

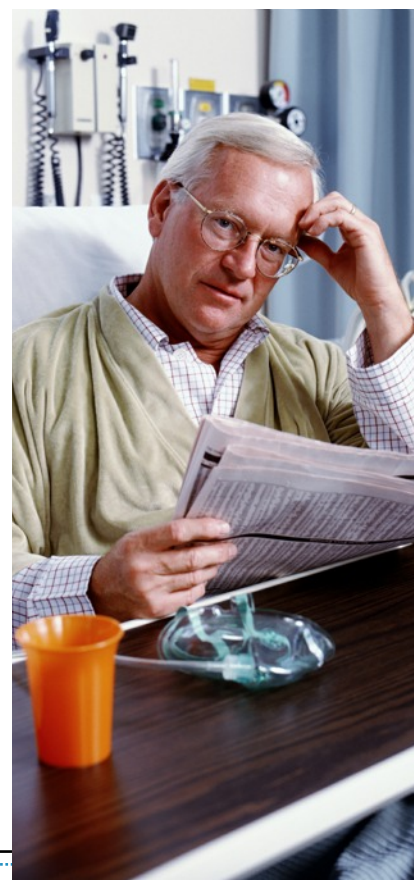
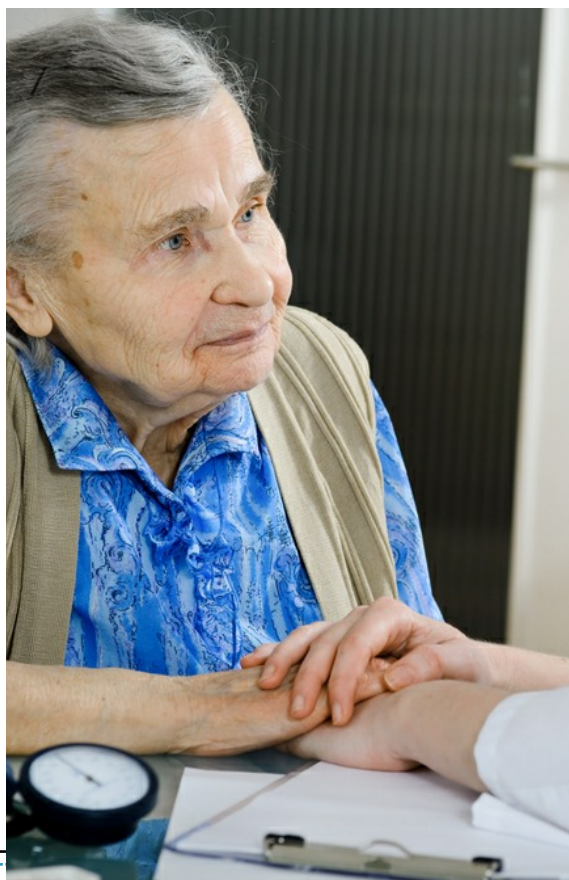


...developing **top-notch** CNAs, one inservice at a time

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A Patient Rights Module:

THE PATIENT BILL OF RIGHTS

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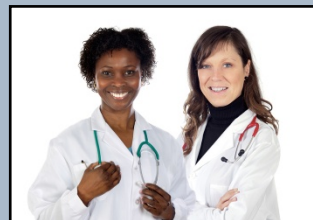


Inservices For Nursing Assistants



A Patient Rights Module:

Patient Bill of Rights



We hope you enjoy this inservice, prepared by registered nurses especially for nursing assistants like you.

After finishing this inservice, you will be able to:

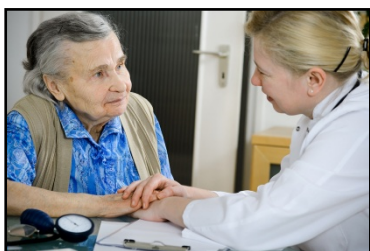
Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask _____.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Keep the inservice information for yourself and turn in the quiz page to _____ no later than _____. Show your Inservice Club Membership Card to _____ so that it can be initialed.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

THANK YOU!

