Fourth Year Examination

Nursing Administration

Date: 3/6/2012  Time: 3 hours  Total degree: 80

Multiple choice questions: (18 marks)

1. Which of the following item is NOT related to physical barriers of communication:
   a. New technology equipment
   b. Noise and poor lighting.
   c. **Inefficient information system**
   d. Location of the staff in different building.

2. The conflict that occurs between superiors and subordinates, and frequently concerns policy, power and status is:
   a. **Vertical conflict**
   b. Horizontal conflict
   c. Interpersonal conflict
   d. Intergroup conflict

3. Kardex is not effective when:
   a. Update and time.
   b. **Write in ink.**
   c. Complete and concise.
   d. Use abbreviation.

4. A documentation method that uses a column format to chart data, action & response
   a. Source oriented charting
   b. Problem oriented charting.
   c. **Focus charting.**
   d. Charting by exception.

5. Which of the following characteristics is related to autocratic leadership style?
   a- **Gives feedback to members in the form of personal praise or criticism**
   b- Very little guidance from leaders
   c- Complete freedom for followers to make decisions
   d- Group members are expected to solve problems on their own

6. Discretionary time is often spent in:
   a. Office visiting
   b. **Mapping out long term plan.**
   c. Making round.
   d. Attending meeting.

6. One of the following describe the organization's purpose and it’s essence
   a. Philosophy
   b. Policy
   c. **Mission**
   d. Job description
7. A method of nursing care delivery that is used during emergency
   a. Case method
   b. Team method
   c. Modular method
   d. **Function method**

8. Daily shift report consisted of all the following *Except*:
   a. **Number of nurses**
   b. Patient personal data
   c. Nursing care for patient
   d. Unit data

9. Is conflict management strategy, allowing the other party to satisfy their concerns while neglecting your own:
   a. **Accommodating strategy**
   b. Avoiding strategy
   c. Forcing strategy
   d. Compromising strategy

10. The assessment methods that occur after the patient has been discharged is:
    a. Concurrent evaluation
    b. **Retrospective evaluation**
    c. Outcome standard
    d. Audit

11. The condition, which lacks complete information on action alternatives
    a. Certainty condition
    b. **Risk condition**
    c. Uncertainty condition
    d. Crisis condition

12. It provide feedback about deficiency in the care that needs corrective action:
    a- Criteria
    b- **Quality assurance**
    c- Standards
    d- Policy

13. Shift report includes information about the following except:
    a- Special procedures
    b- Critically ill patients
    c- Patient with operation
    d- **Normal vital signs**

14. It defines nursing outcomes and structural resources needed
    a. Job Description
    b. Criteria
    c. **Standard**
    d. Process audit

15. A criterion for evaluating scheduling system is
    a. Fair in distributing work days.
b. Cost in resources consuming.
c. Fairness and timeline
d. All of the above

16. Patients receive their care from the same mini teams from their admission till discharge in:
a. Team method
b. Primary method
c. Modular method
d. Case method

17. Daily record to calculate the number of patients in the hospital is:
a. Time planning record
b. Census record
c. Attendance record
d. Assignment record

II. Situation (3 marks)

In general hospital follow three shifts system (8 hrs. for each shift), the medicine unit capacity is 40 beds; the occupied beds are 20 beds. The first 10 patient whose nursing care needs are almost entirely met by routine ward activities. The other 10 patients are pronounced deviation from (acceptable) behavior pattern, needed for rigid restriction of activities, continuous treatment, observation, monitoring and/or instructions.

1- The first 10 patients are:
   a- Self-care patient.
   b- Minimal care patient.
   c- Intensive care patient.
   d- Modified intensive care

2- The other 10 patients are required care from:
   a- 70 -80 hrs/ day / patient
   b- 3 0-40 hrs/ day / patient.
   c- 100-140 hrs/ day / patient.
   d- 10 - 20 hrs/ day / patient

3- The number of nurses needed to do care for all patients is:
   a- 14 - 20 nurses
   b- 10 -13 nurses.
   c- 13 -15 nurses.
   d- 11- 14 nurses.
### III. True or false (17 marks)
Read the following statements carefully and circle the letter (T) if the statement is true and the letter (F) if the statement is false.

