs, and advance in their careers.

#### 10.3-1 Employability Skills

While education and training prepare you for a job, **employability skills** help you find and keep a job. Of course, employability skills include completing job applications and interviews. However, soft skills like professionalism, trustworthiness, and a positive attitude, are equally important for getting and keeping a job. Healthcare workers need customer service skills to communicate respectfully with patients. They use emotional intelligence to express their own feelings appropriately and show empathy toward patients and coworkers. Personal skills like time management and a good work ethic also contribute to job success. As you study communication skills and learn about the chain of command in healthcare systems, you will continue to build your employability skills.

Perhaps you have completed a couple of health science classes or have passed your nursing assistant test and are ready to find a job. You will need to think creatively to locate an entry-level opportunity in the healthcare field because most healthcare jobs require a degree and license or certification. However difficult finding that first job might be, work experience in healthcare is an asset when you apply for future professional positions. Entry-level work experience also helps you decide about your future career goals.



#### Healthcare Professions: Work Experience

Brittany completed a nursing assistant class during high school and worked at a nearby nursing home all through college. In her sophomore year, she changed her mind about majoring in nursing and pursued a business degree instead. After graduation, she looked for a sales job in the medical field. The employer who hired her said that her previous CNA job set her apart



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from all the other applicants. That job gave her work experience in the field and proved that she could be a successful healthcare employee.

#### 10.3-2 **Getting a Job**

Getting hired for a job that builds your healthcare work history might take some time and effort. Yet, work experience in a healthcare setting teaches valuable skills for your future healthcare career.

#### The Job Search

Your first job does not have to directly relate to your future career. It should, however, provide opportunities to learn skills you can use in your professional life. For example, becoming a dietary aide may not teach you physical therapy skills, but it will teach you how to interact with residents. You will observe how physical limitations affect their lives. Likewise, a dental receptionist learns the scheduling process and skills for communicating with patients, and a pharmacy assistant learns a great deal about pharmacology and medical record keeping. The skills learned in these entry-level positions are important skills for higher-level careers such as professional therapist, dentist, and pharmacist.

Begin your job search by listing all the settings where healthcare is delivered. Then make a list of the businesses in your area. Search their websites to find available jobs for which you are qualified. Job-search websites can help you identify healthcare businesses in your area and alert you to those currently hiring. However, be aware that creating an account with a site could bring unwanted spam mail, and it may take a lot of searching on a national site to locate healthcare jobs in your specific area.

You can also post your résumé to large job websites or social media platforms, including those specifically for healthcare. Employers and recruiters search these websites for potential employees. You will get better responses if you already have a healthcare certification and some job experience. Before posting your résumé information to a social media website, make sure your social media does not contain personal information that would hurt an employer's first impression of you.

Ask your health science teacher and school counselor for names of businesses that hire entry-level workers. Enrolling in a youth apprenticeship program or other work-based learning experiences can offer job opportunities not typically open to high school students. Check the job postings at your school. Local papers still advertise a few jobs, so you should look there as well. Stop by the chiropractor's, dentist's, or veterinarian's office. Ask if they are hiring and if you can fill out an application. Most important, use your personal network. Many times, jobs are filled based on "who you know" before they are ever posted.

A **network** is the group of people you know who work in healthcare. Is your friend's mom a dentist? Ask her about a job. Have you asked your own optometrist about job openings? The best job opportunities develop when people you know tell you their company is hiring and offer to recommend you. Make a list of all the people you know who already work in healthcare. Take the time to connect with them. These contacts can lead to a job.

### **The Application Process**

Applying for a job includes different steps for each employer. Searching job listings on a company website and applying online is common today. You may be asked to attach your résumé at the end of the application, so refer to your career portfolio and update your résumé so you have a current copy ready. Many companies hire a firm to operate their online job application process. Be cautious about the personal information you supply. Check for a secure website before providing any identifying information.

Smaller companies may require a paper application form. Some job advertisements will ask you to send your résumé along with a letter expressing your interest in a particular job (**Figure 10.36**). This letter is called a **cover message**, or *letter of application*.





**Figure 10.36** Online applications are common. Be ready to attach your résumé and always include a cover message.

### Cover Message

When you mail a résumé or post it online, you should include a cover message to introduce yourself and explain why you are applying for the job. This message summarizes your main qualifications and expresses positive interest in the job. Just like your résumé and application form, your cover message must be error-free. Unless instructed not to, always include a cover message or email with your online application. This shows extra effort and interest in the specific job.

Your cover message uses a business letter format and should contain three sections (**Figure 10.37**):

- **Introduction.** The introduction tells the employer how you learned about the job or company and why you are interested in the position.
- Body. The body of the message explains how your skills will meet the organization's needs. Do not repeat all the facts on your résumé but include enough information to get the employer interested in reading it.
- **Conclusion.** In your conclusion, ask for an interview and provide the contact information needed for the employer to reach you easily.

### Personal Data Page

Whether you complete an application form at the beginning of your job search or after an interview, you will need to access your personal data. The easiest way to do this is to prepare a **personal data page** for your career portfolio and use it for completing job applications. Include the following information in your personal data page:

- Contact information. Your name, address, phone number, and email; you will also need to know your Social Security number but should submit that after you are hired.
- Education. List the names and locations of all the schools you have attended and the years you attended. List any diplomas or degrees you were awarded and your grade-point average. Many applications do not request all this information, but this will prepare you for the ones that do.
- Work experience. List all your work experience, including volunteer work. Write the name, address, and phone number of each employer and include the years you worked there. Record your job title, duties, the name of your supervisor, and beginning and ending wage.
- **Skills.** List whatever skills you have that apply to the jobs you are seeking. For example, fast and accurate keyboard skills are important in a medical office.
- References. Create a list of three or four references. These are people who know you well and are willing to discuss your skills and job qualifications with potential employers. Former employers, teachers, club advisors, or coaches make good references. Your relatives and friends do not make good references because they are considered biased. Do not list them as references. Write the name, title, address, and phone number for each reference. You must ask permission from all these individuals before listing them as references.



