<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981</td>
<td>AIDS is identified as a disease.</td>
<td>2001</td>
<td>Human embryo is created through cloning.</td>
</tr>
<tr>
<td>1981</td>
<td>First successful surgery on a fetus is performed in California.</td>
<td>2002</td>
<td>First robot-assisted coronary artery bypass surgery is performed.</td>
</tr>
<tr>
<td>1984</td>
<td>First baby is conceived from a frozen embryo in Australia.</td>
<td>2002</td>
<td>Josef Penninger and Peter Backx identify two genes, one that contributes to and one that protects against heart failure.</td>
</tr>
<tr>
<td>1984</td>
<td>Virus that causes AIDS is identified.</td>
<td>2003</td>
<td>First molecular diagnostic test for severe acute respiratory syndrome (SARS) is developed in Canada.</td>
</tr>
<tr>
<td>1990</td>
<td>Genetically engineered blood cells are used to treat immune disorders, first gene therapy.</td>
<td>2003</td>
<td>Carlo Urbani of Doctors without Borders alerts WHO of threat from SARS, leading to effective response.</td>
</tr>
<tr>
<td>1990</td>
<td>U.S. Congress passes Patient Self-Determination Act (PSDA), an amendment to the Omnibus Reconciliation Act.</td>
<td>2004</td>
<td>First outbreak of polio in 26 years occurs in Minnesota.</td>
</tr>
<tr>
<td>1992</td>
<td>Method for detection of cystic fibrosis gene is developed in England.</td>
<td>2005</td>
<td>PiliCam endoscopic camera pill receives the Technology Innovation Award.</td>
</tr>
<tr>
<td>1993</td>
<td>Embryos are screened for genetic abnormalities before implantation.</td>
<td>2005</td>
<td>Jean-Michel Dubernard performs first partial face transplant.</td>
</tr>
<tr>
<td>1993</td>
<td>Human embryo is cloned.</td>
<td>2005</td>
<td>Marshall and Warren are awarded the Nobel Prize in Physiology and Medicine for the discovery of the bacterium Helicobacter pylori and its role in peptic ulcer disease.</td>
</tr>
<tr>
<td>1993</td>
<td>Genes that cause glaucoma, amyotrophic lateral sclerosis, Mende syndrome, colorectal cancer, xeroderma pigmentosum, Hirschsprung disease, Caravan disease, and Wilms tumor are identified.</td>
<td>2006</td>
<td>FDA approves over-the-counter sale of Plan B, a &quot;morning after&quot; emergency contraceptive, to women 16 and older.</td>
</tr>
<tr>
<td>1994</td>
<td>Breast cancer gene (BRCA2) and 22 mutations are identified.</td>
<td>2006</td>
<td>First human papilloma virus vaccine approved.</td>
</tr>
<tr>
<td>1994</td>
<td>Test is developed for detection of colon cancer caused by a mutant gene.</td>
<td>2007</td>
<td>Human skin cells used to create embryonic stem cells.</td>
</tr>
<tr>
<td>1994</td>
<td>Gene therapy is used to treat the inherited form of high cholesterol.</td>
<td>2008</td>
<td>Laurent Lantieri performs first full face transplant.</td>
</tr>
<tr>
<td>1994</td>
<td>Normal gene is transferred into the lungs of an individual with cystic fibrosis.</td>
<td>2009</td>
<td>U.S. President Obama signs Children's Health Insurance Reauthorization Act.</td>
</tr>
<tr>
<td>1994</td>
<td>Scientists in Boston devise an eye examination to detect Alzheimer disease.</td>
<td>2009</td>
<td>WHO declares outbreak of H1N1 virus to be a global pandemic.</td>
</tr>
<tr>
<td>1997</td>
<td>Dolly, a sheep, is introduced as the first mammal to be cloned from somatic cells.</td>
<td>2010</td>
<td>U.S. Congress passes and President Obama signs Affordable Care Act.</td>
</tr>
<tr>
<td>1998</td>
<td>Stem cells are isolated from fetal tissues.</td>
<td>2010</td>
<td></td>
</tr>
<tr>
<td>1999</td>
<td>Artificial bladder is grown from cells for implantation in humans.</td>
<td>2010</td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>Human genome mapping project is completed.</td>
<td>2010</td>
<td></td>
</tr>
</tbody>
</table>
**KEY TERMS**

