STUDY GUIDE

...to accompany
the program of:

"STATUS REPORT:
THE PHYSICIAN'S ASSISTANT"

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. . . to accompany

"STATUS REPORT: THE PHYSICIAN'S ASSISTANT"

Program of
Education Service
Department of Medicine and Surgery
Veterans Administration
Washington, D.C.

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This guide contains the following sections for your information:

PRE-TEST

How much do you know about the Physician's Assistant?

Please complete the following Pre-Test before viewing "Status Report: The Physician's Assistant" or using this Study Guide.

1. Most candidates accepted for training as physician's assistants have prior background and training as:

   a. Nurses b. Medical Corpsmen c. Laboratory Technicians

2. Training programs for the Type A physician's assistant are typically how long in duration?

   a. four years b. six months c. two years

3. Who accredits institutions training physician's assistants?

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4. Research indicates that after 3½ to 4 months on the job, the physician's assistant can increase the private physician's productivity by:

   a. 10% b. 25% c. 50% d. 75% e. 90%

5. Patients more likely to accept the physician's assistant are:

   a. Patients with 6 years or less of formal education.
   b. Patients with at least a college degree.

6. There are three types of physician's assistants: Type A, Type B and Type C. Type B and C are traditional; Type A is a more recent addition to medical practice and can do which of the following:

   a. collect historical data.
   b. perform without immediate surveillance of the physician under specific circumstances.
   c. perform diagnostic procedures.
   d. all of these.

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FOREWORD

A Statement by Marc J. Musser, M.D.
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At this time in our country we are attempting to expand considerably our health care delivery system. Yet we are confronted with critical shortages of all types of health manpower. Efforts have been made to increase the output of physicians and all other types of allied health workers. In addition, new types of health workers are being produced. One of these is the *Physician's Assistant.*

The concept of the Physician's Assistant was developed primarily for two reasons: First, to free the physician of a number of routine tasks which he has previously had to perform; and second, to take advantage of the skills of large numbers of military corpsmen now returning to civilian life. The Veterans Administration is increasing the output of Physician's Assistants simply because, as the largest health care delivery system in the United States, we have many areas where they might be used.

At the present time we are cooperating with all medical schools and universities sponsoring physician's assistant education programs. In our hospitals adjacent to these schools, much of the clinical training for them is provided. We are also conducting a number of specialized Physician's Assistant programs, presently in pathology, radiology, orthopedics, surgery, and in the management of intensive and coronary care units.

One important recent development is the publication of Standards for Physician's Assistants by the Civil Service Commission. This enables these men and women to be employed in Federal institutions, and to some extent it sets a standard for their employment throughout the health care delivery system.

1. ACADEMIC INSTRUCTION

a. Admission

(1) Programs for training Physician's Assistants exist now or are proposed at a number of institutions across the nation. See Appendix A for a partial listing.

(2) Admission requirements vary widely depending on the amount of prior medical training required. In one instance – Alderson-Broaddus College – provision is made for direct entry from high school. At the other extreme, the "Medex" program of the University of Washington accepts only independent-duty qualified corpsmen.

(3) In practice most accepted candidates have been discharged medical corpsmen. More recently, some programs have begun to accept nurses, technicians, and other health personnel seeking career advancement.

b. Curriculum

(1) In a typical two-year program such as the one conducted at Duke University, the first 9 months are primarily didactic teaching, with courses ranging from the philosophy and ethics of medicine to data processing.

(a) Medical Sciences: A 216-hour, two-semester core lecture-demonstration course which presents the following:

1. The gross anatomy of the head, neck, trunk, back, pectoral and pelvic girdles, and the limbs as well as the interior of the cranium including the ear, orbit, oral and nasal passages, paranasal sinuses and nervous system.

2. The physiology of metabolizing systems, osmotic equilibrium and transport processes, cellular activity in all muscle, ionic membrane properties, cardiac action potentials, gaseous exchange in the pulmonary and systemic capillaries, hormone action and enzyme systems and neuronal synaptic interrelationships and transmitter substances.

3. The fundamentals of inorganic, organic and biological chemistry as they apply to the structure and function of living cells, tissues, organic systems, and the whole organism, particularly man.

4. An analytical approach to the scope of pharmacology and its relation to other sciences including indications for actions, side effects, precautions, contraindications, dosage, toxic effects, and related treatment.

