1996

The Implementation of Specialized Physical Health Care Services-A Descriptive Model of the Training of Unlicensed Assistive Personnel

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THE IMPLEMENTATION OF SPECIALIZED PHYSICAL HEALTH CARE SERVICES--A DESCRIPTIVE MODEL OF THE TRAINING OF UNLICENSED ASSISTIVE PERSONNEL

A Master's Project

Presented to

The Faculty of the School of Nursing

San Jose State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

by

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August 1996

ABSTRACT

THE IMPLEMENTATION OF SPECIALIZED PHYSICAL HEALTH CARE SERVICES--A DESCRIPTIVE MODEL OF THE TRAINING OF UNLICENSED ASSISTIVE PERSONNEL

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The health needs of school children have changed. Students who were in restrictive educational environments are being transitioned in regular classes. Many of these students have medical conditions which require specialized physical health care services (SPHCS). In this case example, the school nurse acted as the transitional specialist. A component of transitioning is the training of designated staff by the school nurse. Designated staff trained for the SPHCS are referred to as unlicensed assistive personnel (UAP). A descriptive model of the training is provided. The model includes: (a) conceptual structure, (b) characteristics of the setting and the learners, (c) organization of the curriculum, and (d) teaching strategy.

THE IMPLEMENTATION OF THE SPECIALIZED PHYSICAL HEALTH CARE SERVICES --A DESCRIPTIVE MODEL OF THE TRAINING OF UNLICENSED ASSISTIVE PERSONNEL

Introduction

The health needs of school children have dramatically changed in recent years. Today more and more students with acute and chronic illnessess, with serious emotional troubles, and with special health care needs attend public schools (Haas,1993). The increased number of students with complex special health care needs is primarily due to the impact of the school health reform movement. Many students who were previously enrolled in special county programs are now in the process of being mainstreamed into the local school districts. An example of full inclusion is the movement of students from a specially designed county program such as the orthopedically handicapped program for paraplegia or quadriplegia students into a local school district where they attend school with students who are not orthopedically handicapped.

In this case example the school nurse acted as the transitional/casemanager to meet the student's health needs and to ensure a safe and accessible environment. The transition process includes: (a) planning, (b) describing, (c) documenting, and (d) evaluating the Individualized Health Care Plan (IHCP) and Individualized Health and Support Plan (IHSP) (Haas, 1993). An essential component of transition is the training of designated staff. The school nurse's role/responsibility included the training of the designated staff to perform the specialized physical health care services (SPHCS). The designated staff were trained for the SPHCS and are then referred to as unlicensed assistive personnel (UAP).

This case example provides a descriptive model for the training of UAP. The model includes: (a) conceptual structure guiding the curriculum, (b) characteristics of the setting and the learners, (c) organization of the curriculum, and (d) teaching strategy.

Because health care in general is in a state of dramatic change, the schools are also experiencing change as students with special health care needs are fully included in the classrooms of the local school district. The transition for one of the first students to be fully included from a special

county program into an elementary school in this local school district is described in this case example. It is a descriptive model of the training of the UAP. It also shows examples of the advance practice services of the school nurse which may be needed to mainstream students with special health needs into the local school district.

Background Information of Health Care Legislation

The first significant United States health care legislation directly affecting services for children with disabilities was the Sheppard-Towner Act of 1921 (Oberg, 1994). The Act provided rudimentary services such as medical care and immunizations to pregnant women and their newborn infants. Title V of the Social Security Act of 1935 established a federal-state system of services for disabled children and created a fund to train personnel working with disabled children.

The Maternal and Child Health and Mental Retardation Planning Amendments of 1963, Public Law 88-156, revised and expanded Title V to address the needs of young people who had, or were at risk for, disabling conditions (Oberg, 1994). The Social Security Amendment of 1965, Public Law 101-508, established Medicaid (Title XIX). The purpose of this public law was to provide eligible recipients with health care equivalent to that available to the general public (Oberg, 1994).