- Explain the purpose of the Patient Bill of Rights.
- List at least five rights all patients are entitled to receive.
- Describe the patient responsibilities that go along with each patient right.
- Discuss your own rights and responsibilities as an employee and a caregiver.
- Demonstrate your support of patient rights in your daily work.



IN THE KNOW

Developing Top-Notch CNA's, One Inservice at a Time

A Patient Rights Module: Patient Bill of Rights

RIGHTS . . . AND RESPONSIBILITIES!

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WHAT I KNOW!

Take a minute to jot down a few things you already know about patient rights before reading this inservice.

America was founded on the belief that every individual is entitled to certain rights—like *life, liberty and the pursuit of happiness*. And, we don't lose our rights just because we get sick, need home care or move into a nursing home or assisted living facility.

Wherever we go, our rights go with us!

However, it's common for people to feel powerless when they are ill or injured. That's why it's so important for your patients to learn about their rights. **All patients have the right to:**

- High quality care,
- A clean and safe environment,
- Be involved in their own care,
- Protection of privacy,
- Professional discharge planning services, and
- Help with bill and insurance claims.

While there are a few differences between the rights of a hospital

patient, a nursing home or assisted living resident and a home care client, you'll find that the basic list of health ~~care rights is the same for everyone.~~

"We have the Bill of Rights. What we need is a Bill of Responsibilities."

~ Bill Maher

Isn't it true that there is a responsibility to go along with every right? For example, when teenagers gain the right to drive a car, they also take on

the responsibility of adhering to the speed limit. Or, when people have the right to vote in elections, they must be responsible for learning how to complete a ballot!

Health care rights are no different. Health care requires a team effort between patients,

families and health care workers. It's not enough for a patient to sit back and say, "I know my rights. Now, take care of me and make me well!" Patients have responsibilities, too!



NOTE: We know that some of you work with "clients", some with "patients" and some with "residents". However, when people talk about health care rights, they usually say "patient rights". So, to simplify things, we will refer to all people who need health care as "patients".

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PATIENTS' RIGHTS—A BRIEF HISTORY!

The **first Patient Bill of Rights** was approved by the American Hospital Association in **1973** and was revised in **1992**. The Bill of Rights used by your organization today likely contains similar rights.

In **1987**, the **Nursing Home Reform Act** was passed. This is a federal law that outlines certain rights for residents of nursing homes—especially those who are covered by Medicare and Medicaid. This law also requires each state to have its own rules about patient rights. (The state law can be tougher than the federal law, if desired.)

In **1996**, HIPAA (**The Health Insurance Portability and Accountability Act**) was passed. HIPAA ensures many patient rights, including the right to portability of medical coverage for pre-existing conditions. But, most importantly, HIPAA privacy regulations require that patients' personal health information must be protected and kept confidential. Access to patient information must be limited to only those authorized, and only the information necessary for a task can be available to outside sources.

HEALTHCARE REFORM

On **September 23, 2010** the **Affordable Care Act**, (headed by President Obama) was passed to end some of the worst abuses of the insurance industry.

New patient rights under this law includes the right to:

- **Receive cost-free preventive services:** New health plans must cover routine physicals, preventive screenings, vaccinations and counseling without any cost to the patient.
- **Keep young adults on a parent's plan until age 26:** Parents can now keep children on their plan until they turn 26 years old, if needed.
- **Choose a primary care doctor, ob/gyn and pediatrician:** New health plans must allow

patients to choose their own primary care doctor, pediatrician or OB-GYN without a referral.

- **Use the nearest emergency room without penalty.** New plans can't require prior approval or higher copayments or co-insurance for out-of-network emergency room services.

Under the Affordable Care Act, insurance companies are no longer allowed to:

- Deny or limit coverage to kids younger than 19 because of pre-existing conditions.
- Put lifetime limits on benefits of people with costly conditions like cancer.
- Cancel a policy without proving fraud. This stops the practice of insurers canceling coverage – often at the time patients need it most.
- Deny claims without a chance for appeal.