<table>
<thead>
<tr>
<th>No</th>
<th>Statement</th>
<th>T</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Continuing education is formal education offered in the form of workshop, seminar and conferences.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>2.</td>
<td>Decision making and problem solving are interrelated but not interchangeable</td>
<td>T</td>
<td>F</td>
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<tr>
<td>3.</td>
<td>In prototype system nursing tasks are assigned time to reflect the amount of time needed to perform the nursing task.</td>
<td>T</td>
<td>F</td>
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<tr>
<td>4.</td>
<td>The person’s desire to satisfy the concerns of others depends on the extent to which he or she is cooperative</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>5.</td>
<td>Daily shift report provides description of basic steps of a procedure.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>6.</td>
<td>A standard is a part of quality assurance</td>
<td>T</td>
<td>F</td>
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<tr>
<td>7.</td>
<td>Decentralized staff development means there is a separate department designed for staff development</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>8.</td>
<td>Transformational leader shares a vision with the staff that appeals to both their emotions and ideas.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>9.</td>
<td>A decision is made when choose a preferred course of action.</td>
<td>T</td>
<td>F</td>
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<tr>
<td>10.</td>
<td>The nurse managers have direct control on their internal time wasters</td>
<td>T</td>
<td>F</td>
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<tr>
<td>11.</td>
<td>Kardex is type of written report to document patient data</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>12.</td>
<td>Following the lines of authorities is important factor of grapevine communication</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>13.</td>
<td>In analytical decision style, managers have a deep concern for others as individuals</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>14.</td>
<td>Handbooks and pamphlets used as means of upward communication</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>15.</td>
<td>Patient classification system used in preparation of nursing staffing budget for upcoming fiscal year.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>16.</td>
<td>When experiencing conflict you can always build better relationships by learning to compromise on the issues.</td>
<td>T</td>
<td>F</td>
</tr>
<tr>
<td>17.</td>
<td>The leader is a person who focus on systems and structures in his work</td>
<td>T</td>
<td>F</td>
</tr>
</tbody>
</table>
IV. Matching column A from column B  (6 Marks)

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Orientation (c)</td>
<td>a. Making optimal use of the time</td>
</tr>
<tr>
<td>2. Time management (a)</td>
<td>b. Systematic process that focuses on analyzing a difficult situation.</td>
</tr>
<tr>
<td>3. Modular nursing method (e)</td>
<td>c. Providing the new worker with work basic requirements</td>
</tr>
<tr>
<td>4. Critical pathway (g)</td>
<td>d. Ancillary personnel collaborate in providing care to a group of patients under the direction of a professional nurse</td>
</tr>
<tr>
<td>5. Laissez- faire leader (f)</td>
<td>e. A mini–team (two or three members) approach.</td>
</tr>
<tr>
<td>6. Problem solving (b)</td>
<td>f. Leaves group members free to set their own goals.</td>
</tr>
<tr>
<td></td>
<td>g. A comprehensive, standard plan of care for specific case situations</td>
</tr>
</tbody>
</table>

V. Differentiate between the following  (16 Marks)

1- Incident report and report of complain

<table>
<thead>
<tr>
<th>Incident report</th>
<th>and report of complain</th>
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</thead>
<tbody>
<tr>
<td>➢ Referred to any happening which is not consistent with routine operation of the hospital or routine care of the patient. It may be an incident or a situation which might result in an accident, e.g. error in medication and omission of treatment.</td>
<td>➢ Serious complaints, which cannot be handled by the ward personnel, are reported to the nursing office. The form should include the following:</td>
</tr>
<tr>
<td><strong>Incident Report Should Include</strong></td>
<td><strong>Statement of complaint.</strong></td>
</tr>
<tr>
<td>▪ Patient name and diagnosis .</td>
<td>▪ Justification as seen by nurse.</td>
</tr>
<tr>
<td>▪ Admission data .</td>
<td>▪ Measures taken to overcome the dissatisfaction.</td>
</tr>
<tr>
<td>▪ Time incident or accident was noted or reported</td>
<td>▪ The result of action taken.</td>
</tr>
<tr>
<td>▪ What was done .</td>
<td>▪ Date and signature</td>
</tr>
<tr>
<td>▪ Date and signature of all individuals involved in the incident and their professional status.</td>
<td></td>
</tr>
</tbody>
</table>