(b) Basics of Medicine: A 90-hour, one-semester seminar and group discussion course for the purpose of:

1. Developing a working knowledge of medical etymology through the study of Greek and Latin word roots and the evaluation and correction of medical records and other commonly used forms.

2. Becoming acquainted with local, State, and Federal health agencies for the purpose of developing a sociological appreciation of community living, public health education, disease detection and prevention, and the financial aid available to the community population for the acquisition of health care.

3. Understanding current ethical standards through knowledge of their historical development and relationship with the current health team structure.

4. Exposing the student to the impact and future involvement of computers and data processing in medicine.

(c) **Human Development and Behavior:** A 60-hour, one-semester lecture course that introduces current theories of knowledge as they relate to the special complex problems of empirical meaning, objectivity, growth, development, and the mind-body relationship. Changes in growth and personality due to biologic maturation and the influences of life roles are presented with emphasis on early childhood development, adolescence and adulthood. The lecture material is correlated with the development of patient interview techniques, integrating

both interviewing techniques and psychophysiological methods for evaluating interruptions in the normal pattern of human growth and development.

(d) **Clinical Medicine:** A two-semester, 270-hour lecture-demonstration course concerned with a detailed study of the natural history of disease and its epidemiological patterns, the aberrations in body physiology caused by disease, the means of recognizing these abnormalities, and, the nonsurgical, surgical, empirical and modern methods of restoring body function to normal or a close compromise with normal. In doing so the student is exposed to disorders associated with abnormalities of chromosomes, inborn errors of metabolism, disease due to viral, rickettsial, bacterial and mycobacterial infectious agents; diseases of hypersensitivity, disorders of metabolism to include fluid and electrolyte abnormalities, intermediary metabolism, nutrition and avitaminoses; cardiovascular disease, pulmonary disease, renal diseases and hypertension, endocrine disorders, disorders of the gastrointestinal tract, disorders of the blood and blood-forming organs and musculoskeletal system abnormalities.

(e) **Clinical Diagnosis:** A two-semester, 240-hour lecture-laboratory course which provides the student with those skills necessary to accurately perform numerous fundamental laboratory procedures including complete blood counts, urinalyses, and Gram stains as well as familiarizing the student with the equipment, reagents, values, and implications of blood banking, immunology, hematology, liver function and enzymes studies. Further detailed laboratory and clinical procedures to include demonstration and participation in cast application and splinting, venous cutdowns, spinal taps, thoracenteses, paracenteses, gastric intubations, gastric analyses and physiological tolerance and diurnal testings are presented to assure the student of being able to accurately perform technical procedures commonly designated by the physician.

f. **Patient Evaluation:** A two-semester, 168-hour lecture-clinical course that provides an understanding of the historical development of a disease process by the proper methods and techniques of eliciting a patient history, performing a detailed physical examination, detecting and diagnosing abnormalities in the twelve lead electrocardiogram, reviewing and detecting abnormalities in routine roentgen examinations of the chest, and collecting and understanding the clinical applications of bacteriology and microbiology. To assist in correlating this data in a chronological fashion, the student must develop both oral and written presentations daily for critical analysis by the house staff.

(2) The last 15 months of the program are spent in clinical rotations.

(a) Four are required:

1. In-patient service rotation.

2. Out-patient clinic and emergency room.

3. Community medical rotation with an outside private physician.

4. Split rotation, half of which is spent in an intensive care setting and half in experiences with public health units, insurance agencies, and voluntary health agencies.

(b) Elective rotations may be selected from:

1. Cardiology.

2. Chest disease and allergy.

3. Endocrinology.

4. Gastroenterology.

5. Nephrology.

6. Neurology.

7. Ophthalmology.

8. Pediatrics.

9. Plastic surgery.

10. Urology.

11. Other medical and surgical subspecialty areas.

c. Specialization

(1) Different institutions offer training for specialized Physician's Assistants. These specialties include pathology, orthopedics, pediatrics, surgery, the management of intensive and coronary care units and radiology.

(2) A typical program is that offered in radiology by the Duke University Medical Center in conjunction with the Veterans Administration Education Service and the Durham VA Hospital.

(a) The core curriculum is relied on for basic medical knowledge but is modified by substituting courses in radiation protection, nuclear medicine, and radiation physics for the course in clinical chemistry.

(b) Training is provided in modalities such as fluoroscopy and the injection of radiographic contrast materials.