Over the next few pages you will learn about the basic rights all patients are granted, including the right to:

- High quality care.
- A clean and safe environment.
- Be involved in their own care.
- Protection of privacy.
- Be prepared to leave care.
- Help with bill and insurance claims.

Be sure to ask your supervisor if your workplace offers any additional patient rights you need to know about.



WHAT'S NEW?

Grab your favorite highlighter! As you read through this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your supervisor and co-workers!



THE RIGHT TO HIGH QUALITY CARE

High quality care means patients have the right to:

- Expect their health care workers to be considerate and respectful.
- Receive care without discrimination because of their race, culture, religion, age, gender or physical disability.
- Assume their health care workers are honest and ethical.
- Be allowed to live a high quality of life, free from unnecessary physical or chemical restraints.
- Be able to keep and use their personal belongings . . . and have those belongings treated carefully and respectfully.
- Know the identity of health care workers involved in their care. (They also have the right to be told if any of their caregivers are students or trainees.)

Along with this right, patients have a responsibility to:

- Show respect for their health care team—regardless of the race, color, age, sex or religion of each health care worker.
- Be considerate of any other patients who may be close by.

As you go through your work day, be sure to:

- Show sensitivity to the beliefs and needs of every patient. For example, you are a home health aide caring for Mrs. Green, a vegetarian. Show your respect for Mrs. Green by learning about vegetarian diets and by fixing her nutritious vegetarian meals.
- Address your patients the way they prefer. (To be safe, call your patients Mr. or Ms. unless they ask you to call them by their first name. And, avoid using terms like “Honey” or “Sweetie”. It may offend some of your patients.)
 - Don’t touch your patients’ personal belongings unless it’s necessary. If you do handle their belongings, be careful and put the items back where you found them.
 - Do your best to go along with your patients’ personal preferences every day . . . such as letting them decide which clothes they’d like to wear or which foods they’d like to eat.
 - Wear your name tag every day and remember to identify yourself when you enter a patient’s room.



This inservice is really all about patient rights . . . but as a nursing assistant . . . you have rights too!

You have the right to:

- Be paid (at least) the minimum wage for the work you perform. The current federal minimum wage is \$7.25. Your state may have a different minimum wage. You are entitled to the higher of the two.
- Be treated with respect regardless of your race, color, religion, sex, sexual orientation or national origin.
- Work in an environment free from dangerous or hazardous conditions.
- Reasonable accommodations for any disabilities you may have.
- Receive inservice training on all health and safety standards and policies and procedures your employer requires you to perform.

Along with these rights, your responsibilities are to:

- Perform your job duties honestly, ethically and professionally.
- Be a reliable and trustworthy team player.
- Put your patient's needs first.
- Seek out ways to improve and develop your skills by participating in additional training opportunities.

THE RIGHT TO A CLEAN & SAFE ENVIRONMENT

A clean and safe environment means patients have the right to:

- Expect that their health care workers will keep them safe from abuse and neglect.
- Expect that their health care workers will keep them safe from harm or injury.
- Know the health care organization's policies for handling a complaint.
- Make suggestions or complaints about their care—without being afraid of the consequences.
- Have a prompt and fair response to any complaint.
- Take their complaint to the state if they are not satisfied with how an organization handles it.
- Switch to a different health care facility or agency if desired.

Along with this right, patients have a responsibility to:

- Cooperate with the rules of your workplace.
- Consider the rights of other patients and/or their health care workers.

As you go through your work day, be sure to:

- Make sure your clients know how to make a complaint. (Remember, we can all learn from patient suggestions and complaints. They help us develop our customer service skills.)
- Encourage your patients to tell you when they are unhappy with or worried about their care. The more your patients come to trust you, the less likely they are to take legal action when problems arise.
- Stay calm if your supervisor tells you that a patient has made a complaint. Let your supervisor hear all the facts about the situation. (And, you may be asked to document the incident. Stick to the facts.)
- And to avoid complaints...
 - Help every patient in need—*not just those who are assigned to you*. It violates patient rights to ignore a patient just because he or she is not one of "yours." It might also be considered neglect. (Remember...abuse and neglect are not just violations of patient rights. They are also illegal!)
 - Review your patient's plan of care frequently to make sure you are providing the proper care.



