

HEALTH TEAM

B. POOJA

COMMUNITY HEALTH NURSING

TUTOR



HEALTH



**According to WHO,
Health is a state of complete physical,
mental and social well-being and not
merely the absence of disease or
infirmity.**

TEAM

Team is a group of two or more persons who works together for common purpose.

Though the members of the team may differ in knowledge, personality, qualification and skills yet they can work as complementary parts to each other and become an effective unit to achieve their objectives.



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- ❖ **Team has objectives**
 - ❖ **Team follows rules**
 - ❖ **Team members organize to achieve their objectives**
 - ❖ **Team members co-operate with each other.**

HEALTH TEAM

It is defined as “ a group of persons who share a common objectives determined by community needs and toward the achievement of which each member of the team contributes in accordence with her/his competence and skills, and respecting the functions of the other.”

CONCEPT OF HEALTH TEAM



PRINCIPLES OF HEALTH TEAM DEVELOPMENT



HEALTHCARE
system

First

➤ Include and recognize the patient's participation

Second

Common agreed purpose/
objectives

Third

➤ Pre determine conditions of teamworking

Fourth

➤ Obtain feedback and adult results

Fifth

➤ Emphasize the importance of communication

Sixth

➤ Select the appropriate leader

Seventh

➤ Share the knowledge of each team member

Eighth

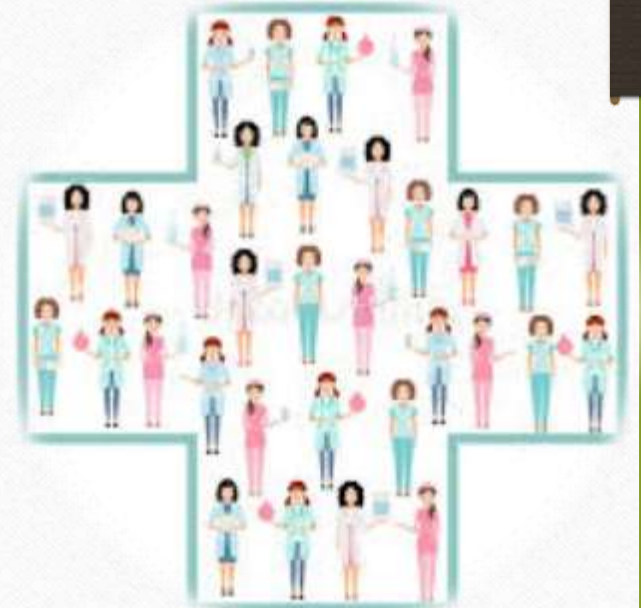
➤ Facilitate inter- professional collaboration

Nineth

➤ Ensure regular training and Updation



COMPOSITION OF HEALTH TEAM





COMMUNITY HEALTH
NURSING TEAM

Female health
worker

Female
health
assistant

Anganwadi
worker

Village health
guide

PHN/
DPHNO

Male health
worker

Male health
assistant

Depot holder

ASHA



FUNCTIONS **OF TEAM** **LEADER**

- **Maintaining team spirit**
- **Maintaining co-operation and co-ordination among members.**

- **Providing opportunity to each members of the team to utilize his knowledge and qualification.**
- **Taking proper decision according to need.**
- **Maintaining the dignity and respect of team and its members.**
- **Solving problems.**
- **Reporting to higher officials/ institutions in proper time.**

RELATIONSHIP AMONG HEALTH TEAM MEMBERS

In order to maintain good relationship among team members, it is necessary to have a team spirit. Good relationships are established when each person, in addition to doing his own work, tries to help his team members in every way. This helps in easy achieving of the objectives.

The following types of relationship might exist among members of health team:

❑ **FUNCTIONAL OR WORKING RELATIONSHIP**

Relationship which exists among members according to their job chart or according to their post is called functional relationship. In the beginning, such relationships are of formal nature but as time passes; there is a possibility of developing personal relationship.