(c) Students are taught to take histories, make overhead radiographs and spot films, recognize indications and contraindications for radiologic studies and treat adverse reactions.

(d) Specialized rotations are offered in vascular radiology, nuclear medicine, emergency room radiologic procedures and urologic radiography.

d. Accreditation

(1) To date no nationally recognized organization exists to accredit institutions training Physician's Assistants.

2. UTILIZATION

a. Research conducted by Duke University has indicated that the graduate Physician's Assistant can increase the private physician's productivity by as much as 75 percent after only 3½ to 4 months on the job.

b. Other studies are in progress to determine the assistant's impact in other settings ranging from rural communities through prepaid clinics to Veterans Administration hospitals.

c. A separate study indicates that patient acceptance of the Physician's Assistant is uniformly high, with a correlation to educational level. Specifically .... "patients with 6 years or less of formal education typically did not understand the role of the Physician's Assistant and therefore could not see how the Physician's Assistant could help them get better medical care at less cost. At the other extreme, those patients with at least a college degree grasped more quickly the implications of the program for increased efficiency of the health care system in general (1)."

d. In order to help clarify the present and future roles of the Physician's Assistant, the Board of Medicine of the National Academy of Sciences convened a panel to study their applications. The following is excerpted from that committee's report:

"In view of the great variety of functions of physician's assistants, the variety of circumstances in which these functions might be performed, and the different sorts of skills and knowledge necessary to perform them, it is necessary to describe several types of physician's assistants. These types are distinguished primarily by the nature of the service each is best equipped to render by virtue of the depth and breadth of their medical knowledge and experience. The Type A assistants are new to the American scene. Types B and C assistants have been present in one form or another for a number of years.

(1) **"The Type A Assistant:** The Type A assistant is capable of approaching the patient, collecting historical and physical data, organizing these data, and presenting them in such a way that the physician can visualize the medical problem and determine appropriate diagnostic or therapeutic steps. He is also capable of assisting the physician by performing diagnostic and therapeutic procedures and coordinating the roles of other, more technical, assistants. While he functions under the general supervision and responsibility of the physician, he might, under special circumstances and under defined rules, perform without the immediate surveillance of the physician. He is thus distinguished by his ability to integrate and interpret findings on the basis of general medical knowledge and to exercise a degree of independent judgment.

(2) **"The Type B Assistant:** The Type B assistant, while not equipped with general knowledge and skills relative to the whole range of medical care, possesses exceptional skill in one clinical specialty or, more commonly, in certain procedures within such a specialty. In his area of specialty he has a degree of skill beyond that normally possessed by a Type A assistant and perhaps beyond that normally possessed by physicians who are not engaged in the specialty. Because his knowledge and skill are limited to a particular specialty, he is less qualified for independent action. An example of this type of assistant might be one who is highly skilled in the physician's functions associated with a renal dialysis unit and who is capable of performing these functions as required.

(3) **"The Type C Assistant:** The Type C assistant is capable of performing a variety of tasks over the whole range of medical care under the supervision of a physician, although he does not possess the level of medical knowledge necessary to integrate and interpret findings. He is similar to a Type A assistant in the number of areas in which he can perform, but he cannot exercise the degree of independent synthesis and judgment of which Type A is capable. This type of assistant would be to medicine what the practical nurse is to nursing (2)."

3. LEGAL IMPLICATIONS

a. By the end of 1970, six States had formally recognized the Physician's Assistant.

b. The issue is raised that since the Physician's Assistant is performing tasks traditionally performed by a physician, therefore is he practicing medicine without a license? Concomitantly, is the physician aiding and abetting the unlicensed practice of medicine?

c. Under civil law, since the physician is liable for the negligent actions of his employees and, in certain situations, of non-employees under his direction and supervision, does additional civil liability arise upon delegation to a person who is not licensed or formally recognized?

In at least one western state, a court has indulged a presumption of negligence from the mere fact of delegation to an unlicensed person. Apparently the theory of the case was that because the legislature has established a licensure scheme, any activity outside this scheme is presumptively negligent.

d. Duke University conducted a project under a grant from the Department of Health, Education and Welfare to develop model legislation to clarify the legal position of the Physician's Assistant (3).