Sam Sanchez 4035 Starlight Ct. Star Prairie, TX 74260 November 3, 2023 Human Resources PO Box 123 Star Prairie, TX 74260 Greeting Dear Hiring Manager: I am writing in response to your posting for a certiyed pharmacy technician. A°er reading Introduction your job description, I am conydent that my skills and aptitudes are a perfect match for this position. I began working in a pharmacy during my senior year of high school through the health youth apprenticeship program. During my senior year, I completed a full year of pharmacy technician coursework. Upon graduation, I took the state certiÿcation exam and became a certiÿed pharmacy technician last June. Body My youth apprenticeship mentor ranked my attention to detail and responsible work attitude as outstanding on my work program evaluations. In addition to my pharmacy coursework, I have completed courses in medical terminology, body structure and function, and computer concepts. I was an active member of HOSA, attending state conferences and competing in pharmacology and prepared speaking. I would welcome the opportunity to discuss this position with you. If you have questions or would like to schedule an interview, please contact me by phone at 123-217-2130 or by e-mail at Conclusion SSanchez@gmail.com. I have enclosed my résumé for your review, and I look forward to hearing from you. Sincerely, Sam Sanchez Sam Sanchez Enclosure

**Figure 10.37** This cover message is in letter format because it will be mailed. If applying by email, begin with the greeting and list your contact information at the end of the message. When responding to an online job ad, always attach your résumé along with your cover message.

### **Application Form**

Whether you complete your application online or on paper, you will follow the same guidelines. Neatness, accuracy, and correct spelling are all very important. Sloppy applications are discarded. Even if you are well qualified for the job, you will not be considered if your application is sloppy. Employers think sloppy applications indicate that people will be sloppy in their work. Complete paper applications by printing in ink but use cursive handwriting for your signature. Have your personal data page nearby to use as a reference.

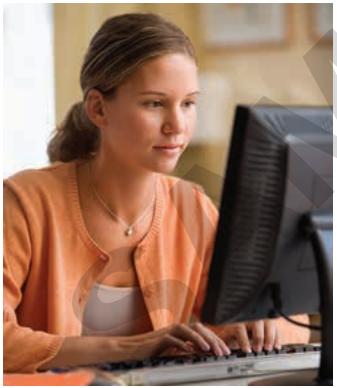
Complete every question on the job application form. If some questions do not apply to you, write *does not apply* or *N/A* in the space so the employer knows you did not skip the question. For questions related to salary, write *negotiable*. If you write a higher wage than what the job pays, you may be eliminated from consideration. Remain positive when stating your reasons for leaving previous jobs. Examples might include *reduction of workforce* or *return to school*. Negative comments about former employers will not help your employment prospects.

For privacy reasons, you should not list your Social Security number on a job application form. In this case, you can write *available upon job offer*. If you are hired, the business will need your Social Security number before you can be paid. Use these same guidelines when applying online.

In the field of healthcare, you may need to complete a **Background Information Disclosure (BID) form** or caregiver background form. This process eliminates workers who have a history of harming others. The background check protects clients, patients, and residents. A Social Security number is required for completing a background check.

Make positive choices about your current behavior. Students who have had fights can be barred. This means they cannot work in health-care if the charges result in a criminal record. Many companies also do an internet search. Be very careful about posting personal information on social media (Figure 10.38). People have been eliminated from hiring processes and lost current jobs because of information or photos they posted online.

Drug prescreening is common in healthcare. A pre-employment drug test determines if a future employee uses illegal substances or abuses prescription medication. Getting the job will depend on passing the test. Some facilities have a random test policy, and any employee can be tested at any time without prior notice. Other facilities test when a problem is suspected.



Blend Images/Shutterstock.com

**Figure 10.38** Other people can see what you post online—even potential employers. Use good judgment about what you post to social media and elsewhere.

#### The Job Interview

The job interview is a conversation between you and a possible future employer. The employer wants to know if you will be a good fit for the health-care facility, and you want to know if you will enjoy working at this facility. You should prepare for your interview by learning as much as you can about the business. Search online and talk with someone who works there. Read the job description carefully.

Consider your knowledge and experience. Then prepare examples you can talk about to illustrate your job qualifications. The employer will want to know you have the technical skill for the job but will also be looking for examples of your communication, teamwork, and problem-solving skills. Do not be afraid to talk about school classes, clubs, or athletic team experiences that demonstrate these skills.

Next, prepare a few questions to ask about the healthcare facility and the position. Avoid asking questions about pay and benefits before you have been offered the job. Be prepared to answer typical interview questions by practicing your answers at home. Know that some personal questions are considered illegal in the interview process (**Figure 10.39**).

#### Questions you might ask

What are the specific duties of this position? What skills are most important in this position?

What are the working hours?

What do you consider your facility's most important assets?

How is your facility organized, and how does your department fit into the organization?

What types of services are provided at your facility?

What is the next step in your hiring process?

#### Questions they might ask

What are your strengths/weaknesses?
What makes you a good employee?
Describe your work experiences.
Why do you want to work for this organization?
Tell me something about yourself.

What subjects did you enjoy in school and why?

How do you manage your time? What does success mean to you?

