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RESCISSIONS

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## CHAPTER 4. PERSONNEL

### 4.01 PURPOSE

This chapter covers the selection, duties and responsibilities of essential Spinal Cord Injury (SCI) staff.

### 4.02 SELECTION OF CHIEF, SCI SERVICE

#### a. Procedure

(1) The process of recruitment, nomination and approval of Chiefs, SCI Service, is closely monitored by the Director, SCI Programs (117F), Department of Veterans Affairs (VA) Central Office, 810 Vermont Avenue, NW, Washington, DC 20420.

(2) VA medical center Director shall notify promptly the Director, SCI Programs (117F), VA Central Office, and the appropriate Regional Director (13\_\_), that the local Chief, SCI Service, position is or is becoming available, and the steps being taken to recruit a replacement.

(3) No SCI Chief shall be appointed without prior concurrence of the Director, SCI Programs (117F), VA Central Office. This includes the appointment of an SCI Chief on a temporary basis.

b. Criteria. The following criteria apply to all VA medical facilities when there is a necessity to recruit for and fill a Chief, SCI Service, position:

(1) The candidate must meet existing VA requirements for physicians including credentialing and privileging requirements; and should be board certified (U.S. or Canadian) in a specialty relevant to the care of SCI veterans. NOTE: In accordance with VA qualification standards, non-citizens may be appointed to these positions if qualified U.S. citizens are not available.

(2) The candidate should:

(a) Have a minimum of a 2-year SCI fellowship or equivalent training in the care of SCI veterans.

(b) Demonstrate clinical knowledge and experience in SCI medicine sufficient to enable the candidate to successfully direct an SCI Service. Normally, 4 years of experience would demonstrate this ability. A SCI fellowship or training years may count towards this requirement.

(c) Present evidence of formal training or proven competence in administration, quality assurance, and risk management (e.g., executive medicine course, Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or VA or Armed Services courses on Quality Improvement and/or Risk Management (QI/RM), VA leadership/management courses, etc.).

(d) Present evidence of interest and involvement in research and teaching.

(e) Qualify for a faculty appointment in some specialty if the medical center is affiliated.

NOTE: The same criteria apply to the designation of an Acting Chief, if the designation is expected to be more than 30 days.

4.03 GUIDELINES FOR SELECTION OF ASSISTANT CHIEF, SCI SERVICE, OR ASSOCIATE CHIEF, SCI SERVICE

a. Selection of any clinician appointed to the position of Acting Chief, Assistant Chief, or Associate Chief, SCI Service, shall be closely coordinated with the Director, SCI Programs (117F), VA Central Office, through the appropriate Regional Director. These guidelines apply to all VA medical facilities when there is a necessity to recruit or appoint an Assistant or Associate Chief, SCI Service.

b. Criteria

(1) The candidate must meet existing VA requirements for physicians including credentialing and privileging requirements; and should be board certified (U.S. or Canadian) in a specialty relevant to the care of SCI veterans. NOTE: In accordance with VA qualification standards, non-citizens may be appointed to these positions if qualified U.S. citizens are not available.

(2) The candidate should:

(a) Be board certified (U.S. or Canadian) in a specialty relevant to the care of paralyzed patients.

(b) Have a minimum of 2-years' experience in SCI care.

(c) Demonstrate clinical knowledge and experience in Paraplegia medicine sufficient to enable the candidate to successfully assist in the direction of an SCI Service.

(d) Present interest in SCI Service administration, quality assurance, and risk management.

(e) The candidate should present evidence of interest and involvement in research and teaching.

(f) The candidate should qualify for a faculty appointment in some specialty if the medical center is affiliated.

NOTE: The same criteria apply to the designation of an "Acting," if the designation is expected to be more than 30 days.

4.04 PROFESSIONAL STAFF ASSIGNED TO SCI

All key staff, such as nurse manager, psychologist, or social worker, shall be assigned to the SCI Service by their respective service chiefs in consultation with and approval of the Chief, SCI Service.

4.05 SCI COORDINATOR

a. Procedure

(1) The Chief, Social Work Service, at all VA medical centers without SCI centers will designate a social worker as SCI Coordinator for organizing services to SCI veterans.

(a) The coordinator will be knowledgeable about all aspects of SCI including transfer criteria and process.

(b) The coordinator will provide information to patients, families and the interdisciplinary team in order to facilitate appropriate and timely transfers to SCI centers.

(2) The coordinator will report to SCI Programs (117F), VA Central Office, through Social Work Service (111J), VA Central Office, for programmatic responsibilities.

(3) The name and location of the SCI Coordinator will be posted in the Admissions/Ambulatory Care area and on all wards and listed in the medical center telephone directory.

NOTE: It is recommended that the local Paralyzed Veterans of America (PVA) chapter and/or other appropriate veterans service organization (VSO) be notified.

(4) Arrangements will be made for the designated SCI Coordinator to receive specialized training including, when possible, a visit to one of the SCI centers to acquire first-hand understanding of this special service to SCI veterans.

b. Responsibilities. The SCI Coordinators is responsible for:

(1) Developing a system for identifying SCI veterans who come to the medical center and a procedure for referral to the SCI Coordinator. Diagnostic categories of patients who should be referred include those listed in Chapter 2, subparagraph 2.04c.

(2) Ensuring that this program is interdisciplinary and fully integrated with the inpatient and outpatient medical programs.

(3) Ensuring that a current psychosocial assessment (based on a comprehensive social data base) is completed and indicated psychosocial treatment and services are provided and documented in the medical record. This will include appropriate counseling, educational information and referrals to VA and community resources and services and, as appropriate, to the vocational rehabilitation case manager.

(4) Referring all SCI veterans to the veterans benefits counselor, and, with veteran's consent, to PVA and/or other appropriate VSO service officer when appropriate.

(5) Developing a system of outreach to extend services to those SCI veterans who do not use VA for their health care needs. This would involve maintaining contact with local SCI programs, the PVA or other VSO, the handicapped community, and the nearest VA SCI Center.

(6) Establishing and maintaining a roster of SCI veterans in the primary service area of the medical center.

(7) Identifying and/or developing VA and community resources appropriate for SCI veterans and acting as a consultant to other staff members in developing individualized rehabilitation plans.

(8) Ensuring the completion and maintaining the SCI Registry on each SCI veteran on admission and discharge.

(9) Establishing liaison with and fostering involvement of physicians, nurses, and other disciplines as appropriate and indicated.

(10) Ensuring that a copy of patient's discharge summary is forwarded to the Chief, SCI Center, nearest to the VA medical center.

c. Selection

(1) It is important that the social worker selected as coordinator have, or be willing to acquire, the appropriate knowledge about:

(a) SCI treatment and rehabilitation;

(b) Physical and psychosocial implications for the individual and family;

(c) Appropriate clinical interventions, including sexual counseling;

(d) Prosthetic services;

(e) All Veterans Health Administration (VHA) directives affecting the spinal cord injured;

(f) VA benefits and other government entitlement programs for treatment, rehabilitation and services;

(g) Community resources and services for the disabled;

(h) Local peer counseling programs or groups; and

(i) Federal and local laws or regulations regarding the disabled.

(2) It is important that the coordinator have the ability, insight, imagination and drive to:

(a) Plan and coordinate services, and

(b) Provide consultation and teaching,

(c) Establish and maintain effective working relationships with local management, other disciplines and services as well as with a variety of community organizations.

(3) In medical centers with a patient workload of 100, a full-time position would be justified.

d. Services and Resources. Because of the complex needs of the SCI veteran, a wide range of services may be indicated to minimize unnecessary dependence on others and to ensure optimal opportunity for successful living in the community. The SCI Coordinator needs to initiate, facilitate, monitor and/or provide the following services as appropriate:

(1) Activities of Daily Living (ADL). Although training is provided in ADL during initial rehabilitation at the SCI Center, all veterans need reevaluation of ADL skills in follow-up visits. Some may need additional training in some aspects of ADL (personal grooming and hygiene, dressing, transfers, cooking and housekeeping, etc.) to maximize their independence in the community. A referral to Rehabilitation Medicine Service and Nursing Service is appropriate.