The Social Security Amendments of 1972, Public Law 92-604, created Title XVI. Title XVI or Supplemental Security Income, granted financial and medical benefits to children with disabilities. Children qualifying for the Supplemental Security Income program were automatically eligible for Medicaid (Oberg, 1994). The Rehabilitation Act of 1973, Section 504, Public Law 93-112, and the Education of All Handicapped Children Act of 1975, Public Law 94-142, required that all children with disabilities, aged 3 to 21 years old, be given free and appropriate education in the least restrictive setting. The Education of Handicapped Act Amendments of 1986, Public Law 99-457, legislated that special services be given to infants and toddlers with special needs. The Amendments were intended to provide early intervention services for infants and toddlers with developmental delays. Section 677 of Public Law 99-457 required that an Individualized Family Service Plan (IFSP) be developed by a

multidisciplinary team for each child and family enrolled in an early intervention program (Oberg, 1994).

The Education of all Handicapped Children Act of 1975, Public Law 94-142, was updated in 1990 and renamed the Individuals with Disabilities Education Act (IDEA). IDEA required that all school-age children, including those children with the most severe limitations, be eligible for a free public education in "the least restrictive environment" (Oberg, 1984). The Act stated that a child who could not be served in a public school had the option of education in a private setting at public expense. Individualized Education Plans (IEPs) were required to ensure an education based on learning goals and objectives. IDEA initiated changing the educational environment from being solely a scholastic institution into also being a therapeutic agency (Oberg, 1994).

IDEA and a number of additional factors have been responsible for the changes of services required to meet the health care needs of school children (Palfrey, et al., 1992). The first factor is the impact of proactive parents who were knowledgeable of Congressional Laws, who demanded their rights, and who also demanded services for their children. These parents have fueled a movement called "full Inclusion" to have their children placed in the least restrictive educational environment. The second factor was the advance in medical technology which has aided a fragile population to survive, to attend school, and to live in the community. A third major factor was a change in the perception of disability and illness of school children by educators (Palfrey, et al., 1992). The result was that children with special health care needs and requirements of all ages have entered local schools in increased numbers.

Literature Review

Meeting the health care needs of children with disabilities and the special health care needs in the regular education setting can be a challenge. Chaston (1983) found that fewer than half the school nurse respondents felt "very well prepared" or "somewhat prepared" to provide services to orthopedically impaired children. The study's results indicated that attending inservices positively affected the nurses' perception of their ability or preparation to provide services.

Palfrey, et al. (1992) described a model of practice for integrating children assisted by medical technology into educational settings. The model included a planning process and training, enrollment, and monitoring procedures. Emphasis was placed on upgrading skills for medical and educational personnel. Another recommendation was for more input from school health personnel in administrative decision-making regarding the enrollment of children with special health care needs.

Koenning, et al. (1995) surveyed school nurses on the characteristics, needs, and degree of involvement in students' health and education management in Texas schools. The survey data used to facilitate planning and delivery of continuing education workshops emphasized interdisciplinary staffing by both special educators and health providers. The data provided evidence of the existing gap and the need of the school nurse to routinely participate in special education eligibility evaluations. The school nurse, of all school personnel, could best speak to the impact of a child's health impairment and to the needed school services.

Palfrey, et al. (1995) wrote a commentary on the lessons learned from children with complex medical conditions. One of the lessons was the pediatric focus shift of treatment from "patients" to caring for "children and families." The shift considered and addressed the broader context of a child's life. Another lesson was that if children met criteria outlined by statute and regulation, families were also able to obtain needed services. However, a dilemma still existed for many children with complex medical conditions who did not meet the criteria under the statute and regulation. Palfrey reported that many schools do not provide health-related services if the child does not meet criteria under IDEA or under their state's requirements for special education.

Bonaiuto (1995) studied the experiences regarding competence of school nurses related to students who depend on medical technology. Advance preparation was emphasized by nurses as one of the most important factors contributing to their competence. The study discussed the shift of school nursing from the basic screening and referral role to a new advanced practice role which included (a) nursing assessment, (b) diagnosis, (c) care planning, (d) implementation, (e) delegation,

(f) supervision, (g) the use of technical expertise, and (h) evaluation of care. Although the study focused on school nurses instead of UAPs, advance preparation or training contributed to their level of competence.