□ PERSONAL RELATIONSHIP

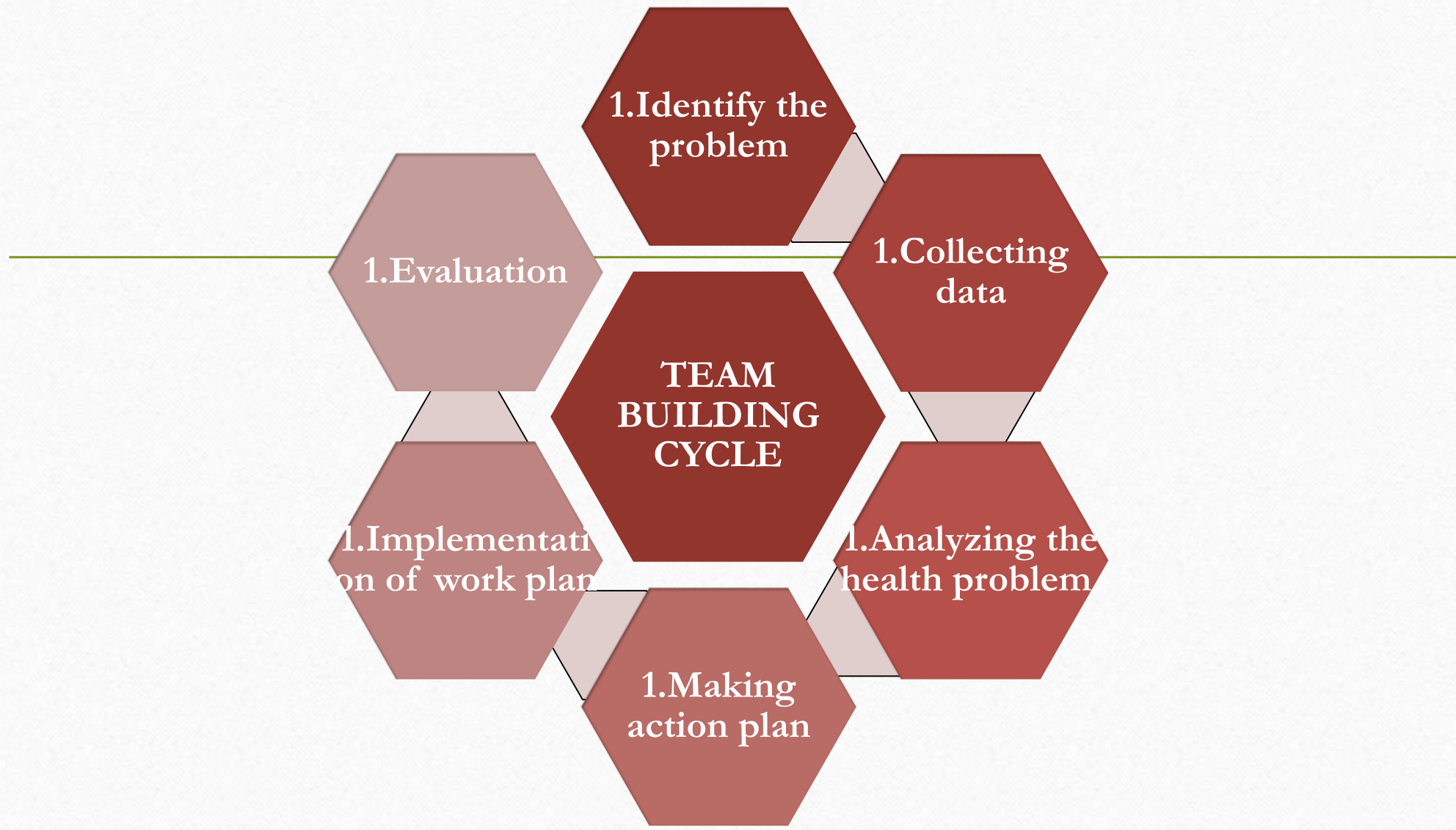
Personal relationship develops among members of the health team due to mutual contacts, common objectives, common interests and team spirit. In this, informality is more frequently observed. Good interpersonal relationship among members of the health team.