(2) Personal Care Attendant (PCA). Recruitment, training, and retention of good personal care attendants are ongoing problems for the spinal cord-injured veteran. It is

suggested that veterans be trained in meeting specific care needs so that they can in turn train their own personal care attendants. Possible resources for finding attendants include local nursing schools, churches, employment agencies, and advertisements in newspapers and magazines. It is important that the veterans develop a back-up plan for care in case they should lose their PCA. Veterans need to assume responsibility for interviewing, hiring, and training personal care attendants. If the only need is assistance with bowel and bladder care, referrals to the public health nurse coordinator, visiting nurse association (VNA), or other local home health agencies may suffice. The Fee-Basis Bowel and Bladder Program is an option.

(3) Hospital Based Home Care (HBHC). The HBHC is an appropriate referral source at non-SCI centers for eligible veterans. The training of the caregiver in maintaining the patient in the community is an important service which HBHC can furnish. An ongoing training program for HBHC teams on the specific care needs of the SCI veteran should be developed by the SCI Coordinator. Encouragement to work with this patient population may be fostered by periodic contacts by the SCI Coordinator with the HBHC Coordinator. Follow-up, coordination, and referral by the SCI Coordinator with the HBHC Coordinator for special procedures beyond the capacity of the HBHC team are important factors for successful home placement. Consideration should also be given to the development of the treatment plan and objectives consultation with the SCI Coordinator.

(4) Nutritional Management. The SCI veteran is predisposed to nutritional risks in both the acute and chronic phases. In both phases, there are physical limitations on eating. In the acute phase, weight loss is common and, therefore, aggressive nutritional support is necessary when nutritional status is compromised. In the chronic phase, there is a tendency to gain weight over time. Other nutrition related complications such as bone loss due to inactivity, decubitus ulcers, and cardiovascular disease are but a few of the complications seen in SCI individuals. Follow-up should be continuous which includes nutritional assessment and monitoring, appropriate nutrition intervention, nutrition education, and linkage with rehabilitation support groups.

(5) Prosthetic Appliances. The veteran's prosthetic appliances and medical equipment, e.g., hospital bed, invalid lift, commode, etc., should be evaluated on a regular basis, consistent with the veteran's health needs and home situation. Appliances and equipment may also need repair or replacement. Referral to an examining and prescribing physician for a determination of medical need for appliances or equipment and to prescribe or recommend specific or general types of appliances or equipment is appropriate. Requests for prosthetic appliances, equipment, or services will be referred to the Prosthetic Activity or prosthetic clerk for action and disposition. Legal eligibility for a specific appliance will be determined in each case before procurement is authorized. Authorization of equipment will be made by the Prosthetic Activity or prosthetic clerk based on a review of VA records to determine previous issues of similar items. Veterans with continuing eligibility may be issued Prosthetic Service Cards (PSC's) for repairs to appliances which include artificial limbs, aids for blind, orthopedic braces, and wheelchairs. PSC's will be furnished to veterans with continuing eligibility for braces, artificial limbs, and wheelchairs. Reference is VHA Manual M-2, Part IX, Chapter 3.

(6) Medical Supplies. Special items, e.g., catheters, ostomy products, duoderm, may be needed for the SCI veteran, especially in relation to bowel, bladder, and skin care. Problems for the veteran in this area may be referred to Nursing Service or Pharmacy Service for follow-up.

(7) Vocational Rehabilitation. Many SCI veterans are not "ready" to pursue education and/or training during initial rehabilitation. Follow-up evaluation during clinic visits and hospitalization should be an integral part of treatment planning. Referrals to the Case Manager for Vocational Rehabilitation, Counseling Psychology, state vocational rehabilitation programs, and programs available through the Veterans Benefits Administration (VBA) (see 38 Code of Federal Regulations (CFR) Chapters 15 (Nonservice-connected (NSC)), 31 (Service-connected (SC)), and 38 (G.I. Bill)) for both the SC and NSC veteran, etc., may be indicated. Contact with state rehabilitation programs to identify further resources available in the medical center's primary service area (PSA) is recommended.

(8) Leisure and/or Avocational Interests. Many SCI veterans experience difficulties with boredom and lack of meaningful activities in their home routines. In addition to vocational planning, it may be appropriate to involve recreation therapy for leisure skills training and exposure to options for recreation in the community. Occupational Therapy may assist in fabricating adaptive appliances, e.g., mouth sticks for typing or painting, or writing splints. There are some organized wheelchair sports associations on local and national levels which may also be referral sources.

(9) Peer Counseling and/or Peer Support. It has been demonstrated that peer counseling has been an effective approach in helping SCI veterans adapt to their injuries. Many times talking with "someone who has been there" offers the veteran some insights and practical suggestions in dealing with a variety of problems. It is important to utilize good role models, e.g., persons who are employed, involved in meaningful, productive daily routine, involved in successful interpersonal relationships, and have a generally constructive lifestyle. Any peer counseling activities should be under the supervision of professional staff. Referrals to community support groups (such as PVA, Abled-Disabled) are also a viable option. Telephone support groups may also be utilized to facilitate supportive services. (See Ch. 7.)

(10) PVA. This organization offers a wide variety of services for the SCI veteran, including SCI medical research, assistance with benefits, advocacy in the community for the disabled, and support to the veteran and family. Referral to the local PVA organization for all SCI veterans, with the veteran's permission, is recommended.

(11) Supportive Counseling for Families and/or Significant Others. It is important to assess and respond to the impact of the SCI on the veteran's family and significant others. Many families need ongoing support regarding the changes in their lifestyles as a result of the veteran's injury. Support groups for spouses and families may be beneficial. Arrangements for respite care may be needed, especially where the family member is a full-time caregiver. Temporary nursing home placement or scheduling admission for annual evaluation may provide brief respite. Adult day care or temporary caregiver services may be utilized.

(12) Transportation. Transportation is a critical element in improving the quality of life for the SCI veteran, otherwise the veteran will be essentially homebound. If the veteran has not had driver's training and is capable of operating a motor vehicle, referral to the nearest SCI Center or medical center with formal driver's training is appropriate. Veterans who are service-connected for the loss, or loss of use, of one or both feet or hands, or who have a service-connected ankylosis of one or both knees or of one or both hips, who are licensed and capable of operating a motor vehicle, may be furnished the necessary adaptive equipment to permit safe operation of a motor

vehicle, including the repair and replacement of authorized equipment when necessary. Certain

non-operational items, i.e., van lifts, raised doors, raised roofs, air conditioning and wheelchair tie-downs for passenger use, may be furnished to nonservice-connected veterans under certain conditions. Requests for adaptive equipment must be referred to the Prosthetic Activity for action and disposition. If the veteran does not have transportation, community resources must be explored, e.g., public transit, Red Cross, local churches, etc. (Reference: Program Guide RMS Driver Training for Handicapped Veteran, G-10, M-2, Pt. VIII; and VHA Manual M-2, Pt. IX, Ch. 4.)

(13) Finances. An assessment of the veteran's present and anticipated family income including the spouse's income, is needed for financial planning. Referrals to the Veterans Benefits Counselor, Social Security, Supplemental Social Security Income, Aid to Families with Dependent Children, and other state and community resources may be indicated. Some of the VA benefits to which the spinal cord-injured may be entitled includes the following:

(a) SC veterans:

1. Compensation,
2. Aid and Attendance (A&A),
3. Special A&A for the severely handicapped,
4. Car grant,
5. Adaptive automotive equipment,
6. Home grant,
7. Clothing allowance,
8. Educational benefits,
9. Home Improvement and Structural Alterations (HISA) Programs, and
10. Life insurance waiver of premiums;

(b) NSC veterans:

1. Pension,
2. A&A,
3. HISA Program, and
4. Educational benefits.

(14) Home Evaluations. The need for structural modification of the veteran's home and appropriateness of medical equipment for use in the home should be evaluated by a Rehabilitation Medicine Service (RMS) therapist, prosthetic representative, and a social worker. Whenever possible, an on-site evaluation is recommended. Referrals to the facility's HISA Committee, Prosthetic Service, RMS, or Outpatient Social Work Service for assistance in this area may be indicated. SC and NSC veterans are entitled to home modifications through HISA Programs.