# Questions to avoid asking until you have a job offer

How much does this job pay? How much vacation time do I get each year? Will I have to work overtime? Do you pay bonuses?

#### **NEVER** ask:

Can I use your phone to call my ride? I hated my last boss. How does management work here?

This job sounds pretty neat. How come the last person left?

# Questions they cannot legally ask

Do you have children?
Are you single or married?
How old are you?

How tall are you? or How much do you weigh?

Do you have any disabilities?

How's your family's health? Have you ever been arrested?

Do you go to church?

ANY question about nationality/color/religion

**Figure 10.39** Reviewing these four categories of questions will help you prepare for the question-and-answer format used in job interviews.



Figure 10.40 Professional, business-like attire is required for a job interview.

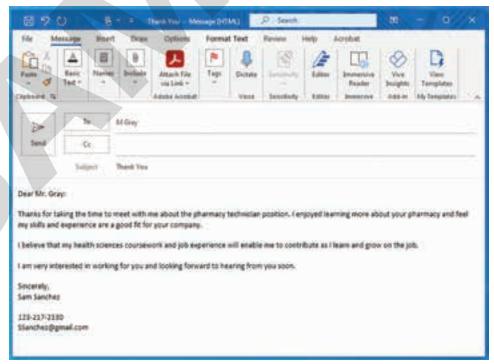
Practicing proper **interview etiquette** includes choosing business-like attire (**Figure 10.40**). You are not dressing for a party or school. Avoid jeans, T-shirts, tank tops, tennis shoes, hats, and sunglasses. Limit jewelry, wear only light makeup, and avoid fake nails and colored nail polish. Since you will not know facility policy, limit visible piercings and tattoos.

People expect healthcare facilities to be clean, so make sure you are as well. Your hair, clothing, nails, hands, and shoes should all look clean and neat. Strong fragrances can be irritating and unpleasant when you are ill or have allergies. Demonstrate that knowledge by limiting your use of scented products.

Bring your career portfolio with you. Have extra copies of your résumé to leave with the employer. Arrive a few minutes early and alone. Do not bring a friend or family member with you because that person may make a bad impression. Turn off your phone or just do not bring it if you are tempted to check messages. Greet the interviewer with a smile and offer a firm, but not gripping, handshake. Do not feel offended if the person does not want to shake hands. Since the COVID-19 pandemic, people may be less comfortable with a handshake.

Your goal is to convince the employer you are the right person to hire. Let your appearance say you take work seriously and think this interview is important. Let your behavior say you will be easy to talk with, easy to work with, and a positive addition to the staff. Thank the interviewer for taking the time to speak with you.

Send a thank-you email the next day (**Figure 10.41**). If you want the job, express your interest again in the thank-you email. Add any information you forgot to provide during the interview.



**Figure 10.41** Send a thank-you note within a day of your interview. An email is generally acceptable now, but you can also send a written note if you think that would be appreciated.

### 10.3-3 Succeeding on the Job

Congratulations, you got the job. You filled out several applications and had a few interviews. Finally, your work paid off, and you have a job. Breathe a sigh of relief and pat yourself on the back. Then take a deep breath and get ready to succeed on the job.

### **Steps to Success**

You are probably thinking about all the benefits a job will bring you, such as your first paycheck, work experience for your résumé, and the chance to learn new skills. However, to succeed on the job, you will need to focus on meeting your employer's expectations. Your employer will evaluate your work and decide your future job responsibilities. This work experience will influence your future career opportunities.

Feeling nervous about your first day at work is normal. Get plenty of rest and allow extra time to get to work. On your first day, you may attend an orientation and complete employment forms. Your supervisor or a coworker may train you. During your first week, try to focus on these guidelines:

- Be on time. Show up to work on time and take only the time allowed for breaks and lunches.
- Dress appropriately and be well groomed every day. Learn the facility's dress code policies and follow them exactly.
- Learn as many names as possible. Focus on the names of your supervisor and coworkers in your immediate area.
- Listen closely and follow instructions. Show enthusiasm for and interest in learning your job duties. Ask questions if you do not completely understand a task.
- Work hard and be productive. Make a positive first impression by focusing on accuracy. Do your best work.

As you gain experience, learn any facility policies that affect your work. Demonstrate an increase in the work you complete and a decrease in the supervision you need. Show initiative and become self-directed in your work. Employers will expect you to complete your own job and then seek out other tasks you are quali-

fied to complete while waiting for your next instruction. Workers who stand around waiting become a burden to their supervisors. Finally, be positive and enthusiastic. No one enjoys working with a complainer.

Learning your duties leads to job success, but working well with other people is just as important. You can expect to be assigned tasks you do not want to do. Since the work needs to be done, accept this and do a good job without complaining. Supervisors have different personalities and leadership styles. Make the effort to cooperate with your supervisor. Listen respectfully and follow through on your supervisor's suggestions (Figure 10.42).

Keep your eyes and ears open to observe how your facility operates. Observe the social interactions of your coworkers. Always be friendly and cooperative, but resist the temptation to gossip, repeat rumors, or take rumors seriously. In other words, avoid workplace drama.



Firma V/Shutterstock.com

**Figure 10.42** Listen respectfully and follow through on your supervisor's suggestions.

These job-success skills are just as important as knowing how to perform the tasks you are assigned. Ninety percent of job firings are due to personal reasons such as poor conduct and problems working with others. The following are the most common reasons employers give for firing employees:

- not showing up for work on a regular basis (especially problematic in the healthcare setting where patients require around-the-clock care)
- laziness on the job (taking long breaks, leaving the work area without reason, texting friends while working, or avoiding less pleasant job tasks)
- personality conflicts (not getting along or collaborating effectively with the supervisor or coworkers)
- violating facility rules (smoking, using alcohol, and ignoring safety regulations)
- **incompetence** (the inability to perform job tasks)

### **Professional Standards for Healthcare Workers**

When you follow steps for success, you are practicing professional behaviors that apply to all workers. However, healthcare workers have an additional set of behaviors that support patient rights and advance directives. Following these professional standards protects you, your employer, and your patients.

