

HS-803 031 (Final Report)

**TRAINING PROGRAM FOR
DRIVER LICENSING
MEDICAL SCREENING**

INSTRUCTOR LESSON PLANS

DECEMBER 1976

**U.S. DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION**

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Prepared for the Department of Transportation,
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under Contract No. DOT-HS-6-01337.

The opinions, findings, and conclusions expressed
in this publication are those of the authors
and not necessarily those of the National Highway
Traffic Safety Administration.

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U.S. Department of Transportation
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Washington, D.C. 20590

Prepared by:

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FOREWORD

Quick reactions and good judgments are vital to the operation of modern, high-speed motor vehicles, and there is little doubt that impaired reaction time, emotional disturbances, poor vision, and other chronic and acute medical impairments are responsible for many traffic accidents or contribute to their severity. One of the keys to reducing traffic deaths and injury in the United States is to identify those drivers who possess mental and medical problems that could increase the probability of their having accidents, and to restrict or prevent the licensing of individuals with impairments that cannot be overcome. If all driver license applicants were examined by physicians, most individuals with potentially hazardous medical conditions would be detected. However, the requirement of a full physical examination for every applicant is not cost-effective, since the number of individuals to be detected is small. Furthermore, although physicians are well equipped by virtue of training and experience to perform prognosis and diagnosis, they do not have the opportunity to observe individuals as they operate a motor vehicle. Thus, with certain medical conditions, they find it difficult to judge whether the patient can or cannot safely operate a motor vehicle.

The training of license examiners to detect signs and symptoms of potentially unsafe physical and mental conditions is at least part of the answer. All states test the driving ability, vision, and knowledge of the applicant for initial licensing. But as for medical factors, few states do more than rely on an applicant's honesty in answering a few questions. The development of this training course is a necessary first step to increase the ability of license examiners to detect signs and symptoms that suggest the presence of potentially dangerous medical conditions. When such signs and symptoms are detected, the examiner in many states will request the applicant to undergo a physical examination, and the facts will be reviewed by a medical advisory board composed of physicians.

The training program described herein was prepared for the National Highway Traffic Safety Administration, U.S. Department of Transportation. Additional documents produced as part of this project include a detailed "Instructor's Lesson Plans," and a "Student Study Guide." All three documents were prepared by Dr. Andrew P. Chenzoff and Dr. Linda G. Binstock of INNOVATRIX, Inc. Mr. Sanford P. Schumacher served as Principal Investigator. Serving as consultants to INNOVATRIX, Inc., were:

1. Elaine Petrucelli and Lee N. Hames of the American Medical Association.
2. Arthur A. Tritsch and Joseph Hennessee of the American Association of Motor Vehicle Administrators.
3. William K. Keller, M.D., of Louisville, Kentucky and Paul L. Weygandt, M.D. of Akron, Ohio, who served as medical consultants.

The assistance of these individuals is greatly appreciated and hereby acknowledged.

We are particularly grateful to and wish to thank the NHTSA staff who were concerned with this project. Mr. Cecil Arnold served as Contract Technical Manager. We wish to thank him for his help and encouragement in developing the course. Extremely valuable advice and review of interim materials were contributed by Arthur J. Latchaw and Wayne J. Tannahill, also of NHTSA.

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INTRODUCTION

Purpose of the Instructor Lesson Plans

This document has been prepared to assist instructors to conduct a training program that prepares motor vehicle license examiners to perform medical screening and the associated functions. It contains detailed plans for each unit of the course. Two other documents complete the curriculum package. The Course Guide provides guidance for those who organize and administer the Driver License Medical Screening course. The Student Study Guide is a student workbook. It includes training objectives for each lesson, textual materials, and a set of review exercises.

Objectives of the Course

This course has been developed to prepare individual driver license examiners to detect and properly process those examinees who have indications of medical problems which could result in accidents or unsafe driving behavior, and to detect those examinees who are apt to be safe and effective drivers despite apparent medical problems.

Using the Lesson Plans

Each unit consists of student objectives and key points, an instructor preparation page, instructions for conducting instruction of the unit materials, and review exercises.

The instructions you will find in these lesson plans are fairly complete and detailed. If you have taught before, they may give you more guidance than you need. This level of detail has been provided to ensure that the course is presented properly, no matter how much or how little experience the instructor has in training.

You will also notice that as you review this document you will need to customize the course at some points in order to reflect the unique conditions, policies, and procedures of your state.

Finally, you may find that some portions of the course need not be taught to the particular students who will be taking the course. The course has been designed to work well with newly hired license examiners, as well as those with extensive job

experience. You should pitch your presentation to the least experienced member of the class you will be teaching. If the least experienced student may be expected to know some of the course content, you will want to omit coverage of a few of the topics in this course.

Preparation

You will need to read over the lesson plans and the Student Study Guide several weeks before you administer this course. Pay especial attention to the Instructor Preparation Pages which appear in each unit of the lesson plans. There are facts you will have to determine, equipment you will have to procure, arrangements you will have to make, and lesson segments you will have to prepare. A day or two before the course begins, you will again have to review the two documents and your preparation steps, to make certain that everything is in order.

Page Format

A few words are appropriate at this point about the two-column format of most of the pages in the Instructor Lesson Plans. The left column contains guidance for presenting the course and suggests some specific ideas you will need to express. Some sentences and paragraphs are typed in all capitals. These are the words you need to say and the ideas you need to express. You need not use these particular words. As a matter of fact, your presentation will sound more natural if you do not read them word for word. However, the ideas are vital and need to be expressed in some way.

The right-hand column, headed Course Outline, has four purposes:

1. It keys your activities and remarks to the major and minor headings of the Student Study Guide.
2. It shows the Student Study Guide page at which the students are looking. A single numeral (e.g., 13) indicates that students should be looking at that numbered page of the same unit, at this point in the course. The number changes when students go to another page. When students must look at pages in other units, a three-part page number (e.g., I-B-13) is indicated.
3. It allows some space for you to enter your own notes during preparation for the classroom instruction.

4. It indicates the appropriate points for using the Training Aids and the Advance Activities listed on the Instructor Preparation page:

- * in the right-hand column indicates that a training aid should be used.
- + in the right-hand column indicates that your pre-course preparation of ideas, examples, and state policies will be useful at this point.

Training Resources

Facilities

The recommended facility for this training is a large conference room or small lecture hall. Most school classrooms are very well suited to this course. The room should be well lighted to permit students to read their study guide and to take notes. The room should have adequate heating and ventilation or air conditioning to assure the comfort of the students and instructor. The room should be well enough sound isolated to prevent distracting noises.

Each student should have a chair and table surface or a desk arm at which he or she can take notes. Seating arrangements should be flexible, if possible. Flexible seating is not absolutely necessary if the classroom size permits small groups to work without disturbing each other.

Equipment and Materials

The materials and equipment mentioned below are important to the effective presentation of this course. The course administrator should arrange to procure these items in sufficient quantities to accommodate the anticipated class size. The list includes:

- Chalkboard with eraser and sufficient chalk or flipchart with grease pencils or felt-tip markers.
- 16mm projector and screen or videotape player that handles video cassettes and an adequate number of monitors for easy viewing by class members. (A class of six to ten students may be served by one well positioned monitor.)

- The series of lectures entitled "Screening for Driver Limitation" in either the film or video cassette form.
- Blank copies of all forms that the examiner must fill out to initiate medical referral or to impose a license restriction. Completed copies of reports, letters, or forms that the examiner should consult before conducting the examination.
- Copies of the Medical Screening Checklist developed for this course.

Scheduling Considerations

The Driver Licensing Medical Screening training course has been designed to be flexible in its scheduling. Figure 1 provides minimum and maximum time estimates of each unit of the course. Figure 2 shows a typical schedule. The course can be presented in either two or three days. Unit II-D, Medical Advisory Board, will be omitted in states with no such Boards (e.g., Arkansas, Idaho, Montana). In states with Boards that are relatively inactive in the screening process, this unit may likewise be omitted. The saved time may be allocated to Unit II-A or to additional practice.

The content of the course is adaptable to fit local conditions. In states with methods that conform closely to those assumed in this course, the amount of customization will be limited, and the course may thus be somewhat shorter. In a state with relatively unique procedures, greater time will be devoted to explaining these procedures.

In addition to the amount of customized material that needs to be presented, the length of the course will depend upon the number of students in the class. A two-day course would not provide sufficient practice time if the class is large.

The course should be conducted on consecutive days, if possible. However, if student travel requirements are not great, the instructional days may be a week apart.

UNIT NUMBER	UNIT TITLE	HOURS ESTIMATED MINIMUM	HOURS ESTIMATED MAXIMUM
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PART I
Medical

I-A	Introduction to Examiner's Roles and Responsibilities with Respect to Medical Screening	1	2
I-B	Cardiovascular Conditions	1	2
I-C	Neurological Conditions	1	2
I-D	Ophthalmological Conditions	1	2
I-E	Mental and Emotional Conditions	1	2
I-F	Age-Related Conditions	1	2
I-G	Other Medical Conditions	1	2

PART II
Task Related

II-A	Screening Methods for Different Phases of the Examination Process	2	4
II-B	Interview Methods	1	2
II-C	Forms and Records	1	1
II-D	Medical Advisory Board*	1	1
II-E	License Restrictions	1	1
II-F	Review and Evaluation	1	1

FIGURE 1

Estimated Minimum and Maximum Time Requirements

*In states without an MAB, this time may be given to Unit II-A.

	8 am	9	10	11	12	1 pm	2	3	4	5
DAY 1	I-A		I-B		/	I-C		I-D		
DAY 2	I-E		I-F			I-G		II-A		
DAY 3	II-A (Continued)		II-B			II-C	II-D	II-E	II-F	

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NOTE: Cell entries are instructional units (i.e., I-B is Unit B of Part I).

Figure 2
Typical Training Schedule

INSTRUCTOR PREPARATION

Training Aids

1. Sufficient copies of Student Study Guides for all students and the instructor.
2. A copy of the forms used in the state or overhead transparencies and projector.
3. Chalkboard.

Advance Activities

Be prepared to cite an example from recent news where a medical problem caused a serious auto accident. If you can't find one, use the item in Appendix A.

STUDENTS' UNIT OBJECTIVES

By the end of this unit, the trainee:

1. Will be able to state at least one reason for the importance of medically screening license applicants and other examinees.
2. Given a list of roles and responsibilities, will be able to distinguish between those which are and those which are not appropriate for license examiners in their medical screening function.

STUDENTS' KEY POINTS

1. Introduction to the Course

Your course is divided into two parts. You are beginning Part I, Unit A. Unit I-A familiarizes you with the teaching approach used in Part I. Good study techniques for you to use are questioning, note taking, and practicing what you learn by working the exercises.

2. Medical Screening Functions (Examiner's Role)

The examiner reviews records; detects medical signs and symptoms; chooses what action to take after reviewing records and detecting signs and symptoms; and reports his observations and decisions.

3. Limitations of the Examiner's Role

The examiner is not in a position to decide what disease, if any, is causing the signs and symptoms he observes. He should not go into detail with the applicant. The examiner's role is to refer an applicant for a medical evaluation, if the examiner decides such evaluation is called for.

4. The Training Procedure

Each unit in Part I contains several important parts:

- a. Unit Objectives tell you what will be studied in the unit.
- b. Key Points tell you the most important points for you to study and remember.
- c. Signs and Symptoms are the indications of a medical problem which you may observe or be told about.
- d. Severity of Signs and Symptoms is a section in the unit which helps you decide when signs or symptoms are severe enough to report.
- e. Especially significant signs and symptoms are those which are particularly strong indicators of medical problems.
- f. Review Exercises help you evaluate how well you have learned what you need to know about each bodily system.

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Welcoming the Class

Welcome students.

Give your name.

Have students introduce themselves.

Have students complete and return registration cards.

Explain the course purpose:

TO TEACH YOU HOW TO DETECT AND PROCESS EXAMINEES WHO HAVE SAFETY RELEVANT MEDICAL PROBLEMS.

TO TEACH YOU HOW TO TELL WHEN EXAMINEES ARE APT TO BE SAFE DRIVERS DESPITE APPARENT IMPAIRMENTS.

Explain the general procedures to be followed in each training day:

- attendance
- announcements
- preview of what will be covered
- review of previous day's lesson

Distribute Student Study Guides.

Briefly describe organization and content of document.

Mention:

ALWAYS BRING YOUR STUDENT STUDY GUIDE TO CLASS WITH YOU.

USE THE NOTES COLUMN AND TAKE CLASS NOTES.

THE STUDENT STUDY GUIDE WILL BECOME YOUR REFERENCE WHEN YOU RETURN TO THE JOB.

Explaining the Examiner's Role in Medical Screening

Tell the class that your state wants persons with certain medical problems to be identified so they can be restricted, closely observed, or prevented from driving.

WELCOMING REMARKS

3

Purpose of the CourseHow the Course Is to Be Conducted

*

EXAMINER'S ROLE IN MEDICAL SCREENING

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INSTRUCTOR GUIDELINES	COURSE OUTLINE
<p>Express the idea that:</p> <p>SCREENING IS MORE EFFICIENT THAN SEND- ING ALL APPLICANTS FOR A MEDICAL EXAM.</p> <p>Explain the difference between the doctor's role and the examiner's role in evaluating a person's capability to drive.</p>	
<p><u>Presenting the Medical Screening Functions Performed in This State</u></p> <p>FUNCTION A: REVIEW AVAILABLE RECORDS FOR INDICATIONS OF PHYSICAL OR MENTAL DEFICIENCIES</p> <p>FUNCTION B: DETECT SIGNS AND SYMPTOMS OF MEDICAL IMPAIRMENT</p> <p>FUNCTION C: SELECT A COURSE OF ACTION</p> <p>FUNCTION D: REPORT THE MEDICAL PROBLEM, IF ANY, AND EXPLAIN TO EXAMINEE</p>	<p>MEDICAL SCREENING FUNCTIONS 5</p>
<p>For Functions A and D, show types of forms available in this state.</p>	<p>*</p>
<p><u>Discussing Things the Examiner Should Not Do While Performing Medical Screening</u></p> <p>Say:</p> <p>THINK ABOUT THINGS THE EXAMINER SHOULD <u>NOT DO</u> WHILE ACCOMPLISHING THE FOUR MEDICAL SCREENING FUNCTIONS.</p>	
<p>TAKE ABOUT FIVE MINUTES AND JOT DOWN YOUR THOUGHTS ON PAGE I-A-6 OF YOUR STUDENT STUDY GUIDE.</p>	<p>6</p>
<p>Ask the class members to share their ideas. Write their suggestions on a chalkboard. When the class runs out of ideas, complete the list, being sure to include the following things an examiner should not do:</p> <ul style="list-style-type: none"> -diagnose a medical condition -go into detail with the applicant about medical conditions -alarm the applicant 	<p>*</p> <p>7</p>

INSTRUCTOR GUIDELINES	COURSE OUTLINE
<p>Say:</p> <p>COPY THE LIST FROM THE CHALKBOARD INTO YOUR STUDENT STUDY GUIDE, PAGE I-A-7. WHEN YOU ARE ON THE JOB, YOU WILL HAVE THE LIST FOR REFERENCE.</p> <p><u>Presenting Medical Referral as a Public Service</u></p> <p>Give an example from recent news where a medical problem caused a serious auto accident. Or use the news item in Appendix A.</p> <p><u>Discussing Removal of Hazardous Drivers Versus Licensing of Competent Handicapped Drivers</u></p> <p>Make the following points:</p> <p>SOME MEDICALLY HANDICAPPED DRIVERS SHOULD BE REMOVED FROM THE ROAD.</p> <p>THE DECISION TO DENY PERMISSION TO DRIVE SHOULD BE MADE SOLELY ON THE BASIS THAT THE MEDICAL CONDITION CONSTITUTES A HAZARD.</p> <p>COMPETENT DRIVERS WHO HAPPEN TO HAVE A MEDICAL PROBLEM THAT DOES NOT INTERFERE WITH DRIVING <u>SHOULD BE LICENSED.</u></p> <p>YOUR JOB IS NOT TO FLUNK APPLICANTS. IT IS TO SCREEN AND SELECT THOSE WHO SHOULD BE EVALUATED BY A DOCTOR.</p> <p><u>Pointing out the Structure of the Course Content</u></p> <p>Explain that the course is divided into two parts:</p> <p>LEARNING HOW TO IDENTIFY SIGNS AND SYMPTOMS ASSOCIATED WITH DISORDERS IN EACH OF SIX BODILY SYSTEMS.</p> <p>APPLYING TO THE JOB SITUATION THE FACTS AND SKILLS LEARNED IN THE FIRST PART.</p>	<p><u>Things You Should Not Do</u></p> <p>TRAINING APPROACH 8</p> <p><u>Importance of Medical Screening</u> +</p> <p><u>Importance of Licensing the Safe Handicapped</u></p> <p>10</p>

INSTRUCTOR GUIDELINES	COURSE OUTLINE
<p>Explain to the students that each of the units in Part I discusses a different bodily system, but that all units are organized the same. Explain each portion of the unit format:</p> <ul style="list-style-type: none"> -Unit Objectives -Key Points -Signs and Symptoms -Severity of Signs and Symptoms -Especially Significant Signs and Symptoms -Review Exercises -Glossary of Signs and Symptoms <p>Suggest that the students turn to the Table of Contents for Unit I-B to see a sample Table of Contents for a unit.</p> <p>Explain that the students will learn about the signs and symptoms in each system from studying a film or videotape produced by the American Medical Association (AMA) and the American Association of Motor Vehicle Administrators (AAMVA). Give the students a few minutes to read over the suggested procedure for viewing the film/videotape (this appears on page I-A-11 of the Student Study Guide).</p> <p>Point out:</p> <p style="padding-left: 40px;">NOT ALL OF THE SIGNS AND SYMPTOMS YOU NEED TO KNOW ARE DISCUSSED IN THE FILMS. SOME WILL BE PRESENTED BY ME.</p> <p>Suggest the students look at page I-B-5 to see a sample Checklist of Signs and Symptoms.</p> <p>Ask if there are questions up to this point and clarify any points of confusion.</p> <p>Explain that:</p> <p style="padding-left: 40px;">SOMETIMES IT IS HARD TO TELL WHETHER A SIGN OR SYMPTOM SHOULD BE RECORDED. YOU WILL BE GIVEN SOME HELP AND PRACTICE IN MAKING THIS JUDGMENT IN EACH UNIT.</p>	<p style="text-align: center;">11</p> <p style="text-align: center;"><u>Information Not on Film or Videotape</u></p> <p style="text-align: center;">I-B-5</p> <p style="text-align: center;"><u>Judging Severity</u> 11</p>

INSTRUCTOR GUIDELINES

Suggest that the students turn to page I-B-11 to see some examples of signs that are hard to judge.