TALK about it!

Open the Discussion

One of the best ways to make sure you and your co-workers are protecting ALL of your patients' rights is to open the discussion and talk about it!

Here is a conversation starter you can use to get the discussion rolling:

- Have you ever witnessed a patient's rights being violated?
 - If so, what specific right was violated?
 - Who was involved?
 - Was the patient harmed?
 - Did you do anything to protect the patient? Why or why not?
- What would you do differently now after reading this inservice?

"Working safely may get old, but so do those who practice it."

~Author Unknown

THE RIGHT TO BE INVOLVED IN CARE

The right to be involved means every patient has a right to:

- Receive current information about their diagnosis, treatment and prognosis. This includes learning about any risks involved in a particular treatment and what the alternatives might be. They must also be told how long a treatment will take and if a certain treatment is experimental.
- Make decisions about their own care.
- Change their minds about health care treatments and services.
- Refuse care (after being told what might happen if they do).
- Have an advance directive if they want one. . . including a living will or a health care power of attorney.

Along with this right, patients have a responsibility to:

- Ask for more information if they don't understand something.
- Go to all scheduled doctor appointments.
- Follow the plan of care that they help create.
- Provide a copy of any living will or other advance directive.

As you go through your work day, be sure to:

- Help your patients understand any information you give them. If your patient does not speak English, let your supervisor know that an interpreter may be needed.
- Let your supervisor know if your patients are asking questions about their illnesses, treatments or medications. A nurse or doctor can answer those important questions.
- Honor any advance directive. For example, if your patient has a "Do Not Resuscitate" order, make sure you know what to do if he or she stops breathing during your care.
- Help your patients follow any exercise plans that have been set up for them by a physical or occupational therapist.
- Allow your patients to refuse care if they wish—but be sure to document the situation and let your supervisor know. (Keep in mind that a patient's medical insurance may have rules about paying for care that the patient keeps refusing!)
- Encourage your patients to participate in their personal care. Even if they aren't strong enough to bathe by themselves, they can probably wash their faces or comb their hair. The more they do for themselves, the more independent they will remain!



Think about your patients and ask yourself, *"What am I doing for my patients that they may be able to do (only when safe) with less help or even without any help from me?"*

Here are some ways your clients may be able to participate in their own care:

- Prepare foods (cut meats, butter bread, add seasonings).
- Feed self using fork or spoon.
- Brush hair or teeth.
- Wash face.
- Wash self after being helped into tub.
- Choose clothing .
 - Get dressed.
 - Get up and down from seated position.
 - Walk.
 - Participate in ROM exercises.
 - Stretch.
 - Take self to commode.
 - Wipe perineal area after toileting.

Now, think of some more ways you can help your patients to participate in their own care!



THE RIGHT TO PROTECTION OF PRIVACY

Protection of privacy means every patient has a right to:

- Be informed of the privacy practices of the health care provider which outlines how their medical information is used, shared and protected.
- Decide who can have access to their personal records, and how much information will be accessible.
- Expect confidentiality from every health care worker who provides care.
- Expect health care employees will only have access to information needed to provide care. For example, dietary aides will not have access to laboratory results that have no effect on the dietary needs of the patient.

In addition to keeping medical records private, patients have a right to:

- Expect privacy during their care.
- Be allowed to visit privately with friends or family members.
- Have private telephone conversations.
- Receive personal mail.

Along with this right, patients have a responsibility to:

- Share any personal information that effects their health.
- Respect the privacy of their health care workers.

As you go through your work day, be sure to:

- Keep all patient information confidential, including information that you *write* or *say*.
- Don't share confidential information about patients with your friends or family—even if it seems like an interesting thing to talk about.
- Avoid talking about your clients in the hallways, elevator or lunch room. You might accidentally violate a patient's right to confidentiality. No one outside your health care team has the right to know *who* your patients are or *what* is wrong with them.
- Respect your patients' privacy during personal care. For example, keep a sheet over your patient during a bed bath. Or, close the bathroom door while your patient uses the toilet.
- Knock before entering a patient's room or bathroom.
- Give your patients privacy when they have visitors or when they are speaking on the telephone.