(15) Housing Alternatives. Wheelchair accessible housing is limited in many communities. In addition to traditional single family dwellings, other options to consider include group homes (several veterans sharing residence), cluster housing (several veterans living in the same vicinity, i.e., apartment complex and sharing attendants), and use of VA residential care homes. The HISA grant is also available to certain veterans residing in community residential care homes. The local Housing Authority may be a resource, since by law 5 percent of all new construction must be wheelchair accessible. Section 8, Rental Assistance, housing may also be available through the Housing Authority.

(16) Identification, Development and Utilization of Community Resources. It is important that the coordinators serve as advocates for the SCI population and educate/advise agencies in the community on the unmet needs of the spinal cord-injured veterans. VA's participation on advisory boards and committees of existing agencies is encouraged. Integrating the SCI population into existing community programs such as the Independent Living Program (ILP), Area Agencies on Aging (AAA) Programs, or Adult Day Care is encouraged rather than developing separate VA programs.

e. Documentation. It is important that a current and/or updated psychosocial assessment based on a comprehensive social data base be completed. The assessment includes identification of psychosocial treatment and services to be provided. This is documented in the medical record and includes:

(1) A comprehensive psychosocial database with emphasis on:

(a) Present living arrangement, i.e., type housing, access and mobility barriers, caregiver, caregiver attitude and experience in caring for disabled or handicapped persons, and health of the caregiver.

(b) Support systems, i.e., family (origin and current), peer group, other community systems.

(c) Educational, vocational and avocational interest, and levels of attainment; include work history.

(d) Behavior patterns, coping and/or defense mechanisms, sexual adjustment.

(e) Financial situation, current and/or expected resources, duration, sources, and amount.

(f) Daily activities, i.e., work, school, social activities, or isolation.

(2) A psychosocial assessment and treatment plan based on the data base. This assessment reflects an evaluation of the adequacy of the veteran's:

(a) Living arrangements;

(b) Financial situation;

(c) Support relationships;

(d) Educational, vocational, and social activities; and

(e) Overall level of functioning.

(3) Progress notes reflecting treatment progress and goal changes.

(4) A closing summary when treatment is completed or a patient is transferred.

NOTE: It is suggested than an interdisciplinary approach to treatment planning and service delivery be reflected in the medical record.

f. Reports. Statistical information is reported on Social Work Automated Management Information Systems (AMIS) and/or other recurring reports. VA Central Office is interested in gathering accurate statistics regarding the SCI population and will request reports from the field as needed.

(1) The Office of Clinical Affairs (11), will coordinate requests for reports on the SCI population from the field with Medical, SCI, and Social Work Services to avoid requests for duplicate reporting.

(2) Examples of data include:

(a) Clinic visits,

(b) Level of injury, (e.g., paraplegic and/or quadriplegic),

(c) Patient demographics,

(d) Referrals, and

(e) Diagnoses.

(3) This data will be used to analyze program needs and evaluate effectiveness.

g. Evaluation. The coordinator uses existing quality management mechanisms, JCAHO guidelines, and hospital policies and procedures in evaluating and documenting this program's effectiveness.

#### 4.06 SCI HEALTH TECHNICIANS

a. SCI health technicians provide technical assistance for the care of SCI veterans. SCI technicians must provide assistance in bowel and bladder care, respiratory care, phlebotomy, skin care, patient immobilization, etc. For the training of SCI health care technicians, see Appendix 4A.

b. Instructions pertaining to the utilization of individuals in SCI Service who provide bowel and bladder care and other essential daily care services and guidance in the classification of these positions can be found in Appendix 4B.

#### 4.07 CONTINUING EDUCATION

a. The Chief, SCI Service, shall ensure that continuing training is available and attended by all members of the SCI staff.

b. In-service continuing education shall include topics that were identified through the QI process. (Trends, missed diagnoses, complicated cases, morbidity-mortality conferences, etc.)

c. The Chief, SCI Service, shall keep documentation of continuing education in SCI staff files and consider continuing education participation for yearly evaluation reports and credentialing/privileging activities.

## SPINAL CORD INJURY (SCI) TECHNICIAN TRAINING GUIDELINES

### 1. GENERAL

Guidelines for training SCI health technicians have been developed based on care requirements and are designed to serve as the fundamental guidance for the training of SCI health technicians throughout the Department of Veterans Affairs (VA).

a. Since these are guidelines, each of the phases can be adjusted to accommodate local conditions and missions.

b. Phases of training do not necessarily have to occur in the lineal order as outlined above; flexibility of training will be maintained to ensure continuity of patient care.

c. Training need not be in distinct and separate phases, but rather a continuing milieu of training.

d. These guidelines address the skills necessary for providing essential daily care to SCI veterans and are presented as nine distinct phases as follows:

- (1) Phase I: Basic SCI Orientation/Lecture Series
- (2) Phase II: Bladder/Bowel Care Orientation
- (3) Phase III: Skin/Wound Care Orientation
- (4) Phase IV: Infection and Specimen Control
- (5) Phase V: Respiratory Function and Care Orientation
- (6) Phase VI: Orthopedic/Traction/Spine Stabilization
- (7) Phase VII: Venipuncture and Intravenous Fluids
- (8) Phase VIII: Cardiac Telemetry Monitoring
- (9) Phase IX: Outpatient Clinic Procedures
- (10) Phase X: Medical Records Administration

### 2. CANDIDATES

It is desirable that candidates for the SCI training program initially have some practical clinical background, e.g., nursing assistants, corpsmen and medics, etc.

a. Intensity of training for individual candidates will vary based on previous training skills.

b. The granting of approval for SCI health technicians to undertake the activities addressed in the training plan will be dependent upon their successfully demonstrating knowledge of and skill in the subject matter presented and practiced in each of the distinct phases of training.

c. This training program will incorporate on-the-job training (OJT) as a substantial portion of actual training. Following Phase I (Orientation), OJT will be supplemented by inservice lectures and demonstrations.

d. At the time of promotion to the intermediate level (GS-5), the candidate will be expected to function at a level requiring only minimal supervision. Accordingly, during the last 6 months, prior to promotion to the target level, it is desirable that the candidate be able to function independently.

### 3. SITE

An existing SCI Center is an appropriate site for training.

### 4. A DESCRIPTION OF EACH PHASE OF SCI HEALTH TECHNICIAN TRAINING

#### a. Phase I: Basic SCI Orientation/Lecture Series.

(1) Lasts approximately 2 weeks and consists of:

(a) General orientation to SCI through utilization of print, audiovisual and mediated learning resources.

(b) Orientation to SCI Service through assignment to a qualified SCI health technician, nurse or physician as a co-preceptor. The Chief, SCI Service, will be the preceptor.

(c) Lecture presentations by SCI and other medical center staff.

(d) Minimally, Phase I will cover the following topics:

1. Skin complications and their prevention,
2. Bladder and bowel care,
3. Respiratory function,
4. Orthopedic,
5. Cardiovascular function,
6. Specimen control,
7. IV fluid administration,
8. Outpatient clinic procedures,
9. Prosthetics,
10. Patient transfers and body mechanics, and
11. Medical records.

(2) The criterion for successfully completing Phase I is scoring 80 percent on a written/verbal test. The test will be developed by the staff of the respective SCI centers and will contain questions covering each of the 11 subjects listed in subparagraph (1)(d).

(3) Successful completion of this phase will be documented in the student's training record.

b. Phase II: Bladder/Bowel Care Orientation

(1) Lasts approximately 2 months and consists of:

(a) The candidate should demonstrate knowledge of the nature and extent of the patient's disability and the effect of the spinal cord injury on bladder and bowel functions.

(b) The candidate is expected to understand the rationale of urologic procedures (carried out at bedside and elsewhere), bowel care modalities, and the rationale of various phases of bladder and bowel rehabilitation.

(c) The candidate should comprehend the dangers and nature of possible complications resulting from such procedures or from inappropriate handling of urologic or bowel care procedures.