As you study these standards, you will recognize some of the beginning and end-of-procedure steps you generally perform. Notice how these standards fulfill the ethical guidelines and legal obligations required in the delivery of healthcare.

- Work within your scope of practice. This means you will perform only the procedures for which you have been trained and are legally permitted to perform. You must refuse to perform any procedure for which you are not qualified. This is a legal obligation.
- **Use correct, approved methods for all procedures.** Follow the approved procedure manual for your place of employment. Complete procedures according to the methods learned in your training program.
- Seek proper authorization for all procedures. Your supervisor may authorize a procedure by assigning a patient care task to you. Some healthcare professionals, such as nurses, will receive verbal

authorization from a physician or therapist. For other workers, such as those in a pharmacy, a written order provides authorization for a procedure.

- Treat the correct patient. Check the name or scan the barcode on the patient's wristband in the hospital setting. Verify the patient's birthdate and scan a photo ID at the clinic reception area. Address patients by name in all healthcare settings.
- Obtain the patient's consent. Patients have the right to refuse treatment. Adults ages 18 and older give their own consent, while parents or guardians give consent for minors. You must explain each procedure and get the patient's permission before proceeding. For some procedures, like surgery, written consent is required (Figure 10.43).



MBI/Shutterstock.com

**Figure 10.43** Some healthcare procedures require written consent from the patient.

- Maintain confidentiality. Choose a private area when reporting patient information to your supervisor. Keep written records where unauthorized individuals cannot view them. Do not discuss patient information with other patients, your friends and family, or even other healthcare workers who are not part of the care team. Do not discuss medical information with parents of patients ages 18 and older unless the patient has signed a HIPAA release form.
- Provide high-quality care at all times to all people. Healthcare workers do not accept tips because the quality of healthcare is not based on payment. Patients receive high-quality care regardless of their social or economic status, race, age, religion, sex, nationality, or other protected category.
- Report errors to your supervisor immediately. Take responsibility for your actions by reporting errors and correcting your errors whenever possible. This is important because mistakes made by healthcare workers can affect a patient's health status.
- **Stay calm.** Even during an emergency, healthcare workers must remain calm to reassure patients and think clearly. When you are frustrated by the actions of a coworker, calm yourself before trying to resolve the problem. Follow the chain of command by reporting a problem to your supervisor rather than complaining to your coworkers.
- Act with integrity. Healthcare workers with integrity fulfill their legal and ethical obligations. They are loyal and dedicated employees. They provide empathetic care and maintain a positive attitude.

### **Understanding Your Paycheck**

When you enter the world of work, you begin to earn an income. Knowing how your income is calculated is important. You will want to understand why money is taken out of your paycheck in the form of deductions.



### Healthcare Professions: Understanding Paychecks

Stacy could not wait to check her bank account on the first payday at her new job. After two weeks of work, she had carefully calculated her wages. She was excited to celebrate her hard work by splurging on a few special purchases. However, she received a shock when she looked at her deposit. It was less than half of the wages she had earned. She needed some information to help her understand her paycheck.



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Every business has an established pay-period schedule. You may be paid each week, every other week, twice each month, or once each month. Pay will lag behind actual hours worked. This allows the business time to calculate the hours you have worked, determine the appropriate deductions, and prepare paychecks or transfer automatic deposits to employee accounts. In Stacy's situation, she was paid for the first week she worked. On her next check, she will receive pay for her second and third weeks of work. She will then have been working a total of four weeks.

**Gross pay** is the amount you will earn if you calculate the number of hours you have worked multiplied by your hourly wage. Your **net pay** (take-home pay) is that amount with deductions subtracted (**Figure 10.44**). At least two deductions will appear on your pay statement: Federal Insurance Contributions Act (FICA) and federal withholding tax.

The Federal Insurance Contributions Act (FICA) is a tax to fund Social Security. Social Security provides retirement income, disability, and survivors' benefits. It also supports Medicare, which is a health insurance plan for older adults and citizens with disabilities.

**Federal withholding tax** is a tax on your personal income. Taxes are payments citizens are required to make so governments can provide a wide range of public services. Some of these services include police and fire protection, libraries, parks and recreation, hospitals, schools, road maintenance, garbage collection, and unemployment insurance. Additional deductions may be made for state income tax, retirement savings plans, union dues, or insurance premiums.

Plan your spending based on net income rather than gross income. When you file your tax return, you may receive a refund if more money was withheld than required for the tax you owe. When you change jobs, you will usually receive one final paycheck from the facility at which you no longer work. That is pay that lagged behind the hours you actually worked, which appeared to be missing from your first paycheck.

My Statement					
Employee Irma M. Payne	Employee Identification 123-45-6789		<b>Check #</b> 164		<b>Net Pay</b> \$1,102.98
Employee Address 012 Canal Street Star Prairie, TX 74260					
	Pay Type– Gross Pay	Deductions		Current	Year-to-date
	\$1,353.33	Federal Withhol State Withhol Fed OASDI/EE Social Security Fed MED/EE of Medicare	ding or /	\$106.00 \$40.82 \$83.91 \$19.62	\$2,120.00 \$816.40 \$1,678.20 \$392.40
		Medical 401k		\$0.00 \$0.00	\$0.00 \$0.00
		Totals		\$250.35	\$5,007.00
Pay Period 10/12/2023 - 10/26/2023					

**Figure 10.44** Deductions are listed on your pay statement so you can understand how your net pay amount was determined.