Explain that:

SOME SIGNS AND SYMPTOMS ARE VERY STRONG INDICATIONS THAT AN EXAMINEE SHOULD BE REFERRED FOR MEDICAL EVALUATION. YOU WILL BE ASKED TO MEMORIZE A FEW OF THESE IN EACH UNIT.

Suggest that the students turn to page I-B-13 to see some examples.

Ask if there are questions and clarify points of confusion.

Suggest that the students turn to page I-B-15 to see a sample Glossary page.

Point out that there is a Glossary for each unit and a complete Glossary at the end of Unit I-G.

Mention that review exercises appear at the end of every unit. They should help both the student and the instructor to find parts of the unit that should be studied more.

Conducting the Review Exercises

Give the students ten minutes to complete the exercises. When everyone has finished, discuss the answers as follows:

-Question 1 has many right answers. Ask the students to volunteer a few. Two general points should be mentioned:

1. So that potentially unsafe drivers can be restricted, reexamined frequently, or prevented from having a license.
2. So that potentially safe drivers with medical problems or handicaps may be permitted to drive.

-Question 2 must be answered with a NO on the third and fourth items.

COURSE OUTLINE

I-B-11

Especially Significant
Signs and Symptoms

I-B-13

Glossary of Signs and
Symptoms
I-B-15

Review Exercises

REVIEW EXERCISES
14

INSTRUCTOR PREPARATION

Training Aids

1. Film or videotape, "Screening for Driver Limitation, Cardiovascular."
2. Projection equipment.

Advance Activities

1. Read Glossary definitions at the end of the unit and be sure you understand well enough to answer questions.
2. Be prepared to give examples of trivial and noteworthy instances of the signs and symptoms covered in this unit.

STUDENTS' UNIT OBJECTIVES

1. Given two specific signs and symptoms presented in this unit, will be able to describe a severity level at which signs or symptoms are important and a severity level at which they are trivial.
2. Will be able to list the four especially significant signs and symptoms presented in this unit.

STUDENTS' KEY POINTS

1. Organization by Bodily System. Although each unit presents signs and symptoms under a bodily system heading (e.g. Cardiovascular), seeing a sign or symptom will not let you conclude which body system is involved. Only a physician is qualified to do this.
2. Doubled Accident Rate. The accident rate associated with individuals suffering cardiovascular disease is about double the expected rate. Therefore, this unit is one of the most important in the course.
3. Unit structure. The structure of the units in the remainder of Part I of this course is identical. Each unit has three important sections:
 - a. Signs and symptoms and how to recognize them.
 - b. Severity of signs and symptoms which should be judged important enough to record.
 - c. Especially significant signs and symptoms which give probable indication of disease.
4. Severity of Signs and Symptoms. It is particularly difficult to judge whether to record the following signs and symptoms:
 - a. nervousness, excitability, excessive sweating
 - b. dizziness, staggering, lightheadedness, giddiness
 - c. severe reaction to sudden cold or heat

Be sure to focus on the material which helps you learn to judge when to record these signs and symptoms.
5. Especially Significant Signs and Symptoms. A few signs and symptoms are especially significant indicators of a possible disorder in the cardiovascular system. Be sure to commit them to memory so that you can recall them quickly when you need to during driver examinations. They are:
 - a. loss of consciousness, stupor
 - b. pain in left arm, jaw, or chest (unexplained)
 - c. choking, vomiting, or severe nausea
 - d. dizziness, staggering, lightheadedness, giddiness

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Introducing the Unit

Tell the students that the first two or three pages of every unit include the Objectives of the unit and the Key Points.

Tell them:

THE OBJECTIVES ARE THE PURPOSES TO BE ACHIEVED IN STUDYING THE UNIT.

THE KEY POINTS ARE THE MAIN IDEAS TO BE STUDIED IN THE UNIT.

Give the students a few minutes to read the Objectives and the Key Points.

Tell the students the meaning of the term "Cardiovascular System."

THE CARDIOVASCULAR SYSTEM IS THE BODILY SYSTEM THAT SUPPLIES BLOOD TO ALL PARTS OF THE BODY. IT INCLUDES THE HEART AND THE VEINS, ARTERIES, AND CAPILLARIES.

Explain that disease of this system doubles the expected accident rate. Suggest that the students concentrate especially hard on signs and symptoms presented in this unit.

Using the Film/Tape

Remind the students of the procedure for reviewing the film or videotape:

- Make sure the students are looking at page I-B-4 of their Student Study Guide.
- Read aloud the five steps.

- 1) AFTER THE FILM IS SHOWN, YOU WILL BE ASKED TO RECALL THE SIGNS AND SYMPTOMS YOU LEARNED FROM THE FILM. LOOK NOW AT ITEMS 1 THROUGH 17 ON THE CHECKLIST OF SIGNS AND SYMPTOMS ON PAGE I-B-5. SOME OF THESE WILL BE MENTIONED ON THE FILM, BY DR. BROWN. TRY TO FIND THEM AS YOU WATCH.

- 2) VIEW THE FILM.

UNIT OBJECTIVES & KEY
POINTS

1, 2, 3

SIGNS AND SYMPTOMS

4

INSTRUCTOR GUIDELINES

COURSE OUTLINE

- 3) LOOK AT THE CHECKLIST OF SIGNS AND SYMPTOMS. PLACE CHECKS IN THE FIRST COLUMN FOR THE SIGNS AND SYMPTOMS MENTIONED IN THE FILM.
- 4) WATCH THE FILM AGAIN TO BE SURE YOU CHECKED ALL THE APPROPRIATE SIGNS AND SYMPTOMS.
- 5) DISCUSS WITH ME AND YOUR CLASSMATES THE MEANING OF EACH SIGN AND SYMPTOM MENTIONED IN THE FILM. USE THE GLOSSARY OF CARDIOVASCULAR SIGNS AND SYMPTOMS AT THE END OF THE UNIT TO HELP YOU CLARIFY THE MEANING.

Make sure the students all turn to page I-B-5 before you shown the film/tape. Remind them to make checks in the first column next to each sign or symptom as it is mentioned.

Show the film or videotape "Screening for Driver Limitation, Cardiovascular." *

Before showing the film/tape a second time, remind the students to verify their entries on the checklist as they see the film/tape again.

Show the film again. *

After the second viewing of the film, ask the students to verify their placement of checkmarks as you read aloud the list of signs and symptoms that appears on page I-B-6 of the Student Study Guide. Remind the students that for each sign or symptom a checkmark should appear in the first column.

The list consists of the following:

- 1) BREATHING DIFFICULTIES
- 2) SWELLING OF FEET, LEGS, ANKLES
- 3) BLUISH LIPS OR FINGERNAILS
- 4) SWOLLEN NECK VEINS

INSTRUCTOR GUIDELINES

COURSE OUTLINE

- 5) NERVOUSNESS, EXCITABILITY, EXCESSIVE SWEATING
- 7) PARTIAL PARALYSIS
- 8) LOSS OF CONSCIOUSNESS, STUPOR
- 9) WEAKNESS IN ARMS OR LEGS
- 10) PAIN IN LEFT ARM, JAW, OR CHEST (UNEXPLAINED)
- 12) DIZZINESS, STAGGERING, LIGHtheadNESS, GIDDINESS
- 13) FREQUENT STOPPING DURING WALKING
- 16) OBESITY

Presenting Information Not on Film/Tape

Inform the students that several signs and symptoms associated with a cardiovascular disorder were not mentioned on the film. Ask the students to turn to their checklist on page I-B-5. They are to place checkmarks in the first column, as you read aloud an additional group of cardiovascular signs and symptoms. Read aloud the following list:

- 6) SLOWED REACTIONS, CONFUSION
- 11) CHOKING, VOMITING, OR SEVERE NAUSEA
- 15) ANGER, HOSTILITY, IMPULSIVENESS, LACK OF CAUTION
- 17) SEVERE REACTION TO SUDDEN COLD OR HEAT
- 27) LOSS OF MEMORY

Using the Glossary

Ask the students to turn to page I-B-15 of the Student Study Guide. Read aloud the Glossary definitions for each of the signs and symptoms. Ask the students if they have any questions about the meanings and clarify any points of confusion.

Information Not on Film or Videotape

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GLOSSARY OF SIGNS AND SYMPTOMS

1. Breathing difficulties (shortness of breath, wheezing). Breathing difficulties mean that breathing has become very hard work for the individual. Such difficulties may be detected as gasping or as an unusual sound when the individual breathes. Breathing difficulties may also be detected if an individual rests frequently from any other task, even walking, in order to concentrate effort on breathing.
2. Swelling feet, ankles, legs. When the lower extremities swell it may indicate heart or blood vessel problems. It can also mean that fluids are retained because of a chemical imbalance in the body.
3. Bluish lips or fingernails. This discoloration is actually a discoloration of the blood which is related to poor blood flow or poor oxygenation of the blood. The blue color may be seen at the lips and fingernails because at these points a great number of blood vessels are near the skin surface. Bear in mind that skin pigmentation may interfere with detection.
4. Swollen neck veins. The veins appear unusually distended, or prominent at the side of the neck.
5. Nervousness, excitability, excessive sweating. Nervousness and excitability often occur when the testing situation creates anxiety or stress in the individual. The applicant may also be seen to carry himself rigidly or have sweaty palms. Applicants may also talk about their nervousness, lack of appetite, insomnia, etc. Some applicants may show their nervousness by constant talking about unrelated topics.
6. Slowed reactions, confusion. The applicant appears to have trouble comprehending or understanding, and may act bewildered or dazed.
7. Partial paralysis. In partial paralysis, the individual either has difficulty in moving part of his body, or has completely lost the ability to move some part of his body.
8. Loss of consciousness, stupor. In loss of consciousness, the individual totally loses awareness, as if he were asleep. When he "awakes," he is unaware of anything that occurred around him while he was unconscious. During loss of consciousness, the individual's body may be motionless or convulsing. Stupor means that the individual is partially unconscious.

9. Weakness in arms or legs. This may be seen as a sudden weakness or as a long-standing weakness. The individual is unable to perform normal tasks without distortions of movement to overcome the weakness.
10. Pain in left arm, jaw, or chest. This may be an indication that a heart attack is occurring, and medical assistance should be summoned at once if you suspect a heart attack. The pain has been described as a tightness or crowding within the chest. The pain may spread into the left arm, neck, or jaw and even into the right side. Of course, a simple sore arm or other easily explained cause of pain does not fall under this heading. If a heart attack is occurring, the pain will be severe.
11. Choking, vomiting, or severe nausea. Choking is the interruption of breathing by an obstruction in the air-way. Vomiting is the forcible expulsion of the contents of the stomach through the mouth. Nausea has been described as a vague unpleasantness in the abdomen. In the case of nausea, an applicant might complain of feeling sick to the stomach or he might experience revulsion at the thought of eating.
12. Dizziness, staggering, lightheadedness, giddiness. The individual experiencing dizziness has the sensation that the world is moving around him or that he is moving. He may complain of a spinning sensation or unsteadiness. A severe attack of dizziness could be seen as staggering, i.e., the individual having difficulty in remaining erect while walking. There are many possible reasons for dizziness, including heart and middle-ear conditions. Each one, however, makes the individual a less-than-safe driver. A person may feel lightheaded or giddy when under the influence of certain drugs (including alcohol) or when experiencing a high fever. The individual may feel faint, out of touch with reality, weak, or unsteady. The individual may have a glazed look or may have difficulty walking straight.
13. Frequent stopping during walking. This is often associated with a breathing difficulty. Breathing is such hard work for the body that the individual must stop and rest frequently from all other activity just to keep up with the work of breathing. Frequent stopping could also be caused by an orthopedic problem. Whenever the examinee must pause while walking, the examiner should attempt to find out why.
15. Anger, hostility, impulsiveness, lack of caution. When individuals tell you how mad they are at the system or the establishment, or when they "give you a hard time," you should try to evaluate, as impartially as you can, whether their actions and attitudes are justified. If they seem unreasonable, you should check this item. Impulsiveness means prone to act suddenly and without forethought; lack of caution means acting imprudently without considering the possible consequences of one's acts. This is especially serious when seen as overconfidence or carelessness behind the wheel.

16. Obesity. This is an increase in body weight beyond skeletal and physical requirements. Obesity should be recorded only if it appears to interfere with driving.
17. Severe reactions to cold or heat. Normally people shiver in the cold and sweat in the heat. If an applicant reacts in an extremely unusual manner to heat or cold, then this reaction may be considered severe. It is also worth noting when an individual shivers or sweats perceptibly in normal room temperature.
27. Loss of memory. Memory loss may be minor and temporary, as when keys are misplaced. It may also be major and permanent, as in senility. Unless one has very recently moved, failure to recall one's address is a significant sign of loss of memory.

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Discussing Severity

Explain that as the examiners observe signs and symptoms in applicants, there are some instances when it is difficult to judge whether a sign or symptom should be recorded. Ask the students to look at page I-B-11 and read the first entry, "Nervousness, excitability, excessive sweating."

Read aloud the examples of Nervousness, excitability, and excessive sweating that should and should not be recorded by an examiner.

They are:

SHOULD BE RECORDED:

PROFUSE SWEATING IN A LIGHT T-SHIRT ON A COLD DAY THROUGHOUT THE EXAM.

SHOULD NOT BE RECORDED:

BRIEF SWEATING APPEARANCE

Point out that a severe sign under some situations could be a trivial sign under some other situations. It depends upon what is normal for each situation. For example, it is normal to sweat on a hot day; it is normal to be slightly nervous when going in for a driving exam.

Supply your own examples here.

Read aloud the signs and symptoms whose severity is difficult to judge.

- 1) NERVOUSNESS, EXCITABILITY, EXCESSIVE SWEATING. AN INDIVIDUAL MAY BE NERVOUS FOR MANY REASONS, INCLUDING THE FACT THAT HE IS TAKING A DRIVING EXAM. ON THE OTHER HAND, IF HE IS OVERLY ANXIOUS ABOUT EVERY STEP OF THE EXAM, YOU SHOULD PROBABLY RECORD YOUR OBSERVATION.

SEVERITY OF SIGNS AND SYMPTOMS

8

INSTRUCTOR GUIDELINES

COURSE OUTLINE

2) DIZZINESS, STAGGERING, LIGHTHEADEDNESS, GIDDINESS. IN THE MEDICAL SENSE, DIZZINESS, LIGHTHEADEDNESS, AND GIDDINESS MEAN A FEELING THAT THE WORLD IS SPINNING, A FEELING OF INTOXICATION, OR A FEELING THAT ONE IS ABOUT TO FAINT. STAGGERING IS AN EXTERNAL SIGN OF THESE SYMPTOMS. "GIDDINESS" IN THE SENSE OF IMMATURE AND SILLY ACTIONS IS CALLED "WILD, INAPPROPRIATE, ERRATIC BEHAVIOR" IN A LATER UNIT.

9

3) OBESITY. THIS IS CONSIDERED DANGEROUS WHEN IT INTERFERES WITH DRIVING. YOU MAY DECIDE THAT A PERSON IS HINDERED IN HIS MOTIONS BY EXCESSIVE WEIGHT, AND RECORD YOUR OBSERVATION. OBESITY IS ALSO A FACTOR WHICH INCREASES THE PROBABILITY OF HEART ATTACK. IN COMBINATION WITH OTHER SIGNS OF CARDIOVASCULAR PROBLEMS, IT BECOMES HIGHLY SIGNIFICANT.

4) SEVERE REACTION TO SUDDEN HOT OR COLD. THIS COULD BE DUE TO THE OPENING OF A DOOR AND A BLAST OF AIR OF DIFFERENT TEMPERATURE. YOU MAY NOTICE THAT WEATHER WHICH IS COMFORTABLE FOR YOU CAUSES THE APPLICANT TO BUTTON UP TWO SWEATERS TO ACHIEVE THE SAME COMFORT. WHEN A PERSON REACTS TO HEAT OR COLD CONDITIONS THAT WOULD BE IGNORED BY MOST PEOPLE, YOU SHOULD RECORD YOUR OBSERVATION.

10

Point out that the Chart for Judging Severity of Cardiovascular Signs and Symptoms appears on pages I-B-11 and I-B-12 of the Student Study Guide. Ask the students to notice that for each sign or symptom, examples (labeled a) have been provided and that blanks (labeled b and c) have been left. Tell the students to fill in two observations (b and c) that should be recorded and two that should not be recorded for each sign or symptom.