The consensus of the project participants was that a general statute should be enacted to make it clear that the physician can delegate tasks to personnel as long as he maintains direction and supervision and as long as the assistant has been approved on the basis of his background by the Board of Medical Examiners and as long as the assistant operates within certain medical guidelines established by the Board of Medical Examiners. (See Appendix B for information on the new California statute.)

e. Insurance is available to the physician to cover the additional liability that he may experience from using an assistant. Independent coverage is also available for the university trained Physician's Assistant.

REFERENCES

(1) Source: "A Study of Patient Acceptance of the Physician's Assistant," Louis R. Pondy, Bobby H. Dampier, Thomas R. Rice and Andria Knapp. February 1970.

(2) Source: "New Members of the Physician's Health Team: Physician's Assistants. Report of the Ad Hoc Panel on New Members of the Physician's Health Team of the Board on Medicine of the National Academy of Sciences." 1970.

(3) Source: "Model Legislation Project for Physician's Assistants," Department of Community Health Sciences, Duke University, Durham, North Carolina. June 30, 1970.

APPENDIX A

The following programs train personnel who would be classified as Type A, B, or C assistants. This listing is not intended to be complete and is designed solely to give general information on the operation of such programs. The material is excerpted from the Report of the Ad Hoc Panel on New Members of the Physician's Health Team of the Board of Medicine of the National Academy of Sciences and was correct as of December 1969.

Program Sponsor:	Alderson–Broaddus College, Philippi, West Virginia
Program Director:	Hu C. Myers, M.D., Myers Clinic, Philippi, West Virginia
Personnel Trained:	Physician's Assistants
Prerequisites:	High school graduate. Preference given to Medical Corpsmen
Duration of Program:	4 years
Specialty Areas:	Surgery, Internal Medicine, General Practice

Program Sponsor:	Bowman Gray School of Medicine, Wake Forest University, Winston-Salem, North Carolina
Program Director:	Leland Powers, M.D., Director, Division of Allied Health Programs
Personnel Trained:	Physician's Assistants
Prerequisites:	Two years of college or experience as a Medical Corpsman
Duration of Program:	24 months
Specialty Areas:	Pediatrics, neurology, family practice

Program Sponsor:	Duke University Medical Center, Durham, North Carolina
Program Director:	D. Robert Howard, M.D., Department of Community Health Sciences
Personnel Trained:	Physician's Assistants
Prerequisites:	High school graduate; 3 years experience in the health field, one of which is spent in direct patient care; and CEEB scores
Duration of Program:	24 months
Specialty Areas:	General practice, internal medicine, general surgery, general pediatrics, radiology, medical and surgical subspecialties

Program Sponsor:	Federal Health Programs Service, Division of Health Services, U.S. Medical Center, Springfield, Missouri
Program Director:	Dr. R. Brutsche
Personnel Trained:	Physician's Assistants
Prerequisites:	High school graduate or equivalent; ex-military corpsmen with 3.5 years experience in nursing and experience in 2 specialties
Duration of Program:	1 year
Specialty Areas:	General; medical, surgical, psychiatric

Program Sponsor:	Grady Memorial Hospital, Emory University, Atlanta, Georgia
Program Director:	Dr. E. Alan Paulk
Personnel Trained:	Medical Specialty Assistants
Prerequisites:	2 years experience in medical corps, or similar hospital experience
Duration of Program:	2 years
Specialty Areas:	Coronary care

Program Sponsor:	Purser-Pharmacist Mate School, Public Health Service Hospital, Staten Island, New York
Program Director:	Mr. James Hensley, Director of Training
Personnel Trained:	Purser-Pharmacist Mates
Prerequisites:	Marine pursers and medical corpsmen
Duration of Program:	9 months
Specialty Areas:	Marine general practice

Program Sponsor:	University of Alabama, Birmingham, Alabama
Program Director:	Dr. Harold Schnaper
Personnel Trained:	Surgeon's Assistants
Prerequisites:	2 years of college
Duration of Program:	2 years

Program Sponsor:	School of Medicine, University of Colorado, 4200 East Ninth Avenue, Denver, Colorado
Program Director:	Henry K. Silver, M.D., Chairman, Department of Pediatrics
Personnel Trained:	Child Health Associates
Prerequisites:	2 years of college, including certain required courses in the basic sciences
Duration of Program:	3 years