### **Continuing Personal and Professional Development**

Healthcare is always changing. Successful healthcare workers adapt to workplace changes by pursuing personal and professional development activities. For example, Darius is studying the hospital's new protocols for environmental safety. Briana is taking a training class to operate the lab's new analyzer. Nan is completing training in the protection of human subjects during clinical research. Addison hired a personal trainer to improve her fitness level so she can handle the long hours of standing for her surgical technologist position.

These are all healthcare workers. While their jobs may be very different, they have one thing in common. They are lifelong learners. All of them have already completed the education and training needed for their healthcare position. Yet they continue to learn new skills to enhance their personal and professional development.

Personal and professional development includes all activities that increase your knowledge and skills. They can improve your employment opportunities and help you accomplish your goals. You could seek an advanced degree or attend a conference. You could participate in training sessions to learn new job skills or complete independent study. All these are part of personal and professional development. You might also request additional responsibilities at your current job. Addison became a preceptor who guides future surgical technologists during their clinical training at her hospital. If you choose to further your education, see if your employer will reimburse your tuition costs. For example, Janice is taking a medication training so she can deliver medications to residents (Figure 10.45).

Many healthcare workers must obtain additional training to maintain licensure or certification for the jobs they perform. For example, Janice just renewed her CPR certification. This is a requirement of her nursing assistant position at an assisted living facility. Professional development may lead to new job opportunities or job advancement. For example, Logan works as a medical assistant, but continues to attend college to achieve his long-term career goal of becoming a physician assistant.

Rapid advances in medical care and continuing changes in technology make professional development necessary for long-term success in healthcare careers. It keeps your knowledge current and helps you perform your job

effectively. Learn to view your professional development as an opportunity to expand your knowledge and skills rather than a burden.

Membership in a professional organization supports your career development in several ways. First, professional organizations may offer certification and provide continuing education related to your specific career field. For example, the American Health Information Management Association (AHIMA) issues credentials such as the Registered Health Information Technician (RHIT) certification. Employers look for this certification when hiring health informatics workers. The association also promotes lifelong learning for health informatics professionals. They offer online training, specialty advancement institutes, workshops, and seminars.



adriaticfoto/Shutterstock.com

**Figure 10.45** Your employer may offer workshops and presentations that provide valuable professional development opportunities.

Continuing education credits offered by professional organizations allow you to renew your certification. A continuing education unit (CEU) typically represents one hour of instruction or other learning activity. CEUs can be granted for completing assignments or passing tests, as well as class or workshop attendance. Your certifying agency decides which CEUs count toward your license or certificate, so always check their requirements before taking a class or attending a workshop.

Second, membership in a professional organization provides a networking opportunity for learning about job openings and staying updated on changes in your work environment. These organizations provide information and encouragement to newer members of the profession. For example, AHIMA maintains an online networking tool its members can use to share, problem-solve, and stay informed on the latest trends in all HIM-related topics.

Third, organizations advocate for, or *promote*, your profession. They may publish journals and write public relations materials to inform consumers and government officials about the profession. Their members may serve on committees to establish best practices for your profession. Currently, AHIMA is working to improve the benefits of information technology in healthcare by focusing on the appropriate use of health data, privacy and security, and system interoperability.

> Finally, professional organizations offer you an opportunity to develop your leadership skills (Figure 10.46). Volunteer to serve on a committee or become an officer of your organization. Your participation will broaden your knowledge and understanding of issues affecting your profession beyond your everyday work environment. At the same time, you will improve your teamwork capabilities and strengthen your management skills. This may lead to future job advancement.

> Healthcare professionals can choose from a wide variety of professional organizations. Some are large and well known, such as the American Medical Association or the American Nurses Association. Many others are smaller and more specific, such as the Opticians Association of America or the Association of Surgical Technologists. Some organizations focus on serving special populations, such as Doctors without Borders or Healing the Children. The National Library of Medicine offers an extensive directory of organizations on its website. Search this list to locate health organizations and information about career fields that interest you.



AOTA President Florence Clark, PhD, OTR, FAOTA, presiding over a meeting of the American Occupational Therapy Association in 2013. Copyright American Occupational Therapy Association. Used with permission.

Figure 10.46 Rising to a leadership position in a national organization can be a very rewarding experience. Here, the president of the American Occupational Therapy Association (AOTA) presides over an AOTA meeting.

### Maintaining Your Career Portfolio

Your career portfolio should include the following items:

- a personal statement
- your résumé
- a personal data page
- a list of career contacts
- a sample application form and cover message
- copies of your current licenses and certificates

- a sample letter of resignation
- documentation of continuing education, awards, achievements, and service-learning activities
- letters of recommendation
- memberships in professional organizations (list and describe leadership roles)
- copies of career assessments

As you work in healthcare, keep your portfolio current. Add contact information for your employers and supervisors. Update your address and enter all your continuing education information. Keeping all your work records in one location simplifies the process of applying for a new job or renewing your license or certification. When you apply for a scholarship or a reimbursement of course costs, you will have all the information in one place.

### 10.3-4 Changing Jobs

Changing jobs is common, but always leave your job in a responsible manner. People change jobs for a variety of reasons, including improving pay or working conditions, moving to a new city, or dealing with company layoffs.

### **Leaving Your Job**

When you are considering a job change, think carefully about your options and weigh the pros and cons of leaving your current job for another position. Resist the urge to leave your current place of employment immediately. Complete the search for a new job before leaving your current one. Save enough money to cover your expenses until you receive a paycheck from a new job.