QUALITIES



TEAM BUILDING CYCLE

The method which is used to find out problems at the time of the team building, is called as the team building cycle.



1. Identify the problem

1. Collecting data

1. Analyzing the health problem

1. Making action plan

1. Implementation of work plan

1. Evaluation

TEAM BUILDING CYCLE

CHARACTERISTICS OF EFFECTIVE HEALTH TEAM

- Proper leadership and people having confidence in the leader.
- Clarity of health targets.
- All members having full knowledge of the objectives of the health team.
- High but achievable and measurable objectives.

CONT..

- **Members of the health team should have clear knowledge of their work and role.**
- **Team should be related to the welfare and professional progress of the health team members.**
- **Maximum possible utilization of skill and knowledge of members.**
- **Members should be qualified enough to achieve the objectives.**

CONT..

- **Clear open and effective communication.**
- **Clear definition of priorities.**
- **Co-operation and co-ordination among members.**
- **Using team problem solving techniques to resolve conflicts and problems.**
- **Having a time table/ schedule.**
- **Evaluation of results from time to time.**

QUALIFICATION OF HEALTH TEAM MEMBERS

FEMALE HEALTH WORKER

- It often ranges from 1 to 2 academic years. The minimum eligibility to pursue ANM course is 10+2 level of education with a minimum aggregate of 45% marks.

MALE HEALTH WORKER

- The minimum qualification should be class XII pass with biology or science. In the event of non-availability of XII class pass applicants in the notified tribal areas, the minimum educational qualification may be related to class X pass with science.
- The applicant should be below 25 years age.

LADY HEALTH VISITOR

- Minimum and maximum age for admission will be 17 and 35 years. There is no age bar for LHV.
- Minimum education: 10+2 passed preferably science (PCB) and English with aggregate of 40% marks.

PUBLIC HEALTH NURSE

- Education: bachelor's degree including approved preparation for public health nursing.

ASHA

- ASHA must primarily be a woman resident of the village married/ widowed/ divorced, preferably in the age group of 25-45 years. She should be a literate woman with due preference in selection to those who are qualified up to X standard.

**ROLE AND JOB
RESPONSIBILITIES OF NURSING/
HEALTH PERSONNEL AT
VARIOUS LEVELS**

FEMALE HEALTH WORKER

(ANM)

ANM

Auxiliary Nurse Midwife

MATERNAL CHILD HEALTH

- **Register and provide care to pregnant women. Ensure that every pregnant woman makes at least 4 visits for antenatal check-up including registration.**
- **Test urine of pregnant women for albumin and sugar. Estimate hemoglobin level.**
- **Refer all pregnant women of PHC for RPR test for syphilis.**
- **Refer cases of abnormal pregnancy and cases with medical and gynecological problems to health assistant female (LHV) or the primary health center.**

MATERNAL CHILD HEALTH

- **Conduct deliveries in subcenter, if facilities of a labor room.**
- **Supervise deliveries conducted by dais and assist them whenever called in.**
- **Refer cases of difficult labor and newborn with abnormalities.**
- **ANM will identify the ultimate beneficiaries under JSY. She will prepare a monthly work schedule in the meeting of all accredited workers to be held on every 3rd Friday of every month, which is mandatory.**

MATERNAL CHILD HEALTH

- **Tracking of all pregnancies by name for scheduled ANC/ PNC services.**
- **Make post-natal home visits on 0,3,7 and 42th day for deliveries regarding care of the mother and care and feed of the newborn.**
- **Breast- feeding.**
- **Assess the growth and development of the infants and under 5 children and make timely referral.**

MATERNAL CHILD HEALTH

- **Provide treatment for all cases of diarrhea, ARI and other minor ailments and refer severe cases.**
- **Educate mothers individually and in groups for better family health including maternal and child health, family planning, nutrition, immunization, control of communicable diseases, personal and environmental hygiene.**
- **Assist medical officer and health assistant (female) in conducting antenatal and postnatal clinics at the sub-centre.**

FAMILY PLANNING

- Utilize the information from the eligible couple and child register for the family planning programme. She will be responsible for maintaining eligible couple registers.
- Spread the message of family planning to the couples and motivate them for family planning individually and in groups.
- Distribute conventional contraceptives and oral contraceptives to the couples, provide facilities to help prospective acceptors in getting family planning services, if necessary, by accompanying them or arranging for the dai/ ASHA to accompany them to hospital.