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2- Transformational and transactional leadership style

<table>
<thead>
<tr>
<th>Transformational leadership style</th>
<th>Transactional leadership style</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In this style, the leader:</strong></td>
<td><strong>In this style the leader:</strong></td>
</tr>
<tr>
<td>▪ Be a charismatic leader, i.e. highly respected by the followers.</td>
<td>▪ Emphasizes mutual agreement on goals.</td>
</tr>
<tr>
<td>▪ Sets high standards and challenges his staff to go beyond their usual level of effort.</td>
<td>▪ Provides rewards that match the employee's achievement.</td>
</tr>
<tr>
<td>▪ Shares a vision with the staff that appeals to both their emotions and ideas.</td>
<td>▪ Uses management by exception i.e. reacts when problems occurs.</td>
</tr>
<tr>
<td>▪ Stimulate followers to question the status quo, to think critically about what they doing and why.</td>
<td>▪ Tends to use negative feedback more than positive one , and is relatively punitive rather than facilitative in approaching his /her staff.</td>
</tr>
<tr>
<td>▪ Takes a faculty approach. The uniqueness of each employee is recognized and assignments are based on ability and needs.</td>
<td></td>
</tr>
</tbody>
</table>

Transformational and Transactional Leadership

Transformational Leadership
- Idealized Influence
- Inspiration

Transactional Leadership
- Contingent reward
- Management by exception

Performance

Agreed upon

Broadening and
### 3- Concurrent and retrospective evaluation

<table>
<thead>
<tr>
<th>Concurrent evaluation</th>
<th>Retrospective evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Concurrent evaluation:</strong> involves assessment that takes place while the patient or client is still receiving care. Concurrent evaluation is perhaps more valuable as it gives staff the opportunity to correct any negative outcomes while the patient is still in their care.</td>
<td><strong>Retrospective evaluation:</strong> involves all the assessment methods that occur after the patient or client has been discharged.</td>
</tr>
<tr>
<td><strong>Concurrent monitoring, these include:</strong></td>
<td><strong>Retrospective monitoring, these include:</strong></td>
</tr>
<tr>
<td>- <strong>Open-chart auditing:</strong> which is the review of the patient's charts and records against preset criteria. As the patient still receiving care, this process gives staff immediate feedback.</td>
<td>- <strong>Closed-chart auditing:</strong> which is the review of patient records and the identification of the strengths and deficits of care. This can be achieved by a structured audit of the patient's records.</td>
</tr>
<tr>
<td>- <strong>Patient interview or observation:</strong> which involves talking to the patient about certain aspect of care or observing the patient's behavior against preset criteria.</td>
<td>- <strong>Post-care patient interview:</strong> which is carried out when the patient has left the hospital or care has ceased in the home, and involves inviting the patient and/or family members to meet to discuss their experiences. The interview may be unstructured; semi structured or structured using a check list or questionnaire.</td>
</tr>
<tr>
<td>- <strong>Staff interview or observation:</strong> which involves talking to and observing nursing behavior related to preset criteria.</td>
<td><strong>Post-care questionnaires:</strong> which should be completed by the patient on discharge. They are usually designed to measure patient satisfaction.</td>
</tr>
<tr>
<td>- <strong>Group conferences:</strong> which involve the patient and or family in a joint discussion with staff about the care being received.</td>
<td></td>
</tr>
</tbody>
</table>

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4- Traditional and Progressive Organization pattern for unit

<table>
<thead>
<tr>
<th>Traditional Organization pattern</th>
<th>Progressive Organization pattern</th>
</tr>
</thead>
<tbody>
<tr>
<td>The head nurse in this pattern is responsible for most of the unit activities:</td>
<td>In this pattern, the hospital began the reorganization of the patient care unit by appointing a unit manager to relieve the head nurse from the management activities and to be responsible for:</td>
</tr>
<tr>
<td>a. Coordinates activities of many individuals who perform tasks on the patient unit.</td>
<td>a. Coordinating the patient care services.</td>
</tr>
<tr>
<td>b. Makes sure that reports are made, records are kept</td>
<td>b. Managing the unit activities.</td>
</tr>
<tr>
<td>c. Makes sure that supplies and equipment are provided.</td>
<td>c. Maintaining the supplies and equipment.</td>
</tr>
<tr>
<td>d. Coordinates unit and hospital administration with patient care.</td>
<td></td>
</tr>
<tr>
<td>But there are two main problems aroused from the traditional organization patterns:</td>
<td></td>
</tr>
<tr>
<td>a. It increases the volume of management functions performed by the H.N in the unit.</td>
<td></td>
</tr>
<tr>
<td>b. It decreases, the H.N time spent inpatient care management.</td>
<td></td>
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VI. **Short Answers** (10 marks)

