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The Development of a Rating Scale for Assessing Teaching Competencies of Health Occupations Educators in the State of Louisiana.

Constance Lirette Casente
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THE DEVELOPMENT OF A RATING SCALE FOR ASSESSING TEACHING
COMPETENCIES OF HEALTH OCCUPATIONS EDUCATORS IN THE STATE
OF LOUISIANA

The Louisiana State University and Agricultural and Mechanical Col. Ed.D. 1981

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THE DEVELOPMENT OF A RATING SCALE
FOR ASSESSING TEACHING COMPETENCIES OF
HEALTH OCCUPATIONS EDUCATORS IN THE STATE OF LOUISIANA

A Dissertation

Submitted to the Graduate Faculty of the
Louisiana State University and
Agricultural and Mechanical College
in partial fulfillment of the
requirements for the degree of
Doctor of Education

in

The Interdepartmental Program in Education

by
Constance Lirette Casente
B.A., Stephens College, 1975
M.Ed., Nicholls State University, 1978
August, 1981

ACKNOWLEDGEMENTS

Thanks be to God for my major professor, Dr. Sam Adams. His insightful guidance, caring attitude and expertise were the epitome. Thanks be to God for the special professors on my advisory committee: Dr. James Atherton for helping me get started in the right direction and diligent attention to my growth as a student; Dr. Charlie Curtis for his wisdom, respectful suggestions and continual support and encouragement; Dr. Charles W. Smith for making every encounter an exciting and inspirational learning experience; and Dr. Barbara Strawitz for helping me feel like a special human being whenever in her presence. My committee members were always available and enabled my professional growth with skillful proficiency.

Words are inadequate to express also my sincere appreciation to my colleagues at Young Memorial Vocational-Technical School, especially, Mr. Lyman Wilson, my director, for his benevolence, patience and understanding; Dale Bonvillain, for her affable instruction in the use of the data word processor, as well as extraordinary assistance in the preparation of this manuscript; and Brenda Martin, for being available whenever needed.

Special thanks to Vera Judycki, Alice Vallot, Mary McMinn, and Dale Bonvillain for assisting with editing this document.

The cooperation and assistance of the following are gratefully acknowledged: Dr. Grace Monk, Dr. Michael Burnett, Dr. Joe Kotrlik, Dr. Betty Harrison, Carolyn Felter, Alice Pecoraro, Ralph Morel, Harriet Taylor, Betty Penny and Dr. Florent Hardy of the State Department of

Education, and especially Mrs. Leola Johnson. Also, I would like to express my esteem for my colleagues who took the time and trouble to complete the questionnaires. Without their help I could not have completed this study.

Since words can never express my appreciation to all the people who enhanced this venture, I pray God's efficacious grace for them and their loved ones, now and always.

The very most special people in the world have my deepest feelings of love and gratitude: my family. They have believed in me and stood by me through my entire "schooling," and I get teary-eyed thinking of their sacrifices. Mrs. Josephine Casente, my husband's mother, helped immeasurably in our home; Conrad J. Lirette, my father, assisted financially, as well as supported emotionally; my sisters, Elizabeth, Alexis, and Hazel, as well as my mother, Mrs Bertha Baldwin, encouraged and continually cheered my education progress. My husband, Sal, and our children, Sal II, Mary Catherine, Lisa Marie, and Susan, have endured with loving fortitude this project. They have energized, encouraged, and cooperated with me throughout the study and research, as well as lovingly helped with the duties that contribute to the harmonious environment of our home. Through the exceptional love and devotion of my husband, we have all grown into a closer family unit during this enterprise.

This dissertation and all that it represents is a cooperative effort of my professors, my family and friends, our God and most humbly--me. Thanks be to God the Father, God the Son, and the Holy Spirit, through Whom all good things are possible, for the opportunity to live, love, and grow at Louisiana State University.

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ABSTRACT

The development of a rating scale suitable for assessing teaching competencies of health occupations educators in the State of Louisiana was accomplished by: the development and validation of a questionnaire composed of 155 competency statements within ten components -- (planning, teaching, evaluation, management, guidance and placement, school-community relations, student-vocational organization, professional role, coordination of cooperative education and health care environment)--relating to health occupations education programs; ascertaining the level of importance as perceived by incumbent teachers and supervisors of public, secondary and post-secondary health occupations education programs in Louisiana, who were employed during the months of March through May, 1981; ranking these competency statements within components as well as regardless of components by averaging the numerical value written on the 196 completed questionnaires by the respondents from highest (6) to lowest (1).

This descriptive study contains a list of competencies believed to be needed for effective health occupations education and holds implications for health occupations teacher education in Louisiana.

The rating scale, through the addition of appropriate columns, can be used as a pre-service inventory for new health occupations teachers, a self-evaluation and professional improvement planning instrument for veteran teachers and an objective evaluation device for supervisors.

Summary: Ninety-eight percent of the surveyed population (n=201) of health occupations educators in Louisiana agreed that the 155 competencies on the questionnaire were of importance to the success of instruction in health occupations programs in Louisiana. All had mean scores of 3.5 or higher and 74 percent of the competencies (n=94) had means of 5.0 or above. Respondents rated competencies related to health care environment and coordination of cooperative education the highest with no competency receiving a mean score of less than 5.0. None of the eight student-vocational organization (H.O.S.A.) competency statements rated above 4.2.

Conclusions: The response rate indicated a high level of interest in instructional competencies from health occupations educators in Louisiana.

There were no obvious differences of opinion concerning the degree of importance for competencies of health occupations programs as described in this study by health occupations instructors or their supervisors in Louisiana.

Chapter 1

INTRODUCTION

Early in recorded history there were those individuals who tended to the physical needs of others. Over the years, the title of "Practical Nurse" developed in order to designate those individuals who had received training in the art of bedside nursing. Prior to 1917 and the passage of the Smith Hughes Act, most of the training of the practical nurse was by doctors or others in the hospital setting. Some of the training was "trial and error" and much of it was by the pick-up method. After the Smith Hughes Act and availability of federal funds, the practical nurse began her education through the Trade and Industrial Division of Vocational Education. The emphasis was still on clinical experience, but theory began to be introduced as an important antecedent to clinical practice.

In the 1940's there was a desperate need for more nurses. World War II activities drained the available resources of registered nurses for home and hospital care of the ill. This created a need which the practical nurse readily filled. Many of the early practical nurse licenses were awarded because of on-the-job training rather than with certification of education or competence. In the 1930's the United States Office of Education increased funding and requirements for practical nursing programs. Standards of educational quality were introduced with the intent to license the practical nurse through standardized examination to assure the public of a safe practitioner. This practitioner became known as the Licensed Practical Nurse.

In 1946 the George Barden Act, an expansion of the Smith Hughes Act, provided additional money to be used for the preparation of the practical nurse. Licensure by examination became the accepted standard; however, licensure by waiver was provided for those practical nurses who had been working as such. The practical nurse became known as the Licensed Practical Nurse (L. P. N.) in all states but Texas and California, where they are called Licensed Vocational Nurses (L. V. N.).

In 1956, Title II of the George Barden Act became the Health Amendments Act and officially delegated the responsibility for practical nurse training to the Division of Vocational Education in the Office of Education. This increased the money for matching purposes and required each state receiving matching funds to employ a supervisor or consultant to provide leadership for the education of the practical nurse.

The Area Redevelopment Act of 1961, Manpower Development and Training Act of 1962, and Vocational Education Act of 1963 have furthered the progress of practical nurse education. The Vocational Education Act of 1963 (P.L. 88-210), included other health care occupations besides the practical nurse, and thus the emphasis has shifted from education of the licensed practical nurse to education of health occupations personnel through vocational education. These acts promoted the shift of education of nurses as well as health occupations workers from service institutions to area or regional educational institutions. Since 1964 the trend has been toward rapid growth in the health occupations education field (Halloway, 1969). The Allied Health Training Act of 1966 further identified the need for more workers to be trained in the health care field (Richwagon, 1966; Polliard, 1966; Maki, 1967; and Jakabauskas, 1968).

Throughout this time span the major goal of vocational and technical education has been the preparation of individuals for careers which require less than a baccalaureate degree. In 1967 the United States Commissioner of Education invoked his authority under the Vocational Education Amendments of 1963 by making an administrative decision that the Associate Degree program in nursing could be supported with federal vocational educational funds. However, as late as 1973 some groups were challenging the legality of using public education funds in a college based Associate Degree (A.D.) program (Powers, 1978).

The 1960's witnessed an unprecedented growth of health occupations. For a period of time accrediting agencies forbade the operation of a registered nurse and licensed practical nurse school in the same facilities unless the programs were completely separate entities. The licensed practical nurses possessed less technical knowledge than the registered nurse. Nevertheless, during the 70's the LPN's constituted the backbone of bedside nursing and direct patient care in this country and especially in the state of Louisiana.

Looking specifically at the practical nursing preparation aspect of health occupations education in Louisiana, the primary objective is the preparation of clinically competent practitioners. In order to accomplish this goal, other states have conducted studies to determine the teaching competencies needed by health occupations programs (Smith, 1973; Schira, 1974; Johnson, 1976; Hankenhoff, 1976; Hole et.al., 1977; Oats, 1978). However, there has been no published research on the needs of health occupations educators in Louisiana. No teacher education courses exist in Louisiana that specifically address the needs of vocational health occupations educators.

Most health occupations teachers begin teaching while learning "how to teach" through on-the-job experience, inservice workshops or through VTIE (Vocational Trade Industrial Education) courses required for the certification of teachers of welding, automotive repair, refrigeration, drafting and others. In July of 1969, The American Vocational Association added a new division, Health Occupations, for the specific purpose of increasing the communication and developing a higher degree of professionalism among health occupations educators in vocational education. Since then teachers of health occupations have been recognized as members of two professions. They function as educators as well as practitioners in the delivery of health care. Both education and health care delivery systems are social systems with demands of changing roles in a rapidly changing society. Both systems are addressing accountability through accreditation and certification requirements as never before.

The educational program that started with the "training of the practical nurse" has evolved into an expanded curriculum to include a vast number of health occupations workers. The earliest teachers of practical nurses were experts in the fields of medicine and nursing--physicians and registered nurses. These teachers were often recruited because they were in the occupation and because they were available; they had little or no preparation or experience in teaching. Today the health occupations educator is expected to be capable of conducting educational programs by managing learning environments. Historically, approaches to evaluating faculty competence were based on the credentials held by each teacher; however, today the demand is for demonstration of competence.

Health occupations education is one of the youngest vocational education disciplines. In addition to being one of the youngest programs, through a recognized need for adequate health care at reasonable cost, it is also one of the fastest growing vocational disciplines. In Louisiana there are many different types of vocational health occupations programs. The demand for this level of health care worker far exceeds the supply, despite the growth in numbers and types of programs over the last twenty years (Louisiana Department of Employment Security, 1976). In the rural areas especially, there continues to be a shortage of qualified personnel to care for the sick in the hospitals and nursing homes. The enactment of health care legislation, availability of health care insurance, a longer lifespan, and a growing awareness of the need for more and better health care for all Americans contribute to the increasing demands for workers in the health careers (Holloway and Bailey, 1971).

A recognized need exists for well prepared health occupations educators to prepare these workers in the health care field. There is a concomitant need to describe well-prepared health occupations educators. Identifying teacher competencies offers a method for making clear many of the capabilities a health occupations educator needs to affect the desired behavioral change in students (Cheek, Beeman, and Adams, 1977).

Statement of Problem

The major purpose of this study was to develop a rating scale suitable for assessing teaching competencies of health occupations educators in the State of Louisiana.

Questions to be Answered

In order to achieve the study's major purpose, the researcher sought answers to the following questions:

1. What teaching competencies should be exhibited by secondary and post-secondary health occupations educators in Louisiana?
2. What is the rank order of all the identified teaching competencies in health occupations, based on the degree of importance placed on them by secondary and post-secondary health occupations educators in Louisiana?
3. What is the rank order within each competency area of the identified teaching competencies, based on the degree of importance placed on them by secondary and post-secondary health occupations educators in Louisiana?
4. What is the rank order of all the identified teaching competencies, based on the degree of importance placed on them, by supervisors of health occupations educators in Louisiana?
5. What is the rank order within each competency area of the identified competencies, based on the degree of importance placed on them by supervisors of health occupations educators in Louisiana?

Definition of Terms

1. Teacher competencies are the knowledge, skills, and attitudes needed for the sufficient performance of teaching responsibilities.
2. A competency component is a group of related competencies.
3. Health occupations are those occupations that require specialized training in applied biomedical sciences requiring less than the baccalaureate level of education. They include practical nursing

and other allied health specialties such as respiratory therapy technician, medical laboratory technician, emergency medical technician, dietetic assistant, dental assistant, plus others.

4. A health occupations supervisor is a person who directly supervises one or more teachers in a health occupations education program. In Louisiana this person is usually referred to as a coordinator.

5. A competency based teacher education program is a set of professional courses in which desired teacher competencies are precisely identified; expected competency levels are described; general objectives, major concepts, and learning opportunities are suggested; and specific criteria are stated for assessing competency levels of preservice students.

6. Rating is a term for a subjective assessment made on an established scale (Cumming, 1972:119).

7. A rating scale is a multi-stage scale on which degrees of characteristics are arranged subjectively by a rater. Such scales usually have 5, 6, or 7 stages which can be formulated verbally or shown by numbers (Cumming, 1972:119) ... a measuring instrument that requires the rater to assign the rated object to categories or continua that have numerals assigned to them (Kerlinger, 1964:547).

Delimitations of the Study

The following delimitations were recognized in conducting this study:

1. The population surveyed included secondary and post-secondary public school and vocational health occupations instructors and coordinators employed in Louisiana during the 1981 spring semester.

2. The demographic data were obtained from an earlier survey (Smith, C. W., 1981). It was not part of the instrument utilized in this study.

3. This study does not address technical competence.

Need for the Study

Technically competent health occupations educators are employed in Louisiana without evidence of having achieved competence in teaching. This makes evaluation of teacher performance difficult. Although numerous variables in the assessment of teacher performance cannot be controlled, if teacher competencies are stated, the teacher and the evaluator should be able to address accountability in a more objective manner.

In recent years a number of studies have contributed significantly to the identification of teaching competencies for vocational technical teachers, and a few have identified competency clusters for health occupations educators. It seemed important that teaching competencies be identified and validated for health occupations educators in Louisiana. There are presently no preservice programs, or V.T.I.E. (Vocational Trade Industrial Education) courses, or other college courses designed specifically for the health occupations educator in Louisiana.

Given the need for teacher education courses specifically designed for the health occupations educator, a concomitant need remains for providing research data as a basis for program planning.

A list of competencies believed to be needed for effective health occupations education in Louisiana are presented in this study. These competencies hold implications for teacher education in Louisiana.

A rating scale can be used as a preservice inventory for new teachers, a self-evaluation and professional improvement planning instrument for veteran teachers, and an objective evaluation device for supervisors.

Chapter 2

SELECTED LITERATURE REVIEW

Research Identifying Competencies

Limited research is available in the area of competencies of the health occupations educator compared to other disciplines such as vocational agriculture and home economics. Over the years teachers of practical nursing and now teachers of health occupations have been selected from the occupation with little or no preparation or experience in teaching. The teaching skills have been developed through on-the-job training, inservice workshops, conferences, or V.T.I.E. (Vocational Trade Industrial Education) courses. In 1972 the Study Commission on Accreditation of Selected Health Education Programs reported concern about this. The central thesis of their publication seemed to be that the teaching competencies of the faculty are crucial and directly affect the quality (efficiency and effectiveness) of preparatory programs for health workers at all levels. They recommended the development of teaching competencies of all faculty members prior to the assumption of teaching activities; they further recommended that this should be accomplished through planned preservice activities, rather than left to chance or trial and error learning (Milliken, 1973:121).

Few pedagogical courses designed specifically for the health occupations educator could be found in the United States at present, but many studies have been conducted to determine the educational needs of

health occupations educators with this in mind (Smith, 1973; Johnson, 1976; Arlton, 1976; Hole, Cole, and Kelly, 1977; Oats, 1978; Ebrite, 1981). Health occupations teacher-training courses are developing in Missouri, Florida, California, Tennessee, Georgia, Kentucky, North Carolina, Indiana, and Alabama (Milliken, 1973, Oats, 1977, Fardig, 1978) and interest has been shown in other states. In 1977 Oats conducted a telephone interview survey to determine health occupations teacher education status and reported that seventeen states had education courses or programs specifically designed for the health occupations educator (Oats, 1978).

During the 70's a move toward competency or performance based teacher education evolved. In 1971 the United States Office of Education (USOE) established a "Committee of National Program Priorities in Teacher Education." The committee concentrated on developing insights and ideas for improving teacher education programs and published their findings in a book entitled The Power of Competency Based Teacher Education: A Report (Rosner, 1972). The committee recommended that teacher educators identify specific competencies that are included in their teacher education curriculum as well as develop measures to establish degrees of teacher competency (Rosner, 1972:10).

The impact of competency based teacher education research is noticable in certification requirements (Andrews, 1972; Lutz, 1977). Rosner and Kay (1974) reported that seventeen states had either given legislative or administrative support to the concept of evaluating teacher competency through measures other than reviewing college transcripts. With two exceptions, those states established competency based teacher education programs as possible alternatives to the

approved program certification route. Fourteen other states were working on new certification standards and approaches at that time (Rosner and Kay, 1974).

Competency based teacher education has been especially strong in vocational education, spearheaded in large part by the extensive study by Cotrell and his colleagues (Cotrell, et al, 1971) at the Center for Vocational and Technical Education at The Ohio State University. They defined 384 competencies for all areas of vocational education by using analysis and critical incident techniques. The 226 performance objectives that were developed were used as the basis for a series of modules for vocational teacher training (Oats, 1977). Before this, in 1967 Courtney had identified 200 competencies that he deemed necessary for vocational teachers to possess (Courtney, 1969). Another competency based curriculum for vocational teachers was developed by Wayne State University (1972) for a pre-certification program. The examination of competencies throughout the literature review indicated a widespread concern for validating competency statements for each group of teachers studied prior to the development of any teacher education program. Strong precedence has been demonstrated for using teaching competencies to define the content for teacher education (Shippy, 1971; Milliken, 1973; Moore, 1975; Hankenhoff, 1975; Herring, 1976; Smalley, 1977).