FAMILY PLANNING

- Provide follow-up services to female family planning acceptors.
- IUCD insertion can be done after getting trained.
- Establish female depot holders and provide a continuous supply of conventional contraceptives to the depot holders.
- Build rapport with acceptors, village leaders, ASHA, dais and others and utilize them for promoting family welfare programme.
- Identify women leaders and train them with help of the health assistant (female).

MEDICAL TERMINATION OF PREGNANCY

- Identify the women requiring help for medical termination of pregnancy and refer them to nearest approved institution.
- Educate the community for the consequences of septic abortion and inform them about the availability of services for MTP

NUTRITION

- Identify cases of low birth weight, malnutrition among infants and young children (0-5 yr), give the necessary treatment and advice and refer serious cases to the PHC.
- Distribute IFA and syrups as prescribed to pregnant women, nursing mothers, young children, adolescent girls as per the national guidelines.
- Administer vitamin A solution to children as per the guidelines.
- Educate the community about nutritious diet for mothers and children.
- Coordinate with Anganwadi workers.

UNIVERSAL IMMUNIZATION PROGRAMME (UIP)

- Immunize pregnant women with TT.
- Administer DPT vaccine, oral poliomyelitis vaccine, measles vaccine and BCG vaccine to all infants and children, as per immunization schedule.
- Ensure injection safety, safe disposal and record, report and manage minor and serious- AEFIs (adverse event following immunizations). Monthly UIP reports, weekly surveillance reports

UNIVERSAL IMMUNIZATION PROGRAMME (UIP)

- ANM is responsible for cold chain maintenance of vaccine during fixed and outreach sessions.
- Utilize posters/ paintings on key messages, immunization schedule, positioning during vaccine administration.

COMMUNICABLE DISEASES

- If she comes across a case of fever during her home visits she will take blood smear, administer presumptive treatment for malaria and inform health worker (male) for further action.
- HIV/ STI counselling. HIV/STI screening after receiving training.
- Leprosy

COMMUNICABLE DISEASES

- Education, counselling, referral, follow-up of cases STI/RTI, HIV/AIDS.
- Assist the health worker (m) in maintaining a record in her area, who are under treatment for malaria, tuberculosis and leprosy, and check whether they are taking regular treatment, motivate defaulters to take regular treatment and bring these cases to the notice of the health workers (m) or health assistant(m).

COMMUNICABLE DISEASES

• MALARIA

- She will identify suspected malaria fever cases during ANC or
- To advise seriously ill cases to visit PHC for immediate treatment.
- To replenish the stock of micro slides, RDKs and drugs to ASHAs/ FTDs wherever necessary.

COMMUNICABLE DISEASES

When
FILARI
A is
endemic

⑩ Identification of cases of lymphoedema and hydrocele and their referrals to PHC/CHC for appropriate management.

⑩ Identification and training of drug distributors including ASHAs and community health guides for mass drug distribution of DEC, albendazole on national filaria day.

COMMUNICABLE DISEASES

- When kala-azar is endemic:

▪ She should be presented with a fever for 3 days in a village visit and will refer such cases to the nearest PHC for clinical examination by MO and confirmation by RDK.

COMMUNICABLE DISEASES

Where dengue/
chikungunya/ JE is
endemic

▪ She shall enquire about the presence of any case having rash and joint pain during her visit, presence of fever case having encephalitis symptoms in cases

NON-COMMUNICABLE DISEASES

- IEC activities for prevention and early detection of hearing impairment/ deafness in health facility, community and schools, harmful effects of tobacco, mental illnesses, IDD, Diabetes, CVD and strokes.
- Sensitization of ASHA/ AWW/ PRI about the non- communicable diseases.
- Greater participation/ role of community for primary prevention of NCD and promotion of healthy lifestyle.
- Promoting formation and registration of self health care group of elderly persons.
- Health messages on oral health, disability, identification of disabled persons and their appropriate referral.