1. List (4) needs for staff development

   1. The rapidity of change of customers' needs, fosters recognition of staff development.
   2. The impact of new technology and the increase of sophistication of nursing science emphasized the need for continued learning.
   3. The complexity of human relationships in a society with changing values and life style requires development of leadership styles such as transformational one who has an advanced educational and training capabilities.
   4. Introduction of new concepts in the nursing field as quality improvement, cost containment, changing methods of delivering nursing care has brought about a need for frequent interaction with staff development.
   5. Complexity of management functions in relation to the new concepts give motive to the need for continuous development.

2. Enumerate (2) strategies to handle procrastination

   1. They are breaking a long project in smaller, more manageable tasks.
   2. Consider the consequences of not doing the task.
3. Consider switching job & someone setting a realistic time schedules to avoid over commitment.

3. Identify (4) barriers of communication

1. Physical barriers: are often due to the nature of the environment:
2. System design: Faults refer to problems with the structures or systems in
3. Attitudinal barriers: come about as a result of problems with staff in an organization
4. Other Common Barriers To Effective Communication Include:
   A. Psychological factors:
   B. Different languages and cultures:
   C. Individual linguistic ability:
   D. Physiological barriers
   E. Presentation of information: is also important to aid understanding

List (3) utilization of patient classification system.

1- Utilized by staff and managers in planning nurse staffing over the next 24 hours.
2- Used to educate staff on how to adjust staffing level.
3- Central staffing office monitors the census and acuity on all units and deploys nursing resources
   to the areas in most need.
4- The manager reviews the results of staffing over the past 24-48 hours to adjust staffing
   performance to patient requirement.
5- At the unit level, it is essential in preparing month-end justification for variances in staff
   utilization.
6- At an organization level, used to cost out nursing services for specific patient and global patient
   type.
7- Used in preparation of nursing staffing budget for up-coming fiscal year.
8- It can be benchmarked with other organizations.
9- Used to develop a staffing pattern.

4. Mention (4) components of staff development

Staff development programs in nursing are usually built around four areas of personnel needs
. These needs are designed as:

1. Orientation.
2. Skill training.
3. Leadership and management development.

5. Mention (3) principles of assignment record.

1. Made by the head nurse head nurse or nurse in charge for each individual nurse.
2. Based on:
 ✓ The skills of staff members.
 ✓ Nursing care needs for each patient.
 ✓ Nursing procedures time required.
 ✓ Experience and interest of the staff members.
 ✓ Job description.
 ✓ Hospital policy.
 ✓ Nursing Care Standards.

3. Planned weekly, and revised daily if necessary to assure continuity of care.
4. Take into account all the direct and indirect unit activities.
5. Consider the geographical location of the unit and the assigned duties to save nurse’s time and effort.
6. Must be balanced among nursing staff.
7. Never to assign the same task to more than one nurse.

VII. Discuss the following: (10 marks)
1. Communication is an interactive process; any defect at its process can cause miscommunication. Discuss how to improve miscommunication. (3 marks)

Measures to improve communication:
1. Clarify ideas before attempting to communicate i.e. be sure of what you to communicate.
2. Examine the purpose of communication i.e. be quite clear about the purpose and objective of what you want to accomplish.
3. Provide right climate i.e. remove organizational blocks and other communication barriers, select the right physical setting.
4. Be clear in use of language.
5. Use adequate medium: i.e. select oral, written, or visual medium that you consider most effective for achieving your communication objectives.
6. Watch carefully the tone of your voice.
7. Remember that communication is a two-way: i.e. be sure the message is received and understood by the receiver.
8. Be a good listener.
10. Feedback to be sure that what has been communicated has been properly understood by the receiver.
11. Communication to be effective requires follow-up.
12. Be sure your actions do not contradict your communication.
13. Whenever possible, communicate something that helps or is valued by the receiver.
2- From your experience in playing role of head nurse at clinical setting. (7 marks)

a. Describe the three roles of the head nurse.