In Iowa, Holloway and Bailey (1971) reported a model inservice program of teacher education based on competencies identified for post-secondary health occupations educators. The health occupations teacher educators at the state university also serve in the Iowa State Educational Agency as the professional staff for health occupations

education. They assume the responsibility for upgrading the teaching skills of Iowa's health occupations educators (Holloway and Bailey, 1971).

An educational ladder concept for health occupations educators at the University of Kentucky exists whereby students can receive educational credit toward a baccalaureate or graduate degree for health occupations experiences and past education (Center for Learning Resources, 1972; Oats, 1977).

Franken (1971) stated it best when he said, "What is needed by the Health Occupations Teacher Training Program is a meld of the technical competencies and occupational experience in a subject area and the ability to transmit this knowledge of subject matter to the students in an effective manner" (Franken, 1971:1-4). Milliken agreed and emphasized that the health occupations education program will be as good as those who teach it (Milliken, 1974).

Continuous growth of health occupations careers is expected in this country (Milliken, 1972; Barlow, 1974; Hankenhoff, 1975; Oats, 1977; Hole, 1978; Dickey, 1980; Gillespie, 1980; Ebrite, 1981). Even though there are unique problems, issues, and complexities in each health occupations program, there should be common teaching competencies.

The research demonstrated a preference for gathering data through the use of questionnaires and comparing perceptions of related groups to validate responses. In 1974 Schira investigated the professional health needs of teachers of health occupations programs using a questionnaire to gather data to compare perceptions of teachers and their employers (Schira, 1974). Johnson (1976) used a questionnaire to compare health

occupations teachers with teacher coordinators on their perceptions of teacher inservice needs. There are no published studies in Louisiana relative to the competencies of health occupations.

The literature contains reports on the need for competency based teacher education as well as much controversy about the value of CBTE (Crocker, 1974; Parker, 1974; Vittlehoe and Hooker, 1978; Dunn, 1980; Kasworm, 1980; Adams, 1981; Coker, 1981). The literature also includes numerous studies conducted in other states as well as many other disciplines on identification of teaching competencies as a starting point for developing competency based teacher education (Darcy, 1974).

In 1971 Feck sought information which would help teacher educators in planning professional education programs for post-secondary teachers of agriculture. There were 117 professional educational competencies that were perceived as above-average in importance by the respondents for becoming a successful technical teacher of agriculture. The study compared the responses of technical teachers of agriculture, administrators of agricultural technology programs, and state supervisors of vocational agriculture.

In 1973 Ely and Drake surveyed a random sample of 677 secondary level occupational teachers in New York State. This study identified 422 necessary pedagogical performance elements or professional education behavior statements. Garner (1974) attempted to identify teaching competencies needed by students prior to student teaching. His checklist instrument was prepared after interviewing just four supervising teachers. The 86 competency statements that he included were evaluated as to their level of importance to student teachers in Michigan by classroom teachers of vocational agriculture. Through The Ohio State

University, Moore and Bender (1975) designed a study to identify professional education competencies needed by vocational agriculture teachers. They used a questionnaire to collect data regarding the educational and occupational backgrounds of the teachers and their perceptions of the importance of 256 professional education competencies as well as their perceptions of their own proficiency. In Texas, Herring (1976) conducted his study to determine and to validate the professional competencies needed by vocational agriculture teachers.

Cheek, Beeman and Adams (1977:8) expressed caution to researchers concerning the generalization of studies conducted in one state to other states. They conducted their study to provide the research basis to document the professional competencies needed by teachers in Florida and to provide the foundation upon which to develop a competency-based teacher education program in agricultural education (Cheek, Beeman, and Adams, 1977).

In 1979 Newsham identified competencies needed by secondary business and office education teachers in Louisiana. She cited the effect of improved instructional materials, newly developed multi-media aids, and modernized equipment used in instruction, as well as increased time, money, and effort spent in business and office occupations education. Newsham reported that the key factor in the classroom was the teacher and that there was an apparent lack of investigation in the area of assigning levels of importance to the competencies needed by inservice teachers in all the areas of vocational education (Newsham, 1979:1, 4).

The National Advisory Council on Education Professional Development, (N.A.C.E.P.D.) 1974, declared that the "greatest unmet need

for personnel development for teachers is in the health occupations area" (Hole, Cole, and Kelly, 1978:2). They urged state governments to develop more programs which would utilize federal funds to train vocational education teachers in the field of health occupations. The Council reported that there were only 16 institutions in the United States offering such training programs during 1973-74. Funds allocated for this purpose under the Vocational Education Amendments of 1968 seemed to be used for inservice rather than preservice training (Educational Yearbook, 1974-75:431).

In 1977 Nicklas and Thompson conducted their study to determine the relationship between the legislators' and constituents' positions regarding educational problems in Louisiana. Close to 81 percent of the 142 state senators and representatives and 78 percent of the 480 adult respondents rated assessment of teacher competency as very important. These respondents indicated and demonstrated a concern for quality education in Louisiana by rating as very important the issues of teacher competency, quality education and teacher's salaries (Nicklas and Thompson, 1977:3-7).

The Public Affairs Research Council of Louisiana recommended 20 improvements to start the 1980 decade right in Louisiana. Education needs headed the list and the number two recommendation was to improve teacher competency (PAR, 1980:2-6).

Becoming a professional educator requires more than accepting a teaching position (Oats, 1978). When the individual is employed on the basis of a license and availability, more must be expected of inservice education (Milliken, 1973). When a nurse or other health occupations educator is asked to leave his or her chosen career development path and

enter into the field of teaching, the experience can be traumatic, especially for the first year. One wonders about the survival rate!

The assumption that is a basic tenet of vocational education is that if a person is credentialed to be competent in his field--he thus can teach it (Milliken, 1974).

It is believed that there are teaching skills that are important to the success of vocational education. Many educators are beginning to speak out in favor of teacher education designed specifically for the health occupations educator. This study demonstrates that there are teaching competencies that are important to health occupations programs in Louisiana, as perceived by the teachers and coordinators (supervisors) of these programs.

Rating Scales

There is a void in the literature on rating scales or evaluation instruments particular to the health occupations educator. However in 1978 Semple developed a rating scale for assessing qualities and competencies of Associate Degree Nursing teachers. She claimed that "teacher evaluation instruments in general education do not meet the needs of the ADN program because all aspects of the teaching are not included" (Semple, 1978:7).

Health occupations teacher education is a relatively new vocational education discipline. Regardless, "in all types of educational endeavors, the problem of evaluation is ever present" (Butler and Geitgey, 1970:56). The issue of teacher evaluation is to facilitate decision-making and to stimulate improvement of instruction. Human beings need feedback irrespective of their speciality area. Some of the

difficulties associated with the development of an adequate program for measurement of teacher effectiveness stem from these factors: that teaching means many different things and that the teaching act varies from person to person and from situation to situation (Barr, 1961:5).

Feldvebel (1980) raised doubts about the validity of any narrowly classified judgement on the total effectiveness of an individual teacher (Feldvebel, 1980:415). He and Richardson (1973) recommended that programs of teacher evaluation be developed cooperatively among faculty and administrators, that the evaluation process affect each professional in the organization and that self-evaluation be an important part of the evaluation process (Feldvebel, 1980:416; Richardson, 1973:214).

The literature contains many studies relevant to evaluation by peers as well as by students (Mims, 1970; Rippey, 1975; Palva, 1976; Wolkon, 1976; Gorecki, 1977; Irby, 1977; Mackenzie, 1977; Read, 1979; Bronstein, 1979; Coker, 1980). Most of the authors seem firm in their commitment to one method of evaluation or the other although many have advocated a combination of efforts. Manatt (1976) stated that "it is almost universally assumed that performance itself is important, no matter what the difficulty in relating it to learning outcomes although it certainly can be inferred that humane, democratic, creative teaching leads to better results with students" (Manatt, Palmer, and Hidlebaugh, 1976:21).

Brophy argued against the indiscriminate use of student gain or general achievement tests for assessing teacher accountability (1973). He found that "teacher effectiveness shows great individual differences and only moderate stability from year to year in an unselected sample and the fact that yearly class effects were observed despite statistical

controls, even in highly consistent teachers" supports this argument (Brophy, 1973:251). Kourilsky, McNeil and Flannigan (1974) reported no significant differences between the students' and teachers' attitudes in the control group from those being evaluated. These authors centered on the product method of evaluation in their discussion. The measures of growth in skills, knowledge of subject matter, or attitudes are all instances of product criteria measures (Feldvebel, 1980). The problem with product criteria evaluation is that the reaction of pupils to the efforts of the teacher is only to a limited extent a measure of teacher effectiveness (Feldvebel, 1980:417).

The pamphlet "How to Evaluate Teachers and Teaching" by Vander Werf listed appraising the teacher's health as a first priority, the teacher's personality second, the teacher's ability and intelligence third and fourth the teacher's knowledge (Vander Werf, 1958). He did not begin to discuss evaluation of teaching skills until the middle of chapter two.

Mackenzie (1977) advocated objective criteria faculty evaluation as part of an effective faculty development program. He recommended an evaluation handbook with clearly written objective standards (Mackenzie, 1977). The most prevalent agreement among most of the authors is that there must be teacher evaluation along with program, school and administration evaluation. The least threatening method of evaluation seems to be that which is done with prestated objective criteria.

Rating scales offer one means of evaluation. They have been very useful devices for evaluating the performance or product of an individual or program for many years. "They incorporate the advantages of ranking, in that different degrees of a feature are considered, and

the advantage of a checklist, in that the specific features of the thing to be evaluated are listed. The rating scale can permit a performance to be evaluated while the performance is going on. There are however two problems often associated with the use of the rating scale: (1) the halo effect and (2) the tendency to avoid the extremes of the scale and rate all performance in the middle ranges" (Smith and Adams, 1972:195). Rating scales are generally utilized for obtaining an overall perspective of criteria to use in evaluation. They may be utilized to indicate areas of instructional practice that need to be discussed openly and privately. Rating scales or written evaluations alone rarely produce changes in behavior (Feldvebel, 1980).

In England the Bell System Center for Technical Education faculty investigated performance standards and behaviors of a "Grade A Instructor." They reported the literature research results inconclusive and unconvincing: "it did not give us a list of guaranteed behaviors for student learning" (Potamianos and Crilly, 1980:24). They developed a rating scale instrument of 39 behavior standards (competencies) acquired from interviews with 22 randomly selected instructors, training managers, and students. They held priority ranking sessions with 12 other instructors and the resulting standards were incorporated into an existing checklist to be used with the evaluation program.

In Louisiana, Shelton (1976) conducted a study to develop pre and post evaluation instruments for measuring competency levels of a beginning home economics educator. The evaluating instruments used were based on competencies and criterion measures identified in a rating scale developed by the Vocational Home Economics Education Research Committee at Louisiana State University in 1974. She claimed that a

teacher's role incorporates much more than actual teaching. Activities such as planning, evaluating, organizing, preparing lessons, assemblage of materials and a wide variety of teaching techniques are needed to successfully conduct classes. An information void exists in this area in health occupations teacher education in Louisiana.

The objectivity and due process in performance evaluation require that the evaluation items used in performance rating scales be valid, observable, reliable and discriminating (Manatt, et al. 1976). The instrument used must measure what it is supposed to measure without wasting time, energy or money. Content validity of the instrument could be shown by comparing it to what was taught or through large scale job analysis, as in Project H.O.P.E. Item validity can be sought through a jury of experts. Empirical validity is present if the instrument correlates with an already valid measure or with past performance. The factors to increase reliability include: longer length, greater objectivity, conducive environment, motivation, complete directions, supervision of use, healthy subjects with stable emotions, motivated subjects, and good subject-evaluator relations (Semple, 1978).

Some of the rating scales reviewed were one to two pages in length; many reviewed personal qualities, as well as pupil relationships, professionalism and classroom management. Most addressed teaching techniques, and a few included community or public relations. The questionnaire developed by Project H.O.P.E., through the funding of the Indiana State Board of Vocational and Technical Education in 1977, was developed to measure the four criteria: task involvement, time spent, consequences of inadequate performance and time required to train on the job for 320 identified job tasks. It was sent to

approximately 850 health occupations educators and administrators of health occupations training programs in Indiana and Ohio. These educators represented a broad-based sampling of health occupations fields, geographic locations, institutional types and levels of experience in health occupations education (Hankenhoff, 1975:5).

Chapter 3

METHODS AND PROCEDURES

The purpose of this study was to develop a rating scale suitable for assessing teaching competencies of health occupations educators in the State of Louisiana. This chapter presents the methods and procedures followed in accomplishing this purpose.

Selecting the Competencies (Instrumentation)

The descriptive method of research was used in this study. A questionnaire was developed composed of teaching competency statements. The competency statements were developed as a result of extensive review of the literature to identify relevant references and materials which had been developed for other disciplines as well as health occupations. In addition, seven computer searches, individual letters and phone calls to health occupations teacher educators in the United States identified a number of studies which were useful in compiling a list of teaching competencies and in designing the questionnaire.

Participation in the American Vocational Association annual national convention, held in December of 1980, in New Orleans, resulted in personal contacts with several health occupations teacher educators from across the United States. Their advice and critique of ideas were very helpful.

Most of the 155 professional teaching competencies identified were modifications of the 320 identified job tasks of Project H.O.P.E., funded by the Indiana State Board of Vocational and Technical Education

(Hankenhoff, 1975). However the modified, closed form questionnaire was adapted after reviewing others by Cotrell, (1971) Halloway and Bailey, (1971) Canfield, (1972) Schira, (1974) Arlton, (1975) Atherton, (1976) Johnson, (1976) Oats, (1977). The modifications, deletions and additions were accomplished in consultation with Dr. Sam Adams and Dr. Charles W. Smith of Louisiana State University.

The ten competency components are as follows:

<u>Competency Component</u>	<u>Number of Competencies</u>	<u>Percent of Total</u>
Planning	40	26
Teaching	29	19
Evaluation	10	6
Management	13	8
Guidance and Placement	14	9
School-Community Relations	13	8
Student-Vocational Organization	8	5
Professional Role	8	5
Coordination of Cooperative Ed.	6	4
Health Care Environment	14	9
Totals	155	99

Pilot Testing the Instrument

In an effort to determine the content validity of the competency statements for collecting the data, the researcher submitted a completed questionnaire to a jury of experts. The jury was comprised of teachers and included the State Department of Education Health Occupations Coordinator, teacher educators, advisory committee members, and students in teacher-education programs. (Appendix E)

The instrument was presented to the jury members in an effort to determine its effectiveness for collecting the required data. Each member of the jury rated each competency statement in an effort to determine the amount of time required to complete the questionnaire as well as ease of administration. No follow-up request was necessary and minor rewording was accomplished without difficulty. It was determined that the instrument took approximately 12 to 18 minutes to complete.

Population Investigated

The population for this study consisted of incumbent teachers and coordinators of public, secondary and post-secondary health occupations education programs in the State of Louisiana who were employed during the months of March through May, 1981.

The most current list of instructors and coordinators was obtained from the office of the Health Occupations Coordinator, State Department of Education, in February 1981. Each of the 214 names were assigned a numerical code in order to assure follow-up and anonymity of responses. Random sampling was not necessary as the group was small enough to survey the entire population. Through attrition caused by illness, vacations, maternity leave, resignations, and the like, a population of 201 resulted. On March 30-31, 1981, at the Health Occupations Education Teacher Inservice Workshop for Post-secondary instructors and again at the H.O.S.A. (Health Occupations Students Association) workshop three weeks later, packets were handed out to the instructors and coordinators. The packets contained the appropriately coded questionnaire, a cover letter signed by Dr. Charlie M. Curtis, Director of the School of Vocational Education, Louisiana State

University, and the researcher, as well as written instructions. Time was provided on the program for personal explanation of the study, verbal instructions, and for completing the instrument. The researcher was available for additional instructions or explanations. All non-participants at the conferences were mailed their packets within twenty-four hours. The mailed packets also contained a self-addressed stamped envelope for ease of return. Follow up letters and phone calls and personal visits were utilized as necessary. (Appendix: Cover Letter--F, Instructions--G, Instrument--H.)

Analysis Of Data

The health occupations educators (instructors and coordinators) were presented or mailed a validated questionnaire in March 1981. The questionnaire stated as its purpose to "identify the specific teaching competencies needed by health occupations educators in secondary and post-secondary health occupations programs in Louisiana."

The participants were instructed "to read and review each competency statement and determine it's relative importance to the instructional success of their health occupations program by rating it from a high of 6 to a low of 1, on the line provided next to the competency statement." If they felt that a particular competency statement did not apply to their program they were to write N/A on the line next to the item.

The scale was presented as follows:

- 6 = Very high importance
- 5 = High importance
- 4 = High medium importance
- 3 = Low medium importance
- 2 = Low importance
- 1 = Very low importance
- N/A = Not Applicable

The participants at the two conferences were encouraged to complete the questionnaires and hand them back to the researcher. Sixty-eight percent of the population returned the questionnaires at the conference or within ten days of the first mailing. Follow-up techniques were employed and on May 31, 1981, there were 186 completed questionnaires. This resulted in a 93 percent response rate. The remaining health occupations educators were reclassified as non-respondents and an intensified mail, phone call and personal visit follow-up campaign ensued by the researcher. This resulted in a 63 percent response from the non-respondents.

The non-respondent ratings were not significantly different from the earlier respondent ratings.

A total of 196 questionnaires were completed and returned, which was a 98 percent response.