**Personality** (per-son-AL-i-te) Set of traits, characteristics, and behaviors that make each person unique

**Value** (VAL-yoo) Rate of usefulness, importance, or general worth

**Verbal** (VER-bul) Relating to or consisting of words or sounds

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**Interpersonal Dynamics**

To provide adequate care, the health care worker must be able to recognize and accept the values, attitudes, and beliefs unique to each person. The health care worker must consider the diverse cultural and religious background and special needs of individual patients. Some populations may need special care because of their **diversity** or differences. Examples of populations that need special care include pediatric, geriatric, obstetric, emergency, and disabled patients, and those with chronic or terminal illness. The health care worker also needs to be aware of the differences in culture and religion and how they affect the patient’s view of health care.

Different beliefs about health care may result from **cultural diversity**. Factors that influence these beliefs include the age, gender, education, religion, ethnicity, and national origin. In Western culture, certain beliefs relate to health care. People generally believe health care can make an illness or injury better. They believe they can control nature and that it is better to do something as soon as possible rather than waiting. They also believe that something that is stronger or newer is better than something weaker or older. Most people of Western culture believe that authority figures are to be respected and trusted with health care decisions. People of other cultures of the world might not share these beliefs. The health care worker must be aware of and sensitive to differences in culture.

When working with a patient from a different culture, the health care worker should follow guidelines that are sensitive to diverse beliefs (Box 2-1). If an interpreter is necessary, the health care worker watches the patient, not the interpreter, when speaking. The health care worker should avoid the phrases “you must” or “you should” and offer reasonable options instead. Important information is repeated more than once.

The health care worker must be able to communicate effectively, provide leadership when necessary, and use technological equipment. The health care worker also must maintain the ethical code of the profession and be aware of the legal considerations of health care. More than any other single characteristic, the health care professional of the future must be flexible to adapt to the changing industry. The industry is changing daily because of new medical discoveries, technological advances, and evolving health concerns.

Interpersonal skills allow an individual to relate with friends, family, co-workers, and patients. Some skills helpful in interpersonal relationships include the ability to communicate well, to act independently by making decisions, and to demonstrate sincere compassion for others.

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**Self-Awareness**

Understanding and accepting the differences that exist among people of different backgrounds rely on an understanding of one’s own values and motives. Understanding and accepting the self leads to development of high self-esteem. Psychologists believe that how a person thinks about an experience determines the feelings and behaviors that result from the event. Each mentally healthy person can choose the feelings that result from events that occur in life.

**Personality** is the sum of the traits, characteristics, and behaviors that make each individual unique. **Behavior** is the action of an individual that can be seen by others. Society prefers some behaviors to others. **Habits** are acts that are performed voluntarily but without conscious thought. Habits can be changed by repetitive behavior changes. Many behaviors result from habit and can be changed by the individual.

The behavior that an individual displays in a situation is seen as a reflection of an attitude. **Attitudes** are the mental views or feelings formed by an individual or group. With new information and experience, individuals can change their attitudes.

**Values** are formed from personal values. **Values** make up the system each individual uses to measure or evaluate the worth of ideas, people, and things in the world. They are formed early in life as a result of the environment and experience. Values are difficult to change. An undesirable value such as prejudice might not even be recognized by the individual who holds it (Fig. 2-1). The sum of the behavior, attitudes, and values that a person exhibits to others is called **character**.

The patient and other caregivers expect certain characteristics, attitudes, and behaviors in the health care worker (Box 2-2). Undesirable behavior can be changed if it is recognized and the desired behavior is practiced.

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**Hierarchy of Needs**

Psychologist Abraham Maslow created a hierarchy of human needs that is still widely used to understand behavior and motivation (Fig. 2-2). Maslow...
FIGURE 2-2 Maslow’s hierarchy of needs.

stated that a person strives to meet the most basic needs first.

If the needs at the lower levels are not met, the higher needs cannot be reached. The first level describes the most basic needs, including physiological concerns such as air, shelter, sleep, food, and water. The second level includes safety needs such as protection, order, security, and stability. Family, affection, relationships, and groups are included in the next level, described as “love or belongingness” needs. Esteem needs of the fourth level include achievement, status, responsibility, and reputation.