### Healthcare Professions: Making a Job Change

Sophia worked at her first job during her junior and senior years of high school. Working part-time in a pharmacy was an excellent learning experience that fit right in with her plan to become a pharmaceutical sales representative. Now she was heading off to college in another city and needed to make a job change. She left her current job with the understanding that she



gorodenkoff/iStock/Getty Images Plus via Getty Images

could work during school breaks when she returned home. The pharmacy would be looking for workers to fill in for regular employees who were taking vacation breaks. In addition, her current supervisor recommended her to the supervisor at a pharmacy located in her college town. Eventually, she was able to work at that location as well. It was a win-win situation for Sophia.

Sometimes changes at work are out of your control. When problems arise, try to see the situation from the employer's view and avoid making decisions when you are upset.

For example, Jac was a hard-working employee at a medical equipment manufacturing company. Earning a regular paycheck was important because he had a large payment due each month for his new truck. When the number of orders for products decreased, his hours were cut. Jac was angry. "How can they do this to me?" he thought. "I need the money!" He stormed into his supervisor's office to complain. After learning that she could not give him more hours, he was still so angry that he quit his job. As a result, Jac has no income and no employer reference for seeking a new position.

Always leave a job under the best possible circumstances. Be sure to tell your employer before you tell your coworkers. Give at least two weeks' notice before leaving so your employer can find your replacement. If it is helpful and appropriate, offer to train your replacement. Give notice to your employer in person but also provide a letter of resignation. Your letter can be brief, but it should always be positive (Figure 10.47). Include the following elements in the letter:

- the date of your last day of work
- the reason you are leaving, stated positively
- a thank you for the opportunity to work at the facility
- a description of how the job has been a benefit to you

Sam Sanchez 4035 Starlight Ct. Star Prairie, TX 74260

August 5, 2023

Shondra Lorenz Pharmacy Manager Star Prairie Pharmacy

Dear Shondra:

While I am happy to be heading to college, I am sorry that I will need to leave my job as a technician here at Star Prairie Pharmacy. My last day of work will be August 20.

This job has taught me so much about daily pharmacy operations. I feel well prepared for my college-level pharmacy courses because I was able to learn so much about the classifications of medications as well as their functions.

Thank you so much for being a caring boss and a great mentor. Completing an apprenticeship at Star Prairie was a fantastic learning experience.

Sincerely,

Sam Sanchez

Sam Sanchez

**Figure 10.47** Provide a letter of resignation in addition to talking with your employer in person. *What elements should a letter of resignation include?* 

Keep a sample letter of resignation in your career portfolio to remind you of these elements when you prepare to leave a job.

Work just as hard in your last two weeks as you always have. Let your employer remember you as a good worker. Remain positive with your coworkers. You may work with these people again in a different job. Resist any temptation to complain about your current job or brag about your new one. Instead, thank your coworkers for their help and support before you leave.

### **Lesson 10.3 Review**



Complete the *Map Your Reading* graphic organizer for the section you just read.

- 1. Which of the following is *not* considered an employability skill? (10.3-1)
  - A. Completing job interviews
  - B. Following professional standards
  - C. Completing a course of study
  - D. Maintaining a positive attitude
- 2. Working with your healthcare \_\_\_\_ can contribute to success in locating job openings. (10.3-2)
  - A. resumé
  - B. technical skills
  - C. network
  - D. cover message
- 3. Healthcare workers protect patient rights when they follow \_\_\_\_\_ for the delivery of healthcare. (10.3-3)
  - A. personal knowledge
  - B. professional standards
  - C. professional skills
  - D. personal standards

- 4. As a new employee, your job success is determined by how well you meet the expectations of your (10.3-3)
  - A. own self
  - B. coworkers
  - C. employer
  - D. facility
- 5. When leaving a job, always give \_\_\_\_\_ notice and provide a letter of resignation. (10.3-4)
  - A. one week's
  - B. two weeks'
  - C. one month's
  - D. two months'

# **Chapter 10 Review and Assessment**

### **Chapter Summary**

- 10.1-1 Effective team members know the roles, responsibilities, and scope of practice for each team member. They maintain positive working relationships and respect the feelings and beliefs of each team member.
- 10.1-2 Interdisciplinary teams use collaboration to coordinate patient care. Primary care teams are found in clinic and community settings, while secondary care teams provide hospital services. Nursing teams use case manager, primary, functional, and team nursing models.
- 10.1-3 Healthcare supervisors may delegate tasks that are within a worker's scope of practice. Only the medical information important to a patient's care will be shared with team members. Patient information is not shared with friends or family members without the consent of the patient.
- 10.1-4 Team conflict is a disagreement or difficulty that occurs between two or more members of a team. Resolving team conflict requires positive communication and commitment to accomplishing the goals of the team.
- 10.1-5 All people assume leadership roles at various times in their work lives. While each person has a preferred leadership style, effective leaders model good work habits and learn new leadership skills to motivate and inspire others.
- **10.2-1** Vital signs measure essential body functions and include height, weight, body temperature, pulse rate, respiration rate, and blood pressure. Measurements of height and weight indicate normal/abnormal development. The mouth is a common site for taking a temperature. Wear gloves and use a sheath to cover the thermometer when taking an oral temperature. Pulse rate measures heartbeats. Respiration measures the number of breaths in one minute. Pulse oximeters measure the amount of oxygen in the blood. Blood pressure measures the force of blood pushing against the inside of the artery walls. Taking accurate vital sign measurements requires following procedure steps carefully. Report all abnormal vital signs measurements.