The responses to each item were transferred from the completed survey instruments to data code sheets and then keypunched onto data process cards. Each card was verified for accuracy. The data from the questionnaires were analyzed by computers. The computer data sheets were studied to determine importance/significance of the competencies validated by the Health Occupations Educators of Louisiana. The findings resulting from the analysis of data are presented in the next chapter.

The rating scale was developed using the moderate to most important teaching competencies, as identified in this study (Appendix I).

Chapter 4

PRESENTATION OF DATA AND ANALYSIS OF DATA

The purpose of this chapter is to report and interpret the data obtained from the responses to the questionnaire used in this study. Responses from 155 instructors and 34 coordinators of health occupations programs in Louisiana were received and tabulated. Not all participants responded to all questions concerning background data, hence the totals do not always equal the total population number.

Demographic Data

There were eight part-time instructors and 178 full time instructors/coordinators. Ten instructors had less than one year of teaching experience and one instructor had 35 years of teaching experience. Of this population, 74 teachers had between three to eight years of teaching experience. There were ten associate degree teachers, 107 teachers with baccalaureate degrees and 13 with masters degrees. The 192 females and two males who responded to the questionnaires classified themselves as 155 instructors and 34 coordinators or coordinators/instructors (supervisors).

The background data are from an earlier survey made by the researcher through the Louisiana State University School of Vocational Education under the direction of Dr. Charles W. Smith in February, 1981.

Analysis of Data

Data analyses were performed to find answers for the following questions:

1. What teaching competencies should be exhibited by secondary and post-secondary health occupations educators in Louisiana?

2. What is the rank order of all the identified teaching competencies in health occupations, based on the degree of importance placed on them by secondary and post-secondary health occupations educators in Louisiana?

3. What is the rank order within each competency area of the identified teaching competencies, based on the degree of importance placed on them by secondary and post-secondary health occupations educators in Louisiana?

4. What is the rank order of all the identified teaching competencies, based on the degree of importance placed on them by supervisors (coordinators) of health occupations educators in Louisiana?

5. What is the rank order within each competency area of the identified competencies, based on the degree of importance placed on them by supervisors of health occupations educators in Louisiana?

In order to present and analyze the comprehensive list of 155 competencies, the numerical values written on the questionnaire by the respondents were combined and averaged for each item.

To answer question one the overall mean scores were then ranked from highest to lowest, regardless of component. Of the 155

competencies presented, 92 (59%) were ranked with an overall mean of 5.00 to 5.86 (high importance); 54 (35%) received an overall mean of 4.01 to 4.98 (high medium importance); and the remaining 8 received an overall mean rating of 3.61 to 3.99 (low medium importance).

Table 1 presents the identified teaching competencies for health occupations educators in Louisiana in rank order. The overall means were rounded off for ease of presentation and are ranked from highest to lowest. The overall mean scores are combined from instructors and coordinators plus those who responded to the questionnaire but did not indicate if they were instructors or coordinators. Alongside these combined mean scores are the rankings and means of instructors as well as coordinators, regardless of secondary or post-secondary level of instruction. Thus, Table 1 presents data to answer questions 2 and 4 as well as question 1.

The competency "Supervise student practice in a clinical environment" was ranked the highest overall with a mean of 5.86, second highest by instructors with a mean of 5.83 and highest by coordinators with a mean of 5.94. There seemed to be little difference among the means of coordinators or instructors through-out the study. The least important, or competency with the lowest mean was "Present information by having students read the chapter and answer questions in the book". It was ranked 155th overall (mean = 3.61), 155th by instructors (mean = 3.55), and 132nd by coordinators (mean = 3.79).

All items from each of the ten competency components were considered important by the health occupations instructors and coordinators in Louisiana. There were no competency statements with mean scores of less than 3.55. This mean corresponds to the medium

level of importance on the instruction scale. If the mean scores were rounded off to within one decimal place, the congruence among the groups would become even more apparent.

The last column refers to the component in which the competency statement can be found. This also gives an overall indication of the competency components that contained the competencies with the highest mean scores.

The number on the left of the competency gives the rank of that competency within the total.

TABLE 1

Identified Teaching Competencies for Louisiana Health Occupations Educators in Rank Order

Competency Statement	Overall Mean	Instructor Rank	Instructor Mean	Coordinator Rank	Coordinator Mean	Component*
1. Supervise student practice in a clinical environment.	5.86	2	5.83	1	5.94	HC
2. Orient students to their professional responsibilities in the clinical setting.	5.85	1	5.83	3	5.91	HC
3. Give appropriate feedback for student performance in a clinical environment.	5.82	4	5.81	5	5.84	HC
4. Correct a student for a violation of standards of behavior or appearance in the clinical environment.	5.82	3	5.82	6	5.84	HC
5. Prepare and conduct clinical evaluation conferences.	5.81	5	5.79	7	5.84	HC

*PC = Planning Component
 TC = Teaching Component
 EC = Evaluation Component
 MC = Management Component
 GC = Guidance and Placement Component
 CC = School-Community Relations Component
 VC = Student-Vocational Organization Component
 RC = Professional Role Component
 CE = Coordination of Cooperative Education
 HC = Health Care Environment Component

TABLE 1 (continued)

Competency Statement	Overall Mean	Instructor Rank	Mean	Coordinator Rank	Mean	Component
6. Interpret to students acceptable standards of behavior and appearance in the clinical environment.	5.80	6	5.77	4	5.91	HC
7. Direct students in the practice of manipulative skills.	5.79	7	5.76	2	5.91	TC
8. Encourage students to exercise self-discipline.	5.77	8	5.76	10	5.79	MC
9. Demonstrate exemplary professional and personal conduct.	5.76	9	5.76	14	5.73	RC
10. Exchange ideas with other teachers.	5.76	10	5.76	15	5.73	RC
11. Acquire new occupational skills needed to keep pace with technological advancement in health occupations.	5.75	11	5.73	8	5.82	RC
12. Direct students in charting techniques. (record keeping)	5.73	12	5.73	11	5.73	TC
13. Demonstrate a manipulative skill (procedure).	5.72	13	5.72	9	5.79	TC
14. Evaluate a student's readiness to enter the clinical environment.	5.70	14	5.69	17	5.72	HC
15. Assist teachers who are new in the system.	5.68	15	5.68	16	5.73	RC

TABLE 1 (continued)

Competency Statement	Overall Mean	Instructor Rank	Instructor Mean	Coordinator Rank	Coordinator Mean	Component
16. Identify learning outcomes best achieved in the clinical setting.	5.64	16	5.62	18	5.69	HC
17. Select methods of evaluating students' performance throughout a unit.	5.62	18	5.60	19	5.67	PC
18. Maintain an active and continuing interest in professional field through reading, attendance at meetings and publication activities.	5.59	20	5.57	20	5.67	RC
19. Direct student activities on job related projects, laboratory projects and activities.	5.58	21	5.56	24	5.63	TC
20. Sequence performance goals (terminal objectives) for a course.	5.57	19	5.58	28	5.56	PC
21. Present information with displays, models and real objects.	5.57	29	5.52	12	5.73	TC
22. Assess quality of on-the-job training.	5.56	23	5.55	26	5.60	EC
23. Formulate with students acceptable standards of behavior.	5.56	26	5.54	30	5.55	MC
24. Use audio visual materials.	5.55	30	5.51	13	5.73	TC
25. Determine objectives for a unit.	5.55	17	5.60	41	5.45	PC

TABLE 1 (continued)

Competency Statement	Overall Mean	Instructor Rank	Instructor Mean	Coordinator Rank	Coordinator Mean	Component
26. Select materials and equipment for a lesson demonstration.	5.53	22	5.56	29	5.58	PC
27. Correlate instruction with on-the-job training.	5.53	28	5.52	40	5.47	CE
28. Make valid recommendations regarding needed revision and improvement of health care procedures and equipment.	5.53	27	5.53	39	5.47	HC
29. Prepare teaching materials.	5.52	24	5.54	32	5.52	PC
30. Supervise on-the-job training.	5.52	33	5.49	27	5.58	CE
31. Prepare a lesson plan. (Integrate objectives, learning experiences, evaluation, teaching techniques, and learning resources.)	5.52	34	5.48	23	5.64	PC
32. Arrange for essential safety apparel and devices.	5.51	25	5.54	43	5.43	MC
33. Give an illustrated talk.	5.49	31	5.50	34	5.39	TC
34. Coordinate actions of student-learners with other members of a health care team.	5.49	32	5.49	56	5.38	HC
35. Identify the specific objectives for a lesson.	5.48	36	5.47	22	5.64	PC
36. Plan for the use of patients in training demonstrations or practice sessions.	5.48	42	5.43	21	5.65	HC

TABLE 1 (continued)

Competency Statements	Overall Mean	Instructor Rank	Mean	Coordinator Rank	Mean	Component
37. Counsel students with problems adjusting to illness or death.	5.47	35	5.48	55	5.39	HC
38. Assess the reliability of instructional tests.	5.46	37	5.47	46	5.42	EC
39. Select job tasks, conditions, and standards for which instructional plans are to be designed.	5.45	39	5.45	34	5.48	PC
40. Select methods of evaluating students' attainment of lesson objectives.	5.44	38	5.45	44	5.42	PC
41. Assess the validity of instructional tests.	5.43	40	5.45	59	5.36	EC
42. Place students in appropriate on-the-job training stations.	5.42	43	5.42	61	5.34	CE
43. Analyze statutes regulating health occupations to determine training needs.	5.41	44	5.41	57	5.38	HC
44. Arrange layout of laboratory to simulate clinical environment.	5.40	45	5.41	62	5.33	MC
45. Conduct a counseling session with a student.	5.39	46	5.40	66	5.31	GC
46. Obtain textbooks, references and other printed instructional material.	5.39	50	5.36	35	5.48	PC
47. Assist students in developing good study habits.	5.39	51	5.35	38	5.48	GC

TABLE 1 (continued)

Competency Statements	Overall Mean	Instructor Rank	Instructor Mean	Coordinator Rank	Coordinator Mean	Component
48. Maintain records of individuals placed in on-the-job training.	5.39	47	5.39	64	5.33	CE
49. Identify the unit topics for a course.	5.36	48	5.38	70	5.27	PC
50. Update professional personnel file regularly.	5.36	49	5.37	77	5.18	RC
51. Formulate a system of grading consistent with school policy.	5.35	41	5.43	82	5.13	TC
52. Identify the competencies needed for entry into an occupation.	5.35	56	5.30	36	5.48	PC
53. Select teaching techniques for a lesson.	5.35	52	5.34	48	5.39	PC
54. Give a lecture.	5.34	54	5.31	50	5.39	TC
55. Use cumulative data on students' ability and achievement in evaluating performance.	5.33	53	5.32	65	5.31	TC
56. Complete reports required by state department of education. (State Board of Nurse Examiners or the like.)	5.33	55	5.31	69	5.29	MC
57. Present information to students on employment opportunities.	5.31	60	5.27	53	5.39	GC
58. Identify lesson topics for a unit.	5.31	59	5.28	42	5.45	PC

TABLE 1 (continued)

Competency Statements	Overall Mean	Instructor Rank	Mean	Coordinator Rank	Mean	Component
59. Assist seniors/graduates in preparing for interview with potential employers.	5.30	62	5.26	47	5.42	GC
60. Identify new equipment and materials needed in a health occupations course for the academic year.	5.29	66	5.22	33	5.52	MC
61. Work with other teachers and counselors to help students with individual problems.	5.29	64	5.25	63	5.33	GC
62. Introduce a lesson or unit.	5.27	65	5.24	58	5.36	TC
63. Maintain a record of safety instructions presented in compliance with safety laws and regulations.	5.27	57	5.30	79	5.16	MC
64. Schedule laboratory equipment for maximum utilization.	5.27	58	5.30	84	5.12	MC
65. Recommend reference books and periodicals that should be added to the library.	5.27	68	5.20	37	5.48	MC
66. Inform the school and community about the health occupations program.	5.26	72	5.18	31	5.54	CC
67. Use analogies to present information.	5.26	61	5.26	74	5.19	TC
68. Maintain working relationships with the school supporting staff.	5.25	69	5.19	54	5.39	CC

TABLE 1 (continued)

Competency Statements	Overall Mean	Instructor Rank	Instructor Mean	Coordinator Rank	Coordinator Mean	Component
69. Assess the adequacy and relevancy of the health occupations program facilities and equipment.	5.25	63	5.25	75	5.18	PC
70. Summarize a lesson or unit.	5.25	67	5.20	45	5.42	TC
71. Give an assignment.	5.24	73	5.17	25	5.60	TC
72. Establish policies for student learners and on-the-job education.	5.20	71	5.18	67	5.31	CE
73. Establish criteria for selection of student-learners for on-the-job education.	5.20	75	5.15	60	5.36	CE
74. Evaluate textbooks for content validity, reading level, and sex/cultural bias..	5.20	79	5.13	52	5.39	EC
75. Prepare information sheets (handouts), and assignment sheets.	5.18	80	5.12	49	5.40	PC
76. Assess the relevancy of the course offerings in the health occupations program.	5.17	70	5.19	90	5.06	PC
77. Obtain information from employers or job supervisors regarding the quality of health occupations instruction.	5.16	76	5.15	83	5.12	EC
78. Select and modify prefabricated or commercial aids for a lesson. (charts, transparencies, motion picture, video tape, slides, audio tapes)	5.15	78	5.14	68	5.30	PC

TABLE 1 (continued)

Competency Statements	Overall Mean	Instructor Rank	Mean	Coordinator Rank	Mean	Component
79. Structure a filing system for records, report forms, student files and instructional materials.	5.15	77	5.13	76	5.18	MC
80. Provide remedial practice sessions.	5.14	74	5.16	86	5.09	TC
81. Employ oral questioning techniques.	5.11	81	5.10	80	5.15	TC
82. Assign grades.	5.11	82	5.10	72	5.21	EC
83. Present information with assistance of a resource person.	5.10	84	5.06	71	5.22	TC
84. Describe organizational flow chart of the clinical facility.	5.09	83	5.07	78	5.16	HC
85. Provide for student participation in the evaluation of instruction.	5.08	87	5.05	91	5.06	EC
86. Inventory teaching materials, supplies and equipment.	5.05	88	5.04	94	5.00	MC
87. Develop long-range plans for the health occupations program.	5.04	85	5.06	92	5.03	PC
88. Maintain anecdotal records on students.	5.04	90	5.00	95	5.00	GC
89. Provide for articulation between health occupations programs.	5.03	86	5.05	100	4.97	PC

TABLE 1 (continued)

Competency Statements	Overall	Instructor		Coordinator		Component
	Mean	Rank	Mean	Rank	Mean	
90. Write letters of recommendation for students/ graduates.	5.03	89	5.00	85	5.12	GC
91. Present information through team teaching.	5.01	91	4.99	88	5.07	TC
92. Construct subject matter diagnostic tests.	5.00	92	4.95	73	5.19	TC
93. Prepare budget for equipment, supplies and travel.	4.98	93	4.94	93	5.00	MC
94. Eliminate student deficiencies in attainment of a training objective.	4.93	94	4.92	97	4.97	TC
95. Confer with student and parents.	4.93	95	4.90	98	4.93	GC
96. Assist students/graduates in securing and in filling out applications for jobs, scholarships, educational loans, or college admissions.	4.87	99	4.78	89	5.07	GC
97. Obtain follow-up data from employers of graduates.	4.84	96	4.84	110	4.66	PC
98. Assess effectiveness of instruction through use of student's records.	4.84	97	4.83	101	4.87	EC
99. Prepare a long-range budget which identifies the financial needs of the health occupational program.	4.77	100	4.76	111	4.63	PC
100. Interpret national standardized tests, occupational tests, and inventories to students.	4.76	105	4.69	96	5.00	GC

TABLE 1 (continued)

Competency Statements	Overall Mean	Instructor Rank	Mean	Coordinator Rank	Mean	Component
101. Prepare news releases on activities of your program.	4.76	103	4.71	102	4.88	CC
102. Work effectively with the advisory committee.	4.76	106	4.67	81	5.12	PC
103. Maintain continual follow-up information on placement, employment, and training status of each graduate.	4.75	101	4.74	112	4.61	PC
104. Present information by the use of individualized instruction.	4.73	98	4.79	125	4.44	TC
105. Speak to school and community groups on health occupations programs.	4.73	110	4.66	103	4.88	CC
106. Conduct an open house to familiarize members of the school and community with activities of health occupations programs.	4.72	111	4.60	87	5.09	CC
107. Participate in the development of policies regarding school-community relations.	4.72	108	4.66	99	4.91	CC
108. Develop health occupations courses by clustering and sequencing related tasks.	4.72	109	4.66	105	4.78	PC
109. Determine group and individual learning experiences for a lesson based on individual differences of students.	4.71	104	4.70	109	4.68	PC

TABLE 1 (continued)

Competency Statements	Overall Mean	Instructor Rank	Instructor Mean	Coordinator Rank	Coordinator Mean	Component
110. Determine reasons students drop out of health occupations programs.	4.69	102	4.72	119	4.47	PC
111. Participate in experimental and other data collecting research activities.	4.64	107	4.67	117	4.54	RC
112. Serve in professional non-vocational organizations to improve the image of the health occupations program.	4.63	113	4.57	108	4.70	CC
113. Serve professional organizations as an officer and/or chairman or member of a committee.	4.60	117	4.53	104	4.85	RC
114. Serve in community organizations to improve the image of the health occupations program.	4.58	115	4.54	113	4.61	CC
115. Direct students in gathering information from sources in the community, and on field trips.	4.58	112	4.59	129	4.36	TC
116. Analyze collected occupational data to determine priorities among training needs.	4.57	114	4.55	116	4.55	PC
117. Evaluate instruction through self-rating devices and instructional media, such as video or audio recording.	4.54	118	4.51	120	4.47	EC
118. Organize an advisory committee.	4.53	120	4.45	106	4.77	PC
119. Analyze students' cumulative records.	4.53	119	4.46	114	4.58	GC

TABLE 1 (continued)