Program Sponsor:	University of Texas Medical Branch, School of Medicine, Galveston, Texas
Program Director:	Robert W. Ewer, M.D., Associate Professor
Personnel Trained:	Clinical Associate Program
Prerequisites:	High school graduate. Preference given to those with hospital experience
Duration of Program:	4 years

Program Sponsor:	University of Washington, Seattle
Program Director:	Richard A. Smith, M.D., Department of Preventive Medicine
Personnel Trained:	"Medex"
Prerequisites:	Experience as medical corpsman, with training to the level of independent performance
Duration of Program:	15 months
Specialty Areas:	General

APPENDIX B

The following are pertinent highlights from California State Assembly Bill No. 2109 as approved by the Governor September 17, 1970. Filed with the Secretary of State September 17, 1970.

Article 18. Physicians' Assistants

2510. In its concern with the growing shortage and geographic maldistribution of health care services in California, the Legislature intends to establish in this article a framework for development of a new category of health manpower – the physician's assistant.

The purpose of this article is to encourage the more effective utilization of the skills of physicians by enabling them to delegate health care tasks to qualified physician's assistants where such delegation is consistent with the patient's health and welfare.

This article is established to encourage the utilization of physician's assistants by physicians, and to provide that existing legal constraints should not be an unnecessary hindrance to the more effective provision of health care services. It is also the purpose of this article to allow for innovative development of programs for the education of physician's assistants.

At the termination of this article and upon review of reports and recommendations from the Board of Medical Examiners of the State of California and others with expertise in health manpower programs, it is the intent of the Legislature to establish a system of certifying or licensing physician's assistants so that the quality of service is insured.

2511. As used in this article:
(a) "Board" means the Board of Medical Examiners of the State of California.
(b) "Approved program" means a program for the education of physician's assistants which has been formally approved by the board.
(c) "Trainee" means a person who is currently enrolled in an approved program.
(d) "Physician's Assistant" means a person who is a graduate of an approved program and is approved by the board to perform medical services under the supervision of a physician or physicians approved by the board to supervise such assistant.

2512. Notwithstanding any other provision of law, a physician's assistant may perform medical service when such services are rendered under the supervision of a licensed physician or physicians approved by the board.

2513. Notwithstanding any other provision of law, a trainee may perform medical services when such services are rendered within the scope of an approved program.

2514. No medical services may be performed under this article in any of the following areas:
(a) The measurement of the powers or range of human vision, or the determination of the accommodation and refractive states of the human eye or the scope of its functions in general, or the fitting or adaptation of lenses or frames for the aid thereof.
(b) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training, vision training or orthoptics.
(c) The prescribing of contact lenses for, or the fitting or adaptation of contact lenses to, the human eye.
(d) The practice of dentistry or dental hygiene as defined in Chapter 4 (commencing with Section 1600) of this division.

Nothing in this section shall preclude the performance of routine visual screening.

2515. (a) The board shall issue certificates of approval for programs for the education and training of physician's assistants which meet board standards.
(b) In developing criteria for program approval the board shall give consideration to, and encourage, the utilization of equivalency and proficiency testing and other mechanisms whereby full credit is given to trainees for past education and experience in health fields.

(c) The board shall adopt and publish standards to insure that such programs operate in a manner which does not endanger the health and welfare of patients who receive services within the scope of the program. The board shall review the quality of the curriculum, faculty, and the facilities of such programs, and shall issue certificates of approval, and at such other times as it deems necessary to determine that the purposes of this article are being met.

2516. The board shall formulate guidelines for the consideration of applications by a licensed physician or physicians to supervise physician's assistants. Each application made by a physician or physicians to the board shall include all of the following:
(a) The qualifications, including related experience, possessed by the proposed physician's assistant.
(b) The professional background and specialty of the physician or physicians.
(c) A description by the physician of his, or physicians of their, practice, and the way in which the assistant or assistants are to be utilized.

The board shall not approve an application by any one physician to supervise more than two physician's assistants at any one time.

2517. The board shall approve an application by a licensed physician or physicians to supervise a physician's assistant where the board finds that the proposed assistant is a graduate of an approved program, and is fully qualified by reason of experience and education to perform medical services under the supervision of a licensed physician.

2518. Any person other than one who has been approved by the board who holds himself out as a "physician's assistant", or who uses any other term indicating or implying that he is a physician's assistant, is guilty of a misdemeanor.