(d) Familiarity with the rationale of and work utilizing the principles of strict aseptic techniques when appropriate should be demonstrated. The candidate is expected to be able to provide appropriate condom and catheter care.

(e) Progress with practical skills in urinary bladder catheterization programs, Foley catheterization, and application of external condom catheters should be competently demonstrated.

(f) An accomplished technician should be able to make appropriate and correct entries on the patient's graphic sheet or Intermittent Catheterization Protocol (ICP) log regarding output of urine and to do correct basic mathematical computations relevant to these entries.

(g) A successful candidate is expected to refine acquired skills regarding bladder catheterization, bowel care, skin and wound care.

(h) The ability to perform all simple tests on urine specimens (labstick, etc.) should be demonstrated.

(i) The candidate should acquire basic theoretical knowledge and gain practical skills in performing urologic evaluation of the neurogenic bladder, i.e., cystourethrogram, cystometrogram, residual urine, etc.

(j) A successful candidate should be able to provide the patient with instructions of how to perform bladder care, to include self-catheterization, and to perform bowel care and skin care (gluteal).

(k) The candidate should demonstrate proficiency in urological procedures and ability to recognize emergent problems arising from bladder or bowel. Such conditions include, but are not limited to, hematuria, autonomic hyperreflexia, acute hypo/hypertension, retained indwelling Foley catheters, and iodate contrast reaction.

(2) The criterion for successfully completing Phase II is the demonstration of the skills and knowledge pertaining to the preceding eleven subjects. Such skills and knowledge will be demonstrated to the respective preceptor.

(3) Successful completion of this phase will be documented in the student's training record.

c. Phase III: Skin and/or Wound Care Orientation

(1) Lasts 3 to 4 weeks and consists of the following criteria:

(a) The candidate should be familiar with the effect of the spinal cord injury on the skin and become familiar with the causes of skin compromise and methods to prevent same.

(b) It is desirable that the candidate understand the rationale of various preventive skin care measures and be able to instruct the patient in proper care, observation, and early recognition of skin compromise, including various modes of care of decubiti and other skin sores, and to correctly implement treatment as ordered.

(c) Candidates should understand the basics of microbiology particularly with regards to the possible cross-contamination, in patients with compromised skin and bladder.

(d) The candidates become knowledgeable of implementing proper care of surgical wounds, to include recognition of infected wounds, monitoring of wound drainage and dressing changes, and aseptic technique in the packing/dressing of deep wounds.

(e) A successful candidate should be able to make appropriate and proper entries in the patient's chart regarding skin care, bowel care, urologic care and notes on the current status of each of these for any particular patient. The technician is expected to be able to make appropriate and correct entries on the patient's graphic sheet log regarding various wound drains.

(2) The criterion for successfully completing Phase III is the demonstration of the skills and knowledge pertaining to the eight subjects. Such skills and knowledge will be demonstrated to the respective preceptor.

(3) Successful completion of this phase will be documented in the student's training record.

d. Phase IV: Infection and Specimen Control Note: This phase is to be implemented and progress through all phases, beginning at Phase II.

(1) The criteria includes the following:

(a) It is anticipated the candidate will become familiar with the rationale and implementation of proper technique in dealing with contaminated specimens regardless of source.

(b) The candidate will become familiar with the rationale and proper method of entering and leaving the room of a patient in strict isolation or wound and skin precautions. It is desirable that the candidate understand and implement proper handling, routing, and disposal of contaminated specimens.

(c) Candidates should be expected to appropriately obtain requested specimens for laboratory examinations, handle, route, and dispose of specimens appropriately and without contamination of the specimens, or contamination of other patients or specimens.

(d) It is desirable that the candidate become familiar with the principles of microbiology with particular reference to aseptic technique in preparation of sterile fields, contamination of fields, and potential contamination of wounds, urinary bladder and cross-contamination of patients.

(2) The criterion for successfully completing Phase IV is the demonstration of the skills and knowledge pertaining to the preceding four subjects. Such skills and knowledge will be demonstrated to the respective preceptor.

(3) Successful completion of this phase will be documented in the student's training record.

e. Phase V: Respiratory Function and Care Orientation

(1) Lasts approximately 2 months and the criteria includes the following:

(a) A successful candidate will become familiar with and implement care of tracheostomies, be able to implement proper technique of endotracheal suction, and become familiar with and be able to implement the cleansing and changing of inner cannulae of tracheostomy tube.

(b) Candidates will demonstrate understanding of the rationale regarding the use of cuffed-fenestrated tracheostomy tubes and be able to appropriately and correctly plug the tracheostomy tube without harm resulting to the patient.

(c) The candidate should become familiar with various ways of communicating with a tracheotomized patient, including charts, spelling boards, and electronic communication devices.

(d) Familiarity with the MA-2 ventilator and the portable wheelchair ventilator(s) used on the SCI Service will be demonstrated, as will ability in recognizing ventilator malfunction; appropriate intervention to ensure patient ventilation with the use of an ambu bag if necessary; familiarity with the MA-2 control panel; and ability to adjust  $FI_{O_2}$ , tidal volume, sigh volume, rate and ventilator mode. It is desirable that the candidate be able to manually sigh the patient via the ventilator prior to suctioning.

(e) The candidate should become familiar with the rationale of postural drainage, chest percussion, assisted coughing, incentive spirometry and be able to implement the correct procedure and/or use of equipment to maintain/treat respiratory status of the spinal cord-injured patient.

(f) Candidates will demonstrate understanding and knowledge of the concept of arterial blood gases; become familiar with arterial lines (cannulas), and be able to correctly maintain and care for these lines, to include drawing of arterial blood gases via an existing line, proper flushing, and maintenance of patency of the line by use of pressurized solution/transducer arrangement.

(g) Successful candidates should learn and be able to correctly perform the technique of radial artery puncture for obtaining an arterial blood gas.

(h) Candidates should be able to perform pulmonary toiletry, including endotracheal suction, with minimal supervision.

(2) The criterion for successfully completing Phase V is the demonstration of the skills and knowledge pertaining to the preceding eight subjects. Such skills and knowledge will be demonstrated to the respective preceptor.

(3) Successful completion of this phase will be documented in the student's training record.

f. Phase VI: Orthopedic/Traction/Spine Stabilization

(1) Lasts approximately 2 weeks and consists of the following criteria:

(a) The candidate should become familiar with various traction modalities utilized on the SCI Service, to include skeletal traction with tongs (cervical), balanced skeletal traction, Buck's traction, and halter traction.

(b) The candidate should understand the rationale for the different traction modes and be able to properly prepare and set up for appropriate traction as ordered.

(c) The candidate should be able to maintain traction equipment when in use.

(d) The candidate should be familiar with and able to properly implement tilting and/or turning of patients in traction so that no harm or patient compromise results.

(e) The candidate should be familiar with the various hospital beds and be able to rig the appropriate traction on any of the various beds.

(f) The candidate should demonstrate ability to assist in the transfer of a patient in cervical traction by use of a mobilizer or by appropriate team-lifting technique.

(g) The candidate should achieve a level of proficiency in bladder, bowel, skin, and respiratory care while patient is in traction such that minimal supervision is required.

(2) The criterion for successfully completing Phase VI is the demonstration of the skills and knowledge pertaining to the eight subjects. Such skills and knowledge will be demonstrated to the respective preceptor.

(3) Successful completion of this phase will be documented in the student's training record.

g. Phase VII: Venipuncture and Intravenous Fluids

(1) Lasts approximately 2 weeks and consists of the following criteria:

(a) The candidate should become familiar with the cardiac telemetry system employed on the SCI Service. It is desirable that the candidate be able, on order, to place a patient on the telemetry system, initiate recordings and monitor the equipment to ensure continuous telemetry monitoring.

(b) The candidate should recognize certain aberrant complexes from both the monitor screen and/or rhythm strip. These include, but are not limited to, premature ventricular contractions and pacemaker-initiated complexes.

(c) The candidate should recognize certain life-threatening dysrhythmias including tachydysrhythmias, bradydysrhythmias, ventricular tachycardia and ventricular fibrillation.