- 10.2-2 Vital signs measurements are documented in the patient's medical record. Electronic health record software will graph the measurements entered in the record. Hand charting and graphing requires more time and attention to detail.
- 10.2-3 The American Red Cross and the American Heart Association offer first aid training and certification. Basic first aid training and certification provides valuable skills for health science students.
- **10.3-1** Employability skills help workers acquire a satisfying job, succeed at that job, and advance in their chosen career path.
- 10.3-2 Use healthcare websites, job websites, and your healthcare network to locate an entry-level job. Write a cover message and a complete application form. Make all three neat and error-free. Learn as much as you can about the business and follow proper etiquette during a job interview.
- 10.3-3 Performing your job duties competently and working well with other people are important to job success. Healthcare workers also follow a special set of professional standards that support patient rights and protect both patients and workers.
- 10.3-4 Find your new job before leaving your current job. Give at least two weeks' notice. Provide a letter of resignation listing your last day of work and a positive reason for leaving.

# Maximize Your Professional Vocabulary

 Taking on Terms. Review the professional vocabulary list and select the five most difficult terms and the five most familiar terms. Use each of these terms correctly in a sentence. Then share your sentences with your classmates.

### Reflect on Your Reading

 Which job attribute most often causes young people to lose their jobs? If you chose attitude, you are correct. Discuss your job experiences with classmates. What job experiences support this data?

#### **Review and Recall**

- 1. Which of the following is the primary consideration for effective teamwork? (10.1-1)
  - A. Coordination of tasks
  - B. Scope of practice for each team member
  - C. Personal strengths
  - D. Positive attitude
- 2. The RN needs group leadership skills in (10.1-2)
  - A. case manager nursing
  - B. functional nursing
  - C. primary nursing
  - D. team nursing
- Gene's doctor arrives at his hospital room to discuss his test results and treatment options.
   Which of these actions comply with HIPAA Privacy Rule guidelines? Choose all that apply. (10.1-3)
  - A. Assume his wife will want to know the results and include her in the conversation.
  - B. Ask visitors to wait in another area until the conversation is finished.
  - C. Ask Gene who should be included in the conversation.
  - D. Mention to a nurse assisting with Gene's appendectomy that Gene has a history of depression.
- 4. Alonzo and Quinn work on the same nursing team. Alonzo accuses Quinn of doing his care tasks and making him look bad to the rest of the team. Quinn claims he is just helping the team so they complete care tasks more quickly. What are the best steps to take to resolve this conflict? Choose all that apply. (10.1-4)
  - A. Assign Quinn more care tasks than Alonzo
  - B. Create guidelines for getting help with care tasks when needed
  - C. Accuse Alonzo of intentionally working slowly to reduce his workload
  - D. Ask the team leader for guidance
- 5. Alannah will lead a meeting for department heads to agree on budget requests for the coming year. Which leadership style is a good fit for this task? (10.1-5)
  - A. Monitor
  - B. Innovator
  - C. Role model
  - D. Facilitator

- Along with temperature, pulse, respiration, and blood pressure, which of the following is frequently monitored with vital signs? (10.2-1)
  - A. Oxygen saturation
  - B. Electrocardiogram
  - C. Complete blood count
  - D. Lipid panel
- 7. When graphing temperature readings, which of these measurement locations is *not* flagged or noted? (10.2-2)
  - A. Rectal
  - B. Oral
  - C. Temporal
  - D. Tympanic
- 8. Which two agencies develop first aid training courses? (10.2-3)
  - A. American Red Cross
  - B. Local EMS departments
  - C. Local healthcare facilities
  - D. American Heart Association
- 9. Eric works as a nursing assistant and is frustrated because the facility keeps running out of gloves. He would like to barge into the manager's office and complain loudly but reports the shortage to his immediate supervisor instead. Which employability skill is he demonstrating? (10.3-1)
  - A. Job competence
  - B. Time management
  - C. Chain of command
  - D. Good attitude
- 10. You bring your career portfolio to a job interview. Which item is *not* in your portfolio? (10.3-2)
  - A. Letters of recommendation
  - B. Samples of projects that demonstrate skills
  - C. Awards received
  - D. HIPAA regulations
- 11. Anaya does not understand why she needs to wear gloves when taking an oral temperature. She can take a temperature without exposing her skin to the patient's saliva. Which professional standard should she follow in this situation? (10.3-3)
  - A. Use correct, approved methods for all procedures.
  - B. Work within your scope of practice.
  - C. Seek proper authorization for all procedures.
  - D. Provide high-quality care at all times and to all people.

- 12. Which of the following is *not* part of a letter of resignation? (10.3-4)
  - A. Date of your last day of work
  - B. A thank-you for the opportunity to work at the facility
  - C. Your reason for leaving stated positively
  - Your concerns about the facility's management policies

#### **Build Core Skills**

- Critical Thinking. Describe a disagreement or conflict you have experienced recently. Using each guideline in Figure 10.11, rate your conflict-resolution behaviors on a scale of one to five. Five indicates that you followed the guideline, and one indicates that you did not. Draw conclusions about your conflict-resolution skills.
- 2. **Problem Solving.** Review the following situations. Make changes as needed so that they reflect an appropriate delegation of tasks.
  - A. A nursing assistant tells a coworker to complete vital signs for his patients.
  - B. A pharmacy technician answers a patient's question about the side effects of her medication.
  - C. The supervising RN asks the nursing assistant to finish delivering medications to patients.
  - D. A nursing assistant answers the phone and writes down the patient orders for a physician in a hurry to get to a surgical appointment.
  - E. A physician assistant writes a prescription.
  - F. An RN asks a fellow RN to administer medication to her patients while she responds to a patient emergency.
- 3. Math. Review the figure showing normal temperature ranges, found in the vital signs section of this chapter. Compare the oral, temporal, and axillary temperatures. Write a sentence that summarizes your findings.
- 4. Critical Thinking. Pretend you are interviewing for a job as a phlebotomist at your local medical clinic. Show your knowledge of etiquette as you answer the following questions:
  - What will you wear to the interview?
  - What will you take with you to the interview?
     What will you not take with you?
  - · How do you greet the interviewer?
  - How do you end the interview, and what do you do after the interview?