Competency Statements	Overall Mean	Instructor Rank	Instructor Mean	Coordinator Rank	Coordinator Mean	Component
120. Serve as the liaison for the advisory committee and the school administration.	4.49	123	4.43	107	4.71	PC
121. Assess the cultural bias of tests used for program placement.	4.47	116	4.53	135	4.16	EC
122. Present information using group supervised study.	4.45	121	4.43	127	4.39	TC
123. Establish the criteria for selection of advisory committee members.	4.44	124	4.43	122	4.45	PC
124. Assist students with their problems by working with agencies such as the health and welfare services.	4.42	122	4.43	132	4.29	GC
125. Establish a policy for use of health occupations facilities by outside groups and other school personnel.	4.42	125	4.41	115	4.55	MC
126. Develop original instructional materials. (Individualized learning packages, learning modules, or lesson kits.)	4.42	126	4.39	121	4.45	PC
127. Conduct a group counseling session.	4.42	128	4.35	118	4.48	GC
128. Present information using the case study method.	4.40	127	4.36	123	4.45	TC
129. Maintain liaison with union officials and employers.	4.37	132	4.30	128	4.37	CC

TABLE 1 (continued)

Competency Statements	Overall Mean	Instructor Rank	Instructor Mean	Coordinator Rank	Coordinator Mean	Component
130. Identify the role and function of the advisory committee.	4.37	129	4.35	124	4.44	PC
131. Lead communication techniques. (buzz groups, brainstorming, skits, debates, etc.)	4.35	130	4.33	133	4.27	TC
132. Plan the annual program of work to be considered by the advisory committee.	4.32	131	4.31	131	4.29	PC
133. Develop procedures for working with the disadvantaged and with minority groups.	4.26	133	4.29	138	4.03	PC
134. Present activities of your health occupations program on radio or television.	4.26	136	4.25	126	4.43	CC
135. Present information using a simulation or learning game.	4.20	137	4.21	139	3.97	TC
136. Prepare simulation or learning game.	4.20	134	4.25	140	3.94	PC
137. Establish a Health Occupations Students' Association. (H.O.S.A.)	4.14	138	4.17	144	3.76	VC
138. Collect data on projected student enrollment.	4.14	139	4.13	137	4.09	PC
139. Develop procedures for working with the handicapped.	4.14	135	4.25	150	3.63	PC

TABLE 1 (continued)

Competency Statements	Overall Mean	Instructor Rank	Instructor Mean	Coordinator Rank	Coordinator Mean	Component
140. Analyze enrollment trends of health occupations programs.	4.12	143	4.02	130	4.32	CC
141. Assist in planning activities and supervise activities.	4.12	140	4.10	141	3.93	VC
142. Inform prospective members and their parents about H.O.S.A.	4.08	141	4.09	147	3.71	VC
143. Communicate with parents regarding their expectations of the health occupations program.	4.05	142	4.08	149	3.67	CC
144. Determine students' background and environment.	4.02	146	3.93	134	4.23	GC
145. Conduct leadership training sessions for the officers.	4.01	144	4.01	145	3.74	VC
146. Structure instruction so that students can progress at their own rate.	4.01	145	4.00	142	3.79	TC
147. Coordinate H.O.S.A. activities with instructional activities.	3.88	148	3.85	148	3.69	VC
148. Assist students with the financial management of H.O.S.A.	3.83	149	3.82	153	3.58	VC
149. Design and conduct a community occupational survey.	3.79	147	3.85	154	3.57	PC

TABLE 1 (continued)

Competency Statements	Overall Mean	Instructor Rank	Instructor Mean	Coordinator Rank	Coordinator Mean	Component
150. Assist in the preparation of state and national reports, provide advice and training for student entries in state and national H.O.S.A. contests.	3.78	151	3.76	155	3.56	VC
151. Conduct opinion surveys in the school and community.	3.77	150	3.77	151	3.63	CC
152. Serve as an advisor or judge for district, state, regional, or national H.O.S.A. contests.	3.76	152	3.74	152	3.59	VC
153. Use a polaroid camera and/or video tape recorder to provide instant visual feedback on student performance.	3.73	154	3.62	136	4.12	TC
154. Prepare a questionnaire for collection of occupational data.	3.72	153	3.71	146	3.72	PC
155. Present information by having students "read chapter and answer questions in the book."	3.61	155	3.55	143	3.79	TC

The rank orders within components, with combined overall means and means of instructors and coordinators are presented in Table 2 through Table 11.

Planning Component. Table 2 gives the rank order of planning component competencies. There were 40 competencies presented in the planning component. The competency "Select methods of evaluating students' performance throughout a unit" was ranked first overall, by instructors and coordinators.

Of the 40 planning component competencies, 20 or 50 percent were found to have means of 5.03 or above for a majority of the respondents.

The competency receiving the lowest priority rating was "Prepare a questionnaire for collection of occupational data." The means for all three groups were almost identical (3.72, 3.71, 3.72).

Teaching Component. Table 3 contains the teaching component competencies. There were 29 teaching competencies. "Direct students in the practice of manipulative skills" was rated the highest by instructors, coordinators and overall within this component. There were 19 competencies which were rated 5.00 or higher for a 66 percent range.

The lowest mean within the teaching component was 3.55 for "Present information by having students read chapter and answer questions in the book."

There were only 2 competencies with mean scores from 3.55 to 3.79. The remaining 8 competencies had a range of 4.01 to 4.97.

TABLE 2

The Rank Order of Planning Component Competencies for Health Occupations Educators

Competency Statement	Overall		Instructors		Coordinators	
	Rank	Mean	Rank	Mean	Rank	Mean
1. Select methods of evaluating students' performance throughout a unit.	17	5.62	18	5.60	19	5.67
2. Sequence performance goals (terminal objectives) for a course.	20	5.57	19	5.58	28	5.56
3. Determine objectives for a unit.	25	5.55	17	5.60	41	5.45
4. Select materials and equipment for a lesson demonstration.	26	5.53	22	5.56	29	5.58
5. Prepare teaching materials.	29	5.52	24	5.54	32	5.52
6. Prepare a lesson plan. (Integrate objectives, learning experiences, evaluation, teaching techniques, and learning resources.)	31	5.52	34	5.48	23	5.64
7. Identify the specific objectives for a lesson.	35	5.48	36	5.47	22	5.64
8. Select job tasks, conditions, and standards for which instructional plans are to be designed.	39	5.45	39	5.45	34	5.48
9. Select methods of evaluating students' attainment of lesson objectives.	40	5.44	38	5.45	44	5.42
10. Obtain textbooks, references and other printed instructional material.	46	5.39	50	5.36	35	5.48

TABLE 2 (continued)

Competency Statement	Overall		Instructors		Coordinators	
	Rank	Mean	Rank	Mean	Rank	Mean
11. Identify the unit topics for a course.	49	5.36	48	5.38	70	5.27
12. Identify the competencies needed for entry into an occupation.	52	5.35	56	5.30	36	5.48
13. Select teaching techniques for a lesson.	53	5.35	52	5.34	48	5.39
14. Identify lesson topics for a unit.	58	5.31	59	5.28	42	5.45
15. Assess the adequacy and relevancy of the health occupations program facilities and equipment.	69	5.25	63	5.25	75	5.18
16. Prepare information sheets (handouts), and assignment sheets.	75	5.18	80	5.12	49	5.40
17. Assess the relevancy of the course offerings in the health occupations program.	76	5.17	70	5.19	90	5.06
18. Select and modify prefabricated or commercial aids for a lesson. (charts, transparencies, motion picture, video tape, slides, audio tapes)	78	5.15	78	5.14	68	5.30
19. Develop long-range plans for the health occupations program.	87	5.04	85	5.06	92	5.03
20. Provide for articulation between health occupations programs.	89	5.03	86	5.05	100	4.91
21. Obtain follow-up data from employers of graduates.	97	4.84	96	4.84	110	4.66

TABLE 2 (continued)

Competency Statement	Overall		Instructors		Coordinators	
	Rank	Mean	Rank	Mean	Rank	Mean
22. Prepare a long-range budget which identifies the financial needs of the health occupational program.	99	4.77	100	4.76	111	4.63
23. Work effectively with the advisory committee.	102	4.76	106	4.67	81	5.12
24. Maintain continual follow-up information on placement, employment, and training status of each graduate.	103	4.75	101	4.74	112	4.61
25. Develop health occupations courses by clustering and sequencing related tasks.	108	4.72	109	4.66	105	4.78
26. Determine group and individual learning experiences for a lesson based on individual differences of students.	109	4.71	104	4.70	109	4.68
27. Determine reasons students drop out of health occupations programs.	110	4.69	102	4.72	119	4.47
28. Analyze collected occupational data to determine priorities among training needs.	116	4.57	114	4.55	116	4.55
29. Organize an advisory committee.	118	4.53	120	4.45	106	4.77
30. Serve as the liaison for the advisory committee and the school administration.	120	4.49	123	4.43	107	4.71
31. Establish the criteria for selection of advisory committee members.	123	4.44	124	4.43	122	4.45

TABLE 2 (continued)

Competency Statements	Overall		Instructors		Coordinators	
	Rank	Mean	Rank	Mean	Rank	Mean
32. Develop original instructional materials. (Individualized learning packages, learning modules, or lesson kits.)	126	4.4	126	4.39	121	4.45
33. Identify the role and function of the advisory committee.	130	4.37	129	4.35	124	4.44
34. Plan the annual program of work to be considered by the advisory committee.	132	4.32	131	4.31	131	4.29
35. Develop procedures for working with the disadvantaged and with minority groups.	133	4.26	133	4.29	138	4.03
36. Prepare simulation or learning game.	136	4.20	134	4.25	140	3.94
37. Collect data on projected student enrollment.	138	4.14	139	4.13	137	4.09
38. Develop procedures for working with the handicapped.	139	4.14	135	4.25	150	3.63
39. Design and conduct a community occupational survey.	149	3.79	147	3.85	154	3.57
40. Prepare a questionnaire for collection of occupational data.	154	3.72	153	3.71	146	3.72

TABLE 3

The Rank Order of Teaching Component Competencies for Health Occupations Educators

Competency Statement	Overall		Instructors		Coordinators	
	Rank	Mean	Rank	Mean	Rank	Mean
1. Direct students in the practice of manipulative skills.	7	5.79	7	5.76	2	5.91
2. Direct students in charting techniques (record keeping).	12	5.73	12	5.73	11	5.73
3. Demonstrate a manipulative skill (procedure).	13	5.72	13	5.72	9	5.79
4. Direct student activities on job related projects, laboratory projects and activities.	19	5.58	21	5.56	24	5.63
5. Present information with displays, models and real objects.	21	5.57	29	5.52	12	5.73
6. Use audio visual materials.	24	5.55	30	5.51	13	5.73
7. Give an illustrated talk.	33	5.49	31	5.50	51	5.39
8. Formulate a system of grading consistent with school policy.	51	5.35	41	5.43	82	5.13
9. Give a lecture.	54	5.34	54	5.31	50	5.39
10. Use cumulative data on students' ability and achievement in evaluating performance.	55	5.33	53	5.32	65	5.31
11. Introduce a lesson or unit.	62	5.27	65	5.24	58	5.36
12. Use analogies to present information.	67	5.26	61	5.26	74	5.19

TABLE 3 (continued)

Competency Statements	Overall		Instructors		Coordinators	
	Rank	Mean	Rank	Mean	Rank	Mean
13. Summarize a lesson or unit.	70	5.25	67	5.20	45	5.42
14. Give an assignment.	71	5.24	73	5.17	25	5.60
15. Provide remedial practice sessions.	80	5.14	74	5.16	86	5.09
16. Employ oral questioning techniques.	81	5.11	81	5.10	80	5.15
17. Present information with assistance of a resource person.	83	5.10	84	5.06	71	5.22
18. Present information through team teaching.	91	5.01	91	4.99	88	5.07
19. Construct subject matter diagnostic tests.	92	5.00	92	4.95	73	5.19
20. Eliminate student deficiencies in attainment of a training objective, during classroom instruction.	94	4.93	94	4.92	97	4.97
21. Present information by the use of individualized instruction.	104	4.73	98	4.79	125	4.44
22. Direct students in gathering information from sources in the community, and on field trips.	115	4.58	112	4.59	129	4.36
23. Present information using group supervised study.	122	4.45	121	4.43	127	4.39
24. Present information using the case study method.	128	4.40	127	4.36	123	4.45
25. Lead communication techniques. (buzz groups, brainstorming, skits, debates, etc.)	131	4.35	130	4.33	133	4.27

TABLE 3 (continued)

Competency Statements	Overall		Instructors		Coordinators	
	Rank	Mean	Rank	Mean	Rank	Mean
26. Present information using a simulation or learning game.	135	4.20	137	4.21	139	3.97
27. Structure instruction so that students can progress at their own rate.	146	4.01	145	4.00	142	3.79
28. Use a polaroid camera and/or video tape recorder to provide instant visual feedback on student performance.	153	3.73	154	3.62	136	4.12
29. Present information by having students "read chapter and answer questions in the book."	155	3.61	155	3.55	143	3.79

Evaluation Component. Contained in Table 4 are the 10 evaluation competencies. The highest mean score of 5.56 was assigned to "Assess quality of on-the-job training." Seven of the 10 competencies received means of 5.05 or higher for a 70 percent level of importance rating.

The lowest mean score of 4.16 was assigned to "Assess the cultural bias of tests used for program placement."

Management Component. The description of the rank order of the management component competencies is found in Table 5. The competency "Encourage students to exercise self-discipline" was rated first in the component with an overall mean of 5.77. Eleven of the 13 competencies received a rating of 5.05 or above for 84 percent of the total. There were two competencies with high medium levels of importance ratings. They were: "Prepare budget for equipment, supplies and travel" and "Establish a policy for use of health occupations facilities by outside groups and other school personnel."

Guidance and Placement Component. The rank order of guidance and placement component competencies are shown in Table 6. Of the fourteen competencies listed, seven or 50 percent had mean scores of 5.00 or above. The remaining seven were all in the high medium level of importance range. The highest priority ratings were for "Conduct a counseling session with a student" and "Assist students in developing good study habits." Both had means of 5.39 overall. The lowest mean was 3.93 for "Determine students' background and environment."

TABLE 4

The Rank Order of Evaluation Component Competencies for Health Occupations Educators

Competency Statements	Overall		Instructors		Coordinators	
	Rank	Mean	Rank	Mean	Rank	Mean
1. Assess quality of on-the-job training.	22	5.56	23	5.55	26	5.60
2. Assess the reliability of instructional tests.	38	5.46	37	4.57	46	5.42
3. Assess the validity of instructional tests.	41	5.43	40	5.45	59	5.36
4. Evaluate textbooks for content validity, reading level, and sex/cultural bias.	74	5.20	79	5.13	52	5.39
5. Obtain information from employers or job supervisors regarding the quality of health occupations instruction.	77	5.16	76	5.15	83	5.12
6. Assign grades.	82	5.11	82	5.10	72	5.21
7. Provide for student participation in the evaluation of instruction.	85	5.08	87	5.05	91	5.06
8. Assess effectiveness of instruction through use of student's records.	98	4.84	97	4.83	101	4.87
9. Evaluate instruction through self-rating devices and instructional media, such as video or audio recording.	117	4.54	118	4.51	120	4.47
10. Assess the cultural bias of tests used for program placement.	121	4.47	116	4.53	135	4.16

TABLE 5

The Rank Order of Management Component Competencies for Health Occupations Educators

Competency Statement	Overall		Instructors		Coordinators	
	Rank	Mean	Rank	Mean	Rank	Mean
1. Encourage students to exercise self-discipline.	8	5.77	8	5.76	10	5.79
2. Formulate with students acceptable standards of behavior.	23	5.56	26	5.54	30	5.55
3. Arrange for essential safety apparel and devices.	32	5.51	25	5.54	43	5.43
4. Arrange layout of laboratory to simulate clinical environment.	44	5.40	45	5.41	62	5.33
5. Complete reports required by state department of education. (State Board of Nurse Examiners/or the like)	56	5.33	55	5.31	69	5.29
6. Identify new equipment and materials needed in a health occupations course for the academic year.	60	5.29	66	5.22	33	5.52
7. Maintain a record of safety instructions presented in compliance with safety laws and regulations.	63	5.27	57	5.30	79	5.16
8. Schedule laboratory equipment for maximum utilization.	64	5.27	58	5.30	84	5.12
9. Recommend reference books and periodicals that should be added to the library.	65	5.27	68	5.20	37	5.48
10. Structure a filing system for records, report forms, student files and instructional materials.	79	5.15	77	5.13	76	5.18

TABLE 5 (continued)

Competency Statement	Overall		Instructors		Coordinators	
	Rank	Mean	Rank	Mean	Rank	Mean
11. Inventory teaching materials, supplies and equipment.	86	5.05	88	5.04	94	5.00
12. Prepare budget for equipment, supplies and travel.	93	4.98	93	4.94	93	5.00
13. Establish a policy for use of health occupations facilities by outside groups and other school personnel.	125	4.42	125	4.41	115	4.55

TABLE 6

The Rank Order of Guidance and Placement Component Competencies for Health Occupations Educators

Competency Statements	Overall		Instructors		Coordinators	
	Rank	Mean	Rank	Mean	Rank	Mean
1. Conduct a counseling session with a student.	45	5.39	46	5.40	66	5.31
2. Assist students in developing good study habits.	47	5.39	51	5.35	38	5.48
3. Present information to students on employment opportunities.	57	5.31	60	5.27	53	5.39
4. Assist seniors/graduates in preparing for interview with potential employers.	59	5.30	62	5.26	47	5.42
5. Work with other teachers and counselors to help students with individual problems.	61	5.29	64	5.25	63	5.33
6. Maintain anecdotal records on students.	88	5.04	90	5.00	95	5.00
7. Write letters of recommendation for students/graduates.	90	5.03	89	5.00	85	5.12
8. Confer with student and parents.	95	4.93	95	4.90	98	4.93
9. Assist students/graduates in securing and in filling out applications for jobs, scholarships, educational loans, or college admissions.	96	4.87	99	4.78	89	5.07
10. Interpret national standardized tests, occupational tests, and inventories to students.	100	4.76	105	4.69	96	5.00
11. Analyze students' cumulative records.	119	4.53	119	4.46	114	4.58

TABLE 6 (continued)

Competency Statements	Overall		Instructors		Coordinators	
	Rank	Mean	Rank	Mean	Rank	Mean
12. Assist students with their problems by working with agencies such as the health and welfare services.	124	4.42	122	4.43	132	4.29
13. Conduct a group counseling session.	127	4.42	128	4.35	118	4.48
14. Determine students' background and environment.	144	4.02	146	3.93	134	4.23

School-Community Relations Component. Exhibited in Table 7 are the school and community relations competencies in rank order. "Inform the school and community about the health occupations program" received the highest mean overall score (5.26) as well as from coordinators (5.54), but not from instructors (5.18). The instructors rated "Maintain working relationships with the school supporting staff" as the highest (5.19). All three groups agreed on the two competencies with means of 5.18 or above or 15 per cent high importance. They also agreed on the competency with the lowest mean "Conduct opinion surveys in the school and community."