The fifth level of Maslow’s hierarchy is called self-actualization and includes personal growth and fulfillment. Other people might describe a self-actualized person as self-motivated. Maslow later added three new levels. Between self-esteem and self-actualization, he added “understanding” and “esthetic beauty.” Understanding includes the need to know and learn. The need for aesthetic beauty describes the emotional need of the artist. Self-actualization was divided into two parts called “self-actualization (self-potential)” and “transcendence,” or the ability to help other people reach their potential.

**Task Achievement**

Erik Erikson describes eight stages of psychosocial development with tasks that must be completed throughout life to develop an identity (Table 2-1). His theory of personality development states that achievement of a task, or crisis, may be complete, partial, or unsuccessful. The more the task is mastered or completed, the healthier the personality of the individual. A favorable resolution of the task is called a “virtue.”

<table>
<thead>
<tr>
<th>Psychological Stage</th>
<th>Virtue</th>
<th>Conflict</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant</td>
<td>Hope</td>
<td>Trust vs. mistrust</td>
</tr>
<tr>
<td>Toddler</td>
<td>Will</td>
<td>Autonomy vs. shame and doubt</td>
</tr>
<tr>
<td>Kindergarten</td>
<td>Purpose</td>
<td>Initiative vs. guilt</td>
</tr>
<tr>
<td>Age 6 yr to puberty</td>
<td>Competence</td>
<td>Industry vs. inferiority</td>
</tr>
<tr>
<td>Teenager</td>
<td>Fidelity</td>
<td>Identity vs. role confusion</td>
</tr>
<tr>
<td>Young adult</td>
<td>Love</td>
<td>Intimacy vs. isolation</td>
</tr>
<tr>
<td>Midlife</td>
<td>Caring</td>
<td>Generativity vs. stagnation</td>
</tr>
<tr>
<td>Old age</td>
<td>Wisdom</td>
<td>Ego integrity vs. despair</td>
</tr>
</tbody>
</table>

First impressions are often based on personal appearance. This impression is then modified by the behavior that is observed. Patients notice the personal appearance of the health care worker’s face, hair, nails, dress, odor, skin, posture, and teeth. Appearance reflects self-esteem and how workers view themselves. The appearance of the health care worker is doubly important because it represents the employer and the worker.

**Stress and Time Management**

Health care is one of the most stressful occupations. The work affects the most fundamental part of the patient’s and health care worker’s lives. One of the first psychologists who studied stress-related disease was Claude Bernard. He proposed that the body has an “internal milieu,” or need to maintain a consistent internal environment. Canon used the term homeostasis to describe the self-regulating processes of the body, including the “fight or flight” reaction to stress. Hans Selye noted that many diseases share similar signs and symptoms, such as fatigue, weight loss, aches, and gastrointestinal problems. He stated that these results from a general stress reaction from increased adrenal gland secretions, shrinkage of lymphatic tissues, and increased secretion of hydrodynamic acid in the stomach. Selye proposed that illness results from too small or too large of a reaction by the body’s stress adaptation mechanism (Table 2-3).

**TABLE 2-2**

<table>
<thead>
<tr>
<th>Good Grooming Habits for Health Care Workers</th>
<th>Habit</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral hygiene</td>
<td>Brush at least twice daily, and use mouthwash once daily</td>
<td></td>
</tr>
<tr>
<td>Hair care</td>
<td>Shampoo regularly, style hair away from the face and off the collar</td>
<td></td>
</tr>
<tr>
<td>Skin care</td>
<td>Cleanse regularly; treat rashes, blisters</td>
<td></td>
</tr>
<tr>
<td></td>
<td>We wear no socks or socks to prevent skin shedding (exfoliation)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use clear to no polish</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Use antiperspirant, no perfume</td>
<td></td>
</tr>
<tr>
<td>Nail care</td>
<td>Clean nails, trim close to the fingernails</td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
<td>Use clear or no polish</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meticulous, modest</td>
<td></td>
</tr>
<tr>
<td>Foot care</td>
<td>Undergarments changed daily, well-fitted, not visible through clothing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minimal or no jewelry</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name pin and watch in place</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Socks or stockings clean daily</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Toenails trimmed regularly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shoes cleaned and polished</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shoes sturdy, nonskid, low-heeled with closed toes</td>
<td></td>
</tr>
</tbody>
</table>

Some methods used to manage stress include proper nutrition, exercise, relaxation techniques, and personal behavior changes (Box 2-3). Stress is not the result of events that occur, but rather it is the result of attitudes that are formed about the events. Another stress management technique includes a method of time management.