5. **Reading.** Read the following statements taken from a job application form.

#### Please Read Before Signing:

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if you are hired, may be grounds for termination later.

With my signature below, I certify that all information on this application is true, correct, and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me, and I release all persons or companies from any liability or responsibility for providing such information. Signature

Date

You may be required to sign a job application form that looks like this. Will you know what are you signing? Define the following terms: verification, falsification, misrepresentation, grounds for termination, certify, willful, authorize, and liability. With these definitions in mind, rewrite the passage in your own words. Do you understand what you are signing?

- 6. **Speaking and Listening.** Refer to Figure 10.39 in your text. Select any three questions an interviewer might ask, prepare your responses, and practice answering the questions aloud. Be prepared to give your answers during a classroom interview simulation.
- 7. Math. Sue works as a pharmacy technician earning \$15.00 per hour. She worked 40 hours during her two-week pay period. What is her gross pay? Calculate these deductions: federal withholding tax = 10%; FICA = 6.2%; Medicare = 1.45%. Subtract those deductions from her gross pay. What is her net pay?
- 8. **Critical Thinking.** List the professional standard that applies to each of these situations.
  - A. A friend of your grandmother is a resident at the nursing home where you work. Your grandmother asks you what is wrong with her friend.
  - B. As your patient is discharged from the hospital, he offers you a tip for the good care you provided.
  - C. At lunch in the hospital cafeteria, your friend begins to tell you about the diagnosis and treatment for a specific patient who is not in your care.

### **Activate Your Learning**

- Review the guidelines for observing standard precautions and measuring vital signs. Then assemble supplies and follow the procedure steps in this chapter to practice measuring temperature, radial pulse, respiration, and blood pressure. Practice locating and measuring your own apical pulse.
- Portfolio Builder. Create your personal data page. Include all the information listed in the text. Place your completed page in your career portfolio.
- Portfolio Builder. Locate an advertisement for a health science job that interests you. Create a cover message using the sample in the text as a guideline. Place the completed letter in your career portfolio.
- Portfolio Builder. Complete a sample job application form for practice. Follow the guidelines in the text. Place the completed form in your career portfolio.
- 5. **Portfolio Builder.** Write a sample letter of resignation using Figure 10.47 as a guide.
- 6. **Portfolio Builder.** Organize your career portfolio. Include all the items listed in the text.

# Think and Act Like a Healthcare Worker

- Read the following situations. Determine which leadership style would be most helpful to accomplish each task or activity. Justify your answer, especially if more than one style could apply to the situation. Refer to Figure 10.12 if needed.
  - The clinic needs more space, and a new addition is being proposed. The board of directors has asked Martina to spearhead the project and share potential plans.
  - Ashley works in a local nursing home. One of her coworkers is having difficulty relating to fellow employees and several residents. Ashley has offered to work with this person to make the work environment more positive for everyone.
- 2. Shannon has been working at an assisted living center for a month. She likes working with the residents, but getting along with the rest of the staff has been difficult. Shannon is the youngest worker at the assisted living center. Every time she asks a question, Shannon feels like the other employees are annoyed, and she thinks they are talking about her. Sometimes she just feels like giving up and quitting. Create a dos and don'ts chart with specific steps Shannon can take to improve relationships with her coworkers.
- 3. Liam graduated from college with a degree in biology and will start medical school in the fall.

He has been working as a personal care assistant at a medical clinic during the summer. One of his patients requires an ear cleaning. Liam has never done this procedure. He asks Jesse, a fellow personal care assistant, to do the ear cleaning procedure. Jesse, who has been trained and has performed many ear cleanings, completes the procedure while Liam observes. Review the professional vocabulary list for this chapter. Select two terms that relate to this scenario and explain how they apply.

#### Go to the Source

- Locate three professional organizations related to a healthcare career of your choice. Research their websites to identify two professional development opportunities offered by each organization.
- Review the leadership styles described in Figure 10.12. Identify your preferred leadership style. Select a HOSA leadership opportunity of interest to you. How will this experience demonstrate the skills, characteristics, and responsibilities of a leader?

# HOSA Event Prep: Job Seeking Skills



When Deandre was in high school, he participated in his school's health science program and found a passion for treating injuries. He was a part of the student sports medicine program. After high school, he worked to get his bachelor's degree and was accepted into a physical therapy program. During PT training, he worked with a group of physical therapists who specialize in sports medicine. When he graduated, he decided to apply to be a physical therapist for a group of sports medicine specialists. Even though this would be his first job, he used his experiences to highlight what he could offer to the group. His eagerness to learn and seek experiences impressed the group, so they hired him to work at their clinic.

#### **Think About It**

- Explain how Deandre successfully interviewed for a physical therapy position and got hired for the job, even though he had recently graduated and had little job experience.
- 2. Imagine you are interviewing for a job at a company you really want to work for. What skills would you highlight, or what training do you think would benefit you for the position?
- 3. What skills do you think are most important for finding a job in healthcare? Why?
- 4. Do you think these job seeking skills can help you in the future with your career path? Why or why not?