VITAL EVENTS

- Record and report to the health authority of vital events including births and deaths, particularly of mothers and infants to the health authorities in her area.
- Maintenance of all the relevant records concerning mothers, children and eligible couples in the area.

RECORD KEEPING

- **Maintaining Registers.**
- **Maintain the pre-natal and maternity records and child care records.**
- **Prepare the eligible couple and child register and keep it up-to-date.**
- **Maintain the records for contraceptive distribution, IUD insertion. Couples sterilized, clinics held at the sub-centre and supplies received and issued.**
- **Prepare and submit the prescribed weekly/ monthly reports in time to the health assistant (female)**
- **While maintaining passive surveillance register for malaria cases**

TREATMENT OF MINOR AILMENTS

- Provide treatment for minor ailments, provide first-aid for accidents and emergencies and refer cases beyond her competence to the primary health centre/ community health centre or nearest hospitals.
- Provide treatment as per AYUSH as needed at the local level.

TEAM ACTIVITIES

- Attend and participate in staff meeting at primary health centre/ community development block or both.
- Coordinate her activities with the health worker (m) and other health workers including the health volunteers/ ASHA and dais.
- Coordinate with the PRI and village health and sanitation committee.
- Meet the health assistant(f) each week and seek her advice and guidance whenever necessary.

TEAM ACTIVITIES

- **Maintain the cleanliness of the SC.**
- **Dispose bio-medical waste as per the GOI/ CPCB guidelines**
- **Organize, participate and guide in organizing the VHN days at anganwadi centres.**
- **Participate as a member of the team in camps and campaigns.**

HOUSE- TO- HOUSE SURVEYS

These surveys would be done once in April annually. Some of the disease would require special surveys- but all times not more than one survey per month would be expected.

MALE HEALTH
WORKER



National vector borne disease control programme (NVBDCP)

Early
diagnosis
and
complete
treatment

Integrated
vector
control
programme

IEC/ BCC

MALARIA

Recording
and
reporting

Village
health and
sanitation
committee

National vector borne disease control programme (NVBDCP)

**Where
filaria is
endemic**



- Identification of cases of lymphoedema/ elephantiasis and hydrocele and their referral to PHC/CHC for appropriate



- Identification and training of drug distributors including ASHAs and community health guides for mass drug administration of DEC+ albendazole on national filaria day

National vector borne disease control programme (NVBDCP)

Where kala- azar is endemic


● He shall enquire about the presence of any fever cases having a history of prolong fever


He will refer such cases to the nearest PHC for clinical examination by the medical

● He will also follow up and persuade the patients to ensure complete treatment.

National vector borne disease control programme (NVBD CP)

Where acute encephalitis syndrome/ Japanese encephalitis is endemic

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- From each family, he shall enquire about presence of any fever case with encephalitis presentation.

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- He will guide the suspected cases to the nearest diagnostic and treatment centre for diagnosis and treatment by the medical officer.

National vector borne disease control programme (NVBDCP)

**Where
dengue/
chikungun
ya is
endemic**

- He will guide the suspected cases of dengue/ chikungunya to the nearest PHC/CHC and treatment centre for clinical diagnosis and treatment by the medical officer.
- He will coordinate the activities carried out by village health and sanitation committee.

National leprosy eradication programme (NLEP)

- Impart health education on leprosy and its treatment. To the community.
- Refer suspected new cases of leprosy and those with complications to PHC.
- Provide subsequent doses of MDT.

National blindness control programme (NBCP)

Identify and refer all cases of blindness including suspected cases of cataract to MO, PHC

Revised national tuberculosis control programme (RNTCP)

- Identify persons especially with fever for 15 days and above with prolonged cough or spitting blood and take sputum smears from these individuals. Refer these cases to the MO, PHC for further investigations.
- Check whether all cases under treatment for TB are taking regular treatment.