Time management uses organization of a schedule to maximize effectiveness and productivity. The key to effective time management is planning. The basic tool for planning is a calendar. Learning and meeting
TABLE 2-3
Stress-Related Illness

<table>
<thead>
<tr>
<th>Body Process</th>
<th>Effect of Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular system</td>
<td>Heart attack (myocardial infarction)</td>
</tr>
<tr>
<td>Digestive system</td>
<td>Ulcer</td>
</tr>
<tr>
<td>Skeletal system</td>
<td>Arthritis</td>
</tr>
<tr>
<td>Respiratory system</td>
<td>Asthma</td>
</tr>
<tr>
<td>Endocrine system</td>
<td>Diabetes (Type II)</td>
</tr>
<tr>
<td>Nervous system</td>
<td>Nerve pain</td>
</tr>
<tr>
<td>Immune process</td>
<td>Increased rate of infection</td>
</tr>
<tr>
<td>Psychosocial process</td>
<td>Anxiety</td>
</tr>
</tbody>
</table>

BOX 2-3
Stress Management Techniques

- Plan and organize your workload. Use time management techniques.
- When possible, do things one at a time until they are completed.
- Occasionally plan to escape and have fun.
- Be positive about things, and avoid criticizing others.
- Avoid unnecessary competition. Learn to negotiate.
- Get regular exercise.
- Tolerate, forgive, and learn to accept others.
- Talk to someone about things that are troubling you.
- Use relaxation methods such as biofeedback or deep breathing.

BOX 2-4
Setting Goals

Goal-Setting Guidelines

- State each goal as a positive statement, not as a negative criticism.
- Define a goal in a specific and precise manner, including dates and timelines.
- Set priorities for goals.
- Keep goals in written form.
- Make goals realistic.
- Revise goals as needed.

Goal-Setting Questions: Long-Term

- What is your goal for your career?
- What is your goal for your family relationships?
- What is your goal for your education?
- What is your financial goal?

What is your short-term goal?

What is your long-term goal?

What is your daily “to do” list for each of your goals?

BOX 2-5
Model for Problem Solving and Decision Making

1. Recognize that a problem exists. Recognition may result from a feeling, observation, or conversation with others.
2. Describe the problem and clarify what the basic issue or question is and the factors that affect it. Identify who is involved, where the problem exists, and when and how it occurs.
3. Identify alternative methods of resolving the problem. Any alternative can be considered even if it is not immediately seen as practical.
4. Choose the best method for resolving the problem and implement it.
5. As the plan is being implemented, evaluate the results and adjust the method if necessary.

BOX 2-6
Elements of Critical Thinking

- Ask questions.
- Define a problem.
- Examine evidence.
- Avoid emotional reasoning.
- Analyze assumptions and biases.
- Avoid oversimplification.
- Consider other interpretations.
- Tolerate ambiguity.
- Think about one’s own thinking.

Problem Solving

Problem solving is one method that can be used to make decisions (Box 2-5). It is based on evaluation of the factors involved in the decision, the risks, and possible solutions. The problem must first be well understood, clarified, and defined. Many people believe that a problem is the fault of someone else and that solving the problem requires a change in someone else’s behavior. It may be necessary to identify the feelings that result from the problem and to stop laying blame for the situation before a solution is possible. These feelings might include fear, anger, or insecurity. The question, “How do I want this to turn out?” can be used to identify the real problem.

Once the problem is identified, brainstorming is one way to seek possible solutions. Brainstorming generates but does not evaluate the practicality of ideas. All possible ideas should be listed before any is chosen. The ideas can then be considered and possible solutions evaluated on the basis of the risks and consequences of each. Other methods of problem solving include making flowcharts or cause-effect diagrams. Resources such as co-workers may also be helpful, although gossip about problems is not. The problem may have more than one solution, and several possibilities may be chosen. When chosen, the solution can then be implemented. To implement a solution, specific steps or actions must be identified. The results of the plan can be evaluated for use in making future decisions. Most problems and decisions have more than one solution. If a problem is not resolved with the first action taken, an alternate step may be used. The merit or value of each decision can be evaluated only by its results.