11

Give the students time to fill in the chart.

INSTRUCTOR GUIDELINES	COURSE OUTLINE
<p>If there is class time, you may wish to ask the students to read their entries aloud.</p> <p><u>Presenting Especially Significant Signs and Symptoms</u></p> <p>Tell the students that they will be asked to memorize a few significant signs and symptoms in each unit. Say:</p> <p style="padding-left: 40px;">THESE ARE THE SIGNS AND SYMPTOMS THAT WOULD CAUSE THE EXAMINER TO MAKE AN IMMEDIATE REFERRAL.</p> <p>Ask the students to turn to the checklist on page I-B-5. The students are to place an asterisk in front of items 8, 10, 11, and 12. Read them aloud.</p> <p>They are:</p> <ul style="list-style-type: none"> 8) LOSS OF CONSCIOUSNESS, STUPOR 10) PAIN IN THE LEFT ARM, JAW, OR CHEST (UNEXPLAINED) 11) CHOKING, VOMITING, SEVERE NAUSEA 12) DIZZINESS, STAGGERING, LIGHTHEADEDNESS, GIDDINESS <p>Following this activity, ask the students to spend a few minutes memorizing these four signs and symptoms so that their importance will be recalled when applicants are actually being observed.</p> <p><u>Presenting Review Exercises</u></p> <p>Give the students ten minutes to complete the review exercises. Review their answers in class. Ask students to volunteer answers. Discuss the answers.</p>	<p>ESPECIALLY SIGNIFICANT SIGNS AND SYMPTOMS</p> <p style="text-align: center;">5</p> <p>REVIEW EXERCISES</p> <p style="text-align: center;">14</p>

INSTRUCTOR PREPARATION

Training Aids

1. Film or videotape, "Screening for Driver Limitation, Neurological."
2. Projection equipment.

Advance Activities

1. Read Glossary definitions at the end of the unit and be sure you understand well enough to answer questions.
2. Be prepared to give examples of trivial and noteworthy instances of the signs and symptoms covered in this unit.
3. Consider how you will assign the students to small discussion groups for considering how to fill out the Chart for Judging Severity of Signs and Symptoms. Consider:
 - a. seating arrangement that will involve minimal rearrangement of furniture.
 - b. assignment of four or five students to a group.
 - c. having different group membership for each unit.

STUDENTS' UNIT OBJECTIVES

1. Given two specific signs and symptoms presented in this unit, will be able to describe a severity level at which these signs or symptoms are important and a severity level at which they are trivial.
2. Will be able to list the eight especially significant signs and symptoms presented in this unit.

STUDENTS' KEY POINTS

1. Neurological System. This unit presents some of the signs and symptoms that occur when a person has a disorder of the brain, spinal cord, or nerves. However, when you see these indications, it does not mean that the problem is necessarily neurological. Only a physician can make the diagnosis.
2. Doubled Accident Rate. The accident rate associated with one type of neurological disease, epilepsy, is about double the expected rate. As an examiner, you will want to prevent victims of epilepsy, as well as other neurological diseases, from causing accidents, if their disease has progressed to the level where it may interfere with safe driving.
3. Severity of Signs and Symptoms. It is particularly difficult to judge whether to record the following signs and symptoms:
 - a. poor coordination
 - b. greatly slowed bodily motions
 - c. loss of memoryBe sure to focus on the material which helps you learn to judge these signs and symptoms.
4. Especially Significant Signs and Symptoms. A few signs and symptoms are especially significant indicators of a possible driving related disorder. Be sure to commit them to memory so that you can recall them quickly when you need to during driver examinations. They are:
 - a. loss of consciousness, stupor
 - b. pain in left arm, jaw, or chest (unexplained)
 - c. choking, vomiting, or severe nausea
 - d. blinking, jerking of arm or leg, short blackout, stiffening
 - e. loss of bowel or bladder control
 - f. falling asleep
 - g. epileptic attack
 - h. wild, inappropriate, erratic behavior

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Introducing the Unit

Remind the students that each unit begins with the Objectives of the unit and the Key Points.

Give the students a few minutes to read the Objectives and Key Points.

Tell the students the meaning of the term "Neurological System."

THE NEUROLOGICAL SYSTEM IS THE BODILY SYSTEM THAT CONTROLS, REGULATES, AND COORDINATES THE ACTIVITY OF MUSCLES, GLANDS, AND ORGANS. IT ALSO TRANSMITS SIGNALS FROM YOUR SENSE ORGANS TO YOUR BRAIN. IT INCLUDES THE BRAIN, THE SPINAL CORD, AND THE NERVES.

Explain that epilepsy, which is a disease of the neurological system, doubles the expected accident rate. Thus it is important to refer for medical examination all applicants who say they have epilepsy or show signs of possibly having epilepsy.

Point out that seeing the signs covered in this unit, or in any other unit, will not let the examiner conclude what the medical problem is. The signs and symptoms are grouped by bodily system only as a matter of convenience in the presentation of the training.

Using the Film/Tape

Remind the students of the procedure for viewing the film or videotape:

- 1) LOOK OVER THE CHECKLIST.
- 2) WATCH THE FILM/TAPE.
- 3) PLACE A CHECKMARK IN THE SECOND COLUMN WHEN ONE OF THE SIGNS OR SYMPTOMS IS MENTIONED.
- 4) WATCH THE FILM/TAPE AGAIN, CORRECTING YOUR CHECKLIST ENTRIES.

UNIT OBJECTIVES & KEY
POINTS

1, 2

SIGNS AND SYMPTOMS

3

Film or Videotape

INSTRUCTOR GUIDELINES

COURSE OUTLINE

- 5) DISCUSS THE MEANING OF EACH SIGN OR SYMPTOM, USING THE GLOSSARY.

Make sure all students have the checklist in front of them before you show the film.

Show the film or videotape "Screening for Driver Limitation, Neurological."

Before showing the film a second time, remind the students to verify their entries on the checklist as they view the tape again.

Show the film/tape again.

After the second viewing of the film, ask the students to verify their placement of checkmarks as you read aloud the list of signs and symptoms they should have noticed on the film/tape. Remind the students that for each sign or symptom, they should have placed a checkmark in the second column.

The list consists of the following:

- 8) LOSS OF CONSCIOUSNESS, STUPOR
- 14) PERMANENTLY STIFF JOINTS, BACK OR NECK RIGIDITY
- 18) TREMORS
- 19) BLINKING, JERKING OF ARM OR LEG, SHORT BLACKOUT, STIFFENING
- 20) POOR COORDINATION
- 21) DISTORTED FACIAL EXPRESSION
- 30) LAPSES OF ATTENTION, SHORT PERIODS OF UNRESPONSIVENESS

Presenting Information Not on Film/Tape

Inform the students that several signs and symptoms associated with a neurological disorder were not mentioned on the film. Ask the students to turn to their checklist which starts on page I-C-4. They are to place additional checkmarks in the second column as you read the following list:

4, 5, 6

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Information Not on Film or Videotape

UNIT TITLE	Neurological System	PAGE	I-C-6
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INSTRUCTOR GUIDELINES	COURSE OUTLINE
<p>5) NERVOUSNESS, EXCITABILITY, EXCESSIVE SWEATING</p> <p>6) SLOWED REACTIONS, CONFUSION</p> <p>7) PARTIAL PARALYSIS</p> <p>9) WEAKNESS IN ARMS OR LEGS</p> <p>11) CHOKING, VOMITING, OR SEVERE NAUSEA</p> <p>12) DIZZINESS, STAGGERING, LIGHTHEADEDNESS, GIDDINESS</p> <p>22) OBVIOUS DEFORMITY OF LEG, ARM, OR BACK</p> <p>23) LOSS OF BOWEL OR BLADDER CONTROL</p> <p>24) FALLING ASLEEP</p> <p>25) SMACKING OF LIPS, RUBBING OF NOSE OR FACE, PLUCKING AT CLOTHES OR HAIR, DROOLING</p> <p>26) EPILEPTIC ATTACK</p> <p>27) LOSS OF MEMORY</p> <p>28) PAINFUL JOINTS, ARTHRITIS, OR RHEUMATISM</p> <p>31) GREATLY SLOWED BODILY MOTIONS</p> <p>42) SIGNS OF FIGHTING OR FALLING (BLACK EYE, BRUISES, FRESH SCARS)</p> <p>43) WILD, INAPPROPRIATE, ERRATIC BEHAVIOR</p>	
<p><u>Using the Glossary</u></p> <p>Ask the students to turn to the Glossary that begins on their page I-C-16. Point out that only items which are introduced for the first time in this unit are presented here. Read aloud the Glossary definitions which appear on the next page.</p> <p>Ask the students if they have any questions. Clarify any points of confusion.</p>	<p>GLOSSARY 16</p>
<p><u>Discussing Severity of Signs and Symptoms</u></p> <p>Remind the student that there are some instances in which it is difficult to judge</p>	<p>SEVERITY OF SIGNS AND SYMPTOMS</p>

GLOSSARY OF SIGNS AND SYMPTOMS

14. Permanently stiff joints, back, or neck rigidity. This is a noticeable inflexibility in any part of the body (limbs, neck, or torso). One or more joints may be immobilized.
18. Tremors. This is an involuntary trembling or quivering. It cannot be stopped by the individual.
19. Blinking, jerking of arm or leg, short periods of unresponsiveness (blackout), stiffening. These are all examples of signs that may indicate epileptic problems. The individual may simply stare into space for a moment, or contract a muscle group (jerk), or temporarily lose muscle tone, i.e., go limp and recover. Unless they are quite obvious, you should ask about the frequency of these signs before recording them.
20. Poor coordination. Poor coordination means the muscles do not work together or they do not respond well to commands from the brain. This may be the result of damaged muscles or nerves. Because of the damage, the individual's body motions become less precise because he has to use other muscles and nerve pathways to compensate. There may also be occasions on which an applicant gives the appearance of poor coordination, but the problem may actually be due to poor vision or perception.
21. Distorted facial expression. This is sometimes caused by a partial paralysis of the face muscles, so that one side of the face can be controlled and "expressive" but the other cannot. Disfigurement from burns or scars does not fall into this category, although you should look for other permanent effects of the accident.
22. Obvious deformity of leg, arm, or back. This is a distortion or disfigurement in the normal body shape, as when a hand is not completely formed or when a spine is crooked.
23. Loss of bowel or bladder control. The individual does not have normal control over the emptying of his bowel or bladder. May be detected by odor and staining of clothes.
24. Falling asleep. This is an unpredictable occurrence in which the individual cannot keep himself from falling asleep. Falling asleep while waiting one's turn should be questioned. Falling asleep during any portion of the examination is a very serious sign, no matter what the cause.
25. Smacking of lips, rubbing of nose or face, plucking at clothes or hair, drooling. These may be signs of epilepsy. They may even result from a conscious effort on the part of the applicant to conceal an epileptic episode.

26. Epileptic attack. The individual experiences loss of consciousness. The observer sees violent, involuntary contractions of the voluntary muscles.
28. Painful joints, arthritis, or rheumatism. In a person suffering from these conditions, joints, muscle, and tissue become inflamed and painful. Deformity of the fingers is sometimes seen. When hands are affected, filling out forms becomes difficult.
30. Lapses of attention, short periods of unresponsiveness. This means that the applicant does not respond to conversation, or to other things he should have seen or heard, such as an obstacle or a stop sign.
31. Greatly slowed bodily motions. The individual moves more slowly than the majority of people would in the same situation. This may be seen in any situation, ranging from a small muscle task like handwriting to a large muscle task like walking.
42. Signs of fighting or falling (black eye, bruises, fresh scars). These may be seen on exposed parts of the body such as the face, neck, hands, and arms. Bruises, black eyes, and scars may have causes other than fighting or falling, but should be recorded in any case.
43. Wild, inappropriate, erratic behavior. This is any bizarre action that is extremely inappropriate to the serious business of taking a driving exam. Examples are threatening, shadow-boxing, and screaming.

INSTRUCTOR GUIDELINES

COURSE OUTLINE

whether a sign or symptom should be recorded. Ask the students to look at page I-C-12 and read the first entry, "Poor Coordination."

Read aloud the examples of Poor Coordination that should and should not be recorded by an examiner.

THIS SHOULD BE RECORDED:

CANNOT CONTROL LOCOMOTION, AS IN PALSY.

THIS SHOULD NOT BE RECORDED:

HANDLES PENCIL AWKWARDLY.

Point out that in some situations a behavior would be considered trivial while in others it would not. Give an example of your own or use the following:

LOSS OF MEMORY CAN BE A SERIOUS SIGN. BUT IF A PERSON JUST CHANGED TELEPHONES AND CANNOT RECALL THE NEW NUMBER, THIS IS A TRIVIAL CASE OF LOSS OF MEMORY.

Read aloud the descriptions of difficult to judge signs and symptoms that begin on page I-C-9 of the Student Study Guide.

They are as follows:

- 1) POOR COORDINATION. A SLOUCHING WALK, WHICH SOME WOULD CONSIDER POOR COORDINATION, WOULD PROBABLY NOT BE RECORDED, SINCE IT IS COMMON. A CLEAR INABILITY TO CONTROL THE POSITION OF HANDS, AS IN PALSY, WOULD BE RECORDED.
- 2) GREATLY SLOWED BODILY MOTIONS. AT TIMES, IN ORDER TO COMPENSATE FOR STIFFNESS, A PERSON MAY MOVE VERY SLOWLY. ON THE OTHER HAND, A PERSON MAY SIMPLY NOT BE IN A HURRY. IN ORDER TO JUSTIFY RECORDING THIS ITEM, THE MOTIONS WOULD HAVE TO BE SO SLOW AS TO BE NOTICEABLY DIFFERENT FROM NORMAL. PROBABLY THEY WOULD BE ACCOMPANIED BY STIFFNESS.

12

INSTRUCTOR GUIDELINES

COURSE OUTLINE

- 3) LOSS OF MEMORY. LOSS OF MEMORY MAY BE A SIGN THAT SOME PART OF THE BRAIN HAS BEEN DAMAGED. AT THE OTHER EXTREME IS THE FORGETFULNESS THAT ALL OF US EXPERIENCE FROM TIME TO TIME. BEFORE RECORDING THIS ITEM, ASK A FEW QUESTIONS THAT MOST PERSONS CAN ANSWER EASILY FROM MEMORY.

Point out that the Chart for Judging Severity of Signs and Symptoms appears on pages I-C-12 and 13 of the Student Study Guide. Ask the students to notice that for each sign or symptom examples that should and should not be recorded (labeled "a") have been provided and blanks (labeled "b" and "c") have been left.

Assign the students to small discussion groups of four or five students each. Suggest that the students discuss entries that could be made on the chart. Explain that because each student has a unique fund of experience he or she will have something special to contribute to the discussion.

Tell the students that when the group has finished its discussion each student should go back and fill out the Chart for Judging Severity of Signs and Symptoms.

If there is sufficient class time, you may wish to ask the students to read their entries aloud.

Presenting Especially Significant Signs and Symptoms

Tell the students that some of the new signs and symptoms presented in this unit are especially significant indicators of a disorder. Tell the students:

TURN BACK TO THE CHECKLIST THAT BEGINS ON PAGE I-C-4.

PLACE ASTERISKS IN FRONT OF THESE ITEMS:

12, 13

ESPECIALLY SIGNIFICANT
SIGNS AND SYMPTOMS

4

INSTRUCTOR GUIDELINES

- 19) BLINKING, JERKING OF ARM OR LEG,
SHORT BLACKOUT, STIFFENING
- 23) LOSS OF BOWEL OR BLADDER CONTROL
- 24) FALLING ASLEEP
- 26) EPILEPTIC ATTACK
- 43) WILD, INAPPROPRIATE, ERRATIC BEHAVIOR

Ask the students to notice that items 8, 11, and 12 already have asterisks because they were identified as especially significant in the previous unit.

Tell the students:

THESE SIGNS AND SYMPTOMS ARE ESPECIALLY SIGNIFICANT INDICATIONS OF MEDICAL PROBLEMS THAT COULD INTERFERE WITH SAFE DRIVING. THEREFORE, I WANT YOU TO SPEND A FEW MINUTES NOW MEMORIZING THE EIGHT ITEMS THAT HAVE AN ASTERISK BESIDE THEM.

Presenting Review Exercises

Give the students ten minutes to complete the exercises. When everyone has finished, discuss the answers. Ask the students to volunteer a few answers. Ask if there are any questions on any of the exercises.

COURSE OUTLINE

REVIEW EXERCISES

15

INSTRUCTOR PREPARATION

Training Aids

1. Film or videotape, "Screening for Driver Limitation, Ophthalmological."
2. Projection equipment.

Advance Activities

1. Read Glossary definitions at the end of the unit and be sure you understand well enough to answer questions.
2. Be prepared to give examples of trivial and noteworthy instances of the signs and symptoms covered in this unit.
3. Consider how you will assign the students to small discussion groups for considering how to fill out the Chart for Judging Severity of Signs and Symptoms. Consider:
 - a. seating arrangement that will involve minimal rearrangement of furniture.
 - b. assignment of four or five students to a group.
 - c. having different group membership for each unit.

STUDENTS' UNIT OBJECTIVES

1. Given two specific signs and symptoms presented in this unit, will be able to describe a severity level at which these signs or symptoms are important and a severity level at which they are trivial.
2. Will be able to list the three especially significant signs and symptoms presented in this unit.