The scope of the head nurse’s role:

The scope of the head nurse's role can be classified to three main areas

1. Patient – care management.
2. Staff management.
3. Unit management.

I- PATIENT – CARE MANAGEMENT:

The head nurse's main area of responsibility in the patient care unit is to make sure that the patient's total needs are met, and that all unit activities are directed toward this goal. The head nurse must possess a body of scientific knowledge and proper competencies to be able to utilize the five steps of the nursing process in the management of patient care.

1- Assessment of individual patient's needs:

- Assessment is a continuous process of collecting validating, analyzing and interpreting data about the patient in order to correctly identify his problems and needs.
- Date are gathered from patient assessment include: physiological psychological and social data and should be as accurate as possible.

Figure (2). Steps of the development of nursing care plan (nursing process)

This flow chart shows the steps for the development of nursing care plan (nursing process) and the forms that should be used to document them.
Sources and methods of data collection:

a. Patient's health record:

Includes past and present history, reports of diagnostic examination, recorded observation on patient's response to illness and the medical and nursing therapy.

b. Shift report:
Help in identifying patient's conditions and activities related to their care in the previous shift.

c. Nursing interview:

The nurse interview the patient and/or family to identify:

- Medical and social history.
- Occupation.
- Level of patient knowledge and understanding.
- Relationship with others.
- Coping mechanism.

d. Observation:

The head nurse uses the senses of vision, smell, touch and hearing for accuracy.

2- Identifying nursing diagnosis:

After collecting data the head nurse should categorize them in order to identify patient's needs, to arrive to a nursing diagnosis.

3- Planning nursing intervention: The purpose of nursing care plan is to outline in advance a guideline for nursing intervention. The head nurse is responsible for the development of a systematically planned individualized nursing care to each patient in the unit. The nursing care plan should identify both the immediate and the long range needs and problems.

The planning process includes:

a. Setting priorities:

Problems related to survival and safety must come first. The relief of pain, prevention of complications and coping mechanism come next.

b. Identifying objectives for nursing care:

The identified objectives are short- and long-term expected outcomes. They must lead to change in patient's behavior, and be directed toward eliminating or preventing problems, and/or measures to cope with them.

c. Deciding a plan of action (nursing care plan):

Nursing plan of action may be regulated by physician's orders and should follow hospital policies and procedures to help in determining which action will be of the most help for the patient.
The head nurse in order to carry out any nursing action effectively, must consider the availability of equipment and supplies, facilities, trained staff, time and patient's acceptance.

**d. Recording nursing orders:**

Nursing actions (nursing orders) are recorded in the form of nursing care plan or kardex which consists of:
- General part name as: diet, fluids, hygiene … etc.
- Delegated medical care: investigations, treatment, and physiotherapy.
- Nursing interventions e.g. turn the patient every two hours.

**4- Implementation of the nursing care plan:**

In which the head nurse:
1. Discuss with the nursing staff the purpose of the plan of care.
2. Promote cooperation among staff and workers.
3. Give report about each patient's condition and problem before distribution of assignments and at the end of the shift (on–duty and off–duty conference).
4. Ensure continuity of care throughout the 24 hours.
5. Use nursing care plan as a basis for supervision and evaluation of patient care.

**5- Evaluation of patient care:**

- The head nurse must be sure that the pre-established standards are used to evaluate quality and quantity of patient's care, standard include structure, process and outcome.
- The head nurse should share the staff in the evaluation process which leads to the improvement in patient's care and staff development.

**Principles of evaluation:**

- Based on clearly defined standards of care, hospital policies regulations and procedures (concerning practice given) which are helpful tools in evaluating patient care.
- Share the patient and family in the care provided to ensure more accurate evaluation.