Student-Vocational Organization Component. In Table 8 there are eight student-vocational organization competency statements and none of them rated above 4.17. The highest mean was 4.14 for "Establish a Health Occupations Student's Association (H.O.S.A.)." The lowest mean score was 3.59 for "Serve as an advisor or judge for district, state, regional or national H.O.S.A. contests." There were four competencies with overall mean scores ranging from 3.76 to 3.88 (50%).

Professional Role Component. Presented in Table 9 are the eight professional role competencies. Six of them had mean scores of 5.18 or above (75%). The highest rated competency was "Correlate instruction with on-the-job training." The competency "Establish criteria for selection of student-learners for on-the-job education" had the lowest mean of 5.25. Each of the competencies in this component was considered to be highly important by the incumbent educators.

TABLE 7

The Rank Order of School-Community Relations Component Competencies for Health Occupations Educators

Competency Statements	Overall		Instructors		Coordinators	
	Rank	Mean	Rank	Mean	Rank	Mean
1. Inform the school and community about the health occupations program.	66	5.26	72	5.18	31	5.54
2. Maintain working relationships with the school supporting staff.	68	5.25	69	5.19	54	5.39
3. Prepare news releases on activities of your program.	101	4.76	103	4.71	102	4.88
4. Speak to school and community groups on health occupations programs.	105	4.73	110	4.66	103	4.88
5. Conduct an open house to familiarize members of the school and community with activities of health occupations programs.	106	4.72	111	4.60	87	5.09
6. Participate in the development of policies regarding school-community relations.	107	4.72	108	4.66	99	4.91
7. Serve in professional non-vocational organizations to improve the image of the health occupations programs.	112	4.63	113	4.57	108	4.70
8. Serve in community organizations to improve the image of the health occupations program.	114	4.58	115	4.54	113	4.61
9. Maintain liaison with union officials and employers.	129	4.37	132	4.30	128	4.37

TABLE 7 (continued)

Competency Statements	Overall		Instructors		Coordinators	
	Rank	Mean	Rank	Mean	Rank	Mean
10. Present activities of your health occupations program on radio or television.	134	4.26	136	4.25	126	4.43
11. Analyze enrollment trends of health occupations programs.	140	4.12	143	4.02	130	4.32
12. Communicate with parents regarding their expectations of the health occupations program.	143	4.05	142	4.08	149	3.67
13. Conduct opinion surveys in the school and community.	151	3.77	150	3.77	151	3.63

TABLE 8

The Rank Order of Student-Vocational Organization Component Competencies for Health Occupations Educators

Competency Statements	Overall		Instructors		Coordinators	
	Rank	Mean	Rank	Mean	Rank	Mean
1. Establish a Health Occupations Students' Association. (H.O.S.A.)	137	4.14	138	4.17	144	3.76
2. Assist in planning activities and supervise activities.	141	4.12	140	4.10	141	3.93
3. Inform prospective members and their parents about H.O.S.A.	142	4.08	141	4.09	147	3.71
4. Conduct leadership training sessions for the officers.	145	4.01	144	4.00	145	3.74
5. Coordinate H.O.S.A. activities with instructional activities.	147	3.88	148	3.85	148	3.69
6. Assist students with the financial management of H.O.S.A.	148	3.83	149	3.82	153	3.58
7. Assist in the preparation of state and national reports, provide advice and training for student entries in state and national H.O.S.A. contests.	150	3.78	151	3.76	155	3.56
8. Serve as an advisor or judge for district, state, regional, or national H.O.S.A. contests.	152	3.76	152	3.74	152	3.59

TABLE 9

The Rank Order of Professional Role Component Competencies for Health Occupations Educators

Competency Statements	Overall		Instructors		Coordinators	
	Rank	Mean	Rank	Mean	Rank	Mean
1. Demonstrate exemplary professional and personal conduct.	9	5.76	9	5.76	14	5.73
2. Exchange ideas with other teachers.	10	5.76	10	5.76	15	5.73
3. Acquire new occupational skills needed to keep pace with technological advancement in health occupations.	11	5.75	11	5.73	8	5.82
4. Assist teachers who are new in the system.	15	5.68	15	5.68	16	5.73
5. Maintain an active and continuing interest in professional field through reading, attendance at meetings and publication activities.	18	5.59	20	5.57	20	5.67
6. Update professional personnel file regularly.	50	5.36	49	5.37	77	5.18
7. Participate in experimental and other data collecting research activities.	111	4.64	107	4.67	117	4.54
8. Serve professional organizations as an officer and/or chairman or member of a committee.	113	4.60	117	4.53	104	4.85

Coordination of Cooperative Education. The six competencies displayed in Table 10 all had mean scores of 5.15 or higher. This indicates that 100 per cent of these competencies were found to be highly important for health occupations educators in Louisiana by health occupations instructors and coordinators in Louisiana. The highest rated competency was 5.51 for "Correlate instruction with on-the-job training." The competency "Establish criteria for selection of student-learners for on-the-job education" had the lowest mean score of 5.15.

Health Care Environment Component. The tenth competency component contained fourteen competencies which all rated means of 5.09 or above as shown in Table 11. These mean scores demonstrated that all of the competencies were perceived to be highly important by the participants in this study. The highest mean range was 5.83 to 5.94 for the competency "Supervise students practice in a clinical environment." This competency was rated first of the 155 competencies as well. The competency with the lowest mean score was "Describe organizational flow chart of the clinical facility."

TABLE 10

The Rank Order of Coordination of Cooperative Education Competencies for Health Occupations Educators

Competency Statements	Overall		Instructors		Coordinators	
	Rank	Mean	Rank	Mean	Rank	Mean
1. Correlate instruction with on-the-job training.	27	5.53	28	5.52	40	5.47
2. Supervise on-the-job training.	30	5.52	33	5.49	27	5.48
3. Place students in appropriate on-the-job training stations.	42	5.42	43	5.42	61	5.34
4. Maintain records of individuals placed in on-the-job training.	48	5.39	47	5.39	64	5.33
5. Establish policies for student learners and on-the-job education.	72	5.20	71	5.18	67	5.31
6. Establish criteria for selection of student-learners for on-the-job education.	73	5.20	75	5.15	60	5.36

TABLE 11

The Rank Order of Health Care Environment Component Competencies for Health Occupations Educators

Competency Statements	Overall		Instructors		Coordinators	
	Rank	Mean	Rank	Mean	Rank	Mean
1. Supervise student practice in a clinical environment.	1	5.86	2	5.83	1	5.94
2. Orient students to their professional responsibilities in the clinical setting.	2	5.85	1	5.83	3	5.91
3. Give appropriate feedback for student performance in a clinical environment.	3	5.82	4	5.81	5	5.84
4. Correct a student for a violation of standards of behavior or appearance in the clinical environment.	4	5.82	3	5.81	6	5.84
5. Prepare and conduct clinical evaluation conferences.	5	5.81	5	5.79	7	5.84
6. Interpret to students acceptable standards of behavior and appearance in the clinical environment.	6	5.80	6	5.77	4	5.91
7. Evaluate a student's readiness to enter the clinical environment.	14	5.70	14	5.69	17	5.72
8. Identify learning outcomes best achieved in the clinical setting.	16	5.64	16	5.62	18	5.69
9. Make valid recommendations regarding needed revision and improvement of health care procedures and equipment.	28	5.53	27	5.53	39	5.47

TABLE 11 (continued)

Competency Statements	Overall		Instructors		Coordinators	
	Rank	Mean	Rank	Mean	Rank	Mean
10. Coordinate actions of student-learners with other members of a health care team.	34	5.49	32	5.49	56	5.38
11. Plan for the use of patients in training demonstrations or practice sessions.	36	5.48	42	5.43	21	5.65
12. Counsel students with problems adjusting to illness or death.	37	5.47	35	5.48	55	5.39
13. Analyze statutes regulating health occupations to determine training needs.	43	5.41	44	5.41	57	5.38
14. Describe organizational flow chart of the clinical facility.	84	5.09	83	5.07	78	5.16

In order to answer question number three of the study (What is the rank order within each competency area of the identified teaching competencies, based on the degree of importance placed on them, by secondary and post-secondary health occupations educators in Louisiana?) as well as question number five (What is the rank order within each competency area of the identified competencies, based on the level of importance placed on them by supervisors (coordinators) of health occupations educators in Louisiana?), Tables 12 through 21 were developed.

The numerical values written on the questionnaires were again averaged for each competency statement. A rank was assigned to each competency statement within each component for four groups of health occupations educators based on these mean scores. These means were rounded off to two decimal places for ease of presentation on these tables. A mean score of 6 was the highest attainable and a mean score of 1 was the lowest.

Planning Component. The ranks assigned to the competencies within the planning component are presented in Table 12. The secondary instructors rated "Sequence performance goals for a task" as first with mean of 5.72, the post-secondary instructors ranked it fifth with a mean of 5.53. The coordinators at the secondary level rated eight competencies with a mean of 6. Although articulation between health occupations programs is one of the more current issues it ranked 28th for secondary instructors and 14.5 for secondary coordinators, 19th for post-secondary instructors and 24th for post-secondary coordinators.

There were 40 planning component competencies. The lowest level of importance (3.42 to 4.25 mean range) went to "Develop procedures for working with the handicapped", one of the biggest concerns in vocational education at this time.

Teaching Component. Displayed in Table 13 are the means obtained from secondary and post-secondary instructors and coordinators in Louisiana. The means indicate that secondary instructors placed their highest priority on 2.11 "Demonstrate a manipulative skill (procedure)." Coordinators at both levels agreed but gave means of 6.00 to 2.11, 2.19, 2.20, 2.07 and 2.09 as well. The lowest priority ranking was assigned by all four groups to "Use a polaroid camera and/or video tape recorder to provide instant visual feedback on student performance."

Evaluation Component. The data presented in table 14 demonstrates the level of importance of evaluation competencies. The highest priority seems to be assigned to "Assess quality of on-the-job training." The lowest mean score is 4.07 for "Assess the cultural bias of tests used for program placement."

Management Component. There are thirteen competency statements in the Management component. These are shown with the mean scores and ranks derived from these means on Table 15. The four groups all seem to agree on the level of importance of each of these competencies. Self-discipline of students, safety apparel and devices and acceptable standards of behavior are the more important three competencies.

TABLE 12

Ranks Assigned to Competencies Within the Planning Component
by Health Occupations Educators in Louisiana

Competency Statement	Instructors				Coordinators			
	Secondary		Post		Secondary		Post	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
1.01 Select job tasks, conditions, and standards for which instructional plans are to be designed.	5.56	2	5.41	11	6.00	4.5	5.39	11
1.02 Sequence performance goals (terminal objectives) for a course.	5.72	1	5.53	5	6.00	4.5	5.50	4.5
1.03 Identify the unit topics for a course.	5.06	16	5.47	10	5.00	26	5.32	16
1.04 Determine objectives for a unit.	5.50	3	5.63	2	5.80	10	5.39	11
1.05 Identify lesson topics for a unit.	5.09	15	5.34	13	5.80	10	5.39	11
1.06 Identify the specific objectives for a lesson.	5.31	9	5.51	7	5.40	19	5.68	1
1.07 Determine group and individual learning experiences for a lesson based on individual differences of students.	4.84	22	4.66	25	5.40	19	4.54	29
1.08 Select methods of evaluating students' performance throughout a unit	5.47	45	5.64	1	6.00	4.5	5.61	3
1.09 Select teaching techniques for a lesson.	4.88	19	5.48	9	5.20	24	5.43	7
1.10 Select methods of evaluating students' attainment of lesson objectives.	5.25	11	5.51	8	5.40	19	5.43	7

TABLE 12 (continued)

Competency Statement	Instructors				Coordinators			
	Secondary		Post		Secondary		Post	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
1.11 Select materials and equipment for a lesson demonstration.	5.47	45	5.58	4	6.00	4.5	5.50	4.5
1.12 Select and modify prefabricated or commercial aids for a lesson. (Charts, transparencies, motion picture, video tape, slides, audio tapes)	4.94	18	5.20	16	6.00	4.5	5.18	17
1.13 Prepare a lesson plan. (Integrate objectives, learning experiences, evaluation, teaching techniques, and learning resources.)	5.34	8	5.52	6	5.60	14.5	5.64	2
1.14 Prepare information sheets (handouts), and assignment sheets.	4.87	20.5	5.20	17	5.60	17.5	5.36	15
1.15 Obtain textbooks, references and other printed instructional material.	5.42	6	5.35	12	6.00	4.5	5.39	11
1.16 Develop original instructional materials (Individualized learning packages, learning modules, or lesson kits.)	4.31	35	4.41	30	5.40	19	4.29	35
1.17 Prepare teaching materials.	5.41	7	5.58	3	6.00	4.5	5.43	7
1.18 Prepare simulation or learning game.	4.06	40	4.31	33	4.20	34	3.89	38
1.19 Design and conduct a community occupational survey.	4.29	37.5	3.73	39	4.60	31.5	3.36	14

TABLE 12 (continued)

Competency Statement	Instructors				Coordinators			
	Secondary		Post		Secondary		Post	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
1.20 Prepare a questionnaire for collection of occupational data.	4.29	37.5	3.55	40	4.60	31.5	3.54	39
1.21 Identify the competencies needed for entry into an occupation.	5.26	10	5.31	14	6.00	4.5	5.39	11
1.22 Develop health occupations courses by clustering and sequencing related tasks.	4.87	20.5	4.60	27	5.60	14.5	4.63	26
1.23 Analyze collected occupational data to determine priorities among training needs.	4.79	26	4.48	28	5.40	19	4.38	33
1.24 Collect data on projected student enrollment.	4.35	34	4.07	38	4.60	31.5	4.00	36
1.25 Identify the role and function of the advisory committee.	4.52	32	4.30	34	4.00	36.5	4.52	30.5
1.26 Establish the criteria for selection of advisory committee members.	4.62	30	4.37	32	4.00	36.5	4.52	30.5
1.27 Organize an advisory committee.	4.68	29	4.40	31	3.50	39.5	4.96	21
1.28 Plan the annual program of work to be considered by the advisory committee.	4.50	33	4.25	36	3.50	39.5	4.41	32
1.29 Serve as the liaison for the advisory committee and the school administration.	4.31	36	4.46	29	3.75	38	4.85	23

TABLE 12 (continued)

Competency Statement	Instructors				Coordinators			
			Post				Post	
	Secondary Mean	Rank	Secondary Mean	Rank	Secondary Mean	Rank	Secondary Mean	Rank
1.30 Work effectively with the advisory committee.	4.77	27	4.64	26	5.25	22.5	5.11	18
1.31 Develop long-range plans for the health occupations program.	5.16	14	5.03	20	4.80	28.5	5.07	19.5
1.32 Prepare a long-range budget which identifies the financial needs of the health occupational program.	5.00	17	4.70	23	5.00	26	4.57	28
1.33 Maintain continual follow-up information on placement, employment, and training status of each graduate.	4.83	23.5	4.71	22	4.80	28.5	4.57	27
1.34 Obtain follow-up data from employers of graduates.	4.83	23.5	4.84	21	4.60	31.5	4.67	25
1.35 Determine reasons students drop out of health occupations programs.	4.81	25	4.69	24	5.25	22.5	4.36	34
1.36 Assess the relevancy of the course offerings in the health occupations program.	5.17	13	5.19	18	5.80	10	4.93	22
1.37 Assess the adequacy and relevancy of the health occupations program facilities and equipment.	5.23	12	5.27	15	5.80	10	5.07	19.5
1.38 Provide for articulation between health occupations programs.	4.73	28	5.15	19	5.60	14.5	4.78	24

TABLE 12 (continued)

Competency Statement	Instructors				Coordinators			
	Secondary		Post		Secondary		Post	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
1.39 Develop procedures for working with the disadvantaged and with minority groups.	4.55	31	4.22	37	4.25	35	4.00	37
1.40 Develop procedures for working with the handicapped.	4.25	39	4.25	35	5.00	26	3.42	40

TABLE 13
Ranks Assigned to Competencies Within the
Teaching Component by Health Occupations Educators in Louisiana

Competency Statement	Instructors				Coordinators			
	Secondary		Post		Secondary		Post	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
2.01 Direct students in gathering information from sources in the community, and on field trips.	4.63	23	4.58	22	5.00	22	4.25	27
2.02 Present information using a simulation or learning game.	4.63	23	4.09	26	3.80	29	4.00	29.5
2.03 Present information using group supervised study.	4.63	23	4.37	24	4.00	28	4.46	22
2.04 Present information by having students "read chapter and answer questions in the book."	3.66	28	3.51	29	4.60	25	3.64	23
2.05 Lead communication techniques. (buzz groups, brainstorming, skits, debates, etc.)	4.48	26	4.28	25	5.80	8	4.00	29.5
2.06 Present information using the case study method.	4.32	27	4.38	23	5.00	22	4.37	26
2.07 Introduce a lesson or unit.	5.28	13	5.23	11	6.00	3.5	5.25	12
2.08 Summarize a lesson or unit.	5.41	11	5.14	14	5.60	12	3.39	8
2.09 Employ oral questioning techniques	5.50	6	4.98	17	6.00	3.5	5.00	20
2.10 Structure instruction so that students can progress at their own rate.	4.59	25	3.79	27	5.50	15	3.52	24