Critical Thinking

Critical thinking has been identified as a necessary competency for workers in health care. Critical thinking is the ability to think independently and reflectively. It includes the ability to think creatively, make decisions, solve problems, visualize situational descriptions, learn new information, and reason (Box 2-6). Most formal definitions of critical thinking characterize it as the intentional application of rational, higher-order thinking skills. Critical thinking focuses on the application of logical concepts to everyday reasoning and problem solving. Critical thinking skills allow the health care worker to apply concrete information, such as facts of anatomy and physiology, and draw conclusions to determine the kind of care that would be best for a patient. Questioning techniques may be used to promote critical thought and clarify meaning (Box 2-7).

In 1990 the American Philosophical Association Delphi Report produced an international definition for critical thinking. They defined it as “purposeful, self-regulatory judgment that results in interpretation, analysis, evaluation, and inference, as well as explanation of the evidential, conceptual, methodological, criteriological, or contextual considerations upon which that judgment is based.” They developed a list of critical thinking skills, including interpretation, analysis, evaluation, inference, explanation, and self-regulation.
Questions to Promote Critical Thought

- What do you mean by...
- Could you say that another way?
- Can you give me an example?
- What is being assumed?
- Can this be tested?
- Is this always the case?
- Why do you feel this way?
- What is the effect of that?
- Is there another choice?
- Can someone else see this differently?

Characteristics of the Effective Leader

- Both task- and people-oriented
- Confident
- Self-controlled
- Disciplined
- Intelligent
- Well-organized
- Detail-oriented
- Self-motivated
- Respectful
- Assertive
- Good communicator
- Good listener
- Responsible
- Maintains a vision and goals

Characteristics of the Good Team Member

- Works for consensus on decision
- Trusts co-workers
- Supports co-workers
- Displays genuine concern for others
- Takes responsibility for self and own actions
- Is a good listener
- Is a good role model
- Respects and speaks positively about others
- Is tolerant of differences
- Solves problems without blaming
- Understands and supports team objectives
- Encourages feedback on behavior and performance
- Does not participate in gossip
- Encourages other members

Performance-Based Evaluation Indicators

- Knows and supports policies of the organization
- Performs skills in satisfactory manner
- Reports to work on time and follows procedures for notice in case of absence
- Communicates effectively with coworkers and patients
- Completes work as assigned in a timely manner
- Takes initiative to solve problems as needed
- Seeks assistance and direction as needed
- Recognizes and respects cultural and religious diversity

The Team

Health care workers participate as a team to provide care for the patient. Members of the team have different responsibilities. Some members provide direct care, working in contact with the patient, whereas others might not ever see the patient. Nevertheless, all members of the team are important in providing the best care possible.

Emergency personnel. Health informatics personnel process data and provide documents; these include administration, secretaries, and medical records personnel. Support services provide a supportive environment for the patient and include nutrition services, central supply, and facility management personnel. Biotechnology research and development services provide research in bioscience to develop new treatments, medications, and tests. These professionals include biochemists, bioinformatics scientists, cell biologists, and pharmaceutical scientists. Chapter 1 provides more information about the pathway standards.

Communication

Communication is the sharing of an idea or information that results in understanding. Reading, writing, hearing, touching, and seeing are various forms of communication. If it involves language, communication is said to be verbal, and if it does not, it is called nonverbal. Communication can take place on a one-to-one basis, in small groups, or with a large audience. Mass communication reaches large groups of people through television, radio, film, and newspapers.

In health care, communication between workers is completed in a professional and precise manner. The health care worker must determine to whom a message is being given before choosing the correct words to use. For example, the patient might not understand the medical term hypertension, but a colleague would immediately know that this word means high blood pressure. The goal of the health care worker’s communication to other members of the team is to convey information concisely and accurately. The health care worker must be aware of the Health Insurance Portability and Accountability Act (HIPAA) and the laws regarding slander and libel when choosing when and how information is communicated. HIPAA guidelines require that protected health information or sensitive issues of health are kept confidential. Charts must be kept secure, the patient’s modesty must be preserved, and information should be shared with other professionals only with the patient’s consent. The organization may have a facility privacy officer who determines how information may be shared. Written notice of the privacy act is provided to patients each time they are admitted to the facility. Discussion of patient information in common areas such as elevators, restrooms, and eating areas or with an unauthorized person.
constitutes a HIPAA violation. Telephone contact regarding the patient must be completed between authorized individuals. A patient may "opt out" of being included in a facility directory. In this case, the patient's name or treatment is not made available to others. More information about HIPAA is provided in Chapters 1 and 4.