STUDENTS' KEY POINTS

1. Ophthalmological System. This unit is designed so that you will learn to identify the signs and symptoms which may indicate a disorder in a person's ophthalmological system. The term ophthalmological is used to include the eyes, the nerves connecting the eyes to the brain, and a person's observable responses to what is seen.
2. Severity of Signs and Symptoms. It is particularly difficult to judge whether to record the following signs and symptoms associated with the ophthalmological system:
 - a. drooping upper or lower lids
 - b. severe reaction to bright lightBe sure to focus on the material which helps you learn to judge when to record these signs or symptoms.
3. Especially Significant Signs and Symptoms. A few signs and symptoms are obvious indicators that medical evaluation is required. Be sure to commit them to memory so that you know what to do when you run into them. They are:
 - a. failure to pass visual acuity standards
 - b. telescopic lenses

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Introducing the Unit

Remind the students that each unit begins with the Objectives of the unit and the Key Points.

Give the students a few minutes to read the Objectives and Key Points

Tell the students the meaning of the term "Ophthalmological System."

THE OPHTHALMOLOGICAL SYSTEM INCLUDES THE EYES, THE NERVES CONNECTING THE EYES TO THE BRAIN, AND A PERSON'S OBSERVABLE RESPONSES TO WHAT IS SEEN.

Explain that the eyes are as important to safe driving as any system in the body. The importance of good vision has long been recognized in driver licensing. All states give a vision test to all applicants for new driver licenses.

Say that:

THIS COURSE ASSUMES THAT YOU KNOW HOW TO ADMINISTER THE EYE TESTS USED IN YOUR STATE. WE WILL CONCENTRATE HERE ON TELLING YOU ABOUT OTHER WAYS TO DETECT EYE PROBLEMS.

Using the Film/Tape

Remind the students of the procedure for viewing the film or videotape:

- 1) LOOK OVER THE CHECKLIST.
- 2) WATCH THE FILM/TAPE.
- 3) PLACE A CHECKMARK IN THE THIRD COLUMN WHEN ONE OF THE SIGNS OR SYMPTOMS IS MENTIONED.
- 4) WATCH THE FILM/TAPE AGAIN, CORRECTING YOUR CHECKLIST ENTRIES.
- 5) DISCUSS THE MEANING OF EACH SIGN OR SYMPTOM, USING THE GLOSSARY.

UNIT OBJECTIVES & KEY
POINTS

1, 2

SIGNS AND SYMPTOMS

3

Film or Videotape

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Make sure all students have the checklist in front of them before you show the film.

4, 5, 6

Show the film or videotape "Screening for Driver Limitation, Ophthalmological."

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Before showing the film a second time, remind the students to verify their entries on the checklist as they view the tape again.

Show the film/tape again.

*

After the second viewing of the film, ask the students to verify their placement of checkmarks as you read aloud the list of signs and symptoms mentioned in the film/tape.

The list consists of the following:

- 6) SLOWED REACTIONS, CONFUSION.
- 29) FAILURE TO PASS VISUAL ACUITY STANDARDS
- 33) JERKING OR OSCILLATION OF THE PUPILS
- 34) PUPILS IRREGULAR IN SIZE, NOT ROUND, MULTIPLE
- 35) OPACITIES (GRAYNESS, HAZINESS, CLOUDINESS)
- 36) DROOPING UPPER OR LOWER LIDS
- 37) DRIFTING PUPILS
- 38) CONGESTED OR CRUSTY EYE SURFACE OR LID
- 40) TELESCOPIC LENSES

Presenting Information Not on Film/Tape

Tell the students that several eye-related signs and symptoms were not mentioned on the film.

Ask the students to add to their checklists the following signs and symptoms:

- 12) DIZZINESS, STAGGERING, LIGHTHEADEDNESS, GIDDINESS

Information Not on Film or Videotape

INSTRUCTOR GUIDELINES

COURSE OUTLINE

- 20) POOR COORDINATION
- 39) EVIDENCE OF EYE SURGERY
- 41) SEVERE REACTION TO BRIGHT LIGHT

Using the Glossary

Ask the students to turn to the Glossary that begins on page I-D-13. Point out that only items which are introduced for the first time in this unit are presented here. Read aloud the Glossary definitions which start on the next page.

13

Ask the students if they have any questions. Clarify any points of confusion.

+

Discussing Severity of Signs and Symptoms

SEVERITY OF SIGNS AND SYMPTOMS

Remind the students that there are instances in which it is difficult to judge whether a sign or symptom is severe enough to be recorded.

Ask the students to look at page I-D-10 and read the examples of "Drooping upper or lower lids" that should and should not be recorded by the examiner as you read them aloud.

10

THIS SHOULD BE RECORDED:

LOWER LIDS HANG AND ARE FILLED WITH FLUID.

THIS SHOULD NOT BE RECORDED:

UPPER LIDS DROOP SLIGHTLY AND CAUSE A SLEEPY APPEARANCE BUT NO INTERFERENCE WITH VISION DETECTED.

Point out that a serious sign can, under some conditions, be too trivial to record. Give an example of your own or use the following:

GLOSSARY OF SIGNS AND SYMPTOMS

29. Failure to pass visual acuity standards. The license examiner gives an eye examination to determine distances and (in a few states) peripheral vision. If the applicant fails an eye test, he is automatically referred for an eye exam by a vision expert before he may proceed with his driving exam.
33. Jerking or oscillation of pupils. The eyeballs move involuntarily and this movement cannot be inhibited by the individual. The motion is rhythmical and may be side-to-side, up and down, in a circle, or in some combination. Doctors call this "nystagmus."
34. Pupils irregular in size, not round, multiple. The pupils may be seen to be irregular in many ways. The two pupils may have different sizes or be unusually small or large. A pupil may not be round, or there may seem to be more than one pupil in an eye. In making these evaluations, you should also look for irregularity in the shape of the iris, the colored membrane that surrounds the pupil.
35. Opacities (grayness, haziness, cloudiness). The eye looks steamy and without its normal luster. The applicant may be able to see well in a darkened room, but poorly in bright light.
36. Drooping upper or lower lids. Drooping upper lids make the individual seem sleepy. Drooping lower lids are usually seen in connection with an accumulation of fluid that weighs down the lower lids.
37. Drifting pupils. One eye may turn out or in while the other remains fixed; both eyes may turn out or in. If an individual has trouble making both eyes point in the same direction, he may see double. The condition will be worse when the individual is tired (or drunk or drugged).
38. Congested or crusty eye surface or lid. Congestion is the abnormal accumulation of blood. A congested eye surface is familiar from the television commercials for eye drops. Crustiness can be hardened secretions from the eye or scales formed on the eye lid.
39. Evidence of eye surgery. Without sophisticated equipment for examining the eye, the only evidence will be external scars around the eye area, or the applicant's self-report.

40. Telescopic (bioptic) lenses. These are devices like binoculars, that attach to regular glasses. They permit people with very poor vision to see well enough to read road signs. However, they give these persons a very narrow field of vision and the wearer must make considerable adjustment while driving. If your state permits persons with bioptic lenses to drive, each case should be reviewed by a vision specialist and the person should be given a thorough road test.
41. Severe reaction to bright light. If the pupils remain open in bright sun, the incoming flood of light will be painful and the individual will want to close the eyes or look away. Notice what happens when you go outside with the applicant. Ask older applicants or drivers whether they are unusually bothered by glare or bright lights at night.

INSTRUCTOR GUIDELINES

COURSE OUTLINE

INABILITY OF THE EYES TO ADJUST TO CHANGES IN ILLUMINATION CAN BE SERIOUS. HOWEVER, EVERYONE HAS HAD THE EXPERIENCE OF FEELING DISCOMFORT WHEN BRIGHT LIGHTS WENT ON IN A ROOM THAT HAD BEEN DARK.

Read aloud the descriptions of difficult to judge signs and symptoms that begin on page I-D-8 of the Student Study Guide.

8

They are as follows:

- 1) DROOPING UPPER OR LOWER LIDS. EVERY INDIVIDUAL'S EYES HAVE A DIFFERENT SHAPE. IT WOULD BE IMPORTANT NOT TO CONFUSE A HEREDITARY SHAPE AS A SIGN OR SYMPTOM. ON THE OTHER HAND, A DROOPING UPPER LID THAT SEEMS TO INTERFERE WITH VISION, OR A DROOPING LOWER LID THAT IS HEAVY WITH FLUID SHOULD BE RECORDED.
- 2) SEVERE REACTIONS TO BRIGHT LIGHT. MANY PEOPLE WEAR SUN GLASSES ON A BRIGHT DAY. HOWEVER, AN INDIVIDUAL WHO COMPLAINS FREQUENTLY OF THE LIGHT WHEN OTHER PEOPLE'S EYES HAVE ADJUSTED, OR AN INDIVIDUAL WHO GRIMACES UNREASONABLY WHEN LIGHT LEVEL CHANGES, SHOULD BE NOTED, AND AN OBSERVATION RECORDED.

Point out that the Chart for Judging Severity of Signs and Symptoms appears on page I-D-10 of the Student Study Guide. Ask the students to notice that for each sign or symptom, examples that should and should not be recorded (labeled "a") have been provided and blanks (labeled "b" and "c") have been left.

10

Assign the students to small discussion groups of four or five students each. Suggest that the students discuss entries that could be made on the chart. Explain that because each student has a unique fund of experience he or she will have something special to contribute to the discussion.

Tell the students that when the group has finished its discussion each student should

INSTRUCTOR GUIDELINES

COURSE OUTLINE

go back and fill out the Chart for Judging Severity of Signs and Symptoms.

If there is sufficient class time, you may wish to ask the students to read their entries.

Presenting Especially Significant Signs and Symptoms

Tell the students that some of the new signs and symptoms presented in this unit are especially significant indicators of a disorder.

Tell the students:

TURN BACK TO THE CHECKLIST THAT BEGINS ON PAGE I-D-4.

PLACE AN ASTERISK IN FRONT OF EACH OF THESE ITEMS:

29) FAILURE TO PASS VISUAL ACUITY STANDARDS

40) TELESCOPIC LENSES

Point out that item 12 has already been identified as an item that calls for direct medical referral.

Tell the students:

THESE SIGNS AND SYMPTOMS ARE ESPECIALLY SIGNIFICANT INDICATORS OF MEDICAL PROBLEMS THAT COULD INTERFERE WITH SAFE DRIVING. THEREFORE, I WANT YOU TO SPEND A FEW MINUTES NOW MEMORIZING THE THREE ITEMS THAT HAVE AN ASTERISK BESIDE THEM.

Presenting Review Exercises

Give the students ten minutes to complete the exercises. When everyone has finished discuss the answers. Ask the students to volunteer a few answers. Ask if there are any questions on any of the exercises.

ESPECIALLY SIGNIFICANT
SIGNS AND SYMPTOMS

4, 5, 6

REVIEW EXERCISES

12

INSTRUCTOR PREPARATION

Training Aids

1. Film or videotape, "Screening for Driver Limitation, Mental/Emotional."
2. Projection equipment.

Advance Activities

1. Read Glossary definitions at the end of the unit and be sure you understand well enough to answer questions.
2. Be prepared to give examples of trivial and noteworthy instances of the signs and symptoms covered in this unit.
3. Consider how you will assign the student to small discussion groups for considering how to fill out the Chart for Judging Severity of Signs and Symptoms. Consider:
 - a. seating arrangement that will involve minimal rearrangement of furniture.
 - b. assignment of four or five students to a group.
 - c. having different group membership for each unit.

STUDENTS' UNIT OBJECTIVES

1. Given two specific signs and symptoms presented in this unit, will be able to describe a severity level at which these signs or symptoms are important and a severity level at which they are trivial.
2. Will be able to list the nine especially significant signs and symptoms presented in this unit.

STUDENTS' KEY POINTS

1. Mental/Emotional System. This unit is designed so that you will learn to identify the signs and symptoms which may indicate a disorder in a person's mental/emotional system, or patterns of thinking and behaving.
2. Doubled Accident Rate. The accident rate associated with one type of emotional disorder, alcohol abuse, is about double the expected rate. As an examiner, you will want to prevent alcohol abusers from endangering themselves and others on the highway.
3. Severity of Signs and Symptoms. It is particularly difficult to judge whether to record the following signs and symptoms associated with the mental/emotional system:
 - a. Wild, inappropriate, erratic behavior
 - b. Preoccupation, self-absorption, indecision, indifference
 - c. Anger, hostility, impulsiveness, lack of caution
4. Especially Significant Signs and Symptoms. Eight signs and symptoms are especially significant indications of a possible mental or emotional disorder. Be sure to commit them to memory so that you can recall them quickly when you need to during driver examinations. They are:
 - a. Loss of consciousness, stupor
 - b. Choking, vomiting, or severe nausea
 - c. Dizziness, staggering, lightheadedness, giddiness
 - d. Falling asleep
 - e. Disorientation
 - f. Wild, inappropriate, erratic behavior
 - g. Visual or auditory hallucinations
 - h. Reeks of alcoholic beverage
 - i. Needle marks on arm

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Introducing the Unit

Give the students a few minutes to read the Objectives and the Key Points.

Tell the students:

THE SIGNS AND SYMPTOMS TO BE DISCUSSED IN THIS UNIT RELATE TO A PERSON'S PATTERNS OF THINKING AND BEHAVING.

ALCOHOL AND DRUG ABUSE ARE INCLUDED AS DISORDERS CAUSING SIGNS AND SYMPTOMS TO BE DISCUSSED IN THIS UNIT.

ALCOHOL USE HAS BEEN IDENTIFIED IN FIFTY PERCENT OF ALL HIGHWAY FATALITIES.

IT IS IMPORTANT, THEREFORE, THAT YOU CONCENTRATE ESPECIALLY HARD ON THE SIGNS AND SYMPTOMS PRESENTED IN THIS UNIT.

Using the Film/Tape

Remind the students of the five steps for viewing the film or videotape:

- 1) LOOK OVER THE CHECKLIST.
- 2) WATCH THE FILM/TAPE.
- 3) PLACE CHECK MARKS IN THE FOURTH COLUMN.
- 4) WATCH THE FILM/TAPE AGAIN, CORRECTING YOUR CHECKLIST ENTRIES.
- 5) DISCUSS THE MEANING OF EACH SIGN OR SYMPTOM, USING THE GLOSSARY.

Show the film/tape "Screening for Driver Limitation, Mental/Emotional."

After the first viewing, remind the students:

VIEW THE FILM/TAPE THE SECOND TIME FOR THE PURPOSE OF CORRECTING YOUR ENTRIES ON THE CHECKLIST.

After the second viewing, ask the students to verify their placement of checkmarks.

UNIT OBJECTIVES & KEY POINTS

1, 2

SIGNS AND SYMPTOMS

3

Film or Videotape

3

*

INSTRUCTOR GUIDELINES

Remind the students they should have a checkmark in the fourth column for each sign/symptom you read aloud.

Read aloud the list:

- 5) NERVOUSNESS, EXCITABILITY, EXCESSIVE SWEATING
- 15) ANGER, HOSTILITY, IMPULSIVENESS, LACK OF CAUTION
- 42) SIGNS OF FIGHTING OR FALLING
- 43) WILD, INAPPROPRIATE, ERRATIC BEHAVIOR
- 46) REEKS OF ALCOHOLIC BEVERAGE
- 47) NEEDLE MARKS ON ARM
- 48) MULTIPLE TATTOOS
- 49) SEVERE ANXIETY, APPREHENSION, HAND-WASHING BEHAVIOR

Presenting Information Not on Film/Tape

Inform the students:

SEVERAL SIGNS AND SYMPTOMS ASSOCIATED WITH THIS SYSTEM WERE NOT MENTIONED IN THE FILM.