TABLE 13 (continued)

Competency Statement	Instructors				Coordinators			
	Secondary		Post		Secondary		Post	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
2.11 Demonstrate a manipulative skill (procedure).	5.88	1	5.67	3	6.00	3.5	5.75	3
2.12 Give a lecture.	5.16	16	5.35	9	5.60	12	5.36	9.5
2.13 Give an illustrated talk.	5.69	2.5	5.45	9	5.60	12	5.36	9.5
2.14 Use analogies to present information.	5.44	9	5.21	12	5.40	16	5.15	16
2.15 Present information by the use of individualized instruction.	5.07	20	4.70	21	4.75	24	4.39	25
2.16 Give an assignment.	5.06	21	5.20	13	5.80	8	5.57	7
2.17 Present information through team teaching.	5.27	14	4.92	18	4.50	26	5.15	15
2.18 Present information with assistance of a resource person.	5.13	17	5.05	16	5.20	17.5	5.22	14
2.19 Present information with displays, models and real objects.	5.63	4	5.49	7	6.00	3.5	5.68	4.5
2.20 Use audio visual materials.	5.47	7.5	5.52	5	6.00	3.5	5.68	4.5
2.21 Direct students in the practice of manipulative skills.	5.69	2.5	5.79	2	6.00	3.5	5.89	1
2.22 Direct student activities on job related projects, laboratory projects and activities.	5.56	5	5.56	4	5.80	8	5.59	6

TABLE 13 (continued)

Competency Statement	Instructors				Coordinators			
	Secondary		Post Secondary		Secondary		Post Secondary	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
2.23 Direct students in charting techniques. (record keeping)	5.42	10	5.82	1	5.60	12	5.76	2
2.24 Provide remedial practice sessions.	5.32	12	5.11	15	5.20	17.5	5.07	18
2.25 Construct subject matter diagnostic tests.	5.10	19	4.90	19	5.00	22	5.23	13
2.26 Eliminate student deficiencies in attainment of a training objective.	5.24	15	4.83	20	5.60	12	4.85	21
2.27 Use cumulative data on students' ability and achievement in evaluating performance.	5.47	7.5	5.28	10	5.20	17.5	5.33	11
2.28 Formulate a system of grading consistent with school policy.	5.13	18	5.52	6	5.20	17.5	5.11	17
2.29 Use a polaroid camera and/or video tape recorder to provide instant visual feedback on student performance.	3.45	29	3.67	28	4.25	27	4.10	28

TABLE 14
Ranks Assigned to Competencies Within the Evaluation Component
by Health Occupations Educators in Louisiana

Competency Statement	Instructors				Coordinators			
	Secondary		Post		Secondary		Post	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
3.01 Assess effectiveness of instruction through use of student's records.	5.06	7	4.76	8	5.50	4	4.79	8
3.02 Assess quality of on-the-job training.	5.61	1	5.53	3	5.80	1	5.57	1
3.03 Evaluate textbooks for content validity, reading level, and sex/cultural bias.	5.28	6	5.10	5	5.40	5	5.39	2
3.04 Provide for student participation in the evaluation of instruction.	5.34	5	4.96	7	5.20	8	5.04	7
3.05 Evaluate instruction through self-rating devices and instructional media, such as video or audio recording.	4.56	9	4.49	10	4.60	10	4.44	9
3.06 Assign grades.	4.90	8	5.16	4	5.40	5	5.18	5
3.07 Obtain information from employers or job supervisors regarding the quality of health occupations instruction.	5.38	4	5.09	6	5.40	5	5.07	6
3.08 Assess the validity of instructional tests.	5.44	3	5.45	2	5.60	2	5.32	4
3.09 Assess the reliability of instructional tests.	5.47	2	5.47	1	5.60	2	5.39	3

TABLE 14 (continued)

Competency Statement	Instructors				Coordinators			
	Secondary		Post		Secondary		Post	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
3.10 Assess the cultural bias of tests used for program placement.	4.56	10	4.53	9	4.60	9	4.07	10

TABLE 15
Ranks Assigned to Competencies Within the Management Component
by Health Occupations Educators in Louisiana

Competency Statement	Instructors				Coordinators			
	Secondary		Post		Secondary		Post	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
4.01 Identify new equipment and materials needed in a health occupations course for the academic year.	5.31	6	5.20	9	5.80	5	5.46	3
4.02 Recommend reference books and periodicals that should be added to the library.	4.97	12	5.27	7.5	5.80	5	5.42	4
4.03 Prepare budget for equipment, supplies and travel.	5.07	9	4.91	12	5.20	10	4.96	12
4.04 Structure a filing system for records, report forms, student files and instructional materials.	5.13	8	5.14	10	5.20	10	5.18	8
4.05 Complete reports required by state department of education. (State Board of Nurse Examiners/or the like)	5.07	11	5.37	4	4.80	12	5.38	5
4.06 Arrange for essential safety apparel and devices.	5.45	4	5.57	2	6.00	2	5.35	6
4.07 Maintain a record of safety instructions presented in compliance with safety laws and regulations.	5.22	7	5.32	6	5.75	7	5.07	9

TABLE 15 (continued)

Competency Statement	Instructors				Coordinators			
	Secondary		Post		Secondary		Post	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
4.08 Inventory teaching materials, supplies and equipment.	5.06	10	5.03	11	5.20	10	4.96	10
4.09 Schedule laboratory equipment for maximum utilization.	5.39	5	5.27	7.5	5.60	8	5.04	11
4.10 Arrange layout of laboratory to simulate clinical environment.	5.56	3	5.36	5	6.00	2	5.21	7
4.11 Establish a policy for use of health occupations facilities by outside groups and other school personnel.	4.31	13	4.44	13	4.00	13	4.62	13
4.12 Formulate with students acceptable standards of behavior.	5.68	2	5.50	3	5.80	5	5.50	2
4.13 Encourage students to exercise self-discipline.	5.88	1	5.72	1	6.00	2	5.75	1

Guidance and Placement Component. There are fourteen competencies presented in Table 16. The instructors indicated a priority for "Conducting a counseling session with a student" followed by "Assist students in developing good study habits." The coordinators agreed on the high level of importance for good study habits but then the post-secondary coordinators gave equal ranking to "Assist senior/graduates in preparing for interview with potential employers."

School-Community Relations Component. Thirteen competencies are shown in Table 17 with ranks assigned by four groups of health occupations educators in Louisiana.

The instructors and coordinators all seemed to agree on the rating of all of these school-community relations competencies.

Student-Vocational Organization Component. The eight competencies presented in Table 18 seemed to have the lowest mean scores of all the components. The ratings are all in the moderate level of importance range (3.00 to 4.80) except for the secondary coordinators. The secondary coordinators rated each of the competencies at a higher level of importance than the other groups.

Professional Role Component. Table 19 shows a very close agreement of the high degree of importance placed on each competency by the health occupations educators in Louisiana. The mean scores and rank order are very similar among the groups.

TABLE 16
Ranks Assigned to Competencies Within the Guidance and Placement
Component by Health Occupations Educators in Louisiana

Competency Statement	Instructors				Coordinators			
	Secondary		Post		Secondary		Post	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
5.01 Determine students' background and environment.	4.33	13.5	3.82	14	5.25	9	4.08	13
5.02 Analyze students' cumulative records.	4.41	12	4.48	11	5.50	7	4.44	10
5.03 Maintain anecdotal records on students.	4.97	8	5.01	6	5.20	10.5	4.96	7.5
5.04 Interpret national standardized tests, occupational tests, and inventories to students.	4.33	13.5	4.80	9	5.20	10.5	4.96	7.5
5.05 Confer with student and parents.	5.10	7	4.84	8	5.75	5	4.78	9
5.06 Conduct a counseling session with a student.	5.48	2	5.37	1	5.80	2.5	5.22	5
5.07 Conduct a group counseling session.	4.72	10	4.25	13	5.00	13	4.41	11
5.08 Assist students in developing good study habits.	5.48	2	5.31	2	5.80	2.5	5.42	1.5
5.09 Work with other teachers and counselors to help students with individual problems.	5.39	5	5.21	4	5.60	6	5.28	4
5.10 Assist students with their problems by working with agencies such as the health and welfare services.	4.64	11	4.37	12	5.00	13	4.19	12

TABLE 16 (continued)

Competency Statement	Instructors				Coordinators			
	Secondary		Post		Secondary		Post	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
5.11 Present information to students on employment opportunities.	5.35	6	5.25	3	5.80	2.5	5.32	3
5.12 Write letters of recommendation for students/graduates.	5.42	4	4.88	7	5.80	2.5	5.00	7
5.13 Assist seniors/graduates in preparing for interview with potential employers.	5.48	2	5.19	5	5.40	8	5.42	1.5
5.14 Assist students/graduates in securing and in filling out applications for jobs, scholarships, educational loans, or college admissions.	4.87	9	4.76	10	5.00	13.5	5.08	6

TABLE 17

Ranks Assigned to Competencies Within the School-Community
Relations Component by Health Occupations Educators in Louisiana

Competency Statement	Instructors				Coordinators			
	Secondary		Post		Secondary		Post	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
6.01 Participate in the development of policies regarding school-community relations.	4.93	4	4.58	6	5.40	5	4.82	5
6.02 Inform the school and community about the health occupations program.	5.39	1	5.12	2	5.60	2.5	5.54	1
6.03 Prepare news releases on activities of your program.	4.90	5	4.65	3	5.20	6	4.81	6
6.04 Present activities of your health occupations program on radio or television.	4.13	11	4.29	10	3.80	13	4.56	9
6.05 Speak to school and community groups on health occupations programs.	4.97	3	4.56	7	5.00	8	4.85	4
6.06 Conduct an open house to familiarize members of the school and community with activities of health occupations programs.	4.81	6	4.53	8	5.6	2.5	5.00	3
6.07 Maintain liaison with union officials and employers.	4.00	12	4.39	9	3.75	12	4.48	10
6.08 Serve in professional non-vocational organizations to improve the image of the health occupations program.	4.34	10	4.64	4	5.00	8	4.64	7

TABLE 17 (continued)

Competency Statement	Instructors				Coordinators			
	Secondary		Post		Secondary		Post	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
6.09 Serve in community organizations to improve the image of the health occupations program.	4.41	9	4.59	5	4.80	10	4.57	8
6.10 Conduct opinion surveys in the school and community.	3.83	13	3.75	13	4.50	11	3.50	12
6.11 Analyze enrollment trends of health occupations programs.	4.41	8	3.89	12	5.00	8	4.19	11
6.12 Communicate with parents regarding their expectations of the health occupations program.	4.58	7	3.90	11	5.50	4	3.30	13
6.13 Maintain working relationships with the school supporting staff.	5.32	2	5.16	1	5.80	1	5.32	2

TABLE 18
**Ranks Assigned to Competencies Within the Student-Vocational
Organization Component by Health Occupations Educators in Louisiana**

Competency Statement	Instructors				Coordinators			
	Secondary		Post		Secondary		Post	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
7.01 Establish a Health Occupations Students' Association. (H.O.S.A.)	4.58	2.5	4.04	1	5.20	1	3.46	3
7.02 Inform prospective members and their parents about H.O.S.A.	4.58	2.5	3.92	3	5.00	4	3.50	2
7.03 Assist in planning activities and supervise activities.	4.60	1	3.93	2	5.00	4	3.71	1
7.04 Conduct leadership training sessions for the officers.	4.53	5	3.82	4	5.00	4	3.45	4
7.05 Assist students with the financial management of H.O.S.A.	4.54	4	3.61	5	5.00	4	3.24	8
7.06 Coordinate H.O.S.A. activities with instructional activities.	4.33	7	3.66	5	5.00	4	3.38	5
7.07 Assist in the preparation of state and national reports, provide advice and training for student entries in state and national H.O.S.A. contests.	4.37	6	3.56	8	4.80	7.5	3.27	7
7.08 Serve as an advisor or judge for district, state, regional, or national H.O.S.A. contests.	4.13	8	3.61	7	4.80	7.5	3.33	6

TABLE 19
Ranks Assigned to Competencies Within the Professional Role
Component by Health Occupations Educators in Louisiana

Competency Statement	Instructors				Coordinators			
	Secondary		Post		Secondary		Post	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
8.01 Demonstrate exemplary professional and personal conduct.	5.81	2	5.74	1	6.00	2.5	5.68	3.5
8.02 Exchange ideas with other teachers.	5.84	1	5.73	2	6.00	2.5	5.68	3.5
8.03 Serve professional organizations as an officer and/or chairman or member of a committee.	4.29	8	4.60	8	5.20	7.5	4.79	7
8.04 Maintain an active and continuing interest in professional field through reading, attendance at meetings and publication activities.	5.50	5	5.60	5	6.00	2.5	5.61	5
8.05 Participate in experimental and other data collecting research activities.	4.45	7	4.73	7	5.20	7	4.43	8
8.06 Assist teachers who are new in the system.	5.65	4	5.70	4	5.80	5	5.71	2
8.07 Acquire new occupational skills needed to keep pace with technological advancement in health occupations.	5.78	3	5.71	3	6.00	2.5	5.79	1
8.08 Update professional personnel file regularly.	5.35	6	5.38	6	5.60	6	5.11	6

Coordination of Cooperative Education Component. There are six competencies presented in Table 20. The instructors and coordinators at the secondary and post-secondary levels of instruction all seemed to agree on a high degree of importance for this component. The lowest mean score is 5.23 and the highest mean score is 6.00.

Health Care Environment Component. All of the fourteen competencies in Table 21 have means which indicated a high level of importance from instructors and coordinators at the secondary and post-secondary levels of instruction. These competencies relate to the clinical experience component of the health occupations curriculum.

TABLE 20

Ranks Assigned to Competencies Within the Coordination of Cooperative
Education Component by Health Occupations Educators in Louisiana

Competency Statement	Instructors				Coordinators			
	Secondary		Post		Secondary		Post	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
9.01 Establish criteria for selection of student-learners for on-the-job education.	5.33	5.5	5.10	6	6.00	2.5	5.28	6
9.02 Establish policies for student learners and on-the-job training stations.	5.33	5.5	5.14	5	6.00	2.5	5.23	4.5
9.03 Place students in appropriate on-the-job training stations.	5.59	3	5.37	3	5.33	6	5.35	2
9.04 Supervise on-the-job training.	5.63	1.5	5.44	2	5.75	5	5.56	1
9.05 Correlate instruction with on-the-job training.	5.63	1.5	5.49	1	6.00	2.5	5.38	3
9.06 Maintain records of individuals placed in on-the-job training.	5.47	4	5.37	4	6.00	2.5	5.23	4.5

TABLE 21
Ranks Assigned to Competencies Within the Health Care Environment
Component by Health Occupations Educators in Louisiana

Competency Statement	Instructors				Coordinators			
	Secondary		Post		Secondary		Post	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
10.01 Identify learning outcomes best achieved in the clinical setting.	5.75	6	5.58	8	5.80	9	5.67	7.5
10.02 Evaluate a student's readiness to enter the clinical environment.	5.69	8	5.69	7	6.00	4	5.67	7.5
10.03 Plan for the use of patients in training demonstrations or practice sessions.	5.41	12	5.44	12	5.80	9	5.62	9
10.04 Coordinate actions of student-learners with other members of a health care team.	5.44	11	5.51	9	5.80	9	5.30	13
10.05 Supervise student practice in a clinical environment.	5.84	3	5.83	2	6.00	4	5.93	1
10.06 Give appropriate feedback for student performance in a clinical environment.	5.81	4.5	5.81	3	6.00	4	5.81	5
10.07 Orient students to their professional responsibilities in the clinical setting.	5.81	4.5	5.84	1	6.00	4	5.89	2.5
10.08 Analyze statutes regulating health occupations to determine training needs.	5.38	13	5.42	14	5.60	12	5.33	11.5

TABLE 21 (continued)

Competency Statement	Instructors				Coordinators			
	Secondary		Post Secondary		Secondary		Post Secondary	
	Mean	Rank	Mean	Rank	Mean	Rank	Mean	Rank
10.09 Make valid recommendations regarding needed revision and improvement of health care procedures and equipment.	5.63	9	5.50	10	5.40	13	5.48	10
10.10 Counsel students with problems adjusting to illness or death.	5.47	10	4.48	12	5.75	11	5.33	11.5
10.11 Describe organizational flow chart of the clinical facility.	4.97	14	5.10	11	5.25	14	5.15	14
10.12 Interpret to students acceptable standards of behavior and appearance in the clinical environment.	5.88	2	5.74	6	6.00	4	5.89	2.5
10.13 Correct a student for a violation of standards of behavior or appearance in the clinical environment.	5.90	1	5.79	5	6.00	4	5.81	5
10.14 Prepare and conduct clinical evaluation conferences.	5.74	7	5.81	4	6.00	4	5.81	5

Chapter 5

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The major purpose of this study was to develop a rating scale suitable for assessing teaching competencies of health occupations educators in the State of Louisiana.

In order to achieve the study's major purpose the following questions were investigated:

1. What teaching competencies should be exhibited by secondary and post-secondary health occupations educators in Louisiana?
2. What is the rank order of all the identified teaching competencies in health occupations, based on the degree of importance placed on them by secondary and post-secondary health occupations educators in Louisiana?
3. What is the rank order within each competency area of the identified teaching competencies, based on the degree of importance placed on them by secondary and post-secondary health occupations educators in Louisiana?
4. What is the rank order of all the identified teaching competencies, based on the degree of importance placed on them by supervisors (coordinators) of health occupations educators in Louisiana?
5. What is the rank order within each competency area of the identified competencies, based on the degree of importance placed on them by supervisors of health occupations educators in Louisiana?