(d) The candidate should demonstrate ability to initiate communication to the senior professional personnel (Registered Nurse (R.N.), physician's assistant (P.A.), medical doctor (M.D.)) available in the event of the appearance of any of the above anomalies and initiate close telemetry monitoring to document the anomalies.

(2) The criterion for successfully completing phase VIII is the demonstration of the skills and knowledge pertaining to the preceding four subjects. Such skills and knowledge will be demonstrated to the respective preceptor.

(3) Successful completion of this phase will be documented in the student's training record.

h. Phase VIII: Cardiac Telemetry Monitoring

(1) Lasts approximately 2 weeks and consists of the following criteria:

(a) It is desirable that the candidate become familiar with the cardiac telemetry system employed on the SCI Service. It is desirable that the candidate be able, on order, to place a patient on the telemetry system, initiate recordings, and monitor the equipment to ensure continuous telemetry monitoring.

(b) It is desirable that the candidate recognize certain aberrant complexes from both the monitor screen and/or rhythm strip. These include, but are not limited to, premature ventricular contractions and pacemaker-initiated complexes.

(c) It is desirable that the candidate recognize certain life-threatening dysrhythmias including tachydysrhythmias, bradydysrhythmias, ventricular tachycardia, and ventricular fibrillation.

(d) It is desirable that the candidate be able to initiate communication to the senior professional personnel (R.N., P.A., M.D.) available in the event of the appearance of any of the above anomalies and initiate close telemetry monitoring to document the anomalies.

(2) The criterion for successfully completing Phase VIII is the demonstration of the skills and knowledge pertaining to the preceding four subjects. Such skills and knowledge will be demonstrated to the respective preceptor.

(3). Successful completion of this phase will be documented in the student's training record.

i. Phase IX: Outpatient Clinic Procedures

(1) Lasts approximately 2 months and consists of the following criteria:

(a) The candidate should be able to transfer, or assist the patient with transfer, to the examining table utilizing proper body mechanics.

(b) The candidate should demonstrate ability in obtaining the patient's vital signs; prepare the patient for examination without supervision; assist the outpatient physician in the examination of minor surgical procedures.

(c) The candidate should display proficiency in all phases of obtaining appropriate lab specimens whether the specimen is to be obtained by venipuncture, culture swab, urinary bladder catheterization, or rectal swab. It is desirable that the candidate demonstrate proficiency in specimen handling, routing, transport, and disposal of specimens.

(d) The candidate should coordinate with the admission counselor for scheduling of return visits, or referral to other specialty clinics.

(2) The criterion for successfully completing Phase IX is the demonstration of the skills and knowledge pertaining to the preceding four subjects. Such skills and knowledge will be demonstrated to the respective preceptor.

(3) Successful completion of this phase will be documented in the student's training record.

j. Phase X: Medical Records Administration

(1) Lasts 3 to 4 weeks and consists of the following criteria: the candidate should display ability to make clear, concise, error-free chart entries concerning:

(a) Patient status,

(b) Procedures and treatments performed,

(c) Status of skin, and

(d) Bladder and bowel care, etc.

(2) The criterion for successfully completing Phase X is the demonstration of the skills and knowledge pertaining to the subject. Such skills and knowledge will be demonstrated to the respective preceptor.

(3) Successful completion of this phase will be documented in the student's training record.

UTILIZATION OF SPINAL CORD INJURY (SCI) HEALTH TECHNICIANS

1. Urinary disease is one of the most life threatening complications of spinal cord injury. The competent and compassionate delivery of bowel, bladder and related care to spinal cord-injured patients is crucial to the optimal attainment of treatment and rehabilitation goals. Consequently, it is imperative that the Department of Veterans Affairs (VA) has the ability to attract and retain highly qualified technical staff to provide those services in order to ensure that patients receive essential daily care of the quality and timeliness necessary for prevention of renal problems.

2. In view of the wide range of duties and responsibilities assigned to positions primarily involving bowel and bladder care duties (organizationally titled Urology Technician/Genitourinary (GU) Technician), reflecting grade levels from GS-5 up, and of expressed concerns over deficiencies in training and deletion of significant duties at some SCI centers, guidance is provided in restructuring positions (currently Health Technician GS-640) to facilitate consistency in the assignment of duties to, and enhanced career opportunities for, these vital positions. Guidance is also provided with respect to duties which can appropriately be assigned to licensed practical/vocational nurses.

3. Guidelines for Positions Described as Health Technicians

a. Incorporated in this appendix are guideline position descriptions (in Factor Evaluation System format), which represent a combination of assignments that may be appropriately assigned to health technician positions, and are classifiable above grade GS-5. Duties confined to basic bowel and bladder care and associated duties cannot support a higher grade than GS-5, as confirmed by VA Central Office and Office of Personnel Management classification appeal decisions.

b. The guideline position descriptions encompass duties, in addition to typical urology technician tasks, which are characteristic of other established health care occupations and which support classification as Health Technician (Spinal Cord Injury), GS-640-6, and as Health Technician (Spinal Cord Injury), GS-640-7. While the guide job descriptions are not intended to be prescriptive of assignments to be made to individual medical center positions, expanded duties consistent with those outlined later in this appendix must be assigned to appropriate positions in such combinations determined most practicable by local management.

c. All nursing assistant positions which include responsibility for bowel and bladder care of the nature described in the attachments must be restructured to a position as a Health Technician (SCI), GS-640.

(1) Positions which are restructured in this manner and involve a mix of the identified expanded duty assignments for at least a substantial proportion of time are classifiable as Health Technician (SCI), GS-640-5, 6 or 7, depending on the specific duties and level of responsibility assigned.

(2) Medical centers must ensure that higher grade positions resulting from the assignment of such expanded duties are filled in accordance with established merit promotion practices. Moreover, applicable merit promotion procedures must be followed in reassigning employees to positions which

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provide known promotion potential. This does not preclude a GS-4 entry level, provided the duties are within the scope of a GS-4.

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c. The organizational control of paraprofessional personnel involved in the care of spinal cord-injured patients will continue to be determined at the local level.

NOTE: Questions concerning the classification aspects of this issuance, may be referred to Position Management and Classification Service (057), FTS 202/233-3087. Questions concerning departmental policy should be addressed to Director, Spinal Cord Injury Programs (117F), FTS 202/535-7537. Questions concerning the licensed practical/vocational nursing qualification standards may be directed to the Title 38 Employment Division (054D), FTS 202/535-8859.

#### 4. Classification Guidance

The following position descriptions and functional statement may reflect actual working situations already operational at VA medical centers. However, they clearly do not account for all the possible combinations of functions that may be envisioned for health technicians involved in the care of spinal cord-injured patients. NOTE: Lower level assignments may appropriately include duties which involve radiographic testing procedures, even though such duties have not been addressed in the guideline position description for the GS-6 positions.

##### a. HEALTH TECHNICIAN (SPINAL CORD INJURY), GS-640-6

(1) Two appropriate cross references for the GS-6 level assignments contained in the GS-6 health technician position description include the:

(a) Classification standards for the Medical Instrument Technician Series, GS-649, for responsibilities related to urodynamic testing, and

(b) Therapy Assistant Series, GS-636, for duties which involve assessing the need for and implementing special adaptive devices, and planning and conducting patient/family education programs in home care.

(2) Principal Duties and Responsibilities. The principal duties and responsibilities are to:

(a) Initiate and follow through on a prescribed program of skin care to avoid decubitus ulcers. This includes regular inspection of skin, regular schedule of turning, use of proper clothing, avoidance of pressure points, proper positioning, proper transfer techniques, and appropriate hygiene. Implement and follow through on prescribed treatment regimens to heal decubitus ulcers.

(b) Provide continuing bowel and bladder care which includes:

1. Bowel care. Duties are to:

a. Carry out bowel care procedures for patients with neurogenic bowel.

b. Implement prescribed bowel evacuation program.

c. Administer prescribed suppositories.

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d. Maintain knowledge of symptoms of paralytic ileus.

e. Instruct each patient in the performance and maintenance of a bowel elimination program.