PLACE CHECKMARKS IN THE FOURTH COLUMN FOR EACH OF THE FOLLOWING SIGNS AND SYMPTOMS:

- 6) SLOWED REACTIONS, CONFUSION
- 8) LOSS OF CONSCIOUSNESS, STUPOR
- 11) CHOKING, VOMITING, OR SEVERE NAUSEA
- 12) DIZZINESS, STAGGERING, LIGHTHEADNESS, GIDDINESS
- 18) TREMORS
- 20) POOR COORDINATION
- 21) DISTORTED FACIAL EXPRESSION
- 24) FALLING ASLEEP
- 27) LOSS OF MEMORY
- 30) LAPSES OF ATTENTION, SHORT PERIODS OF UNRESPONSIVENESS

COURSE OUTLINE

Information Not on Film
or Videotape

7

INSTRUCTOR GUIDELINES	COURSE OUTLINE
<p>32) DISORIENTATION</p> <p>44) VISUAL OR AUDITORY HALLUCINATIONS</p> <p>45) PREOCCUPATION, SELF-ABSORPTION, IN-DECISION, INDIFFERENCE</p> <p><u>Using the Glossary</u></p> <p>Ask the students to turn to the Glossary. Point out that only items which did not appear in previous glossaries, and which were introduced in this unit, appear here. Read aloud the Glossary definitions. Ask the students if they have any questions. Clarify points of confusion.</p> <p><u>Discussing Severity of Signs and Symptoms</u></p> <p>Remind the students there are some instances in which it is difficult to judge whether a sign or symptom should be recorded. Ask the students to look at the Chart on page I-E-10 and read the first entry, "Wild, inappropriate, erratic behavior."</p> <p>Read aloud the examples that <u>should</u> and <u>should not</u> be recorded by an examiner:</p> <p>THIS SHOULD BE RECORDED:</p> <p>THE APPLICANT SAYS HE KNOWS HE IS ABOVE THE LAW BECAUSE LAWS ARE STUPID AND BESIDES THERE AREN'T ENOUGH COPS TO ENFORCE IT.</p> <p>THIS SHOULD <u>NOT</u> BE RECORDED:</p> <p>THE APPLICANT HAS AN UNUSUAL HAIRCUT.</p> <p>Point out that in some situations a behavior would be considered trivial while in others it would not.</p> <p>Give an example. Or use the following example: Constant interruption of the driving exam because of preoccupation with a favorite baseball team might be inappropriate, unless the team had just won the World Series!</p>	<p>16</p> <p>+</p> <p>SEVERITY OF SIGNS AND SYMPTOMS</p> <p>9</p> <p>10</p> <p>+</p>

GLOSSARY OF SIGNS AND SYMPTOMS

32. Disorientation. This is related to loss of memory, or inability to recall, but it is more severe. The individual expresses confusion as to where he is, who he is, or when it is.
44. Visual or auditory hallucinations. To hallucinate means to perceive things that are not really present. In visual hallucination, the individual thinks he sees something that is not present in reality. In auditory hallucination, the individual thinks he hears something that is not present in reality.
45. Preoccupation, self-absorption, indecision, indifference. Preoccupation is extreme or excessive concern with something other than the task at hand; self-absorption means being preoccupied with thoughts of oneself; indecision means extreme wavering between two or more courses of action; indifference means a lackadaisical, uncaring attitude. If an individual does not have his mind on the business at hand, he may be suffering from depression.
46. Reeks of alcoholic beverage. Odor of alcoholic beverage is present. An individual who comes in drunk shows little respect for society's normal conventions. He or she must be referred for medical evaluation.
47. Needle marks on arm. A person regularly using a drug administered by injection to the vein is likely to have a large number of blue-black dots or punctures on the forearm, between the elbow and the wrist.
48. Multiple tattoos. Since the process of tattooing is painful and defaces the body, it is assumed that an individual with multiple tattoos may be highly suggestible and uses alcohol to bring himself to a state of compliance.
49. Severe anxiety, apprehension, hand-washing behavior. Anxiety is a feeling of uncertainty and fear. Apprehension is used here to mean anticipatory fear, or fear of something to happen in the future. Hand-washing behavior is seen in some cases of severe anxiety--the individual manipulates his hands as if washing them.

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Explain that in this unit there are several signs and symptoms which are difficult to judge. These are:

- 1) WILD, INAPPROPRIATE, ERRATIC BEHAVIOR. AN APPLICANT WHO BRASHLY LETS YOU KNOW THAT HE DOES NOT WANT TO RESPECT YOUR REQUEST OR ANYONE ELSE'S, MAY BE INDICATING THAT HE WILL NOT OBEY HIGHWAY SAFETY REGULATIONS EITHER. IF HE SIMPLY WEARS AN UNUSUAL HAIRCUT, HOWEVER, YOU WOULD PROBABLY NOT RECORD THIS OBSERVATION.
- 2) ANGER, HOSTILITY, IMPULSIVENESS, LACK OF CAUTION. AN APPLICANT MAY SPEAK HARSHLY ONE TIME TO A MEMBER OF HIS FAMILY. IF HE IS CONTINUALLY HOSTILE TO YOU AND EVERYONE ELSE, HOWEVER, YOU WOULD PROBABLY RECORD YOUR OBSERVATION.
- 3) PREOCCUPATION, SELF-ABSORPTION, INDECISION, INDIFFERENCE. IF AN APPLICANT ASKS YOU TO REPEAT A STATEMENT, HE MAY HAVE BEEN TEMPORARILY PREOCCUPIED. IF HIS PREOCCUPATION INTERFERES WITH HIS ABILITY TO PERFORM THROUGHOUT THE EXAM, YOU SHOULD RECORD YOUR OBSERVATION.

Point out that the Chart for Judging the Severity of Signs and Symptoms appears on page I-E-12 of the Student Study Guide. Ask the students to notice that for each sign or symptom examples that should and should not be recorded (labeled "a") have been provided; and blanks (labeled "b" and "c") have been left.

Assign the students to small discussion groups of four or five students each. Suggest that the students discuss entries that could be made on the chart. Explain that because each student has a unique fund of experience, each student should have unique contributions to make to the discussion.

Advise the students that when each group feels it has completed fruitful discussion, group members should return to their seats

12

+

INSTRUCTOR GUIDELINES	COURSE OUTLINE
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and write entries into the Chart for Judging Severity of Signs and Symptoms.

If there is sufficient class time, you may wish to ask the students to read their entries aloud.

Presenting Especially Significant Signs and Symptoms

Remind the students that a few signs and symptoms in this unit are strong indicators of a disorder.

AS I HAVE SAID, WHEN YOU RETURN TO THE JOB, IT WILL BE IMPORTANT FOR YOU TO RECALL THE ESPECIALLY SIGNIFICANT SIGNS AND SYMPTOMS WHILE YOU ARE OBSERVING DRIVER LICENSE APPLICANTS.

IN ORDER TO HELP YOU REMEMBER THESE FEW SIGNS AND SYMPTOMS, LET'S DO THE FOLLOWING:

TURN TO THE CHECKLIST OF SIGNS AND SYMPTOMS BEGINNING ON PAGE I-E-4.

PLACE ASTERISKS IN FRONT OF THESE ITEMS:

- 44) VISUAL OR AUDITORY HALLUCINATIONS
- 46) REEKS OF ALCOHOLIC BEVERAGE
- 47) NEEDLE MARKS ON ARM.

Point out that there are asterisks already in front of items 8, 11, 12, 24, 32, and 43.

Tell the students:

THESE SIGNS AND SYMPTOMS ARE ESPECIALLY SIGNIFICANT INDICATORS OF MEDICAL PROBLEMS THAT COULD INTERFERE WITH SAFE DRIVING. THEREFORE, I WANT YOU TO SPEND A FEW MINUTES NOW MEMORIZING THE NINE ITEMS THAT HAVE AN ASTERISK BESIDE THEM.

Presenting Review Exercises

Give the students ten minutes to complete the review exercises. When everyone has

ESPECIALLY SIGNIFICANT
SIGNS AND SYMPTOMS
14

REVIEW EXERCISES
15

**UNIT
TITLE**

Mental/Emotional System

PAGE

I-E-10

INSTRUCTOR GUIDELINES

finished, discuss the answers. Ask the students to volunteer a few answers. Ask if there are questions on any of the exercises.

COURSE OUTLINE

INSTRUCTOR PREPARATION

Training Aids

1. Film or videotape, "Screening for Driver Limitation, Age-related."
2. Projection equipment.

Advance Activities

1. Read Glossary definitions at the end of the unit and be sure you understand well enough to answer questions.
2. Be prepared to give examples of trivial and noteworthy instances of the signs and symptoms covered in this unit.
3. Consider how you will assign the student to small discussion groups for considering how to fill out the Chart for Judging Severity of Signs and Symptoms. Consider:
 - a. seating arrangements that will involve minimal rearrangement of furniture.
 - b. assignment of four or five students to a group.
 - c. having different group membership for each unit.

STUDENTS' UNIT OBJECTIVES

1. Given two specific age-related signs and symptoms, will be able to describe a severity level at which these signs and symptoms are important and a severity level at which they are trivial.
2. Will be able to list the five especially significant age-related signs and symptoms mentioned in this unit.

STUDENTS' KEY POINTS

1. Age-Related Signs and Symptoms. This unit is designed so that you will learn to identify the age-related signs and symptoms. Since it has been recommended that annual in-person license renewals occur after age 65, the examiner may wish to look for age-related signs and symptoms in applicants over 65. However, many examinees under the age of 65 will also have these signs and symptoms. Most of these fall within systems you have already studied. A few are in the metabolic and musculo-skeletal systems which have not yet been studied. The metabolic system includes the chemical and food processing functions of the body. The musculo-skeletal system includes the muscles and skeleton.
2. Doubled Accident Rate. The accident rate associated with one type of metabolic disorder, diabetes, is about double the expected rate. As an examiner, you will want to prevent people suffering from diabetes from endangering themselves and others on the highway. This disease is only a potential highway hazard when it is uncontrolled.
3. Severity of Signs and Symptoms. It is particularly difficult to judge whether to record the following age-related signs and symptoms:
 - a. Slowed reactions, confusion
 - b. Lapses of attention, short periods of unresponsiveness
 - c. Severe anxiety, apprehension, hand-washing behavior
4. Especially Significant Signs and Symptoms. A few age-related signs and symptoms are especially significant indications of a disorder in some systems. Be sure to commit these to memory, so that you can recall them quickly when you need to, and know what to do when they are detected, during driver examinations. They are:
 - a. Loss of consciousness, stupor
 - b. Dizziness, staggering, lightheadedness, giddiness
 - c. Failure to pass visual acuity standards
 - d. Disorientation
 - e. Telescopic lenses

INSTRUCTOR GUIDELINES

COURSE OUTLINE

After the second viewing, ask the students to verify their placement of checkmarks. Remind the students they should have a checkmark in the fifth column for each sign/symptom you read aloud.

Read the list aloud:

- 1) BREATHING DIFFICULTIES (SHORTNESS OF BREATH, WHEEZING)
- 3) BLUISH LIPS OR FINGERNAILS
- 6) SLOWED REACTIONS, CONFUSION
- 8) LOSS OF CONSCIOUSNESS, STUPOR
- 9) WEAKNESS IN ARMS OR LEGS
- 12) DIZZINESS, STAGGERING, LIGHTHEADEDNESS, GIDDINESS
- 13) FREQUENT STOPPING DURING WALKING
- 15) ANGER, HOSTILITY, IMPULSIVENESS, LACK OF CAUTION
- 18) TREMORS
- 27) LOSS OF MEMORY
- 28) PAINFUL JOINTS, ARTHRITIS, OR RHEUMATISM
- 29) FAILURE TO PASS VISUAL ACUITY STANDARDS
- 30) LAPSES OF ATTENTION, SHORT PERIODS OF UNRESPONSIVENESS
- 32) DISORIENTATION
- 35) OPACITIES (GRAYNESS, HAZINESS, CLOUDINESS)
- 40) TELESCOPIC LENSES (THIS WAS IMPLIED BY REFERENCE TO CATARACTS).
- 49) SEVERE ANXIETY, APPREHENSION, HAND-WASHING BEHAVIOR

Discussing Severity of Signs and Symptoms

Remind the students there are some instances in which it is difficult to judge whether a sign or symptom should be recorded. Ask the students to look at the

SEVERITY OF SIGNS AND SYMPTOMS

INSTRUCTOR GUIDELINES

COURSE OUTLINE

chart on page I-F-12 and read the first entry, "Slowed reactions, confusion."

12

Read aloud the examples that should and should not be recorded by an examiner:

THIS SHOULD BE RECORDED:

THE APPLICANT TAKES A LONG TIME TO ANSWER, ASKING FOR AN EXPLANATION OF EVERY QUESTION.

THIS SHOULD NOT BE RECORDED:

THE APPLICANT ASKS TO HAVE ONE QUESTION REPEATED.

Point out that in some situations, a behavior would be considered trivial, while in others it would not be.

Give an example. Or use the following example: Apprehension about the weather might be exaggerated and inappropriate, unless a tornado watch has been given!

Explain that several age-related signs and symptoms are difficult to judge. These are:

- 1) SLOWED REACTIONS, CONFUSION. A PERSON MAY APPEAR TO HAVE SLOWED REACTIONS, OR BE CONFUSED, WHEN IN FACT HE IS SIMPLY THINKING ANALYTICALLY BEFORE GIVING HIS ANSWERS. IF YOU COULD DETECT THIS HIGH-LEVEL THINKING YOU WOULD PROBABLY NOT WANT TO RECORD A SIGN OR SYMPTOM. ON THE OTHER HAND, YOU PROBABLY WOULD WANT TO RECORD A SIGN OR SYMPTOM IF THE APPLICANT GAVE CONFUSED OR DELAYED RESPONSES TO EVERY QUESTION THROUGHOUT THE EXAM.
- 2) LAPSES OF ATTENTION, SHORT PERIODS OF UNRESPONSIVENESS. SOMETIMES A PERSON'S THOUGHTS WANDER OFF. SOMETIMES A PERSON MAY BE INVOLVED IN A TASK (SUCH AS DRIVING) AND NOT PAY ATTENTION TO A VOICE. IF THE LAPSES CONTINUALLY INTERFERE WITH ACCOMPLISHING THE TASKS THE APPLICANT IS TRYING TO DO, THEN YOU MAY WANT TO REPORT SUCH LAPSES.

INSTRUCTOR GUIDELINES

COURSE OUTLINE

- 3) SEVERE ANXIETY, APPREHENSION, HAND-WASHING BEHAVIOR. AN APPLICANT MAY BE GENERALLY ANXIOUS THROUGHOUT THE EXAM, GESTURING AND SPEAKING FEARFULLY. THIS MIGHT BE RECORDED. HOWEVER, KEEP IN MIND THAT MOST PEOPLE HAVE SOME ANXIETY IN AN EXAM SITUATION.

Point out that the Chart for Judging Severity of Signs and Symptoms appears on page I-F-12. Ask the students to notice that for each sign or symptom, examples that that should and should not be recorded (labeled "a") have been provided. However, blanks (labeled "b" and "c") have been left for the student to fill in.

Assign the students to small discussion groups of four or five students each. Suggest that the students discuss entries that could be made on the chart.

Advise the students that when each group feels it has completed fruitful discussion, group members should write entries into the Chart for Judging Severity of Signs and Symptoms.

If there is sufficient class time, you may wish to ask the students to read their entries aloud.

Presenting Especially Significant Signs and Symptoms

Remind the students that a few signs and symptoms in this unit are strong indicators of a disorder.

AS I HAVE SAID, WHEN YOU ARE ON THE JOB, IT WILL BE IMPORTANT FOR YOU TO RECALL THE ESPECIALLY SIGNIFICANT SIGNS AND SYMPTOMS SO YOU WILL KNOW WHEN TO CALL FOR IMMEDIATE MEDICAL REFERRAL.

IN ORDER TO HELP YOU REMEMBER THEM, LET'S DO THE FOLLOWING:

TURN TO THE CHECKLIST OF SIGNS AND SYMPTOMS BEGINNING ON PAGE I-F-4.

12

ESPECIALLY SIGNIFICANT
SIGNS AND SYMPTOMS
13

4

INSTRUCTOR GUIDELINES

PLACE ASTERISKS IN FRONT OF THESE ITEMS:

- 29) FAILURE TO PASS VISUAL ACUITY STANDARDS
- 40) TELESCOPIC LENSES

Point out that asterisks have already been placed in front of items 8, 12, and 32.

Tell the students:

THESE SIGNS AND SYMPTOMS ARE ESPECIALLY SIGNIFICANT INDICATORS OF MEDICAL PROBLEMS THAT COULD INTERFERE WITH DRIVING. THEREFORE, I WANT YOU TO SPEND A FEW MINUTES NOW MEMORIZING THE FIVE ITEMS THAT HAVE AN ASTERISK IN FRONT OF THEM.

Presenting Review Exercises

Give the students ten minutes to complete the Review Exercises. When everyone has finished, discuss the answers. Both questions 1 and 2 have many right answers. Ask the students to volunteer a few. Ask if there are questions on any of the exercises.

COURSE OUTLINE

REVIEW EXERCISES
14

INSTRUCTOR PREPARATION

Training Aids

1. Film or videotape, "Screening for Driver Limitation, General Medicine."
2. Projection equipment.

Advance Activities

1. Read Glossary definitions at the end of the unit and be sure you understand well enough to answer questions.
2. Be prepared to give examples of trivial and noteworthy instances of the signs and symptoms covered in this unit.
3. Consider how you will assign the student to small discussion groups for considering how to fill out the Chart for Judging Severity of Signs and Symptoms. Consider:
 - a. seating arrangement that will involve minimal rearrangement of furniture.
 - b. assignment of four or five students to a group.
 - c. having different group membership for each unit.

STUDENTS' UNIT OBJECTIVES

1. Given a list of signs and symptoms, will be able to identify those that are only temporary deterrents to safe driving, and those that are not deterrents to safe driving because they are "within the wide range of normal."
2. Will be able to list all fifteen especially significant signs and symptoms which should warrant referral of the applicant for medical evaluation.
3. Given a series of case studies, will be able, for each, to:
 - a. recognize previously studied signs and symptoms
 - b. decide whether or not the signs and symptoms, as described in the case studies, are severe enough to be recorded
 - c. place a coded mark on the Checklist to signify the sign or symptom was "seen" in the case study, and was severe enough to record.

STUDENTS' KEY POINTS

1. Categorizing Signs and Symptoms. This unit expands what you have already learned in two ways:
 - a. a few new signs and symptoms not previously studied are introduced.
 - b. the especially significant signs and symptoms are reviewed.
2. Case Study Exercises. These exercises will help you practice what you learned in Part I. You will practice by reading case study descriptions of driver license applicants. For each case study, you will be asked to:
 - a. decide which items, from your Checklist of Signs and Symptoms, are being described;
 - b. decide whether or not signs and symptoms described are severe enough to be recorded;
 - c. use a coding system to record the non-trivial signs and symptoms on your Checklist.

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Introducing the Unit

Give the students a few minutes to read the Objectives and the Key Points.

Tell the students:

THE MAIN EMPHASIS IN THIS UNIT IS ON JUDGING THE SEVERITY OF SIGNS AND SYMPTOMS. AS WE HAVE DISCUSSED, IT MAY BE DIFFICULT TO JUDGE WHEN A SIGN OR SYMPTOM IS SERIOUS ENOUGH FOR YOU TO RECORD.