A survey of the literature was conducted to devise an assessment instrument composed of items relating to instructional competencies for health occupations educators. The list of competencies felt to be needed by health occupations educators were included in the following areas: Planning, Teaching, Evaluation, Management, Guidance and Placement, School-Community Relations, Student-Vocational Organization, Professional Role, Coordination of Cooperative Education, and Health Care Environment.

The questionnaire was developed by the writer and submitted to a jury of experts for validation.

During the Spring of 1981 the questionnaire was presented or mailed to 201 health occupations educators in Louisiana. One hundred eighty-six completed questionnaires were returned within two months for 93 percent of the surveyed population. The remaining educators were reclassified as non-respondents and a vigorous follow-up campaign produced ten more responses (63 percent of the non-respondents). The responses of the "non-respondents" paralleled the earlier responses. There are now 196 completed questionnaires on file (98 percent of the surveyed population).

Data from the educator's responses were analyzed to determine priority ratings for each of the competencies.

The population of health occupations educators in Louisiana agreed that the 155 competencies on the questionnaire were of importance to the success of instruction in health occupations programs in Louisiana. No competency items were perceived to be of little importance, all had mean scores of 3.5 or higher. Seventy-four percent of the competencies (n=94) had mean scores of 5.00 or above, highly important.

Respondents rated competencies related to health care environment and coordination of cooperative education the highest. Each component had all of the competencies receive a mean score of 5.00 or above. This corresponds to the high degree of importance level on the instruction scale that accompanied the questionnaire.

Conclusions

1. The response rate indicated a high level of interest in instructional competencies from health occupations educators in Louisiana.

2. There were no obvious differences of opinion concerning the degree of importance for competencies of health occupations programs as described in this study, by health occupations instructors or coordinators in Louisiana.

Recommendations

On the basis of the findings of this study, the following recommendations are made:

1. Preservice and graduate teacher education courses need to be developed for health occupations educators in the State of Louisiana.

2. Curriculum planners at the state level should use the comprehensive list of the identified competencies and the rank orders of the competencies within the components as the framework for the development of competency-based health occupations teacher education programs.

3. The competencies identified in this study should be sequenced and incorporated into the health occupations teacher education program.

4. Appropriate instructional material and behavioral objectives should be adopted, adapted, or developed for each competency incorporated into the curriculum.

5. Inservice or college courses need to be developed and presented to health occupations educators relative to instructional competencies in the area of health care environment.

6. Techniques should be developed and refined for measuring the instructional competency of health occupations educators.

7. Studies similar to the present one should be carried out in other areas of vocational education.

8. Further research should be done to determine any significant changes in the teachers or coordinators opinions concerning the importance of the competencies identified in this study.

9. Further research should be done to ascertain student opinions of levels of importance of teacher competencies in health occupations.

10. Health occupations educators in Louisiana need to be more informed of ways to help the handicapped find job opportunities within the health care community.

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APPENDICES

APPENDIX A



J. KELLY NIX
State Superintendent

STATE OF LOUISIANA
DEPARTMENT OF EDUCATION

P. O. Box 44064
Baton Rouge, La.
70804

February 26, 1981

Connie L. Casente, R.N.
1510 Sixth Street
Morgan City, LA 70380

Dear Connie:

We are vitally interested in your graduate program of study to determine health occupations educators' present level of competency in selected instructional areas and the development of a professional education competency instrument which could be utilized in improving the quality of Health Occupations offerings in our Vocational Education System.

We offer you our cooperation and assistance as you survey all health occupations educators in secondary and post-secondary schools funded by the Division of Vocational Education, State Department of Education.

Please let us know if there are other ways in which we may assist you in this important endeavor.

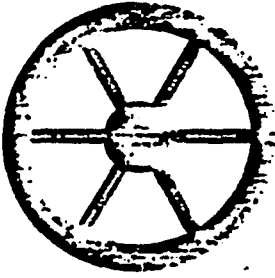
Sincerely,

A handwritten signature in cursive script, reading "Betty H. Penny".

Betty H. Penny, R.N.
Supervisor, Health Occupations Education

BHP:dhm

APPENDIX B



NEW CASTLE AREA VOCATIONAL SCHOOL

Beverly Hankenhoff, Director
1305 G Avenue
New Castle, IN 47362
Ph. (317) 529-8434

Ray A. Vulgan, Assistant Director
801 Parkview Drive
New Castle, IN 47362
Ph. (317) 529-3503

March 11, 1981

Mrs. Connie Casente
1510 Sixth Street
Morgan City, LA 70380

Dear Connie:

It was a pleasure talking with you today and learning that our Project H.O.P.E. was of benefit to you in your research. As I indicated, if you will request approval to use our materials as you have revised them, and if you will give the appropriate credit to the State of Indiana, State Board of Vocational and Technical Education, we will work with the SBVTE to send you approval. I also believe that the SBVTE will want to know what you are doing and would appreciate any special information you can provide.

I am enclosing A Local School Implementation Plan for Performance Based Vocational Education, which is a summary of our program development after Project H.O.P.E. and provides the information about our activities until the last year and one half.

Our current curriculum specialist is Mrs. Carolyn Todd. Her office is at 801 Parkview Drive. If you have any questions or wish additional information about our activities, she will be pleased to help you.

We are pleased to learn that you are working in Louisiana to improve the health occupations programs.

Sincerely yours,

Beverly Hankenhoff
Beverly Hankenhoff
Area Vocational Director

Enclosure

cc. Carolyn Todd
Ed Hornback

APPENDIX C

LOUISIANA STATE UNIVERSITY
AND AGRICULTURAL AND MECHANICAL COLLEGE

BATON ROUGE • LOUISIANA • 70803

College of Agriculture

SCHOOL OF VOCATIONAL EDUCATION
AGRICULTURAL EDUCATION
HOME ECONOMICS EDUCATION
INDUSTRIAL EDUCATION

Dear Beverly,

Thank you for the copy of A Local School Implementation Plan for Performance Based Vocational Education. I'm chaperoning a sixth grade excursion to Washington for the next week and will review it at this time.

Enclosed is the final instrument to be presented to the secondary and post-secondary Health Occupations educators in Louisiana during the week of March 30. There will be two conferences during which I have time frames to present my questionnaire. The instructors who are not present will have copies mailed to them at the same time.

While developing these competency statements and the instrument, I consulted your Project H. O. P. E., as well as other source documents. Some of these include Albert A. Canfield's Competencies for Allied Health Instructors, Performance Based Teacher Education developed by the Center for Vocational Education, Muriel Oaks' study in Washington, Professional Education Competencies Needed by Beginning Teachers of Vocational Agriculture by Dr. J. C. Atherton. The Survey of Teaching Problems of Vocational Health Occupations Instructors by Dr. Lou Ebright has also been very helpful.

I would appreciate a written approval by you and the Indiana State Board of Vocational and Technical Education to use your material. Any comments or advice you send will also be appreciated.

Sincerely,



Connie Casente, R.N.

Enclosures: 4

APPENDIX D

STATE OF INDIANA

State Board of
Vocational and Technical Education



INDIANAPOLIS 46204

401 Illinois Building
17 West Market Street
Indianapolis, Indiana 46204
Phone (317) 232-1810

May 22, 1981

Ms. Connie Casente, R.N.
School of Vocational Education
Louisiana State University
Baton Rouge, LA 70803

Dear Ms. Casente:

Please excuse my slowness in responding to your letter to Beverly Hankenhoff pertaining to Indiana's health curriculum materials. You have approval to use and reproduce copyrighted materials developed by the State Board of Vocational and Technical Education if you note the source and reference the materials.

Let me know if we need to provide further clarification of this matter.

Sincerely,

Ed Hornback, State Coordinator
of Training and Economic Development

EH/mls

cc: B. Hankenhoff

APPENDIX E

Jury of Experts

Dr. Sam Adams
Professor of Education
Department of Administrative and
Foundational Services
Louisiana State University
Baton Rouge, Louisiana

Dr. J. C. Atherton
Professor Emeritus of Vocational
Agricultural Education
Louisiana State University
Baton Rouge, Louisiana

Dr. Charlie M. Curtis
Professor of Vocational Agricultural
Education
Associate Dean, College of Agriculture
Director, School of Vocational Education
Head, Department of Vocational
Agricultural Education
Louisiana State University
Baton Rouge, Louisiana

Carolyn Felter, M.Ed.
Guidance Counselor
Baton Rouge Vocational Technical School
Graduate Student--Education
Louisiana State University
Baton Rouge, Louisiana

Betty Harrison, Ph.D.
Louisiana State University
Vocational Education Teacher Educator
Home Economics Teacher Educator
Baton Rouge, Louisiana

Grace Monk, R.N., Dr. P.H.
Associate Professor of Nursing
Nicholls State University
Thibodaux, Louisiana

Alice Pecoraro, M.Ed.
Home Economics Teacher
Nicholls State University
Graduate Student--Education
Louisiana State University
Baton Rouge, Louisiana

Betty Penny, R.N., M.Ed.
Health Occupations Coordinator
Louisiana State Department of Education
Baton Rouge, Louisiana

Dr. Charles W. Smith
Associate Professor of Vocational
Agricultural Education
Assistant Director,
School of Vocational Education
Louisiana State University
Baton Rouge, Louisiana

Dr. Barbara Strawitz
Professor of Education
Department of Curriculum and Instruction
Louisiana State University
Baton Rouge, Louisiana

APPENDIX F



School of Vocational Education
College of Agriculture

LOUISIANA STATE UNIVERSITY AND AGRICULTURAL AND MECHANICAL COLLEGE
BATON ROUGE • LOUISIANA • 70803

March 30, 1981

Dear Colleague:

The need for highly qualified instructors in health occupations programs has never been more urgent than at the present time. A variety of ongoing, all-day programs in health occupations are being offered in schools throughout the state.

Technically competent health occupations educators have traditionally been employed without evidence of teaching competency. Currently, instructors must meet certain teacher certification requirements set forth by the State Department of Education including course work in vocational, technical and industrial education. Presently there are no pre-service or college education courses designed specifically for the health occupations educator in Louisiana.

We need your help and expertise as it relates to your present teaching position in health occupations. I am presently conducting a study to identify the teaching competencies important to the health occupations educator. In order to plan a health occupations teacher education program it is essential to identify the teaching competencies necessary for success. The identification of these competencies is the first extensive research of its kind in our discipline in this state and has implications for teacher education, inservice planning and the development of a rating scale for more objective evaluation.

All questionnaires are numerically coded to afford a method of identifying non-respondents, to provide a means of conducting follow-up procedures and to allow the necessary degree of anonymity to each respondent. Please complete the enclosed questionnaire and return it in the self-addressed, stamped envelope by April 15.

Thank you for your generous cooperation.

Sincerely yours,

Charles M. Curtis

Charlie M. Curtis, Associate Dean
College of Agriculture & Director
School of Vocational Education

Connie L. Casente, R.N.

Connie L. Casente
Instructor of Practical Nursing
Young Memorial Vocational School

mkm

Extension and International Education Department • Industrial and Technical Education Department • Vocational Agricultural Education Department
Vocational Home Economics Education Department

APPENDIX G

DIRECTIONS FOR COMPLETING THE HEALTH OCCUPATIONS QUESTIONNAIRE

The purpose of this questionnaire is to identify the specific teaching competencies needed by health occupations educators in secondary and post-secondary health occupations programs in Louisiana.

A panel of health occupations educators in Louisiana has reviewed and validated specific competency statements that may or may not be needed by you to successfully plan and carry out a program of health occupations education in your area of specialization.

Please read each competency statement and determine it's relative importance to you in the success of your program by rating it from a high of 6 to a low of 1. If you feel that a particular competency statement does not apply to your program, please write N/A on the line next to the item.

- 6 = Very high importance
- 5 = High importance
- 4 = High medium importance
- 3 = Low medium importance
- 2 = Low importance
- 1 = Very low importance
- N/A = Not applicable

Examples

Importance						
High	Medium		Low			
6	5	4	3	2	1	N/A
<hr/>						
1.03 Identify the unit topics for a course						6

If you feel that the above competency is highly important to health occupations programs in Louisiana please write "6" on the line following the item.

Importance						
High	Medium		Low			
6	5	4	3	2	1	N/A
<hr/>						
1.03 Identify the unit topics for a course						N/A

If you feel that the above competency is not applicable to health occupations programs in Louisiana please write "N/A" on the line following the item.

After completing the questionnaire, please check the items to ensure that you have rated each and every item.

Thank you for your participation in this study.

APPENDIX H

HOW IMPORTANT ARE THE FOLLOWING COMPETENCIES TO HEALTH OCCUPATIONS PROGRAMS?

PLANNING COMPONENT

Competency Statements	Importance						N/A
	High		Medium		Low		
	6	5	4	3	2	1	
1.01 Select job tasks, conditions, and standards for which instructional plans are to be designed.							
1.02 Sequence performance goals (terminal objectives) for a course.							
1.03 Identify the unit topics for a course.							
1.04 Determine objectives for a unit.							
1.05 Identify lesson topics for a unit.							
1.06 Identify the specific objectives for a lesson.							
1.07 Determine group and individual learning experiences for a lesson based on individual differences of students.							
1.08 Select methods of evaluating students' performance throughout a unit.							
1.09 Select teaching techniques for a lesson.							
1.10 Select methods of evaluating students' attainment of lesson objectives.							
1.11 Select materials and equipment for a lesson demonstration.							
1.12 Select and modify prefabricated or commercial aids for a lesson. (charts, transparencies, motion picture, video tape, slides, audio tapes)							
1.13 Prepare a lesson plan. (Integrate objectives, learning experiences, evaluation, teaching techniques, and learning resources.)							
1.14 Prepare information sheets (handouts), and assignment sheets.							
1.15 Obtain textbooks, references and other printed instructional material.							
1.16 Develop original instructional materials. (Individualized learning packages, learning modules, or lesson kits.)							

HOW IMPORTANT ARE THE FOLLOWING COMPETENCIES TO HEALTH OCCUPATIONS PROGRAMS ?

PLANNING COMPONENT

Competency Statements	Importance						
	High		Medium		Low		N/A
	6	5	4	3	2	1	
1.17 Prepare teaching materials.							
1.18 Prepare simulation or learning game.							
1.19 Design and conduct a community occupational survey.							
1.20 Prepare a questionnaire for collection of occupational data.							
1.21 Identify the competencies needed for entry into an occupation.							
1.22 Develop health occupations courses by clustering and sequencing related tasks.							
1.23 Analyze collected occupational data to determine priorities among training needs.							
1.24 Collect data on projected student enrollment.							
1.25 Identify the role and function of the advisory committee.							
1.26 Establish the criteria for selection of advisory committee members.							
1.27 Organize an advisory committee.							
1.28 Plan the annual program of work to be considered by the advisory committee.							
1.29 Serve as the liaison for the advisory committee and the school administration							
1.30 Work effectively with the advisory committee.							
1.31 Develop long-range plans for the health occupations program.							
1.32 Prepare a long-range budget which identifies the financial needs of the health occupational program.							
1.33 Maintain continual follow-up information on placement, employment, and training status of each graduate.							
1.34 Obtain follow-up data from employers of graduates.							

HOW IMPORTANT ARE THE FOLLOWING COMPETENCIES TO HEALTH OCCUPATIONS PROGRAMS?

PLANNING COMPONENT

Competency Statements	Importance						N/A
	High		Medium		Low		
	6	5	4	3	2	1	
1.35 Determine reasons students drop out of health occupations programs.							
1.36 Assess the relevancy of the course offerings in the health occupations program.							
1.37 Assess the adequacy and relevancy of the health occupations program facilities and equipment.							
1.38 Provide for articulation between health occupations programs.							
1.39 Develop procedures for working with the disadvantaged and with minority groups.							
1.40 Develop procedures for working with the handicapped.							

HOW IMPORTANT ARE THE FOLLOWING COMPETENCIES TO HEALTH OCCUPATIONS PROGRAMS ?

TEACHING COMPONENT

Competency Statements	Importance						N/A
	High		Medium		Low		
	6	5	4	3	2	1	
2.01 Direct students in gathering information from sources in the community, and on field trips.							
2.02 Present information using a simulation or learning game.							
2.03 Present information using group supervised study.							
2.04 Present information by having students "read chapter and answer questions in the book."							
2.05 Lead communication techniques. (Buzz groups, brainstorming, skits, debates, etc.)							
2.06 Present information using the case study method.							
2.07 Introduce a lesson or unit.							
2.08 Summarize a lesson or unit.							
2.09 Employ oral questioning techniques.							
2.10 Structure instruction so that students can progress at their own rate.							
2.11 Demonstrate a manipulative skill (procedure).							
2.12 Give a lecture.							
2.13 Give an illustrated talk.							
2.14 Use analogies to present information.							
2.15 Present information by the use of individualized instruction.							
2.16 Give an assignment.							
2.17 Present information through team teaching.							
2.18 Present information with assistance of a resource person.							
2.19 Present information with displays, models and real objects.							
2.20 Use audio visual materials.							

HOW IMPORTANT ARE THE FOLLOWING COMPETENCIES TO HEALTH OCCUPATIONS PROGRAMS ?

TEACHING COMPONENT

Competency Statements	Importance						N/A
	High		Medium		Low		
	6	5	4	3	2	1	
2.21 Direct students in the practice of manipulative skills.							
2.22 Direct student activities on job related projects, laboratory projects and activities.							
2.23 Direct students in charting techniques. (record keeping)							
2.24 Provide remedial practice sessions.							
2.25 Construct subject matter diagnostic tests.							
2.26 Eliminate student deficiencies in attainment of a training objective.							
2.27 Use cumulative data on students' ability and achievement in evaluating performance.							
2.28 Formulate a system of grading consistent with school policy.							
2.29 Use a polaroid camera and/or video tape recorder to provide instant visual feedback on student performance.							

HOW IMPORTANT ARE THE FOLLOWING COMPETENCIES TO HEALTH OCCUPATIONS PROGRAMS ?