**Verbal Communication**

Effective communication may be defined as a shared understanding of a message. Effective communication consists of three parts: the sender, the message, and the receiver (Fig. 2-3). The English language is made up of about 100,000 words, of which most people use 30,000 to 60,000. Of these, 500 have a double meaning. Estimates indicate that 7% of a message is conveyed by words, 38% by the tone of voice, and 55% by nonverbal behavior. The message also may be distorted because of interference from the sender, receiver, or environment. The quality of care given to a patient is often perceived on the basis of effective communication.

Feedback is a method to determine whether the message was received accurately. Feedback is a response by the receiver to indicate how the information was understood. One factor that may influence the communication process is the attitude of each person. Communication attitudes are based on previous knowledge, culture, and the communication skills of the sender and receiver. The complexity of the message is also a factor, as is interference, such as noise from the environment. Some attitudes may block effective communication (Box 2-13). Methods of communication that may lead to defensive responses from others include avoidance, unresolved anxiety, and poor self-esteem. Tone of voice, manner of speech, or the choice of words may be perceived as criticism or an attempt to control the other. Lack of interest or
dogmatism (certainty of rightness) also can result in a defensive response. Box 2-14 lists methods of communication to help avoid a defensive pattern of communication.

One technique that can improve communication is called assertiveness. Assertiveness is a learned skill that develops self-confidence and maintains individuality in stressful situations. The goal of assertiveness is to reduce the interpersonal stress caused by inaccurate communication or lack of communication. The basis of assertiveness is that each person has a right to express feelings, opinions, and beliefs in a respectful and appropriate manner without feeling guilt. Aggressiveness results if the rights of others are violated during the communication. If either person's rights are overlooked, respect is lost and resentment results. (See Skill List 2-1, Assertive Behavior, p. 38).

Good listening skills can be learned (Box 2-15). Listening may be done on several levels. Social listening is for entertainment. It does not need to be completely attentive. Discriminating or critical listening helps analyze the information to form a judgment or to take notes. Faking attention to the message, having prejudice against the sender, and listening to only part of the information (selective listening) may distort the meaning. Other actions that may interfere with communication include showing boredom, criticizing, and distracting behavior.

Good listeners are usually people with good self-concepts. They are able to pay better attention to the speaker because they are not worried about what the speaker will think of them or what their response will be. Active listening is an important part of effective communication (Box 2-16). The receiver interacts with the sender and provides feedback to indicate understanding of the message. The health care worker must listen for feelings in addition to facts by observing nonverbal behavior (Fig. 2-4).
BOX 2.16

**Good Listening Guidelines**

- Allow the other person to talk more than half of the time.
- Listen thoughtfully. Try to see the other person's point of view.
- Speak your mind freely. Say what you mean. If you disagree, say so in a friendly manner.
- If you do not understand what is being discussed, ask for clarification. Use examples and paraphrasing as needed.
- Be prepared for the discussion. Bring notes if necessary to remember all points.
- Keep an open, friendly posture even when in disagreement.
- Do not argue if the dispute is over a fact or record. Have someone look it up.
- Evaluate the discussion for accomplishments and feelings.
- Be patient in allowing the other person time to form his or her thoughts.
- Do not display anger during communication.
- Find a quiet location to talk or remove distractions.
- Speak slowly, softly, and clearly.
- Look for the humor in negative situations if appropriate.

BOX 2.16

**Active Listening Guidelines**

1. Stop all other activities.
2. Look at the person speaking for nonverbal, as well as verbal messages.
3. Focus attention on what is being said.
4. Confirm understanding with paraphrasing, clarifying, reflecting, validating, or encouraging.
5. Give own opinion only after listening.

**CASE STUDY 2.4** You were asked to provide daily care for a patient who is in traction. You thought that you understood the directions about the special care needed, but when you enter the room, you do not know what you are expected to do. What should you do?