Conceptual Framework

Virginia Henderson's theory provided the conceptual framework to plan for training designated staff who would assist the student with specialized physical health care services (SPHCS). She viewed the patient, or student in this case, and the family as a unit. She theorized that the patient was an individual who required assistance to achieve health and independence or peaceful death (Marriner-Tomey, 1989). She viewed the nurse as "substitute, helper, or partner" (Marriner-Tomey, 1989). The nurse may "substitute" to perform the specialized health care services (SPHCS) when the student lacks or fails to exhibit the strength, will, or knowledge to achieve the goal of independence. As a "helper", the nurse may train the UAP to perform the care related to impaired continence, respiratory needs, or other SPHCS. As the "partner", the nurse may plan, organize, and teach the skills, concepts, and curriculum necessary to develop care plans with the student, family, staff, teachers, and practitioners.

Henderson's definition of nursing illustrates the nurse's primary function to the patient as the patient progresses from dependence to independence. The nurse displays understanding when the patient lacks the will, knowledge, or strength. The nurse can help the patient to an independent state by: (a) assessing, (b) planning, (c) implementing, and (d) evaluating components of basic nursing care (Marriner-Tomey, 1989). The nurse utilizes the basic nursing process as reflected in the previous stated sequence. Henderson's nursing conceptual framework was used to plan and organize the curriculum and teaching strategy for the UAP for Maria, who is the client in the case study in this example.

Case Study

A Public Health Nurse met Maria, an eight year old Hispanic youth, during a home visit to the family. Maria was crawling on the floor and had never attended school. Maria's two older sisters had

died at ages seven and nine years as a result of Werding-Hoffman syndrome. The loss of the first two children resulted in the family being overprotective of Maria.

Maria was diagnosed as having Werding-Hoffman Syndrome, a type of infantile spinal muscular atrophy characterized by weakness in the muscles of the extremities and in the intercostal muscles associated with breathing. Maria was fitted with an electric wheelchair with a seat belt and an abdominal support binder. She was in good general health and had no serious injuries, operations, or illnessess in the past three years.

Maria, at age 8 years, was enrolled in school for the first time in the 3rd grade of a special education program for the orthopedically handicapped. Maria was monolingual for Spanish. In the ensuing years, Maria progressed educationally. She became bilingual and biliterate in English and Spanish. Her test scores and academic achievement were appropriate for her grade level. For the 5th grade, Maria was to be fully included in the local elementary school of her district.

Organization of Curriculum

Transitioning

Maria had to be transitioned from the special education program into the local school district. The major phases of the transitioning process included: (a) assessment, (b) planning, (c) the development of the care plans, (d) the training of the UAPs, (e) the training of the educational personnel, (f) the student attending school, (g) the performing and documentating of the SPHCS, (h) the monitoring and evaluating of the SPHCs, IHCPs, and IHSPs.

Assessment phase

The first phase of the transitioning process was assessment and included procuring signed authorizations from the parents for an exchange of the information needed to obtain records from health care providers and to obtain the physician's orders for the SPHCS and equipment. Critical information such as the student's health status, school care needs, and level of functioning was gathered. An assessment of the school buildings for accessibility by Maria's wheelchair and locating an

appropriate toileting site was completed at this time.

Planning Phase

The planning phase included identifying the team members, reviewing the transition process, assessing safe and appropriate class placement, assessing the necessary SPHCS, determining the accessibility of the building, delegating roles and responsibilities of team members, and determining training needs. Prior to the first meeting of the team, the school nurse visited Maria in her special county program. The school nurse observed, discussed, and gathered information with the county school nurse and teacher. The first meeting of the team included representatives of both the special county program and the local elementary school district. The team also included Maria's mother.