UNIVERSAL IMMUNIZATION PROGRAMME

- Assistance to MPW (F) for administering all UIP vaccines like OPV, BCG, DPT, TT, Measles, hepatitis B, JE etc. to all the beneficiaries including pregnant women and provisions of vitamin A prophylaxis as per immunization schedule.
- Assist the health supervisor/ health supervisor/ LHV in the school health programme.

Reproductive and child health programme (RMNCH+A)

- Utilize the information from the eligible couple and child register for the family planning programme.
- Spread the message of family planning to the couples and motivate them for family planning individually and in groups.
- Distribute conventional contraceptives and oral contraceptives to the couples.
- Provide follow up services to male family planning acceptors, and refer those cases that need attention by the physician to PHC/ Hospital.
- Identify the women requiring help for MTP, refer them to the nearest approved institution and inform the health worker.
- Provide care and treatment for diarrhea, ARI and other common newborn and childhood illness

COMMUNICABLE DISEASES

- HIV/ STI counselling, HIV/ STI screening after receiving training
- Identify cases of diarrhea/dysentery, fever with rash, jaundice, encephalitis, diphtheria, whooping cough and tetanus and notify the health supervisor male and MO, PHC immediately about these cases.
- Carry out control measures according to guidelines.

NON COMMUNICABLE DISEASES

- IEC activities for prevention and early detection of hearing impairment in health facility, community and schools, harmful effects of tobacco, mental illnesses, CVD and strokes.
- Houses to house surveys to detect cases of hearing and visual impairment and referrals to tobacco cessation centre at district hospital.
- Sensitization of ASHA/AWW/PRI about the non communicable diseases.
- Ensuring regular testing of salt at house hold survey for presence of iodine through salt testing kits by AHSA s.
- Promoting formation and registration of self health care group of elderly persons.
- Health messages on disability, identification of disabled persons and their appropriate referral.

HOUSE TO HOUSE SURVEY

- These surveys would be done in April annually and at least once after six months. Some of the diseases would require special Surveys- but at all times not more than one survey per month would be expected.
- The male multipurpose worker would take the support of ASHA/AWW/PRI/VHSC and lead and be accountable for the organisation of these surveys and the subsequent preparation of lists and referrals.

ENVIRONMENTAL SANITATION

- Chlorinate the public water sources including wells at regular intervals. Educate the community on the method of disposal of liquid and solid waste
- Home sanitation
- Advantages and use of sanitary type of laterines
- Construction and use of smokeless chulhas
- Coordination with village health and sanitation committee.

PRIMARY MEDICAL CARE

- Provide treatment for minor ailments, first aid for accidents and emergencies and refer cases beyond his competence to the nearest hospital or PHC/ CHC.

HEALTH EDUCATION

Educate the community about availability of maternal and child services and encourage them to utilize the facilities.

NUTRITION

- Identify cases of low birth weight and malnutrition among infants and young children (0-5 years) in his area, give the necessary treatment and advice or refer them to the anganwadi for supplementary feeding and refer serious cases to the PHC.
- Educate the community about the nutritious diet for mothers and children from locally available food.

VITAL EVENTS

- Enquire about births and deaths occurring in his area, record them in the births and death register, sharing the information with ANM and report them to the health supervisor/ health supervisor.
- Educate the community on the importance of registration of births and deaths.

RECORD KEEPING

- Survey all the facilities in his area and prepare/maintain maps and charts for the village
- Prepare, maintain and utilize family and village records.
- Maintain a record of cases in his area, who are under treatment for tuberculosis and leprosy.