Using the Film/Tape

Tell the students that the steps for watching the film/tape will be slightly different this time.

- 1) LOOK OVER THE CHECKLIST.
- 2) WATCH THE FILM/TAPE.
- 3) PLACE CHECK MARKS IN THE SIXTH COLUMN.
- 4) WATCH THE FILM/TAPE AGAIN, BUT THIS TIME LOOK FOR THE ANSWERS TO THESE QUESTIONS:
 - A) WHICH SIGNS AND SYMPTOMS ARE CONSIDERED TEMPORARY AND MERELY WARRANT HAVING THE APPLICANT RETURN AFTER HE HAS RECOVERED?
 - B) WHICH SIGNS AND SYMPTOMS ARE CONSIDERED TO BE WITHIN THE WIDE RANGE OF NORMAL?
 - C) WHICH SIGNS AND SYMPTOMS ARE CONSIDERED ESPECIALLY SIGNIFICANT AND SHOULD WARRANT SENDING AN APPLICANT FOR A MEDICAL EXAMINATION?

Read to the students the list of signs and symptoms that could have received check marks on their checklists: 4

- 1) BREATHING DIFFICULTIES.
- 7) PARTIAL PARALYSIS.

UNIT OBJECTIVES & KEY POINTS

1, 2

SIGNS AND SYMPTOMS

3

Film or Videotape

3

INSTRUCTOR GUIDELINES

COURSE OUTLINE

- 8) LOSS OF CONSCIOUSNESS
- 9) WEAKNESS IN ARMS OR LEGS
- 16) OBESITY
- 22) OBVIOUS DEFORMITY
- 24) FALLING ASLEEP
- 26) EPILEPTIC ATTACK
- 29) FAILURE TO PASS VISUAL ACUITY STANDARDS
- 32) DISORIENTATION
- 46) REEKS OF ALCOHOLIC BEVERAGE
- 50) PROSTHESIS

ONE SIGN OR SYMPTOM ON YOUR CHECKLIST HAS NOT APPEARED IN ANY PREVIOUS UNIT, AND IT DID NOT APPEAR IN THIS FILM. IT IS ITEM 51, A SIGN EXPLAINED AWAY AS A REACTION TO A DRUG. SOMETIMES AN EXAMINEE WILL ATTEMPT TO ACCOUNT FOR A SIGN OR SYMPTOM BY SAYING IT WAS CAUSED BY THE MEDICINE HE IS TAKING. THIS GENERALLY MEANS THAT THE DOSAGE IS INAPPROPRIATE AND HE SHOULD SEE A PHYSICIAN. SOME PRESCRIBED AND OVER-THE-COUNTER DRUGS, AS WELL AS ILLEGAL DRUGS, CAUSE SIDE-EFFECTS THAT ARE SERIOUS DETERRANTS TO SAFE DRIVING. FOR A PERSON IN GOOD HEALTH, A SIMPLE ANTIHISTAMINE TABLET MAY CAUSE DROWSINESS. PRESCRIBED DRUGS MAY INTERFERE WITH NORMAL FUNCTIONING, BUT ARE OCCASIONALLY GIVEN WITHOUT ADMONITIONS TO STOP DRIVING. USE OF PRESCRIBED DRUGS IN COMBINATION WITH OVER-THE-COUNTER DRUGS OR ALCOHOL MAY HAVE DISASTROUS, EVEN FATAL RESULTS.

Ask the students to volunteer the answers to the first two questions (which signs and symptoms are temporary, and which are within wide range of normal). While they respond, record their answers on a chalkboard. These are the answers they should have found:

*

INSTRUCTOR GUIDELINES	COURSE OUTLINE
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- 1) TEMPORARY SIGNS AND SYMPTOMS:
- USE OF CRUTCHES
 - ARM IN SLING
 - CAST
 - PREGNANCY
- 2) SIGNS AND SYMPTOMS WITHIN WIDE RANGE OF NORMAL:
- TALL
 - SHORT
 - FAT
 - SLENDER
 - AGITATED
 - PLACID AND CALM

Now ask the students what additional responses they can add to each list from their own experience.

Presenting Especially Significant Signs and Symptoms

Remind the students that while watching the film they were also expected to identify signs and symptoms considered especially significant. 9

Make headings for two columns on the chalkboard, as follows:

Film Language

Checklist Language

Ask the students to volunteer the especially significant signs and symptoms mentioned in the film. For each item mentioned, ask the students to find the item number and the words used on their Checklist to describe the same sign or symptom. You should end up with the following lists on your chalkboard: 4

ESPECIALLY SIGNIFICANT SIGNS AND SYMPTOMS

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Film LanguageChecklist Language

Shortness of breath*

1. Breathing difficulties

Sudden paralysis

7. Partial paralysis

Loss of consciousness, unstable diabetes, insulin reaction, blackout spells, fainting

8. Loss of consciousness, stupor

Loss of motor control

9. Weakness in arms or legs

Uncontrolled need to sleep

24. Falling asleep

Epilepsy, convulsions

26. Epileptic attack

Loss of orientation

32. Disorientation

Tell the students:

LET'S COMPARE THE ASTERISKS WHICH APPEAR ON OUR CHECKLIST AGAINST THE SIGNS AND SYMPTOMS WE HAVE JUST LISTED ON THE CHALKBOARD. YOU WILL NOTICE THAT ITEMS 8, 24, 26, AND 32 ALREADY HAVE ASTERISKS. ITEMS 1, 7, AND 9 DO NOT. THIS IS BECAUSE ITEMS 1, 7, AND 9 BY THEMSELVES ARE NOT SEEN AS CASES WARRANTING MEDICAL EXAMINATION UNLESS PRESENT IN AN EXTREME DEGREE. FOR EXAMPLE, A PERSON WITH EXTREME BREATHING DIFFICULTIES MAY NEED IMMEDIATE MEDICAL ATTENTION.

LIST IN YOUR NOTES COLUMN ALL 15 OF THE ESPECIALLY SIGNIFICANT SIGNS AND SYMPTOMS THAT WERE IDENTIFIED THROUGHOUT PART I OF THIS COURSE AS ESPECIALLY SIGNIFICANT DETERRENTS TO SAFE DRIVING (THEY RECEIVED ASTERISKS ON THE CHECKLIST).

Give the students a few minutes to write this list. The answer is on the next page.

When all students have finished, read the following answers:

- 8) LOSS OF CONSCIOUSNESS, STUPOR
- 10) PAIN IN LEFT ARM, JAW, OR CHEST (UNEXPLAINED)
- 11) CHOKING VOMITING, OR SEVERE NAUSEA
- 12) DIZZINESS, STAGGERING, LIGHTHEADEDNESS, GIDDINESS
- 19) BLINKING, JERKING OF ARM OR LEG, SHORT BLACKOUT,
STIFFENING
- 23) LOSS OF BOWEL OR BLADDER CONTROL
- 24) FALLING ASLEEP
- 26) EPILEPTIC ATTACH
- 29) FAILURE TO PASS VISUAL ACUITY STANDARDS
- 32) DISORIENTATION
- 40) TELESCOPIC LENSES
- 43) WILD, INAPPROPRIATE, ERRATIC BEHAVIOR
- 44) VISUAL OR AUDITORY HALLUCINATIONS
- 46) REEKS OF ALCOHOLIC BEVERAGE
- 47) NEEDLE MARKS ON ARM

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Presenting Review Exercises

Give the students ten minutes to complete the review exercises. Ask the students to answer the last question from memory--to see how many they can list without looking back. When everyone has finished, discuss the answers. Ask the students to volunteer a few answers. Ask if there are questions on any of the exercises.

Presenting Case Study Exercises

Explain:

IN ORDER TO BEGIN TO USE THE MATERIAL YOU LEARNED IN PART I OF THIS COURSE, YOU ARE NEXT GOING TO WORK A NEW KIND OF EXERCISE. THESE ARE CASE STUDY EXERCISES WHICH GIVE PRACTICE IN IDENTIFYING SIGNS AND SYMPTOMS, AND RECORDING THESE ON A CHECKLIST.

TURN TO PAGE I-G-12 AND FOLLOW ALONG AS I READ THE DIRECTIONS.

Read aloud the following directions:

- 1) READ THE CASE STUDIES ONE AT A TIME.
- 2) USE THE COPY OF THE CHECKLIST OF SIGNS AND SYMPTOMS SEEN AFTER THE EXERCISES, ON PAGE I-G-12 BE SURE TO USE THE CHECKLIST THAT STARTS ON PAGE I-G-15 AND NO OTHER.
- 3) UNDERLINE, IN THE CASE STUDY, EACH DESCRIPTION YOU THINK IS A SIGN OR SYMPTOM.
- 4) DECIDE WHETHER EACH SIGN OR SYMPTOM, AS DESCRIBED IN THE CASE STUDY, IS SEVERE ENOUGH FOR YOU, AS A LICENSE EXAMINER, TO RECORD.
- 5) FIND THE APPROPRIATE COLUMN ON THE CHECKLIST FOR THE CASE STUDY YOU ARE WORKING ON. NOTICE THAT THE NUMBERS IN THE COLUMN HEADINGS NOW STAND FOR THE NUMBERS OF THE CASE STUDY EXERCISES AND NOT FOR THE UNIT NUMBERS.

REVIEW EXERCISES

11

Case Study Exercises

12

INSTRUCTOR GUIDELINES

COURSE OUTLINE

6) PLACE THE CORRECT CODE IN A BLOCK, FOR EACH SIGN AND SYMPTOM YOU FEEL IS SEVERE ENOUGH TO RECORD. NOTICE THAT YOU ARE TO USE A DIFFERENT CODE FOR EACH EXERCISE.

7) AFTER EVERYONE HAS COMPLETED THE EXERCISES, I WILL LEAD A DISCUSSION OF YOUR RESPONSES TO THE EXERCISES AND YOUR REASONING IN MAKING THOSE RESPONSES. THIS DISCUSSION SHOULD HELP YOU AND YOUR CLASSMATES CLARIFY YOUR THINKING ABOUT THE SCREENING PROCESS.

Now tell the students:

READ CASE STUDY EXERCISE 1 AT THE BOTTOM OF PAGE I-G-12.

12

When everyone has finished, tell the students:

I WILL READ ALOUD THE STEPS TO FOLLOW IN WORKING EXERCISE 1. AS I READ EACH STEP, YOU FOLLOW ALONG, USING THE CASE STUDY YOU HAVE JUST READ AND THE CHECKLIST WHICH BEGINS ON PAGE I-G-15.

15

Read aloud the following steps, one at a time, pausing after each step to let the students perform it:

- 1) FOUR DESCRIPTIONS OF POSSIBLE SIGNS AND SYMPTOMS WERE UNDERLINED.
- 2) THE DESCRIPTIONS WERE COMPARED AGAINST ITEMS IN THE CHECKLIST OF SIGNS AND SYMPTOMS.
- 3) ON THE CHECKLIST, THE COLUMN FOR CASE STUDY EXERCISE 1 WAS LOCATED. THE SYMBOL (0) WAS NOTICED AT THE TOP OF THE FIRST COLUMN. THIS SYMBOL WAS USED FOR EXERCISE 1.
- 4) THE FIRST DESCRIPTION, A REPEATED WALK/STOP, WAS JUDGED SEVERE ENOUGH TO RECORD.

INSTRUCTOR GUIDELINES

COURSE OUTLINE

- 5) A (0) WAS ENTERED IN THE FIRST COLUMN FOR ITEM 13, FREQUENT STOPPING DURING WALKING.
- 6) THE SECOND DESCRIPTION, BLUE FINGERNAILS, WAS JUDGED SEVERE ENOUGH TO RECORD.
- 7) A (0) WAS ENTERED IN THE FIRST COLUMN FOR ITEM 3, BLUISH LIPS OR FINGERNAILS.
- 8) THE THIRD DESCRIPTION, CONTINUAL GASPING FOR BREATH, WAS JUDGED SEVERE ENOUGH TO RECORD.
- 9) A (0) WAS ENTERED IN THE FIRST COLUMN FOR ITEM 1, BREATHING DIFFICULTIES.
- 10) THE FOURTH DESCRIPTION, POSSIBLE STAGGERING OR DIZZINES ONE TIME, WAS JUDGED NOT SEVERE ENOUGH TO RECORD.
- 11) NO (0) WAS ENTERED FOR ITEM 12, DIZZINESS, LOSS OF CONSCIOUSNESS, STAGGERING, LIGHTEADEDNESS, GIDDINESS.

When all steps are completed, ask if there are any questions, and respond to each.

Then tell the students:

NOW YOU SHOULD BE ABLE TO COMPLETE CASE STUDY EXERCISES 2 THROUGH 6, FOLLOWING THE SAME STEPS AS WE JUST DID FOR EXERCISE 1. WORK ALONE AND BE PREPARED TO EXPLAIN YOUR DECISIONS.

Give the students 15 minutes to complete the exercises.

When everyone has finished, read aloud the correct answers. Ask if anyone had some different choices. If so, ask the students what their different answers they had, and ask them to explain their reasoning. The correct answers appear at the end of this unit.

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Concluding Part I of the Course

Explain that Part I of the course is now over. For the students' future reference, a complete Checklist of Signs and Symptoms and a complete Glossary of Signs and Symptoms, both appear at the end of Unit I-G.

Explain that in Part II of the course, the students will learn how to use their new knowledge of signs and symptoms in the actual job of driver license examining.

ANSWERS
I-G CASE STUDIES

EXERCISE

Symbol 0 # = + // 0
1 2 3 4 5 6

1. Breathing difficulties (shortness of breath, wheezing)
2. Swelling of feet, legs, ankles
3. Bluish lips or fingernails
4. Swollen neck veins
5. Nervousness, excitability, excessive sweating
6. Slowed reactions, confusion
7. Partial paralysis
- *8. Loss of consciousness, stupor
9. Weakness in arms or legs
- *10. Pain in left arm, jaw, or chest (unexplained)
- *11. Choking, vomiting, or severe nausea
- *12. Dizziness, staggering, lightheadedness, giddiness
13. Frequent stopping during walking

0	#	=	+	//	0
1	2	3	4	5	6
0					
0		no =			
	#				
			no +		
				//	
				+	
no 0					
0					

EXERCISE

Symbol 0 # = + // 0
1 2 3 4 5 6

- 27. Loss of memory
- 28. Painful joints, arthritis, or rheumatism
- *29. Failure to pass visual acuity standards
- 30. Lapses of attention, short periods of unresponsiveness
- 31. Greatly slowed bodily motions
- *32. Disorientation
- 33. Jerking or oscillation of pupils
- 34. Pupils irregular in size, not round, multiple
- 35. Opacities (grayness, haziness, cloudiness)
- 36. Drooping upper or lower lids
- 37. Drifting pupils
- 38. Congested or crusty eye surface or lid
- 39. Evidence of eye surgery

	0	#	=	+	//	0
	1	2	3	4	5	6
27. Loss of memory						
28. Painful joints, arthritis, or rheumatism						
*29. Failure to pass visual acuity standards						
30. Lapses of attention, short periods of unresponsiveness						
31. Greatly slowed bodily motions						
*32. Disorientation						
33. Jerking or oscillation of pupils						
34. Pupils irregular in size, not round, multiple						
35. Opacities (grayness, haziness, cloudiness)						
36. Drooping upper or lower lids					//	
37. Drifting pupils						
38. Congested or crusty eye surface or lid						
39. Evidence of eye surgery						

	Symbol	EXERCISE					
		0	#	=	+	//	θ
		1	2	3	4	5	6
*40. Telescopic lenses							
41. Severe reaction to bright light							
42. Signs of fighting or falling (black eye, bruises, fresh scars)							
*43. Wild, inappropriate, erratic behavior							no θ
*44. Visual or auditory hallucinations							
45. Preoccupation, self-absorption, indecision, indifference							
*46. Reeks of alcoholic beverage							
*47. Needle marks on arm							
48. Multiple tattoos							
49. Severe anxiety, apprehension, handwashing behavior		no #					
50. Prosthesis							
51. A sign explained away as a reaction to a drug							θ

COMPLETE GLOSSARY OF SIGNS AND SYMPTOMS

1. Breathing difficulties (shortness of breath, wheezing). Breathing difficulties mean that breathing has become very hard work for the individual. Such difficulties may be detected as gasping or as an unusual sound when the individual breathes. Breathing difficulties may also be detected if an individual rests frequently from any other task, even walking, in order to concentrate effort on breathing.
2. Swelling feet, ankles, legs. When the lower extremities swell it may indicate heart or blood vessel problems. It can also mean that fluids are retained because of a chemical imbalance in the body.
3. Bluish lips or fingernails. This discoloration is actually a discoloration of the blood which is related to poor blood flow or poor oxygenation of the blood. The blue color may be seen at the lips and fingernails because at these points a great number of blood vessels are near the skin surface. Bear in mind that skin pigmentation may interfere with detection.
4. Swollen neck veins. The veins appear unusually distended, or prominent at the side of the neck.
5. Nervousness, excitability, excessive sweating. Nervousness and excitability often occur when the testing situation creates anxiety or stress in the individual. The applicant may also be seen to carry himself rigidly or have sweaty palms. Applicants may also talk about their nervousness, lack of appetite, insomnia, etc. Some applicants may show their nervousness by constant talking about unrelated topics.
6. Slowed reactions, confusion. The applicant appears to have trouble comprehending or understanding, and may act bewildered or dazed.
7. Partial paralysis. In partial paralysis, the individual either has difficulty in moving part of his body, or has completely lost the ability to move some part of his body.
8. Loss of consciousness, stupor. In loss of consciousness, the individual totally loses awareness, as if he were asleep. When he "awakes," he is unaware of anything that occurred around him while he was unconscious. During loss of consciousness, the individual's body may be motionless or convulsing. Stupor means that the individual is partially unconscious.