The planning phase included the development of the IHCP, the IHSP, and protocols for choking, oral suctioning, and toileting using the hoyer lift. The IHCP was a descriptive assessment which included a history as well as current status and future plans for orthopedics, physical/occupation therapy, socialization, and education. The IHSP included student goals, nursing diagnoses, interventions, outcomes, and evaluations. The choking, oral suctioning, and toileting protocols were adapted from the previous protocols developed by the former school nurse of the special county program. The oral suctioning protocol was adapted from the California Department of Education (1990), Guidelines and Procedures for Meeting the Specialized Physical Health Care of Pupils. These protocols included specific emergency procedures. The Hoyer lift protocol was developed from consulting the instruction manual and from the protocol developed by the school nurse from the special county program. The plans were orally translated in Spanish for the mother, and she had the opportunity for clarification and questions with the local district school nurse. The care plans and protocols were reviewed and signed by the mother then reviewed and authorized by Maria's physician. The care plans and the protocols were included as attachments with Form C, description of specially designed instructional program and services, of the IEP. This phase utilized the SPHC's Protocols checklist (Thomas, et al.,1994).

Training Phase

The training phase for the UAPs began with a presentation by the school nurse. This initial training included the introduction of the SPHCs and demonstration of Maria's standardized procedures. The training activities followed the steps detailed in the "Training Record" (Thomas, et al., 1994).

Conceptual Structure

The conceptual structure for the curriculum decisions included: (a) the curriculum, (b) the characteristics of the setting, and (c) the learners. The characteristics of the setting and learners influenced the organization of the curriculum and the choice of the most appropriate teaching strategy. The organization of the curriculum was based on the mastery learning approach. The teaching strategy was the basic practice model.

The Curriculum

The curriculum was the first of the three areas that provided the conceptual structure for curriculum decisions. It was based on the California Department of Education (1990), Guidelines and Procedures for Meeting the Specialized Physical Health Care Needs of Pupils. These guidelines provided standardized quality of care. The California Education Code, Section 49423.5 (California Department of Education, 1990), contained the conditions guiding the training of the unlicensed assistive personnel. Copies of the specific protocols for choking, oral suctioning, and toileting, that met Maria's needs had been reviewed and approved by her physician.

The Setting

The setting or environment was the second of the three areas that provided the conceptual structure for curriculum decisions. Within the setting, there were structural or setting components that helped establish the background for, and gave meaning to, the curriculum. The setting of this training was an inner city neighborhood elementary school, Kindergarten through 5th grade, which had a large Hispanic enrollment. Instructional aides were assigned and trained as UAPs. The school was one story with brick trim and was built in the open classroom style. There were also four portables

buildings. The training was done in the media center which was a large area with ample space, tables, and chairs for the participants. The media center was well lighted and had good acoustic levels, and it had the audiovisual equipment needed for instruction. Anatomic models and written instructional materials were provided. The health clerk, who was bilingual and biliterate in English and Spanish, translated for the school nurse and the UAPs. The elementary school was located in a low socioeconomic area according to statistics from the Santa Clara County Health Status Report, 1996 of "Child Poverty Zones" (Fenstersheib, 1996). The "Zones" were rankings of percentage of children living in poverty and receiving Aid to Families with Dependent Children. In addition, this elementary school qualified for Chapter I funds. Chapter I funds provide additional Federal monies for enrichment for those schools whose majority of students fall below the 50th percentile on the California Tests of Basic Skills. The area around the school had a high crime rate in contrast to the relatively low overall crime rate of the city (Fenstersheib, 1996). The racially diverse neighborhood was a mixed housing area of single family dwellings and apartments.

The Learners

The learners were instructional aides who would become Maria's UAPs, and they comprise the third aspect of the conceptual structure for the curriculum decisions. Knowledge of learners was necessary to establish goals and plan learning programs for Maria's UAPs. The learner's cultural, cognitive, and communication characteristics were assessed before establishing goals and planning learning programs. The school nurse was the instructor for the training of the UAPs. Maria and the learners' were monolingual in Spanish. In addition, Maria and the learners were not literate in their primary language, Spanish. The instructional aides did not have a high school diploma or its equivalent. Most of the learners were instructional aides with multiple roles in the school. The multiple roles of the aides limited the time available for the required training.