**HEALTH ASSISTANT FEMALE (LHV-LADY
HEALTH VISITOR/ FEMALE
SUPERVISOR)**

Under the multipurpose workers scheme, a health assistant female is expected to cover a population of 30,000 (20,000 in tribal and hilly Areas) in which there are six sub-centres, each with the health worker female. The health assistant female will carry out the following duties:

SUPERVISE AND GUIDANCE

- Supervise and guide health worker female, dais and guide ASHA in the delivery of health care services to the community.
- Strengthen the knowledge and skills of the health worker female.
- Helps the health worker female in improving her skills for working in the community, in planning and organizing her programmes.
- Assess fortnightly the progress of work of the HW.

TEAM WORK

- **Help the health workers to work as part of the health team.**
- **Coordinate her activities with those of the health assistant male and other personnel including the dais health guide.**
- **Conduct regular staff meetings with the health workers in coordination with the health assistant**
- **Attend staff meetings at the primary health centre.**

SUPPLIES, EQUIPMENT AND MAINTENANCE OF SUB- CENTRES

- In collaboration with the health assistant male, check at regular intervals the stores available at the sub-centre and help in the procurement of supplies and equipment. Check that the drugs at the sub centre are properly stored and that the equipment is well maintained.
- Ensure that the health worker female maintains her general kit, midwifery kit and dai kit in the proper way and sub centre is kept clean and properly maintained.

RECORDS AND REPORT

- **Scrutinize the maintenance of records by the HW (F) and guide her in their proper maintenance.**
- **Review reports received from the HW, consolidate them and submit monthly reports to the medical officer of the PHC.**

TRAINING

- Organize and conduct training for dais/ ASHA with the assistance of the health worker female.
- Assist the medical officer of the primary health centre in conducting training programme for various categories of health personnel

MATERNAL AND CHILD HEALTH

- Conduct weekly MCH clinics at each sub-centre with the assistance of the HW (F) and dais.
- Respond to calls from the health worker female, the health worker female, the health worker male, the health guides and the trained dais and render the necessary help.
- Conduct deliveries when required at PHC level and provide domiciliary and midwifery services.

FAMILY PLANNING AND MEDICAL TERMINATION OF PREGNANCY

- She will ensure through spot checking that health worker female maintains up- to- date eligible couple registers all the times.
- Conduct weekly family planning clinics along with the MCH clinics at each sub centre with the assistance of the health worker female.
- Provide information on the available services for medical termination of pregnancy and sterilization

NUTRITION

- Ensure that all cases of malnutrition among infants and young children (0-5 years)
- She will also guide the MPW to procure supplies, organize immunization camps, provide guidance for maintaining cold chain, storage of vaccine, health education and immunizations.

UNIVERSAL IMMUNIZATION PROGRAMME

- Supervise the immunization of all pregnant women and children (0-5 years)
- She will also guide the MPW to procure supplies, organize immunization camps, provide guidance for maintaining cold chain, storage of vaccine, health education and immunizations.

ACUTE RESPIRATORY **INFECTIONS**

- **Ensure early diagnosis of pneumonia cases.**
- **Provide suitable treatment to mild/ moderate cases of ARI**
- **Ensure early referral in several cases.**

HEALTH ASSISTANT MALE



PUBLIC HEALTH NURSE (PHN)



PUBLIC HEALTH NURSE **SUPERVISOR**

Public health nurse supervisor, guides and supervises the functions of public health nurses, health workers, working in her assigned field. She is responsible to district public health nurse (DPHN) or (DPHNO) for the provision, supervision and improvement of community health care.

PUBLIC HEALTH NURSE **SUPERVISOR**

- Assisting in determination of the philosophy and objectives of the community health programmes
- Providing leadership in the planning of total health care to all individuals, families and community on her assigned area Carrying out preventive, promotive, curative and rehabilitative care.
- Assisting in development of the standard of health care with the accepted philosophy, objectives and health policies.
- Assisting in the preparation of budget for the community health department.

PUBLIC HEALTH NURSE **SUPERVISOR**

- Utilizing the budget allotted to the department
- Supervision and guidance of PHN/LHV/FHW/MHW working in her field.
- Organizing educational programmes for the community members including school children, RCH group or other interested/ targeted groups in her area.
- Supervision of record/ reports prepared by health workers under her jurisdiction.