EVALUATION COMPONENT

Competency Statements	Importance						N/A
	High		Medium		Low		
	6	5	4	3	2	1	
3.01 Assess effectiveness of instruction through use of student's records.							
3.02 Assess quality of on-the-job training.							
3.03 Evaluate textbooks for content validity, reading level, and sex/cultural bias.							
3.04 Provide for student participation in the evaluation of instruction.							
3.05 Evaluate instruction through self-rating devices and instructional media, such as video or audio recording.							
3.06 Assign grades.							
3.07 Obtain information from employers or job supervisors regarding the quality of health occupations instruction.							
3.08 Assess the validity of instructional tests.							
3.09 Assess the reliability of instructional tests.							
3.10 Assess the cultural bias of tests used for program placement.							

HOW IMPORTANT ARE THE FOLLOWING COMPETENCIES TO HEALTH OCCUPATIONS PROGRAMS?

MANAGEMENT COMPONENT

Competency Statements	Importance						N/A
	High		Medium		Low		
	6	5	4	3	2	1	
4.01 Identify new equipment and materials needed in a health occupations course for the academic year.							
4.02 Recommend reference books and periodicals that should be added to the library.							
4.03 Prepare budget for equipment, supplies and travel.							
4.04 Structure a filing system for records, report forms, student files and instructional materials.							
4.05 Complete reports required by state department of education. (State Board of Nurse Examiners/ or the like)							
4.06 Arrange for essential safety apparel and devices.							
4.07 Maintain a record of safety instructions presented in compliance with safety laws and regulations.							
4.08 Inventory teaching materials, supplies and equipment.							
4.09 Schedule laboratory equipment for maximum utilization.							
4.10 Arrange layout of laboratory to simulate clinical environment.							
4.11 Establish a policy for use of health occupations facilities by outside groups and other school personnel.							
4.12 Formulate with students acceptable standards of behavior.							
4.13 Encourage students to exercise self-discipline.							

HOW IMPORTANT ARE THE FOLLOWING COMPETENCIES TO HEALTH OCCUPATIONS PROGRAMS ?

GUIDANCE AND PLACEMENT COMPONENT

Competency Statements	Importance						N/A
	High		Medium		Low		
	6	5	4	3	2	1	
5.01 Determine students' background and environment.							
5.02 Analyze students' cumulative records.							
5.03 Maintain anecdotal records on students.							
5.04 Interpret national standardized tests, occupational tests, and inventories to students.							
5.05 Confer with student and parents.							
5.06 Conduct a counseling session with a student.							
5.07 Conduct a group counseling session.							
5.08 Assist students in developing good study habits.							
5.09 Work with other teachers and counselors to help students with individual problems.							
5.10 Assist students with their problems by working with agencies such as the health and welfare services.							
5.11 Present information to students on employment opportunities.							
5.12 Write letters of recommendation for students/graduates.							
5.13 Assist seniors/graduates in preparing for interview with potential employers.							
5.14 Assist students/graduates in securing and in filling out applications for jobs, scholarships, educational loans, or college admissions.							

HOW IMPORTANT ARE THE FOLLOWING COMPETENCIES TO HEALTH OCCUPATIONS PROGRAMS?

SCHOOL-COMMUNITY RELATIONS COMPONENT

Competency Statements	Importance						N/A
	High		Medium		Low		
	6	5	4	3	2	1	
6.01 Participate in the development of policies regarding school-community relations.							
6.02 Inform the school and community about the health occupations program.							
6.03 Prepare news releases on activities of your program.							
6.04 Present activities of your health occupations program on radio or television.							
6.05 Speak to school and community groups on health occupations programs.							
6.06 Conduct an open house to familiarize members of the school and community with activities of health occupations programs.							
6.07 Maintain liaison with union officials and employers.							
6.08 Serve in professional non-vocational organizations to improve the image of the health occupations program.							
6.09 Serve in community organizations to improve the image of the health occupations program.							
6.10 Conduct opinion surveys in the school and community.							
6.11 Analyze enrollment trends of health occupations programs.							
6.12 Communicate with parents regarding their expectations of the health occupations program.							
6.13 Maintain working relationships with the school supporting staff.							

HOW IMPORTANT ARE THE FOLLOWING COMPETENCIES TO HEALTH OCCUPATIONS PROGRAMS?

STUDENT-VOCATIONAL ORGANIZATION COMPONENT

Competency Statements	Importance						N/A
	High		Medium		Low		
	6	5	4	3	2	1	
7.01 Establish a Health Occupations Students' Association. (H.O.S.A.)							
7.02 Inform prospective members and their parents about H.O.S.A.							
7.03 Assist in planning activities and supervise activities.							
7.04 Conduct leadership training sessions for the officers.							
7.05 Assist students with the financial management of H.O.S.A.							
7.06 Coordinate H.O.S.A. activities with instructional activities.							
7.07 Assist in the preparation of state and national reports, provide advice and training for student entries in state and national H.O.S.A. contests.							
7.08 Serve as an advisor or judge for district, state, regional, or national H.O.S.A. contests.							

HOW IMPORTANT ARE THE FOLLOWING COMPETENCIES TO HEALTH OCCUPATIONS PROGRAMS?

PROFESSIONAL ROLE COMPONENT

Competency Statements	Importance						N/A
	High		Medium		Low		
	6	5	4	3	2	1	
8.01 Demonstrate exemplary professional and personal conduct.							
8.02 Exchange ideas with other teachers.							
8.03 Serve professional organizations as an officer and/or chairman or member of a committee.							
8.04 Maintain an active and continuing interest in professional field through reading, attendance at meetings and publication activities.							
8.05 Participate in experimental and other data collecting research activities.							
8.06 Assist teachers who are new in the system.							
8.07 Acquire new occupational skills needed to keep pace with technological advancement in health occupations.							
8.08 Update professional personnel file regularly.							

HOW IMPORTANT ARE THE FOLLOWING COMPETENCIES TO HEALTH OCCUPATIONS PROGRAMS?

COORDINATION OF COOPERATIVE EDUCATION

Competency Statements	Importance						
	High		Medium		Low		N/A
	6	5	4	3	2	1	
9.01 Establish criteria for selection of student-learners for on-the-job education.							
9.02 Establish policies for student learners and on-the-job education.							
9.03 Place students in appropriate on-the-job training stations.							
9.04 Supervise on-the-job training.							
9.05 Correlate instruction with on-the-job training.							
9.06 Maintain records of individuals placed in on-the-job training.							

HOW IMPORTANT ARE THE FOLLOWING COMPETENCIES TO HEALTH OCCUPATIONS PROGRAMS?

HEALTH CARE ENVIRONMENT COMPONENT

Competency Statements	Importance						
	High		Medium		Low		N/A
	6	5	4	3	2	1	
10.01 Identify learning outcomes best achieved in the clinical setting.							
10.02 Evaluate a student's readiness to enter the clinical environment.							
10.03 Plan for the use of patients in training demonstrations or practice sessions.							
10.04 Coordinate actions of student-learners with other members of a health care team.							
10.05 Supervise student practice in a clinical environment.							
10.06 Give appropriate feedback for student performance in a clinical environment.							
10.07 Orient students to their professional responsibilities in the clinical setting.							
10.08 Analyze statutes regulating health occupations to determine training needs.							
10.09 Make valid recommendations regarding needed revision and improvement of health care procedures and equipment.							
10.10 Counsel students with problems adjusting to illness or death.							
10.11 Describe organizational flow chart of the clinical facility.							
10.12 Interpret to students acceptable standards of behavior and appearance in the clinical environment.							
10.13 Correct a student for a violation of standards of behavior or appearance in the clinical environment.							
10.14 Prepare and conduct clinical evaluation conferences.							

APPENDIX I

Rating Scale

Competency Statements for Health Occupations Educators

1. Supervise student practice in a clinical environment.
2. Orient students to their professional responsibilities in the clinical setting.
3. Give appropriate feedback for student performance in a clinical environment.
4. Correct a student for a violation of standards of behavior or appearance in the clinical environment.
5. Prepare and conduct clinical evaluation conferences.
6. Interpret to students acceptable standards of behavior and appearance in the clinical environment.
7. Direct students in the practice of manipulative skills.
8. Encourage students to exercise self-discipline.
9. Demonstrate exemplary professional and personal conduct.
10. Exchange ideas with other teachers.
11. Acquire new occupational skills needed to keep pace with technological advancement in health occupations.
12. Direct students in charting techniques (record keeping).
13. Demonstrate a manipulative skill (procedure).
14. Evaluate a student's readiness to enter the clinical environment.
15. Assist teachers who are new in the system.
16. Identify learning outcomes best achieved in the clinical setting.
17. Select methods of evaluating student's performance throughout a unit.
18. Maintain an active and continuing interest in professional field through reading, attendance at meetings and publication activities.
19. Direct student activities on job related projects, laboratory projects, and activities.

20. Sequence performance goals (terminal objectives) for a course.
21. Present information with displays, models and real objects.
22. Assess quality of on-the-job training.
23. Formulate with students acceptable standards of behavior.
24. Use audio visual materials.
25. Determine objectives for a unit.
26. Select materials and equipment for a lesson demonstration.
27. Correlate instruction with on-the-job training.
28. Make valid recommendations regarding needed revision and improvement of health care procedures and equipment.
29. Prepare teaching materials.
30. Supervise on-the-job training.
31. Prepare a lesson plan. (Intergrate objectives, learning experiences, evaluation, teaching techniques, and learning resources.)
32. Arrange for essential safety apparel and devices.
33. Give an illustrated talk.
34. Coordinate actions of student-learners with other members of a health care team.
35. Identify the specific objectives for a lesson.
36. Plan for the use of patients in training demonstrations or practice sessions.
37. Counsel students with problems adjusting to illness or death.
38. Assess the reliability of instructional tests.
39. Select job tasks, conditions, and standards for which instructional plans are to be designed.
40. Select methods of evaluating students' attainment of lesson objectives.
41. Assess the validity of instructional tests.
42. Place students in appropriate on-the-job training stations.

43. Analyze statutes regulating health occupations to determine training needs.
44. Arrange layout of laboratory to simulate clinical environment.
45. Conduct a counseling session with a student.
46. Obtain textbooks, references and other printed instructional material.
47. Assist students in developing good study habits.
48. Maintain records of individuals placed in on-the-job training.
49. Identify the unit topics for a course.
50. Update professional personnel file regularly.
51. Formulate a system of grading consistent with school policy.
52. Identify the competencies needed for entry into an occupation.
53. Select teaching techniques for a lesson.
54. Give a lecture.
55. Use cumulative data on students' ability and achievement in evaluating performance.
56. Complete reports required by state department of education. (State Board of Nurse Examiners or the like.)
57. Present information to students on employment opportunities.
58. Identify lesson topics for a unit.
59. Assist seniors/graduates in preparing for interview with potential employers.
60. Identify new equipment and materials needed in a health occupations course for the academic year.
61. Work with other teachers and counselors to help students with individual problems.
62. Introduce a lesson or unit.
63. Maintain a record of safety instructions presented in compliance with safety laws and regulations.
64. Schedule laboratory equipment for maximum utilization.

65. Recommend reference books and periodicals that should be added to the library.
66. Inform the school and community about the health occupations program.
67. Use analogies to present information.
68. Maintain working relationships with the school supporting staff.
69. Assess the adequacy and relevancy of the health occupations program facilities and equipment.
70. Summarize a lesson or unit.
71. Give an assignment.
72. Establish policies for student learners and on-the-job education.
73. Establish criteria for selection of student-learners for on-the-job education.
74. Evaluate textbooks for content validity, reading level, and sex/cultural bias.
75. Prepare information sheets (handouts), and assignment sheets.
76. Assess the relevancy of the course offerings in the health occupations program.
77. Obtain information from employers or job supervisors regarding the quality of health occupations instruction.
78. Select and modify prefabricated or commercial aids for a lesson. (charts, transparencies, motion picture, video tape, slides, audio tapes)
79. Structure a filing system for records, report forms, student files and instructional materials.
80. Provide remedial practice sessions.
81. Employ oral questioning techniques.
82. Assign grades.
83. Present information with assistance of a resource person.
84. Describe organizational flow chart of the clinical facility.
85. Provide for student participation in the evaluation of instruction.
86. Inventory teaching materials, supplies and equipment.

87. Develop long-range plans for the health occupations program.
88. Maintain anecdotal records on students.
89. Provide for articulation between health occupations programs.
90. Write letters of recommendation for students/graduates.
91. Present information through team teaching.
92. Construct subject matter diagnostic tests.
93. Prepare budget for equipment, supplies and travel.
94. Eliminate student deficiencies in attainment of a training objective.
95. Confer with student and parents.
96. Assist students/graduates in securing and in filling out applications for jobs, scholarships, educational loans, or college admissions.
97. Obtain follow-up data from employers of graduates.
98. Assess effectiveness of instruction through use of student's records.
99. Prepare a long-range budget which identifies the financial needs of the health occupational program.
100. Interpret national standardized tests, occupational tests, and inventories to students.
101. Prepare news releases on activities of your program.
102. Work effectively with the advisory committee.
103. Maintain continual follow-up information on placement, employment, and training status of each graduate.
104. Present information by the use of individualized instruction.
105. Speak to school and community groups on health occupations programs.
106. Conduct an open house to familiarize members of the school and community with activities of health occupations programs.
107. Participate in the development of policies regarding school-community relations.

108. Develop health occupations courses by clustering and sequencing related tasks.
109. Determine group and individual learning experiences for a lesson based on individual differences of students.
110. Determine reasons students drop out of health occupations programs.
111. Participate in experimental and other data collecting research activities.
112. Serve in professional non-vocational organizations to improve the image of the health occupations program.
113. Serve professional organizations as an officer and/or chairman or member of a committee.
114. Serve in community organizations to improve the image of the health occupations program.
115. Direct students in gathering information from sources in the community, and on field trips.
116. Analyze collected occupational data to determine priorities among training needs.
117. Evaluate instruction through self-rating devices and instructional media, such as video or audio recording.
118. Organize an advisory committee.
119. Analyze students' cumulative records.
120. Serve as the liaison for the advisory committee and the school administration.
121. Assess the cultural bias of tests used for program placement.
122. Present information using group supervised study.
123. Establish the criteria for selection of advisory committee.
124. Assist students with their problems by working with agencies such as the health and welfare services.
125. Establish a policy for use of health occupations facilities by outside groups and other school personnel.
126. Develop original instructional materials. (individualized learning packages, learning modules, or lesson kits.)
127. Conduct a group counseling session.

128. Present information using the case study method.
129. Maintain liaison with union officials and employers.
130. Identify the role and function of the advisory committee.
131. Lead communication techniques. (buzz groups, brainstorming, skits, debates, etc.)
132. Plan the annual program of work to be considered by the advisory committee.
133. Develop procedures for working with the disadvantaged and with the minority groups.
134. Present activities of your health occupations program on radio and television.
135. Present information using a simulation or learning game.
136. Prepare simulation or learning game.
137. Establish a Health Occupations Students' Association. (H.O.S.A.)
138. Collect data on projected student enrollment.
139. Develop procedures for working with the handicapped.
140. Analyze enrollment trends of health occupations programs.
141. Assist in planning activities and supervise activities of the student-vocational organization.
142. Inform prospective members and their parents about H.O.S.A.
143. Communicate with parents regarding their expectations of the health occupations program.
144. Determine students' background and environment.
145. Conduct leadership training sessions for the officers.
146. Structure instruction so that students can progress at their own rate.
147. Coordinate H.O.S.A. activities with instructional activities.
148. Assist students with the financial management of H.O.S.A.
149. Design and conduct a community occupational survey.
150. Assist in the preparation of state and national reports, provide advice and training for student entries in state and national H.O.S.A. contests.

151. Conduct opinion surveys in the school and community.
152. Serve as an advisor or judge for district, state, regional, or national H.O.S.A. contests.
153. Use a polaroid camera and/or video tape recorder to provide instant visual feedback on student performance.
154. Prepare a questionnaire for collection of occupational data.
155. Present information by having students "read chapter and answer questions in the book."

VITA

VITA

Constance Lirette Casente was born in Raceland, Louisiana, on December 3, 1940, but spent her entire childhood and adolescence in Houma, Louisiana. She received her elementary and high school education from St. Francis De Sales and graduated in May, 1958. Connie proceeded through Mercy Hospital School of Nursing, New Orleans, Louisiana, graduating in July, 1961 and receiving her Registered Nurse license in October, 1961.

On October 14, 1961, she married Sal Casente, M.D. and upon completion of his pediatric residency in June of 1962, they moved to Morgan City, Louisiana. There ensued six children, Gina Maria, (deceased), Sal II (18), Mary Elizabeth (deceased), Mary Catherine (16), Lisa Marie (15) and Susan Ann (12).

In 1971 Connie began teaching the practical nurse program at Young Memorial Vocational School. At the time she pursued V.T.I.E. (Vocational Trade Industrial Education) certification through courses from Louisiana State University, Baton Rouge, Louisiana.

Stephens College offered college credit for her three years of diploma nursing school, and she graduated with a Bachelor of Liberal Arts degree on May 11, 1975. She then enrolled in the Master of Education program at Nicholls State University in Thibodaux, Louisiana. Connie completed her Master of Education degree requirements in the summer of 1977 and graduated with a minor in counseling in May, 1978.

She pursued the Doctor of Education degree through the Interdepartmental Program in Education at Louisiana State University from 1978 through July 1981. During her year of residence she served one semester as a graduate assistant in the School of Vocational Education at L.S.U.

She is currently employed as an instructor of practical nursing at Young Memorial Vocational School in Morgan City, Louisiana.

EXAMINATION AND THESIS REPORT

Candidate: Constance Lirette Casente

Major Field: Education

Title of Thesis: The Development of a Rating Scale for Assessing Teaching Competencies of Health Occupations Educators in the State of Louisiana

Approved:

Sam Adams
Major Professor and Chairman

James B. Traynham
Dean of the Graduate School

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Date of Examination: July 8, 1981