9. Weakness in arms or legs. This may be seen as a sudden weakness, or as a long-standing weakness. The individual is unable to perform normal tasks without distortions of movement to overcome the weakness.
10. Pain in left arm, jaw, or chest. This may be an indication that a heart attack is occurring, and medical assistance should be summoned at once if you suspect a heart attack. The pain has been described as a tightness or crowding within the chest. The pain may spread into the left arm, neck, or jaw and even into the right side. Of course, a simple sore arm or other easily explained cause of pain does not fall under this heading. If a heart attack is occurring, the pain will be severe.
11. Choking, vomiting or severe nausea. Choking is the interruption of breathing by an obstruction in the air-way. Vomiting is the forcible expulsion of the contents of the stomach through the mouth. Nausea has been described as a vague unpleasantness in the abdomen. In the case of nausea, an applicant might complain of feeling sick to the stomach or he might experience revulsion at the thought of eating.
12. Dizziness, staggering, lightheadedness, giddiness. The individual experiencing dizziness has the sensation that the world is moving around him or that he is moving. He may complain of a spinning sensation or unsteadiness. A severe attack of dizziness could be seen as staggering, i.e., the individual having difficulty in remaining erect while walking. There are many possible reasons for dizziness, including heart and middle-ear conditions. Each one, however, makes the individual a less-than-safe driver. A person may feel lightheaded or giddy when under the influence of certain drugs (including alcohol) or when experiencing a high fever. The individual may feel faint, out of touch with reality, weak, or unsteady. The individual may have a glazed look or may have difficulty walking straight.
13. Frequent stopping during walking. This is often associated with a breathing difficulty. Breathing is such hard work for the body that the individual must stop and rest frequently from all other activity just to keep up with the work of breathing. Frequent stopping could also be caused by an orthopedic problem. Whenever the examinee must pause while walking, the examiner should attempt to find out why.
14. Permanently stiff joints, back, or neck rigidity. This is a noticeable inflexibility in any part of the body (limbs, neck, or torso). One or more joints may be immobilized.

15. Anger, hostility, impulsiveness, lack of caution. When individuals tell you how mad they are at the system or the establishment, or when they "give you a hard time," you should try to evaluate, as impartially as you can, whether their actions and attitudes are justified. If they seem unreasonable, you should check this item. Impulsiveness means prone to act suddenly and without forethought; lack of caution means acting imprudently without considering the possible consequences of one's acts. This is especially serious when seen as overconfidence or carelessness behind the wheel.
16. Obesity. This is an increase in body weight beyond skeletal and physical requirements. Obesity should be recorded only if it appears to interfere with driving.
17. Severe reactions to cold or heat. Normally people shiver in the cold and sweat in the heat. If an applicant reacts in an extremely unusual manner to heat or cold, then this reaction may be considered severe. It is also worth noting when an individual shivers or sweats perceptibly in normal room temperature.
18. Tremors. This is an involuntary trembling or quivering. It cannot be stopped by the individual.
19. Blinking, jerking of arm or leg, short periods of unresponsiveness (blackout), stiffening. These are all examples of signs that may indicate epileptic problems. The individual may simply stare into space for a moment, or contract a muscle group (jerk), or temporarily lose muscle tone, i.e., go limp and recover. Unless they are quite obvious, you should ask about the frequency of these signs before recording them.
20. Poor coordination. Poor coordination means the muscles do not work together or they do not respond well to commands from the brain. This may be the result of damaged muscles or nerves. Because of the damage, the individual's body motions become less precise because he has to use other muscles and nerve pathways to compensate. There may also be occasions on which an applicant gives the appearance of poor coordination, but the problem may actually be due to poor vision or perception.
21. Distorted facial expression. This is sometimes caused by a partial paralysis of the face muscles, so that one side of the face can be controlled and "expressive" but the other cannot. Disfigurement from burns or scars does not fall into this category, although you should look for other permanent effects of the accident.

22. Obvious deformity of leg, arm, or back. This is a distortion or disfigurement in the normal body shape, as when a hand is not completely formed or when a spine is crooked.
23. Loss of bowel or bladder control. The individual does not have normal control over the emptying of his bowel or bladder. May be detected by odor and staining of clothes.
24. Falling asleep. This is an unpredictable occurrence in which the individual cannot keep himself from falling asleep. Falling asleep while waiting one's turn should be questioned. Falling asleep during any portion of the examination is a very serious sign, no matter what the cause.
25. Smacking of lips, rubbing of nose or face, plucking at clothes or hair, drooling. These may be signs of epilepsy. They may even result from a conscious effort on the part of the applicant to conceal an epileptic episode.
26. Epileptic attack. The individual experiences loss of consciousness. The observer sees violent, involuntary contractions of the voluntary muscles.
27. Loss of memory. Memory loss may be minor and temporary, as when keys are misplaced. It may also be major and permanent, as in senility. Unless one has very recently moved, failure to recall one's address is a significant sign of loss of memory.
28. Painful joints, arthritis, or rheumatism. In a person suffering from these conditions, joints, muscle, and tissue become inflamed and painful. Deformity of the fingers is sometimes seen. When hands are affected, filling out forms becomes difficult.
29. Failure to pass visual acuity standards. The license examiner gives an eye examination to determine distances and (in a few states) peripheral vision. If the applicant fails an eye test, he is automatically referred for an eye exam by a vision expert before he may proceed with his driving exam.
30. Lapses of attention, short periods of unresponsiveness. This means that the applicant does not respond to conversation, or to other things he should have seen or heard, such as an obstacle or a stop sign.
31. Greatly slowed bodily motions. The individual moves more slowly than the majority of people would in the same situation. This may be seen in any situation, ranging from a small-muscle task like handwriting to a large-muscle task like walking.

32. Disorientation. This is related to loss of memory, or inability to recall, but it is more severe. The individual expresses confusion as to where he is, who he is, or when it is.
33. Jerking or oscillation of pupils. The eyeballs move involuntarily and this movement cannot be inhibited by the individual. The motion is rhythmical and may be side-to-side, up and down, in a circle, or in some combination. Doctors call this "nystagmus."
34. Pupils irregular in size, not round, multiple. The pupils may be seen to be irregular in many ways. The two pupils may have different sizes or be unusually small or large. A pupil may not be round, or there may seem to be more than one pupil in an eye. In making these evaluations, you should also look for irregularity in the shape of the iris, the colored membrane that surrounds the pupil.
35. Opacities (grayness, haziness, cloudiness). The eye looks steamy and without its normal luster. The applicant may be able to see well in a darkened room, but poorly in bright light.
36. Drooping upper or lower lids. Drooping upper lids make the individual seem sleepy. Drooping lower lids are usually seen in connection with an accumulation of fluid that weighs down the lower lids.
37. Drifting pupils. One eye may turn out or in while the other remains fixed; both eyes may turn out or in. If an individual has trouble making both eyes point in the same direction, he may see double. The condition will be worse when the individual is tired (or drunk or drugged).
38. Congested or crusty eye surface or lid. Congestion is the abnormal accumulation of blood. A congested eye surface is familiar from the television commercials for eye drops. Crustiness can be hardened secretions from the eye or scales formed on the eye lid.
39. Evidence of eye surgery. Without sophisticated equipment for examining the eye, the only evidence will be external scars around the eye area, or the applicant's self-report.
40. Telescopic (bioptic) lenses. These are devices like binoculars, that attach to regular glasses. They permit people with very poor vision to see well enough to read road signs. However, they give these persons a very narrow field of vision and the wearer must make considerable adjustments while driving. If your state permits persons with bioptic lenses to drive, each case should be reviewed by a vision specialist and the person should be given a thorough road test.

41. Severe reaction to bright light. If the pupils remain open in bright sun, the incoming flood of light will be painful and the individual will want to close the eyes or look away. Notice what happens when you go outside with the applicant. Ask older applicants or drivers whether they are unusually bothered by glare or bright lights at night.
42. Signs of fighting or falling (black eye, bruises, fresh scars). These may be seen on exposed parts of the body such as the face, neck, hands, and arms. Bruises, black eyes, and scars may have causes other than fighting or falling, but should be recorded in any case.
43. Wild, inappropriate, erratic behavior. This is any bizarre action that is extremely inappropriate to the serious business of taking a driving exam. Examples are threatening, shadow-boxing, and screaming.
44. Visual or auditory hallucinations. To hallucinate means to perceive things that are not really present. In visual hallucination, the individual thinks he sees something that is not present in reality. In auditory hallucination, the individual thinks he hears something that is not present in reality.
45. Preoccupation, self-absorption, indecision, indifference. Preoccupation is extreme or excessive concern with something other than the task at hand; self-absorption means being preoccupied with thoughts of oneself; indecision means extreme wavering between two or more courses of action; indifference means a lackadaisical, uncaring attitude. If an individual does not have his mind on the business at hand, he may be suffering from depression.
46. Reeks of alcoholic beverage. Odor of alcoholic beverage is present. An individual who comes in drunk shows little respect for society's normal conventions. He or she must be referred for medical evaluation.
47. Needle marks on arm. A person regularly using a drug administered by injection to the vein is likely to have a large number of blue-black dots or punctures on the forearm, between the elbow and the wrist.
48. Multiple tattoos. Since the process of tattooing is painful and defaces the body, it is assumed that an individual with multiple tattoos may be highly suggestible and uses alcohol to bring himself to a state of compliance.

49. Severe anxiety, apprehension, hand-washing behavior. Anxiety is a feeling of uncertainty and fear. Apprehension is used here to mean anticipatory fear, or fear of something to happen in the future. Hand-washing behavior is seen in some cases of severe anxiety--the individual manipulates his hands as if washing them.
50. Prosthesis. This is an artificial substitute for a missing part, such as an arm, eye, leg, or denture. Of course, false teeth have nothing to do with driving, and many persons with artificial arms or legs are excellent drivers. Sometimes, however, persons cannot drive well even with the best of artificial limbs. The driving test will tell the story.
51. A sign explained away as a reaction to a drug. The individual reports that his behavior is being caused by a drug. Such self-report might occur as a response to something the examiner says or it might simply be volunteered. If a drug is causing a sign that looks like something that might interfere with driving, the dosage needs to be reexamined by a physician.

INSTRUCTOR PREPARATION

Training Aids

1. Six copies of the MEC for each student (to be used in the exercises). Reproduce the blank copies in Appendix C.
2. Chalkboard.

Advance Activities

1. Be prepared to tell the students the state's position on using the methods presented in this unit. (Some possible positions are suggested on the next page.)
2. Be prepared to say how much discretion an examiner has in deciding how much time to spend with an applicant and which tests to give.
3. If the state has approved a modified version of the MEC, be prepared to tell the students how the approved version differs from the one in their Student Study Guide.
4. Be prepared to explain the MEC Flowchart.
5. If your state's procedures preclude the observation of certain signs, be prepared to discuss this with the students. For example, in some localities a person can get a new license without an examiner having a chance to observe the person walking outdoors.

STUDENTS' UNIT OBJECTIVES

1. Given problems describing a license examiner's observations of an applicant, will be able to
 - correctly complete the Medical Evaluation Checklist
 - decide if sufficient evidence exists to refer the applicant for a medical evaluation
2. Will be able to name types of signs or symptoms best observed during each of the following stages of the examination process:
 - a. Entry and Greeting
 - b. Vision Testing
 - c. Knowledge Test
 - d. Walking to Vehicle
 - e. Driving Test

STUDENTS' KEY POINTS

1. Introduction. This unit will teach you to apply what you learned about signs and symptoms in Part I to the examining job you actually do. Your instructor will indicate the approved procedure for medical screening in your own state.
2. Types of examination. It is assumed that there are three types of driver license examination during which medical screening might occur:

- initial
- renewal
- "special"

This course also assumes that each of these requires the individual to appear in person for his exam, although your state may not have in-person renewal.

3. Rules for Using the Medical Evaluation Checklist (MEC).
 - a. Highly significant signs and symptoms indicate an "automatic" referral of the applicant for a medical evaluation.
 - b. Three "non-automatic" signs and symptoms marked in one column of the MEC indicate referral of the applicant for a medical evaluation.

4. Parts of the MEC.

Part I Self-Report Questions - Examinee responses cue the examiner to refer the applicant or focus investigation on particular bodily systems.

Part II Signs and Symptoms - The organization of signs and symptoms in Part II encourages attention to particular items during steps in the examination process when they are most easily observed.

Part III Follow-up Questions and Tests - This form is used to search for a third sign or symptom. If the third one is found, the examinee is referred for medical evaluation.

INSTRUCTOR GUIDELINES	COURSE OUTLINE
<p><u>Introducing the Unit</u></p> <p>Give the students a few minutes to read:</p> <ul style="list-style-type: none"> -the Objectives -the Key Points -the Introduction <p>Tell the students what the state's position is on following the procedures presented in this unit. Make the statement in terms like one of the following:</p> <ul style="list-style-type: none"> -YOU SHOULD FOLLOW A PROCEDURE ROUGHLY LIKE THE ONE PRESENTED HERE, BUT YOU NEED NOT FOLLOW IT PRECISELY. YOU SHOULD NOT USE THE MEDICAL EVALUATION CHECKLIST. -YOU SHOULD FOLLOW A PROCEDURE LIKE THE ONE PRESENTED IN THIS UNIT BUT THERE ARE CERTAIN DIFFERENCES. I WILL POINT OUT THE DIFFERENCES AND ASK YOU TO MAKE THE NECESSARY CHANGES IN YOUR STUDENT STUDY GUIDE. -THIS UNIT PRESENTS A WAY OF THINKING ABOUT THE PROCESS OF MEDICAL SCREENING BUT YOU ARE FREE TO DECIDE FOR YOURSELF WHEN AN EXAMINEE SHOULD BE REFERRED FOR MEDICAL EVALUATION. <p>Discuss with the students the six questions that pertain to how much discretion they have in deciding how long to spend with an applicant and which tests to give. They are:</p> <ol style="list-style-type: none"> 1. Does your state have in-person renewal? 2. How much time do you typically have with a renewal applicant? 3. Can you choose to give more tests when it is indicated? 4. How do you decide whether to give more tests? 5. How about special exams; do they always include the same tests? 6. When might you take longer than average on a special test? 	<p>UNIT OBJECTIVES & KEY POINTS</p> <p>INTRODUCTION</p> <p>1, 2, 3, 4</p> <p>+</p> <p>+</p>

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Some of the specific questions you might treat are the following:

Can they test the peripheral vision of some applicants and not others?

Can they give the road test to some applicants for renewal?

Can they spend more time on the driving test with an applicant who is handicapped?

Should they give the knowledge test to applicants for renewal who have had a traffic violation during the term of the license?

Can they spend more time on the driving test with an applicant who barely passed the inside tests?

Give the students a few minutes to read page II-A-5.

What you tell the students about the importance of a checklist depends upon your state's position on documenting the process of screening for driver impairment.

Presenting the Medical Evaluation Checklist

Tell the students that the Medical Evaluation Checklist is divided into three parts, and that they are about to study the first part. Remind them that certain signs and symptoms studied in the first part of the course were considered to be especially significant. Asterisks were placed next to these signs and symptoms. These especially significant signs and symptoms are cause for an automatic referral for medical evaluation.

Give the students a few minutes to read from page II-A-6 through the middle of page II-A-10.

About Part I of the Medical Evaluation Checklist, say:

IMPORTANCE OF USING A
CHECKLIST ON THE JOB

5

+

MEDICAL EVALUATION CHECK-
LIST

6-10

Part I, Medical Evaluation
Checklist

INSTRUCTOR GUIDELINES

COURSE OUTLINE

IT ONLY TAKES A FEW MINUTES TO ASK THE QUESTIONS IN PART I OF THE MEC. IT IS WELL WORTH THE TIME BECAUSE IF YOU GET A VALID "YES," TO ANY OF THE FIRST TEN QUESTIONS YOU DON'T HAVE TO WORRY ANY MORE ABOUT MEDICAL SCREENING FOR THAT INDIVIDUAL. YOU KNOW HE OR SHE MUST BE REFERRED FOR A MEDICAL EVALUATION.

Tell the students the state policy on using Part I in terms like the following: +

- THE STATE DOES NOT WANT YOU TO ASK THESE QUESTIONS. HOWEVER, SOME OF THE QUESTIONS ARE COVERED IN THE LICENSE APPLICATION. AN AFFIRMATIVE ANSWER TO ANY OF THESE IS GROUNDS FOR A MEDICAL REFERRAL.
- THE STATE WANTS YOU TO USE THESE QUESTIONS. HOWEVER, QUESTION #4 SHOULD BE REPHRASED AS FOLLOWS: . . .
- SKIP THESE QUESTIONS ENTIRELY. YOU WILL HAVE TO SCREEN BY DETECTING SIGNS OF MEDICAL IMPAIRMENT.

Give the students a few examples in which a "yes" answer to an "automatic" should not be recorded. For example:

- AN ALCOHOLIC WHO IS AN ACTIVE MEMBER OF ALCOHOLICS ANONYMOUS.
- IF SOMEONE MENTIONS A "NONAUTOMATIC" SIGN OR SYMPTOM IN RESPONSE TO QUESTION #9. YOU SHOULD ENTER THE SIGN OR SYMPTOM IN PART II, BUT CHECK "NO" IN PART I.

Ask the students to volunteer a few examples of their own.

Point out that while Part I of the MEC is a set of questions to be asked directly of the applicant, Part II is used while the examiner is observing the applicant during the licensing examination.