2. Bladder care. Duties are to:

a. Catheterize and irrigate nonsensory bladders and determine proper size and type of catheter.

b. Carry out intermittent catheterization procedures.

c. Administer cystometrograms to determine bladder reflex capabilities in voiding tests for the removal of an indwelling catheter.

d. Initiate recording of fluid intake and output.

(c) Assess the need for possible revision of assistive/adaptive devices based on recognition of patient's progress/problems and provide relevant information to appropriate members of the interdisciplinary team.

(d) Set up complex adaptive equipment (e.g., feeding devices) and monitor the efficacy of the device in relation to the patient's specific disabilities and its contribution to the patient's continuing progress.

(e) Provide basic psychosocial support to patients who are reacting to their disability and actively participate with the interdisciplinary team in formulating and implementing a program designed to help patients cope with denial, grief, hostility, depression and immobility. Provide positive feedback to patients to help them reinforce self-expectation and self-steering mechanisms.

(f) Participate in formulation of and implement a program of patient education leading to optimal self-care. This includes training in activities of daily living, proper breathing skills, bowel and bladder control, skin care, use of assistive devices for the extremities, and recognition of developing complications. Adapt teaching program to the unique needs of each group of patients (i.e., paraplegics and quadriplegics). Educate family members/significant others concerning the techniques of care in the home setting, anticipated problems, and actions to be taken in response to emergency situations. Provide reinforcement and clarification to patients/families/significant others on the major aspects of post-hospital self-care and facilitates communication for the patient/family/significant other with VA and community resources in the post-discharge program.

(g) Perform a complete range of treatment procedures that includes hot and cold compresses; changing sterile dressings; monitoring intravenous fluids; caring for patients in isolation; setting up and maintaining oxygen therapy; monitoring vital signs; performing oral, nasal and tracheal suctioning as directed; and initiating cardiopulmonary resuscitation.

(h) Report and record accurate, appropriate data in the patient's medical record. Assures appropriate follow-up of all initiated consultations.

(3) Factors

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(a) Factor 1. Knowledge Required by the Position Level 1 to 4, 550 Points

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1. Knowledge and skills sufficient to observe and care for the physical and emotional needs of the spinal cord-injured patient.

2. Knowledge of basic therapeutic, rehabilitative and preventive care for patients in various stages of dependency.

3. Knowledge and skill in interpersonal relations sufficient to provide reassurance to patients, encourage them during treatment, and assist them in coping with their physical condition.

4. Knowledge and skill in the techniques of instruction to provide basic patient education and communicate effectively with the patient/family members/significant others regarding the treatment plan.

5. Knowledge and understanding of the neurophysiology of the autonomic nervous system and the functioning of the upper motor neuron and lower motor neuron lesion with the corresponding intestinal and bladder dysfunction. Skill in the insertion of catheters, suppositories, and enema tubes is critical because of the danger of puncture in the absence of pain.

6. Knowledge of standard medical terminology for the human body, physical and emotional reactions, nursing care and contraindications to medications and skill sufficient to provide and gather information in patient/family conferences with members of the interdisciplinary health care team.

7. Knowledge and skills sufficient to utilize complex adaptive equipment and instruct others in their use.

8. Knowledge and skills sufficient to perform basic and complex procedures, i.e., sterile dressings and urodynamic testing.

(b) Factor 2. Supervisory Controls, Level 2 to 3, 275 Points

1. The incumbent functions in a matrix relationship and reports directly to the professional nurse and physician in carrying out clinical assignments.

2. Assignments (oral and written) identify what is to be done, priorities and deadlines. Additional, specific instructions are provided for new, difficult or unusual tasks.

3. The employee carries out assigned duties, handles problems and deviations independently in accordance with previous training, instructions, policies, etc. Selects and adapts the procedures and techniques to be used and actively participates with professional personnel in planning diagnostic/therapeutic procedures.

4. Work is reviewed for technical accuracy, appropriateness and compliance with instructions and/or established policies/procedures. Methods used in arriving at the end results are not usually reviewed in detail.

(c) Factor 3. Guidelines, Level 3 to 2, 125 Points. Procedures for performing the work have been established and a number of specific guidelines are available, i.e., established protocols of practice. The employee varies the order and sequence of procedures and uses judgment in selecting the most

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appropriate application of the guidelines based on the patient's emotional and physical condition and previous instructions. Unusual developments are referred to the supervisor.

(d) Factor 4. Complexity, Level 4 to 3, 150 Points

1. The work includes various duties involving different and unrelated processes and methods, including the responsibility for patient care which consists of nursing care, diagnostic support, psychosocial counseling, and patient/ family teaching.

2. The decisions regarding the care provided by the technician depend upon an analysis of the patient's medical and/or nursing history, health care plan, and current condition. The psychological and physical needs of spinal cord-injured patients are of such diversity that the technician must choose the approach to each patient's care from many alternatives. The technician must recognize and respond to deviations from normal conditions including autonomic dysreflexia, seizures, drug reaction, etc.

(e) Factor 5. Scope and Effect, Level 5 to 2, 75 Points. The purpose of the work is to provide assistance in the diagnosis and treatment of spinal cord-injured patients. The work impacts the emotional and/or physical well-being of patients and the accuracy and reliability of subsequent patient services. The work contributes to a base upon which further care may be planned and/or provided by other members of the interdisciplinary health care team.

(f) Factor 6. Personal Contacts, Level 6 to 2, 25 Points. Contacts are made in person or by phone with patients, family members/significant others, visitors and members of the interdisciplinary team who provide patient care and support services.

(g) Factor 7. Purpose of Contacts, Level 7 to 2, 50 Points

1. Contacts with patients are for the purpose of providing a wide range of health care, motivating them to accept the treatment, and teaching self-care methods to achieve a maximum level of independence within the constraints of physical limitations. Since spinal cord patients are often skeptical, uncooperative, unreceptive and hostile, the technician must alleviate fears and apprehensions before treatment can be initiated.

2. Contacts with family members/significant others are for the purpose of teaching and advising in the management of various aspects of the care and treatment of spinal cord-injured patients.

3. Contacts with physicians and other members of the interdisciplinary team are for the purpose of gathering and exchanging information in order to assist in solving problems affecting the patient's condition, and to plan, coordinate and carry out the patient care plan.

(h) Factor 8. Physical Demands, Level 8 to 2, 20 Points. The work requires long periods of standing and walking. Regular and recurring bending, lifting, stooping, stretching, pushing, reaching, and similar activities are required. Positioning and lifting of patients require considerable effort and working in awkward positions. Work requires rotation of tours of duty. The work requires the ability to function in stressful situations, i.e.,

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preventing the patient from performing destructive acts against the environment.

(i) Factor 9. Work Environment, Level 9 to 1, 5 Points

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1. Work is usually performed on the spinal cord injury unit which requires usual safety precautions. There is adequate heat and ventilation.

2. Patients may need to be accompanied to other hospitals for tests and/or consultation.

3. There is probable exposure to combative patients.

4. There may be rotation of assignment to other spinal cord injury units.

b. HEALTH TECHNICIAN (SPINAL CORD INJURY), GS-640-7

(1) The duties included in the GS-7 health technician position description cover a broad range of patient-care services including, for example, day-to-day bowel and bladder care, psychosocial support or counseling, and surgical preparation assistance, as well as diagnostic evaluation using urodynamic testing methods and special radiographic procedures. The highest level of work in this multifaceted position which can be identified by application of Office of Personnel Management position classification standards is that involved in the performance of specialized procedures. The GS-7 grade is based upon an assignment of Level 1 to 5 (750 Points) for Knowledge Required by the Position, determined by cross reference to the position classification standard for the Diagnostic Radiologic Technologist Series, GS-647. Since higher level duties can only be grade controlling if (among other conditions) they account for a substantial amount (25 percent or more) of the overall workload, the number of positions supporting classification at grade GS-7 at individual facilities will necessarily be limited. Aside from the quantity of the work performed, the GS-7 health technician would be expected to perform the full range of specialized radiographic procedures necessary for the genitourinary evaluation of spinal cord-injured patients and to resolve and/or assist other technicians in resolving problems encountered in the evaluation process, including adapting procedures to accommodate the particular problem of the patient.