THINK about it!

You are caring for a patient who has had a stroke and cannot speak. While you are feeding this patient, a woman you have never met enters the room asks how the patient is progressing and if there is anything she can do to help.

What should you do? You may assume this is a family member and volunteer the information.

- *But, what if you find out later that this is relative that the family has tried to keep away from the patient because it upsets her?*
- *Or, what if you learn later that this is a mentally ill person who was in the facility to visit someone else but got confused?*

How will you determine if it is okay to disclose information about your patient to this individual? And, what information can you to give?

The rule states that you can give information to a person who has a role in taking care of the patient if you believe that releasing the information is in the patient's interest and relates to the person's involvement in the patient's care.

Discuss your answers to these questions with your supervisor and co-workers and find out how they would handle the situation.

THE RIGHT TO DISCHARGE PLANNING SERVICES

Discharge planning services means every patient has a right to:

- Access to professional staff to deliver discharge planning services.
- Receive education, training or counseling in how to perform self-care after being discharged. Or, if self-care is not an option, the patient's family or primary caregiver must receive the training on how to care for the patient upon discharge.
- Be transferred or referred, along with necessary medical information, to appropriate facilities, agencies or outpatient services, as needed, for follow-up care.
- Refuse or request a change to the discharge plan if it doesn't meet the individual's needs. For example, the patient may refuse the discharge plan if it includes transferring to a facility that has a record of poor care or is too far away.

Along with this right, patients have a responsibility to:

- Be involved in the discharge planning process.
- Ask questions or request clarification if instructions are unclear.

As you go through your work day, be sure to:

- Document and report to your supervisor if your patient indicates a desire to talk to someone about the possibility of returning to the community.
- Document and report to your supervisor if your patient tells you he is uncertain, afraid or unwilling to return to the community. If possible, find out the reason why this individual feels this way.
- Always document your patient's physical and mental abilities clearly and accurately. This will help the discharge planning team develop a clear picture of what type of support will be needed upon discharge.
- As discharge nears, talk to your client about what will happen "next." Ask your patient and their family if they have been given clear instructions, understand those instructions and are willing and able to carry out the plan.
- If your patient or the family indicate that more information is needed, a call to the nurse or the discharge planning team may help clear up any misunderstandings.



Thinking outside the box!

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You are caring for a woman who was just discharged home. During your first visit with your new patient a neighbor knocks on the door and is invited in to visit.
- The neighbor tells you she has a friend who gets home visits from the same agency you work for. After a few minutes you realize you know the patient she is talking about.
- She asks you if you know her friend and then begins to ask questions about the friend's health status.
- **WHAT YOU KNOW:** You know HIPAA laws require you to protect patient's private health information. But, you feel this friend is just genuinely concerned.
- **GET CREATIVE:** Think of **3 creative replies** you could use to (kindly) let this friend know that you are not at liberty to share any patient's personal health information.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.

THE RIGHT TO UNDERSTAND BILLING AND INSURANCE

Understanding billing and insurance means patients have the right to:

- Know how much a particular treatment or service will cost—and how much of this cost will come out of their pocket. The only exception to this right is in an emergency situation.
- Review their own health care records if they want to. If they read something in their record that they don't understand, they have the right to have it explained to them.
- Receive detailed billing statements that outline exactly what is being charged.
- Dispute any charges they feel were not provided.
- Receive the same quality of care—regardless of their ability to pay their health care bills.

Along with this right, patients have a responsibility to:

- Give necessary information for insurance claims.
- Work with the billing department to make payment arrangements, when necessary.