**Answers to Case Studies** are available on the Evolve website: http://evolve.elsevier.com/Geradin

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**concise to record the activities of care** (see Appendix II, Fig. B-1 A and B, pp. 582-583). Charts should include observations, nursing actions, safety precautions, responses to treatment, and unusual incidents. Communication or attempts to communicate with doctors are also part of the record. Each entry should be dated, timed, and in the order of occurrence. Each sheet of the chart includes the patient's name and identification number. Each entry is signed, and no blanks are left. Charting is not subjective. Instead, charting is objective and states the facts accurately using observations made using the senses. Charts are not altered, and errors are corrected with a single initialed line so that the original entry is not obliterated or blocked out. Only the health care worker giving the care may legally chart it (Fig. 2.6).

Many records are now recorded and kept electronically by using computers or PDAs. Electronic data storage may be completed more quickly than handwritten notes. The information is immediately available to others using the system. However, the small screen on a PDA allows only a portion of the record to be seen at one time. The small screen and lack of a printed page might lead to an error that could be prevented by comparison of written records.

The security, privacy, and legal issues of the use of electronic medical records (EMRs) in health care are regulated by the HIPAA legislation, as well as by other laws. Records are protected by passwords to limit access to records and encryption of data. The Federal Electronic Signatures in Global and National Commerce Act allows signatures to be transmitted electronically. Rules for maintaining the integrity of the records, length of time, and method by which they are kept are established by the institution. The chart,
**Guidelines for Charting Health Care Records**

- Records are kept on all patients receiving care or treatment. The chart is considered the property of the facility.
- Written consent of the patient, or a legal representative, is necessary to release any information contained in the chart.
- The agency policy determines who can write in the chart or enter information in the computer.
- The professional status of the person charting (e.g., registered nurse) is clearly shown with all entries.
- All entries in the chart must be legible and written in ink (black ink is preferred) and in the correct order of occurrence.
- All entries must be dated, timed, and signed by the writer.
- No part of the record may be erased, altered, destroyed, or obliterated. Do not chart before an event occurs.
- Never leave a blank space in the chart and never chart for another person.
- Charting should be concise, accurate report of the care given.
- Chart only the facts. This includes things that can be seen, felt, heard, or smelled.
- Use only appropriate symbols and abbreviations. The agency determines which symbols are approved.
- Remember that the chart is the legal record of the care given. If the care that is given is not charted, legally it may not have been provided.

**Review Questions**

1. Define and describe the interrelationship of values, attitudes, and behavior. Which is most easily changed? Which is the most difficult to change?
2. Describe the hierarchy of needs as described by Abraham Maslow.
3. Draw a figure that represents a well-groomed health care worker.
4. Describe an example of the decision-making process using a problem-solving method.
5. List the three elements necessary for effective communication.
6. Describe an example of assertive communication.
7. The type of communication that best describes the use of body language is ________.
8. The sum of a person's values, attitudes, and behavior is called ________.
9. Refer to Appendix II (Fig. II-2, B, p. 585) to list two types of intake.

**Critical Thinking**

1. Explain the statement made by psychologists that how a person thinks about an experience determines the feelings that result from it.
2. Describe some student behaviors that teachers prefer. Describe some that teachers find less desirable. How would these behaviors relate to patients in the health care setting?
3. Choose one aspect of personal appearance on which to improve. Keep a daily log for 20 days, recording the activities used to improve appearance.
4. Develop a plan to change an undesirable habit. Keep a log for 20 days documenting the amount of repetition of the habit.
5. Refer to Appendix II (Fig. II-1, A, p. 582) to describe "charting by exception."
6. Compare and contrast the psychosocial models of Maslow and Erikson.
7. Investigate the critical thinking model designed by Linda Elder and Richard Paul. Describe the three parts of thinking and each of the eight elements of thought. Use the descriptions in the model to describe your own thinking.
8. Write a paragraph that describes an example of effective teaming and explain how the concept helps provide quality health care.
9. Write a paragraph that describes how effective communication techniques are used to integrate consensus-building.

**STANDARDS AND ACCOUNTABILITY**

**Foundation Standard 2: Communications**

Healthcare professionals will know the various methods of giving and obtaining information. They will communicate effectively, both orally and in writing.

**Accountability Criteria**

- **2.1 Concepts of Effective Communication**
  - 2.11 Interpret verbal and nonverbal communication.
  - 2.12 Recognize barriers to communication.
  - 2.13 Report subjective and objective information.
  - 2.14 Recognize the elements of communication using a sender-receiver model.
  - 2.15 Apply speaking and active listening skills.

- **2.2 Medical Terminology**
  - 2.21 Use roots, prefixes, and suffixes to communicate information.
  - 2.22 Use medical abbreviations to communicate information.