(2) Principal Duties and Responsibilities. The principal duties and responsibilities are to:

(a) Monitor blood pressure and intervene in response to abnormal alterations in pressure to restore to normal parameters, in accordance with established protocols of practice. Institute the recording of fluid intake and output; carries out a program of intermittent urinary bladder catheterization. Observe and determine the patient's ability to take oral nourishment.

(b) Institute and follow through on a program of skin care to avoid decubitus ulcers. This includes regular inspection of skin, regular schedule of turning, use of proper clothing, avoidance of pressure points, optimal positioning, proper transfer techniques, and hygiene. If a decubitus ulcer has formed, implements a program of treatment designed to heal the lesion. This involves providing meticulous relief to pressure points and application of appropriate topical therapy on a judgmental basis.

(c) Provide continuing bowel and bladder care which includes:

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1. Bowel care. Duties are to:

a. Carry out bowel care procedures on patient with neurogenic bowel;

- b. Observe and decide proper bowel evacuation program for each patient;
- c. Select proper suppository for each patient;
- d. Alert to symptoms of paralytic ileus; and
- e. Instruct each patient in the performance and maintenance of a bowel elimination program.

2. Bladder care. Duties are to:

a. Catheterize and irrigate a nonsensory bladder and determine proper size and type of catheter to be used, and

b. Carry out the intermittent catheterization procedures.

3. Administer cystometrogram to determine bladder reflex capabilities in voiding tests for the removal of an indwelling catheter.

(d) Assess the need for possible revision of assistive and/or adaptive aids on the basis of recognition of patient's progress or problems, and provide relevant input to appropriate health team members.

(e) Set up complex adaptive equipment (e.g., feeding devices), and monitors the efficacy of the device in relation to the patient's particular disabilities and its contribution to the patient's continuing progress.

(f) Provide basic psychosocial support and counseling to patients who are reacting to their disability, and actively participate with the health team in formulating and implementing a program designed to help patients deal with defensive denial, grief, hostility, depression, and immobility. Remain alert to and recognize manifestations of onset of pathology. Provides positive feedback to patients to help them reinforce self-expectation and self-steering mechanisms.

(g) Set up operating suite in preparation for urological surgical procedures. Drape, position and preps patients for surgery. Observe patients for postoperative bleeding, escorts patients to recovery area and sets up appropriate drainage. Take and process x-rays necessary for urologic evaluation of SCI veterans, as well as off-service patients with neurogenic bladders. X-rays include flatplate of the abdomen (KUBs), intravenous pyelogram (IVPs), cystograms, retrograde urethrograms, nephrostograms, ileostograms, retrograde pyelograms, fistulograms, sinograms, and voiding studies. Resolves and/or assists other technicians in resolving problems encountered in the evaluation process, including adapting procedures to accommodate the particular problems of the patient.

(h) Carry out procedures using complex urodynamic equipment to measure the different aspects of urination. Procedures include testing of bladder pressure (cystometrogram), urethral pressure (urethral pressure profile monitoring), and the urinary flow rate (uroflometry) as well as electromyography of the external urethral sphincter, and penile-erectile capabilities as measured by a nocturnal tumescence device and cinefluoroscopy

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as it pertains to voiding cystourethrograms. Is alert to effects of equipment on patients in order to avoid, as much as possible, potential

patient-originated malfunctions or artifacts. Determine from preliminary review of urodynamic equipment readouts if procedures need modification or there is need for biomedical intervention to assure that the testing results are accurate.

(i) Participate in formulation of and implement a program of patient education leading to optimal self-sufficiency. This will include training in activities of daily living, proper breathing skills, bowel and bladder controls, skin care, use of assistive devices for the extremities, and system awareness in recognition of developing complications. Adapt teaching program to the unique needs of each group of patients (i.e., quadriplegics and paraplegics).

(j) Is responsible for the accurate and complete recording of health care data, in a problem-oriented fashion, of the patients assigned to them. Ensures that appropriate follow-up of all initiated consultations is provided.

(3) Factors

(a) Factor 1. Knowledge Required by the Position Level 1 to 5, 750 Points

1. Knowledge of a wide variety of interrelated and nonstandard patient care assignments reflected in education and/or broad work experience that demonstrates skills sufficient to resolve a range of problems with responsibility for carrying out assignments to completion. This overall broad knowledge requires:

2. Practical knowledge and skills sufficient to observe the physical and emotional needs of the spinal cord-injured patient.

3. Practical knowledge of the therapeutic, rehabilitative, and preventive care for patients in various stages of dependency.

4. Practical knowledge of interpersonal skills to give reassurance to patients, encourage them to receive the proper treatment, and help them cope with their physical condition. Knowledge of the principles of procedural instruction as well as leadership skills and interpersonal skills to communicate effectively with patients' families and other professionals regarding urological management.

5. Knowledge and understanding of the neurophysiology of the autonomic nervous system and the functioning of the upper motor neuron and lower motor neuron lesion with the corresponding intestinal and bladder dysfunction. Skill in the introduction of catheters, suppositories and enemas is critical because of the danger of puncture in the absence of pain.

6. Knowledge of anatomy and physiology of the urinary system in order to perform urodynamic testing procedures and assure that the radiographic studies properly illustrate the condition being studied and to adjust positioning, technical factors or other variables to provide better illustration, if necessary.

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7. Knowledge of basic nursing practices related to radiography including emergency cardiac arrest procedures, principles of hypodermic, subcutaneous, intramuscular, and intravenous injections, and sterile operating room practices.

8. Knowledge to select the best procedures to emphasize any aspects of particular interest to the doctor and to identify organs appearing on the film at the various stages of the examination in order to judge the acceptability of the radiograph for diagnostic use.

9. Knowledge of sterile surgical techniques and principles of asepsis, methods of urinary drainage for patients with neurogenic bladder disease, and recommended preoperative and postoperative practices related to urodynamic surgery to provide urodynamic services with minimal risk of infection or development of other urological complications.

10. Expertise and mechanical aptitude in the operation of radiologic equipment as well as the specialized electronic equipment which is used to perform urodynamics testing.

(b) Factor 2. Supervisory Controls, Level 2 to 3, 275 Points

1. The incumbent works under the general direction of a staff physician. The supervisor defines objectives, priorities, and deadlines. Information may be obtained from the supervisor who is available (but may not be physically present) during the tour to assist the employee with unusual situations which do not have clear procedures.

2. The employee carries out assigned duties, handling problems and deviations independently in accordance with previous training, instructions, policies, etc. The incumbent selects and adapts the procedures and techniques to be used to actively participate with the professional personnel in planning diagnostic and/or surgical procedures.

3. Work is reviewed for technical soundness, appropriateness and conformity to policy and requirements. The methods used in arriving at the end results are not usually reviewed in detail.

(c) Factor 3. Guidelines, Level 3 to 2, 125 Points. Procedures for doing the work have been established, and a number of specific guidelines are available, e.g., established protocols of practice. The number and similarity of guidelines and work situations require the employee to use judgment in adapting established procedures and guidelines to accommodate the psychological and physical condition of the patient. Significant deviations from the guidelines are referred to the supervisor.

(d) Factor 4. Complexity, Level 4 to 3, 150 Points

1. The work includes various duties involving different and unrelated processes and methods including the performance of a number of specialized radiographic examinations and urodynamic diagnostic testing of patients with often severe neurological dysfunctions.

2. The decisions regarding what needs to be done depend upon the analysis of the subject, phase or issues involved in each assignment, and the chosen course of action may have to be selected from many alternatives. The technician screens patients awaiting urodynamic and radiographic examinations to determine the necessity of adapting testing techniques based on the

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patient's psychological and physical condition. Since spinal cord injured patients frequently require departure from standard testing techniques, the technician must be capable of adjusting equipment and procedures in

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order to provide meaningful results and data from tests on such patients. Nursing care is tailored to the patient's needs based on systematic review and analysis of the patient's medical and/or nursing history, health care plan, and current condition. The technician must recognize and respond to deviations from normal conditions.