**II- STAFF MANAGEMENT:** The second area of head nurse's role is to manage her staff through:

**A. Staff utilization:** The head nurse can utilize the nursing staff members as follows

1. Assigns the tasks to staff member with proper authority.
2. Ensure that every staff member knows:
   - ✔ To whom she is responsible?
   - ✔ For whom she is responsible?
   - ✔ To whom she may go for counseling?
3. Plans time schedule for staff in advance taking into account personnel request (morale).
4. Maintain effective working condition e.g. preventing interruption, beginning day on time and putting thing in order.
5. Maintains effective means of communication with staff through planned conference, written reports, nursing notes, discussions and informal teaching.
6. Ensuring that each staff nurse is competent in utilizing the nursing process.
7. Provides opportunities for staff nurses to learn and through practice, gain skills in the application of the nursing process.
8. Holds staff nurses accountable for implementing the nursing process.
9. Develops routine for frequently performed activities e.g. ordering supplies, carrying out doctor's orders, and assignments of new patients.

B. Staff supervision:
1. Supervises the quality of nursing activities during: giving reports, making assignments and rounds, and conducting conferences, and demonstrations.
2. Establishes harmonious relationship with staff and encourage expression of opinions and ideas.
3. Utilizes various supervisory methods such as: guidance and motivation.
4. Educates nursing student and nursing staff through conferences, rounds and procedural demonstrations.
5. Cooperates with clinical instructors to teach nursing student.
6. Discovers the leadership and creative abilities among nursing staff.

C. Staff development: The head nurse can develop the nursing staff knowledge and skills through:
1. Setting and utilizing high standards for nursing staff performance which leads to their growth.
2. Encouraging nursing staff:
   ✓ to participate in planning of the improvement of nursing care.
   ✓ to apply findings of nursing researches into practice.
3. Providing their opportunities to seek clinical advancements and conducting advanced studies.
4. Sharing in planning for, conducting, and participating in training programs.

D. Staff evaluation (performance appraisal): It is a periodic formal evaluation that attempts to evaluate the extent to which the individual staff nurse's performance meet pre-determined standards of performance.

   The head nurse can appraise the nurse's performance through:
1. Evaluates the nursing staff performance objectively by maintaining a routine system for their continuous evaluation to ensure the attainment of objectives.
2. Encourages staff of use self-evaluation to determine their progress and / or drawbacks.
3. Evaluates the nurse's performance with the purpose of staff development rather than punishment.

4. Conducts an appraisal interview and investigates any complaints of the nursing staff.

**III- UNIT MANAGEMENT:**  
*There are two organizational patterns through which unit management activities (services) can be achieved: the traditional organization pattern, and the progressive organization pattern.*

1. **The traditional organization pattern:**

   The head nurse in this pattern is responsible for most of the unit activities:
   
   1. Coordinates activities of many individuals who perform tasks on the patient unit.
   2. Makes sure that reports are made, records are kept.
   3. Makes sure that supplies and equipment are provided.
   4. Coordinates unit and hospital administration with patient care.

   **But there are two main problems aroused from the traditional organization pattern:**
   
   - It increases the volume of management functions performed by the H.N in the unit.
   - It decreases, the H.N time spent inpatient care management.

2. **The progressive organization pattern:**

   In this pattern, the hospital began the reorganization of the patient care unit by appointing a unit manager to relieve the head nurse from the management activities and to be responsible for:

   a. Coordinating the patient care services.
   b. Managing the unit activities.
   c. Maintaining the supplies and equipment.

   **b. Identify records and reports used by the head nurse at this shift according to each role.**

**I- Patient care management**

1. Assignment sheet.
2. Kardex.

**II- Staff management.**

1. Master record of nursing hours.
2. Attendance record;
3. Personnel record
   a. Employment record.
   b. Evaluation record.

**III- Unite management  Report for requisition.**

1. Dietary sheet.
2. Drug request
3. Maintenance sheet
4. Incident report.
5. Report including negligence.
6. Reports of complaint.
7. Patient's clinical record.
8. Time planning record.
9. - Census record.
10. Inventory record.
11. Narcotic record, medication record.
Teaching Staff of Nursing Administration Department

Dr/ Salwa Ibrahim Mahmoud  Coordinator of the department
Dr/ Hoda Abd-Allah Saleh  Lecturer
Dr/ Latifa Tawfik  Abd EL-Aziz  Lecturer
Dr/ Fawzia Farok Kamel  Lecturer
Dr/ Howida Hassan El-Sayed  Lecturer
Mahfouz

Good luck