DISTRICT PUBLIC HEALTH NURSE/ OFFICER (DPHN/ DPHNO)

DPHN is an important nursing personnel, responsible for looking after the work of all nursing staff employed in the district. DPHN is also designated as DPHNO.

Functions of DPHN/DPHNO

MANAGERIAL FUNCTIONS

- Implementing policies and programmes related to nursing in the district.
- Participation in preparing budget for nursing services, material and equipment.
- Forwarding annual reports, work reports, etc. received from nursing personnel.
- Evaluate the work of nursing personnel/ health workers.

SUPERVISORY FUNCTIONS

- Supervising the work of nursing personnel/ health workers from time to time.
- Taking disciplinary actions
- Encouraging the qualities of co-operation and co-ordination among nursing personnel/ health worker.
- Improving the standard of patient care in the district

EDUCATIONAL FUNCTIONS

- Observation of nursing educational institutions of the district from time to time.
- Improving the standard of nursing students and nursing education.
- Organizing orientation training programmes for personnel/ health workers.
- Making programmes for dai (TBA) training and training of nursing staff.
- Arranging for in-service training.

ASHA

Her responsibilities will be as follows:

- ASHA will take steps to **create awareness and provide information** to the community on determinants of health such as nutrition, basic sanitation and hygienic practices, healthy living and working conditions, information on existing health services, and the need for timely utilization of health and family welfare.
- She will **counsel women** on birth preparedness, importance of safe delivery, breastfeeding, immunization, contraception and prevention of common infections including RTI/STI and care of the young child.

ASHA

- ASHA will utilize the community and facilitate them in **accessible health and health related services** available at the anganwadi/ sub centre/ primary health centres, such as immunization, antenatal check-up, postnatal check up, Supplementary nutrition, sanitation and other services being provided by the government.
- She will **work with the village health and sanitation committee** of the gram panchayat to develop a comprehensive village health plan.

ASHA

- ASHA will provide **primary medical care** for minor ailments such as diarrhea, fever and first aid for minor injuries. She will be a provider of directly observed treatment short-course (DOTS) under RNTCP
- She will also act as a **depot holder** for essential provision being made available to every habitation like oral rehydration therapy, iron and folic acid tablet, oral pills and condoms etc.

ASHA

- She will escort/ **accompany pregnant women and children** requiring treatment to the nearest pre identified health facility i.e. primary health centre/ community health centre/ first referral unit.
- She will promote **construction of household toilets** under total sanitation campaign.

**FUNCTIONS OF ANGANWADI
WORKER**

DAY CARE SERVICES



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- **Health check up including maintenance of growth chart**
 - **Immunization**
 - **Supplementary nutrition**
 - **Health education**
 - **Non formal pre-school education**
 - **Referral services**

HEALTH TEAM IN HOSPITAL SETTING



PHYSICIAN

A physician is a person who is legally authorized to practice medicine. In hospital setting, the physician is responsible for the medical diagnosis and for determining the therapy required by a person who is ill or injured.



NURSE

Number of personnel may be involved in health team. The team leader “head nurse” is responsible for delegation of duties to members of her team and care given to the patients.



DIETICIAN

Dietician design special diets and they supervise the preparation of meals according to doctors prescription.



PHYSIOTHERAPIST



The physiotherapist provide assistance to patient who has problem related to muscoskeletal system.

Functions:

- Assessing mobility and strength
- Providing therapeutic measures
- Teaching patients new skills and measures.



OCCUPATIONAL THERAPIST

The occupational therapist assists patient with some impairment of function to gain skills as they relate to activities of daily living and help with a skill that is therapeutic.



LABORATORY TECHNICIAN

Examines and study specimens such as urine, faeces, blood and discharge from wound.



RADIOLOGIC TECHNOLOGIST

**Assists with wide variety
of X ray procedures.**



PHARMACISTS

Pharmacists dispense drugs and medications prescribed by physicians, physician assistants, nurse and dentists.



Thank
you!