Teaching Strategy

Basic Practice Model

Before beginning training, the UAPs were certified in cardio-pulmonary resuscitation (CPR).

Using the basic practice model, the teaching strategy consisted of five phases: (a) orientation, (b) presentation, (c) structured practice, (d) guided practice, and (e) independent practice (Joyce & Weil, 1986). For Maria, the UAPs were trained to perform the SPHCs for choking, oral suctioning, and toileting using the two-person hoyer lift. The components of the training were evaluated by the school nurse for thoroughness and effectiveness.

Orientation

During the orientation phase, a framework for each session was established: (a) the objective of each session and (b) the level of performance expected. The school nurse used lecture, discussion, and demonstration methods. The orientation phase included the introduction of the Maria's SPHCS, the educational code training requirements, the provisions of the training, the required legal medical documentation and liability coverage, and the standards of performance review.

Presentation

The school nurse presented the new concept or skill by using illustrations, demonstrations of materials and equipment, and examples. After the visual representation of the skill, the UAPs were evaluated for comprehension or "checking for understanding" in a question and answer discussion period (Joyce & Weil). The presentation phase included definition and purpose of procedure, review of anatomical functions involved in procedure(s), and benefits and precautions of procedure(s).

Practice

During the structured practice, the school nurse led the UAPs through practice examples where the procedures needed for Maria were demonstrated while the UAP in training observed. During the guided practice, the UAPs had the opportunity to perform the skill on a manikin or live model. Guided practice enabled the school nurse to make an assessment of the UAPs ability to perform the learning tasks as the UAP performed the procedure with direct supervision by the school nurse. During the independent practice, the UAPs demonstrated achievement of an accuracy level of 100% competency. Independent practice also reinforced the new learning to ensure retention.

Mastery Learning

Mastery learning was also used as a strategy for teaching. J.B. Carroll and B. Bloom (1986) formulated their mastery learning approach which included dividing the materials into small units ranging from the simple to the complex. The learner can successfully progress through each of the units of material. Each unit culminates with a post-test. If a learner has not mastered the given unit, it can be repeated, or an equivalent version may be offered, until the material is mastered (Joyce & Weil, 1986). As the learner progresses from unit to unit, the learner builds on previously acquired knowledge. This model of instruction is appropriate for learners of all ages and abilities. With the appropriate material for instruction and sufficient time, almost all learners will master any given set of objectives (Joyce & Weil, 1986). Mastery learning can be modified from traditional group instructional procedures to individually prescribed instruction. Modification can include additional time and instruction for the learner in order to achieve the objectives.

Recommendations

There are further steps to be taken to transition Maria from the restrictive educational environment of the special county program to the local school district. Training the UAPs to perform the SPHCs will allow the school nurse to apply time and energy into the remaining steps of transition such as: (a) team meetings to assess readiness of student, staff, and school, (b) review of IHCP and IHSP, (c) incorporate IHCP and IHSP, and protocols into the IEP, (d) establish the emergency plan, (e) gather necessary supplies, and (f) assign duties to the UAPs. General training of the educational personnel is also important in order to raise their awareness of special needs students, to acknowledge the complexity of these students' needs, and to allay their anxiety. The goal continues to be creating a safe and healthy environment for all the students.

Postscript

Maria had a successful 5th grade year. She attended school in a safe and accessible environment. She was able to participate in all the activities of the 5th graders. By her presence and spirit, Maria raised the standards of behavior and academic achievement of her class. Also, Maria raised the awareness and sensitivity for students who are medically complex thoughout the school. In addition, she raised her I.Q. testing score by 20 points from the previous testing.

Acknowledgements

The author wishes to thank Dr. G. Young-Cureton and Dr. E. Dietz for their professional and personal support. Also, the author wishes to convey appreciation to M. Thomas, San Jose Unified School District, for her visionary leadership.

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