As you go through your work day, be sure to:

- Understand that when patients receive health care . . . they are generally charged separately for each individual procedure and supply used . . . right down to an individual aspirin. These charges can add up quickly and billing statements can be confusing and overwhelming.
- Carefully document the care you provide and the supplies you use on the right patient. For example, if you perform a cath on Ms. Jones but accidentally chart it on Ms. Smith, it is Ms. Smith who will be charged for the procedure and the supplies. If this type of mistake happens too often, your employer could be charged with fraud and possibly lose the license to provide care.
- If your patient or patient's family members have questions about particular fees or charges, provide a name and contact information for someone in the billing department. If you don't know the name and number of someone in the billing department . . . ask your supervisor!



THE NEXT step!

Apply what you've learned!

You are assigned to care for a new patient. As you orient him to his room and help him unpack his belongings . . . he confides in you that he does not have health insurance and will not be able to pay for the care he receives.

He grows angry and tells you, *"Doctors and insurance companies charge too much anyway and they usually end up making people sicker instead of better."*

- How would you respond to this situation?
- Do you feel your employer should have to provide care for patients who can't pay?
- Who is the best person in your workplace to talk to about this situation?
- Does your employer have a plan in place to help patients who are uninsured or unable to pay?

"My doctor gave me six months to live, but when I couldn't pay the bill he gave me six months more."

~ Dick Wilson

NURSING HOME AND HOME HEALTH RIGHTS

NURSING HOME PATIENT RIGHTS

Residents of nursing homes and assisted living facilities have the same rights they used to have when they lived in their own homes. This includes:

- Having family members visit anytime . . . 24 hours a day.
- Refusing to see a particular visitor.
- Managing and spending their own money (or deciding who will manage it for them).
- Bringing in their own furniture.
- Wearing their own clothes.
- Participating in the activities of their choice, including religious observances.
- Visiting with their spouse in private.
- Sending and receiving personal mail.
- Leaving the nursing home to go shopping, run errands or visit friends. Depending on state rules, they may also have the right to leave the facility overnight.
- Moving freely about the facility without restraints (as long as they aren't a danger to themselves or others).



Along with these rights, patients have a **responsibility** to:

- Balance their rights with those of their fellow residents. *For example, Mr. Jones has the right to move about freely, but that doesn't mean he can enter another resident's room without permission.*
- Follow the safety rules set up by the nursing home for all residents. *For example, if the facility has a designated smoking area, then Mrs. Winters must not smoke in her room.*

HOME HEALTH CARE PATIENT RIGHTS

Clients receiving care at home have the right to:

- Receive care in their own homes—but *not if it's unsafe*. For example, if Mr. Brown's medication needs to be refrigerated—and his home has no refrigerator—then home care is not an option!
- Choose where and how they want to live—even if that environment seems unpleasant to us. For example, a client whose home is infested with roaches may not bother your client at all . . . and you can't **force** her to exterminate!
- Be told about the state home health "hotline"—a telephone number they can call with questions or complaints about home care agencies.
- Be told what to do in an emergency. Should they call the agency? Page the nurse? Call their doctor? Call the police?
- Request a certain caregiver. For example, Mrs. Brown likes Tony to be her aide because he is strong and she feels safe when he helps her transfer to her wheelchair. But, Mrs. Tucker asks the agency *not* to send Tony because she feels uncomfortable having a male help her with personal care.

Home care clients have a responsibility to:

- Provide a safe environment for you and the other members of your health care team. If you feel unsafe in a client's home—discuss the issue with your supervisor immediately. *(If you feel physically threatened, leave the client's home right away and call your supervisor from the nearest telephone.)*
- Be under the care of a physician during the time they receive home care. The physician signs your agency's plan of care. Your clients have a responsibility to go to all scheduled doctor's appointments.
- Notify your agency if they are not going to be home at the time of a scheduled visit.