2519. There is established an Advisory Committee on Physician's Assistant Programs which shall be advisory to the board on matters pertaining to the education of physician's assistants and approval of applicants to supervise a physician's assistant. The committee shall consist of eight members appointed by the Governor.

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(1) Bornemeier, Walter C.: "Rx for the Family-Doctor Shortage." *Reader's Digest,* July, 1970, pp. 103-107.

(2) Duke University, Department of Community Health Sciences: *Model Legislation Project for Physician's Assistants.* June 30, 1970.

(3) Editorial: Physician's Assistants: "One of the Hottest Things in Medical Education Today." *Resident and Staff Physician,* February, 1970, pp. 72-78.

(4) Estes, E. Harvey, Jr.: "The Training of Physicians' Assistants: A New Challenge for Medical Education." *Modern Medicine,* June 29, 1970, pp. 90-93.

(5) Estes, E. Harvey, Jr., Howard, D. Robert: "The Physician's Assistant in the University Center." *New York Academy of Sciences,* February, 1970, pp. 37-44.

(6) Howard, D. Robert, Fasser, C. Emil: "Duke University's Physician's Assistant Program." *Hospital Progress,* February, 1970, pp. 49-55.

(7) Powers, Lee and Howard, D. Robert: "The Feasibility of an Assistant to the Physician." *North Carolina Medical Journal,* March, 1970, Vol. 31, No. 3, pp. 79-83.

(8) Thompson, Thomas T., Harle, Thomas S., Lester, Richard G.: "New Opportunities for Radiologic Technologists: Physician's Assistant in Radiology." *Radiologic Technology,* 1970, Vol. 42, No. 1, pp. 8-9.

PRE-TEST KEY

1. b. Medical Corpsmen:

   Although professionals from other backgrounds are accepted.

2. a, b, and c:

   Training programs vary from six months to four years depending upon the background of the students. Two year courses are most typical.

3. No one:

   No nationally recognized accrediting agency has been established.

4. d. 75%

   This is an average figure, higher results have been obtained.

5. b. Patients with at least a college degree:

   This group most readily recognizes the advantages of a trained assistant in the delivery of high quality health care.

6. d. All of these:

   The Type A assistant is distinguished by his ability to integrate and interpret findings and to exercise a degree of independent judgment.

Score five points for each correct answer, 15 points for Question 2 if you got all three answers.

VIEWER'S EVALUATION FORM

Please remove this page from your booklet and return to your Audio-Visual Coordinator or directly to us.

"STATUS REPORT: THE PHYSICIAN'S ASSISTANT"

NAME OF HOSPITAL _____ DATE _____

Your Profession: _____ Physician _____ Nurse _____ Other

To help us improve future programs, please complete the following items:

1. Viewing this program was:
   - an excellent use of my time _____
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2. I found this program:
   - very interesting _____
   - interesting _____
   - slightly interesting _____
   - uninteresting _____

3. I found this study guide:
   - very helpful _____
   - helpful _____
   - somewhat helpful _____
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4. The material covered in this program was:
   - directly applicable to my profession _____
   - applicable to my profession _____
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5. Please list any comments concerning this program and/or suggestions for future programs:

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VA INSTALLATION _____ PROGRAM TITLE _____

NAME OF GUEST SPEAKER _____ DATE _____

Your Profession: _____ Physician _____ Nurse _____ Other

To help us improve future programs, please complete the following items:

1. Viewing this program was:
   - an excellent use of my time _____
   - a good use of my time _____
   - a fair use of my time _____
   - a waste of my time _____

2. I found this program:
   - very interesting _____
   - interesting _____
   - slightly interesting _____
   - uninteresting _____

3. Did you use a study guide with this program? _____ yes _____ no

   a. If yes, did you find the study guide:
      - very helpful _____
      - helpful _____
      - slightly helpful _____
      - not helpful _____

   b. If no, do you think a study guide would have been helpful? _____ yes _____ no

4. The material covered in this program was:
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5. The speaker's presentation was:
   - very interesting _____
   - interesting _____
   - slightly interesting _____
   - not interesting _____

6. The speaker supplemented the program:
   - a great deal _____
   - quite a bit _____
   - slightly _____
   - not at all _____

7. What activities did the speaker perform (e.g. make rounds)?

_____

_____

Pre-Test Score _____ Post-Test Score _____

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Please use the remainder of this form for comments regarding this program and suggestions for future programs.

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