- **2.3 Written Communication Skills**
  - 2.31 Recognize elements of written and electronic communication (spelling, grammar, and formatting).

- **Foundation Standard 4: Employability Skills**

Healthcare professionals will understand how employability skills enhance their employment opportunities and job satisfaction. They will demonstrate key employability skills and will maintain and upgrade skills as needed.

**Accountability Criteria**

- **4.1 Personal Traits of the Healthcare Professional**
  - 4.11 Classify the personal traits and attitudes desirable in a member of the healthcare team.
  - 4.12 Summarize professional standards as they apply to hygiene, dress, language, confidentiality, and behavior.

- **4.2 Employability Skills**
  - 4.21 Apply employability skills in healthcare.

- **4.3 Career Decision-making**
  - 4.31 Discuss levels of education, credentialing requirements, and employment trends in healthcare.

**Critical Thinking**

- **Critical Thinking Organization**
  - http://www.criticalthinking.org/starting/Begin-CTModel.cfm

- **Insight Assessment—The Delphi Report**

- **Psychosocial Models of Behavior**
  - **Maslow**
  - **Erikson**
    - http://psychology.about.com/library/bl_psychosocial_summary.htm
### STANDARDS AND ACCOUNTABILITY—cont'd

4.32 Compare careers within the health science career pathways (diagnostic services, therapeutic services, health informatics, support services, or biotechnology research and development).

4.4 Employability Preparation
4.41 Develop components of a personal portfolio.
4.42 Demonstrate the process for obtaining employment.

**Foundation Standard 8: Teamwork**

Healthcare professionals will understand the roles and responsibilities of individual members as part of the healthcare team, including their ability to promote the delivery of quality healthcare. They will interact effectively and sensitively with all members of the healthcare team.

**Accountability Criteria**

**8.1 Healthcare Teams**

8.11 Understand roles and responsibilities of team members.
8.12 Recognize characteristics of effective teams.

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### SKILL LIST 2-1

**Assertive Behavior**

1. Take a few long, deep breaths. Allow time to gain composure so that the message can be delivered in matter-of-fact, unemotional tones.
2. Describe the behavior you would like the other person to change. Be specific about one incident or action.
3. State the effect or how you feel when the behavior occurs.
4. State the positive behavior you would like to see rather than the one you do not like.
5. State the consequences that will occur if the behavior is not changed. These consequences must be timely, reasonable, enforceable, and clearly understood by the other person.
6. Follow through with the consequences if the behavior does not change.
7. Evaluate the success of the confrontation with the other person. Demonstrate appreciation for the change in the behavior.

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### Safety Practices

**LEARNING OBJECTIVES**

- Define at least 10 terms relating to safety practices in healthcare.
- Describe the infectious process and methods to prevent infection.
- Describe the methods of Standard and Transmission-Based Isolation Precautions that prevent the spread of microorganisms.
- Describe three levels of medical asepsis.
- List at least three principles of surgical asepsis.
- Identify the functions of the Omnibus Budget Reconciliation Act (OBRA) and the Occupational Safety and Health Administration (OSHA).
- Describe the guidelines for using good body mechanics.
- Describe the signs and symptoms of general and localized infection.

**KEY TERMS**

- **Anthrax** (an-uh-thraks) An infectious disease of warm-blooded animals (such as cattle and sheep) caused by a spore-forming bacterium (*Bacillus anthracis*) and characterized by external ulcerating nodules or lesions in the lungs.
- **Antiseptic** (an-tuh-sep-tik) Substance that deters the growth of microorganisms.
- **Asepsis** (uh-sep-sis) Freedom from infection; the methods used to prevent the spread of microorganisms.
- **Autoclave** (AW-toe-klayv) Unit that uses steam under pressure to sterilize materials.
- **Contaminated** (kon-uh-mahn-tayd) Soiled, made unclean, or infected with pathogens.
- **Disinfectant** (dis-in-fekt-ant) Substance that kills microorganisms except viruses and spores.
- **Ergonomics** (er-go-nom-iks) Design of equipment for the workplace that maximizes productivity by reducing fatigue and discomfort.
- **Local infection** (loh-kuhl in-fek-shun) An infection limited to a small area of the body.
- **OBRA** (oh-bra) Law that requires training for nursing assistants including competency testing of skill performance.