TIPS FOR HONORING YOUR PATIENTS' RIGHTS

- Listen to your patients when they tell you what they need. Each patient is different—even if they have the same health problems. Make an effort to treat every patient as an individual.
- Include the patient's family in making health care decisions if that is what the patient wants. But keep in mind that the patient has the right to privacy, too.
- Make it a habit to explain what you are going to do with a patient—*before* you do it! Your patients will be better prepared and more able to cooperate if they know what's going on. For example, explain to Mr. Wilson that you're going to help him change position in bed—*before* you pull down his blanket and sheet!
- Remember that it's possible for strangers to use illegal electronic devices to listen in on cell phone conversations. If you are talking to your supervisor about a patient over a cell phone, don't use the patient's last name.
- If you travel from patient to patient during your work day, be careful to keep your patient documentation private. Don't let your next patient see what you wrote about your previous patient.
- Don't gossip about your patients with anyone—even other members of the health care team. It's not necessary to share personal information about a patient unless it makes a difference to the patient's health. For example, let's say your patient, Mrs. Parker, told you a secret . . . that many years ago, she had an affair. This information has no impact on her current health and is no one else's business.
- Be honest with your patients and their family members at all times. If they ask you a question that you can't answer, try saying: *"I don't know, but I'll check with my supervisor."* (But be sure you follow through by discussing the issue with your supervisor.)
- Put your own needs aside during the work day. Your job is to put your patients' needs first. By doing this, you'll be protecting their health care rights—and showing your patients that you are truly concerned about them.
- Encourage your patients to tell you or your supervisor about a complaint first—so that you have a chance to make things better. (But remember, all patients have the right to take their complaint to the state if they are unhappy with how your workplace handles the situation.)



5 KEY points

Key Points to Remember

1. **Every American** is entitled to certain **rights**. And, we don't *lose* our rights just because we get sick, need home care or move into a nursing home or assisted living facility.
2. The first Patient Bill of Rights was enacted in 1973. And, although it has been amended and improved over time, the patient bill of rights used by your organization today probably contains rights very similar to the original bill.
3. Today, all patients have the right to; high quality care, a clean and safe environment, involvement in their own care, protection of privacy, professional discharge planning services, and help understanding billing and insurance claims.
4. Every right comes with a **responsibility**. And, health care rights are no different. Health care requires a **team effort** between patients, families and health care workers.
5. This lesson covers the basic rights that rights that all patients have. But, your workplace may offer *additional* patient rights you need to know about. Be sure to read your workplace Patient Bill of Rights.

And, to protect your patients' rights, treat them the way you would want to be treated if you were in their place.



IN THE KNOW

Developing Top-Notch CNA's, One Inservice at a Time

A Patient Rights Module: Patient Bill of Rights

Are you "In the Know" about Patient Rights? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

1. The purpose of the Patient Bill of Rights is to:

- A. Reduce the amount of complaints from patients.
- B. Make healthcare more affordable for all patients.
- C. Ensure patients are treated equally and ethically in all healthcare situations.
- D. Allow patients to yell at staff without fear of consequences.

2. The Patient Bill of Right DOES NOT give patients the right to:

- A. High quality care.
- B. Do whatever they want, whenever they want.
- C. Protection of privacy.
- D. Be treated with respect from all staff members.

3. The HIPAA law states that all healthcare workers must:

- A. Have access to the entire patient record at all times.
- B. Verify the patient has insurance before providing care.
- C. Keep every patient's personal health information private.
- D. Share all healthcare information with the patient's primary caregivers.

4. Along with Patient Rights, patients have a responsibility to:

- A. Keep their room or home neat and clean.
- B. Refuse treatment if they can't afford to pay.
- C. Report a nurse for not doing exactly what they want.
- D. Ask for more information if they don't understand something.

5. True or False

Patients have the right to know your name and title before you provide care.

6. True or False

Physical restraints may be a violation of patient rights.

7. True or False

Home care patients have a responsibility to clean their home before the caregiver arrives.

8. True or False

Patients have a right to dispute any charges they feel were not provided.

9. True or False

Patients earn their rights after proving they can perform their responsibilities.

10. True or False

Patients have a right to complain and to expect a reasonable response to the complaint.

EMPLOYEE NAME (Please print):

DATE: _____

- ***I understand the information presented in this inservice.***
- ***I have completed this inservice and answered at least eight of the test questions correctly.***

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

File completed test in employee's personnel file.