(e) Factor 5. Scope and Effect, Level 5 to 2, 75 Points. The purpose of the work is to provide assistance in the diagnosis and treatment of spinal cord-injured patients. The work affects the attitude of patients and the accuracy and reliability of subsequent patient services.

(f) Factor 6. Personal Contracts, Level 6 to 2, 25 Points. Contacts are with patients, their family members and/or responsible others, nursing personnel, medical staff and other members of the SCI treatment team.

(g) Factor 7. Purpose of Contacts, Level 7 to 2, 50 Points. Contacts with patients are for the purpose of providing them with a range of health care, motivating them to accept the treatment, and learning self-care methods to achieve a maximum level of independence within the constraints of their physical limitations. Since spinal cord-injured patients are often skeptical, uncooperative, unreceptive and hostile, the technician must alleviate their fears and apprehensions before treatment can be initiated. Contacts with family members and/or responsible others are to train and advise them in the management of various aspects of the care and treatment of spinal cord-injured patients. Contacts with physicians and other members of the multidisciplinary team are for the purpose of gathering and exchanging information in order to assist in solving problems affecting the patient's condition and to plan, coordinate, and carry out the patient care plan.

(h) Factor 8. Physical Demands, Level 8 to 2, 20 Points. The work requires long periods of standing and walking. There is some bending and carrying of moderately heavy articles such as cassettes for rapid film change. Positioning and lifting of patients require considerable effort and working in awkward positions. Occasionally, the employee prevents the patient from performing destructive acts against the environment.

(i) Factor 9. Work Environment, Level 9 to 2, 20 Points. The work is normally performed inside ward areas, treatment rooms, or operating suites. These areas are adequately heated and ventilated. Occasionally, the employee is exposed to physical abuse from patients. Special safety precautions must be used when operating radiographic equipment.

c. PRACTICAL NURSE (SPINAL CORD INJURY) GS-622-6

(1) Principal Duties and Responsibilities. The Licensed Practical and/or Licensed Vocational Nurse (LPN/LVN):

(a) Serves as a member of the SCI nursing team with an assigned patient load of selected chronically and/or acutely ill patients. Employee is responsible for patients from admission to discharge and has considerable knowledge and experience to perform the full-range of required nursing duties including those described below, which are specifically related to spinal cord injuries.

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(b) Performs genitourinary procedures and related duties as an SCI practical nurse in the SCI Service and to spinal cord injury patients as necessary throughout the medical center.

(c) Accompanies staff on rounds. Takes notes of physicians' recommendations and orders. Keeps physician informed of patient's condition. Assists staff with treatments, takes cultures when indicated. Corroborates to see that doctor's orders are followed-up.

(d) Participates with the SCI physician and team members in planning individualized patient care and assists in the resocialization of the patient. Encourages, guides, supervises and instructs patients on their plan of care with emphasis on rehabilitation and self-care. Attempts to alleviate patient's anxiety to perform self-care activities so that the maximum level of independence may be attained.

(e) Participates in planning for patient's discharge. Instructs the patient and/or responsible other about procedures to be carried out following discharge, stressing self-care and rehabilitation to the maximum potential.

(f) Individually coordinates the hours for the performance of intermittent catheterization so that the patient can participate in other therapies.

(g) Coordinates and reinforces patient's practice and performance of exercises and other concepts learned in the physical therapy, occupational therapy, kinesiotherapy and recreation programs.

(h) Performs by delegation of the Chief of Urology, after proficiency has been demonstrated, the following procedures: NOTE: Items 1. through 10. may be initiated on the basis of written orders only (except on cases of an emergent nature).

1. Irrigates or instills the bladder or urethra with medicated solutions.
2. Irrigates the ureters or kidneys with medicated solutions through ureterostomy tubes, pyelostomy tubes, or nephrostomy tubes.
3. Places and/or changes intraurethral, suprapubic or perineal indwelling catheters.
4. Places and/or changes genitourinary dressings with the use of medicated ointments.
5. Conducts continuous and intermittent bladder irrigations.
6. Obtains standard residual urine test.
7. Applies external drainage devices.
8. Performs preoperative preparation to patients scheduled for genitourinary surgery.
9. Provides bowel care and training.
10. Applies sterile dressings with prescribed medication to pressure sores and to operative sites.

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11. Charts procedures, observations and results of patient care.

12. Reports pertinent information to supervisory personnel, records the results of procedures as well as observations of the patient and the patient's condition in the clinical record, identifying the patient's needs and approaches taken to meet them in a concise manner.

(2) Factors

(a) Factor 1. Knowledge Required by the Position

1. Knowledge of a wide variety of interrelated and nonstandard assignments reflected in licensure as a LPN/LVN and broad work experience that demonstrates skills sufficient to resolve a range of problems with responsibility for carrying out assignments to completion.

2. Practical knowledge and skills sufficient to perform urology procedures for spinal cord-injured patients. Knowledge of the principles of asepsis. Knowledge of SCI terminology and levels of injury.

3. Practical knowledge and skills sufficient to observe the physical and emotional needs of the spinal cord-injured patient.

4. Practical knowledge of the therapeutic, rehabilitative, and preventive care for patients in various stages of dependency so as to be able to participate in patient and/or responsible other teaching experiences.

5. Practical knowledge of interpersonal skills to give the patient encouragement to receive proper treatment and reassurance to help him cope with his physical condition.

(b) Factor 2. Supervisory Controls

1. Patient load assignments are made by the professional nurse in charge of each patient's program and needs. The incumbent functions with a great deal of independence exercising judgment and initiative in carrying out assignments.

2. The employee plans, schedules, and carries out nursing care duties, independently handling problems and deviations in accordance with previous training, instructions, policies, accepted nursing practices, and the assigned patient care plans.

3. The work completed by the employee is reported to and evaluated by the professional nurse for conformity to nursing policy and requirements.

(c) Factor 3. Guidelines. Guidelines are available in the form of the procedure manuals that cover the nursing care provided; however, reference to written guidelines is not usually necessary. Other guidelines include the tour report, patient-care plans, and the patient's medical history. The employee exercises judgment in selecting the most appropriate application of guidelines based on the patient's condition.

(d) Factor 4. Complexity. The nursing care assignments involve an understanding and/or systematic review and assessment of the patients' medical

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and/or nursing history, health care plans, present condition, and precedents  
set by the multidisciplinary

team. The employee tailors the nursing care provided to meet the specific needs of the patient, which require recognizing and responding to deviation from normal conditions.

(e) Factor 5. Scope and Effect. The purpose of the work is to provide the spinal cord injury patient specialized care and treatment. The employee contributes to the rehabilitation of the patient by helping the patient achieve self-reliance and independence within the patient's physical limitations and ultimately resocialization to society. The employee eliminates or minimizes complications in the patient's condition to avoid prolonged hospitalization and contributes to the data base upon which further nursing care is planned.

(f) Factor 6. Personal Contacts. Contacts are with patients, their family members and/or responsible others, nursing personnel, medical staff, and other members of the spinal cord injury multidisciplinary treatment team.

(g) Factor 7. Purpose of Contacts. Contacts with patients are for the purpose of providing them with a range of nursing care and motivating them to accept the care and learn self-care methods to achieve a maximum level of independence within the constraints of their physical limitations. Contacts with family members and/or responsible others are to train and advise them in the management of various aspects of the care and treatment of spinal cord injured patients. Contacts with physicians and other members of the multidisciplinary team are for the purpose of gathering and exchanging information in order to assist in solving problems affecting patient's condition and to plan, coordinate, and carry out the patient care plan. Contacts with nursing personnel throughout the medical center are for providing guidance on nursing problems specific to the spinal cord injured patients being treated outside of the SCI Service.

(h) Factor 8. Physical Demands. The work requires long periods of regular and recurring standing and walking with regular and recurring lifting and positioning of patients. Occasionally, the employee prevents the patient from performing destructive acts against the environment.

(i) Factor 9. Work Environment. The work is generally performed in a hospital ward requiring normal safety precautions. Occasionally, the employee is exposed to physical abuse from patients.