Give the students a few minutes to read about Part II in their Student Study Guide.

10, 11
Part II, Medical Evaluation Checklist

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Demonstrate how to record a sign or symptom. One may either enter a checkmark in each unshaded box or draw a line across all boxes to the right of a sign or symptom.

Tell the students to notice that:

AGAIN, THE ASTERISKS NEXT TO A SIGN OR SYMPTOM INDICATE AUTOMATIC REFERRAL FOR MEDICAL EVALUATION. PART II OF THE MEDICAL EVALUATION CHECKLIST IS DIVIDED INTO SECTIONS CORRESPONDING TO EVENTS IN THE LICENSING EXAM.

Remind the students that if they have recorded three (3) nonautomatic (nonasterisked) signs or symptoms in a single column after completing Parts I and II of the Medical Evaluation Checklist, then they will refer the applicant for medical evaluation. If they have found only two nonautomatic signs or symptoms in a column, they will proceed to Part III of the Medical Evaluation Checklist.

Point out:

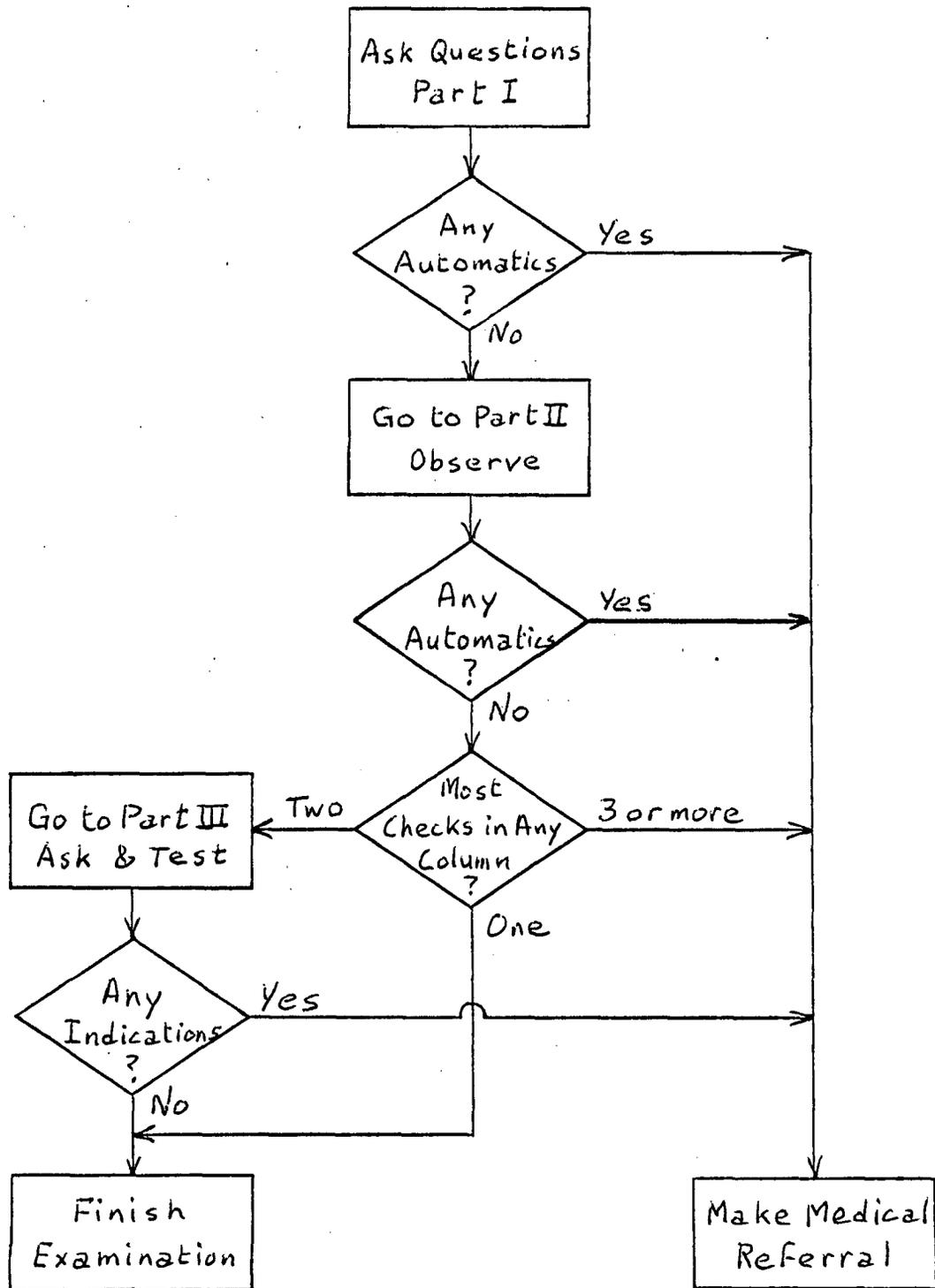
- Part I of the checklist is a set of questions to be asked of the applicant.
- Part II of the checklist is a form used while the examiner is observing the applicant during the driver licensing exam.
- Part III of the checklist is again a set of questions. This set, however, is asked only if the examiner has observed two nonautomatic (nonasterisked) signs and symptoms in a column while administering Parts I and II of the checklist. If a third sign or symptom is found during Part III of the checklist, then the applicant is referred for medical evaluation.

Give the students a couple of minutes to read the material on Part II of the checklist.

When the students have finished reading, ask them to turn to the flowchart on page II-A-7. By this point all students should

Part III, Medical Evaluation Checklist

MEDICAL EVALUATION CHECKLIST — FLOWCHART



INSTRUCTOR GUIDELINES

COURSE OUTLINE

be able to follow this flowchart. Ask them to look at the chart as you describe it to them. Answer any questions they may have.

Explaining the Task-Oriented Organization of Part II

Tell the students that the driver licensing exam may be thought of as having five phases:

- ENTRY AND GREETING
- VISION TESTING
- KNOWLEDGE TEST
- WALKING TO VEHICLE
- DRIVING TEST

Point out that certain medical signs and symptoms are best observed during different phases of the examination process. As a result, Part II of the checklist has been divided according to these phases. The signs and symptoms best observed during each phase are listed on separate pages. This does not mean that while in a particular phase the examiner may observe only those signs and symptoms listed. It is only a suggested list of signs and symptoms most easily observed during the given phase. Any sign or symptom should be recorded whenever you see it or learn about it.

Do not be surprised if your students suggest reorganizing a few of the signs and symptoms.

Give the students a few minutes to read pages II-A-14 and 15. Have them notice which signs and symptoms are listed in this "first impression" phase.

Although "firmness of handshake" is mentioned on page II-A-14, this does not mean that all examiners have to shake hands with all examinees. They should do what is natural and comfortable for them.

+

PHASES OF THE EXAMINATION
PROCESS

Entry and Greeting
14, 15

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Give the students a few minutes to read pages I-A-16 and 17. Have them notice which signs and symptoms are listed.

Say:

THIS IS THE TIME WHEN THE EXAMINER LOOKS AT THE EYES AND EYELIDS. YOU MIGHT ALSO LOOK AGAIN FOR SOME OF THE ITEMS LISTED UNDER ENTRY AND GREETING.

ALTHOUGH EPILEPTIC ATTACK IS LISTED HERE, THERE IS NO REASON TO EXPECT ONE TO OCCUR MORE FREQUENTLY DURING THIS PHASE THAN DURING ANY OTHER.

Give the students a few minutes to read pages II-A-18 and 19. Have them notice which signs and symptoms are listed.

Remind the students that low intelligence is not one of the things an examiner looks for. People who pass the examination are presumed intelligent enough to drive.

Give the students a few minutes to read pages II-A-20 and 21. Have them notice which signs and symptoms are listed.

Say:

THIS IS THE PHASE DURING WHICH YOU CAN NOTE THE WAY PEOPLE WALK, AND THE EFFECT OF THE OUTDOOR ENVIRONMENT.

In some states and localities the indoor tests are given on a different day than the driving test. Describe the practice in your state, and suggest that most of the signs and symptoms listed under Walking to Vehicle can also be observed during other phases of the process. However, it could be that some signs and symptoms may never be observed in your state because of its operating procedures. Describe the stipulation to the students.

Give the students a few minutes to read pages II-A-22 and 23. Have them notice which signs and symptoms are listed.

Vision Testing
16, 17

Knowledge Testing
18, 19

Walking to Vehicle
20, 21

+
Driving Test
22, 23

INSTRUCTOR GUIDELINES

COURSE OUTLINE

The students have now looked at the signs and symptoms that appear under each of the five phases of the examination process. At this point you should lead a discussion of the types of signs and symptoms best observed during each phase. Write the main points on the chalkboard and ask the students to copy them into the Student Study Guide.

For Entry and Greeting let the students tell you that these include:

- Signs that may be observed as examinees wait their turn (e.g., wild, inappropriate, erratic behavior).
- Signs that are part of the first overall impression you get of a person's physique and general appearance (e.g., obesity, black eyes).

For Vision Testing let the students tell you that these signs include:

- Signs pertaining to the eyes.
- Signs that may take close examination (e.g., sweating, irregular pupils).

For Knowledge Testing let the students tell you that these signs include:

- Signs best observed while the examinee is seated.
- Signs best observed while examinee is answering questions.

For Walking to Vehicle the students should tell you that these signs include:

- Signs that are best seen when a person is walking.
- Signs that are brought out by changes in the environment (e.g., heat, cold, bright light).

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UNIT TITLE	Screening Methods for Different Phases of the Examination Process	PAGE	II-A-13
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INSTRUCTOR GUIDELINES	COURSE OUTLINE
<p><u>Presenting the Review Exercises</u></p> <p>Tell the students that the Review Exercises for this unit are of two types:</p> <ul style="list-style-type: none"> -Practice in using the MEC to make decisions about whether or not to refer an applicant for a medical evaluation. -Recall of the types of signs and symptoms most easily observed during each phase of the driver licensing exam. <p>Ask the students to volunteer a few of their answers to exercise 7.</p> <p>Ask the students if there are any questions on any of the exercises.</p> <p>Suggest that the students glance through the Review Exercises and be sure they understand what to do.</p> <p>Distribute six copies of the complete Medical Evaluation Checklist to each student for use with exercises 1 through 6. Advise the students to use one for each question. Instead of the applicant's name, they will place their own name and the number of the exercise in the upper right-hand corner of page 1 of each checklist. Exercise 7 should be completed in the Student Study Guide.</p> <p>Remind the students that their major purpose in using the MEC is to make a <u>decision</u> as to whether the applicant should be medically evaluated.</p> <p>Give the students about twenty minutes to complete the exercises. When everyone has finished, read the correct MEC responses for exercises 1 through 6.</p> <p>Explain the decisions to refer for medical evaluation in exercises 1 through 6:</p>	<p>REVIEW EXERCISES 26-28</p> <p style="text-align: center;">*</p>

INSTRUCTOR GUIDELINES

COURSE OUTLINE

EXERCISE 1 - WOULD BE REFERRED BECAUSE CONVULSIONS WITHIN THE PAST TWO YEARS CONSTITUTE AN AUTOMATIC (ASTERISKED) REFERRAL.

EXERCISE 2 - WOULD NOT BE REFERRED BECAUSE ONLY ONE NONAUTOMATIC HAS BEEN MARKED.

EXERCISE 3 - WOULD NOT BE REFERRED BECAUSE ONLY TWO NONAUTOMATICS HAVE BEEN MARKED.

EXERCISE 4 - WOULD BE REFERRED BECAUSE DIZZINESS CONSTITUTES AN AUTOMATIC (ASTERISKED).

EXERCISE 5 - WOULD NOT BE REFERRED BECAUSE ONLY TWO NONAUTOMATICS HAVE BEEN MARKED.

EXERCISE 6 - WOULD BE REFERRED BECAUSE THREE NONAUTOMATICS ALL IN THE SAME COLUMN (OPHTHALMOLOGICAL) HAVE BEEN MARKED.

Point out that a complete Medical Evaluation Checklist (MED) appears at the end of Unit II-A. This is provided for reference.

INSTRUCTOR PREPARATION

Training Aids

1. Chalkboard.
2. Copy of set of three types of problems for each student (see below).

Advance Activities

1. Know the procedures used by examiners in your state for:
 - a. interviewing applicants who may have a medical problem.
 - b. explaining to an applicant that you are recommending a medical referral.
2. Know the eight basic interviewing techniques mentioned in the Student Study Guide.
3. Be prepared to describe a few interesting anecdotes involving interviewing.
4. Prepare a set of problems, as follows:

Type A - five problems. Each problem describes an applicant with a possible sign or symptom. Select signs and symptoms from the Chart for Judging Severity of Signs and Symptoms, since these are the most difficult to evaluate. For example, you might describe an individual whose hand shakes as he fills out his application form at the beginning of the exam, and who complains that he is "nervous."

Type B - five problems. Each problem describes a sign or symptom that has been mentioned by an applicant. State these in such a way that the examiner would have to interview in order to decide whether a sign or symptom should be recorded. For example, the imaginary applicant might say "I used to get dizzy once in a while."

Type C - two problems. Each problem describes an applicant who should be referred for medical evaluation. For example, "the examiner has observed that the applicant has some difficulty with breathing, bluish fingernails, and frequently stops while walking."

STUDENTS' UNIT OBJECTIVES

1. Given a set of problems, each describing an initial set of signs and symptoms, will indicate the next comment to be made or question to be asked by the examiner.
2. Given five situations in which an applicant for licensing has stated that he has a particular safety relevant medical problem, and given a fellow class member assuming the applicant's role, will be able to effectively and tactfully elicit additional necessary information.
3. Given two situations in which an applicant must have a physical examination before the licensing process can continue, and given a fellow class member assuming the applicant's role, will be able to tactfully explain what has to be done before the license can be issued.

STUDENTS' KEY POINTS

1. Purposes for Interviewing. Generally, interviewing is conducted for the purpose of gaining specific information from another person. Specifically, interviewing as a part of medical screening is conducted in two situations:
 - When you think there may be a medical problem which could interfere with driving, and you have to determine recency, severity, and frequency;
 - When you decide to make a medical referral.
2. Basic Interviewing Techniques. These are:
 - Be friendly but not too friendly
 - Be sure your language is understood
 - Don't ask leading questions
 - Don't ask unnecessary personal questions
 - Don't talk too much or let the examinee talk too much
 - Don't put the examinee on the defensive
 - Do not express sympathy for handicapped persons
 - Be aware that some interviewees will attempt to falsify information

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Introducing the Unit

Give the students a few minutes to read the Objectives and Key Points.

Ask the students to discuss:

- 1) WHAT IS AN INTERVIEW?
- 2) HOW DOES AN INTERVIEW DIFFER FROM OTHER CONVERSATIONS YOU MAY HAVE?

Be sure these points have been made:

- 1) AN INTERVIEW IS A CONVERSATION FOR A SPECIFIC PURPOSE.
- 2) IT'S PURPOSE IS TO GET ACCURATE INFORMATION FROM THE INTERVIEWEE.

Emphasize:

EFFECTIVE INTERVIEWING IS A SKILL.

THIS UNIT WILL DISCUSS GUIDELINES TO USE IN CONDUCTING EFFECTIVE INTERVIEWS.

Tell the students that there are two types of occasions on which they will have to interview examinees as part of medical screening:

- 1) WHEN YOU THINK THERE MAY BE A MEDICAL PROBLEM WHICH COULD INTERFERE WITH DRIVING. THIS ARISES EITHER WHEN THE EXAMINEE MENTIONS A MEDICAL PROBLEM OR WHEN YOU OBSERVE SIGNS OR SYMPTOMS WHICH LEAD YOU TO SUSPECT A PROBLEM. THE PURPOSE OF YOUR INTERVIEW IN SUCH A CASE IS TO SELECT A COURSE OF ACTION. IN ORDER TO MAKE YOUR DECISION, YOU MAY NEED TO DETERMINE:
 - RECENCY. WHEN WAS THE LAST TIME THIS MEDICAL PROBLEM CAUSED SERIOUS DIFFICULTY?
 - SEVERITY. HOW BAD DOES IT GET?
 - FREQUENCY. HOW MANY TIMES PER YEAR OR MONTH DOES THIS PROBLEM ARISE?

UNIT OBJECTIVES & KEY POINTS

1, 2

INTRODUCTION

3

INSTRUCTOR GUIDELINES

COURSE OUTLINE

- 2) BE SURE YOUR LANGUAGE IS UNDERSTOOD.
- 3) DON'T ASK LEADING QUESTIONS.
- 4) DON'T ASK UNNECESSARY PERSONAL QUESTIONS.
- 5) DON'T TALK TOO MUCH OR LET THE EXAMINEE TALK TOO MUCH.
- 6) DON'T PUT THE EXAMINEE ON THE DEFENSIVE.
- 7) DON'T EXPRESS SYMPATHY FOR THE HANDICAPPED.
- 8) DON'T BE FOOLED.

If there are experienced driver license examiners in the class, ask the students to share any incidents they may recall in which they had a difficult interviewing problem while conducting a driver licensing exam.

Ask which of the eight techniques might have been useful.

Ask if there are other interviewing techniques they have used which should be added to the list. Add their suggestions to the list on the chalkboard.

If you need to stimulate class discussion, give a few examples from your own experience.

When fruitful discussion seems to be at an end, suggest that the students:

COPY THE EXPANDED LIST FROM THE CHALKBOARD, SO THAT YOU WILL HAVE IT FOR FUTURE REFERENCE.

Presenting the Review Exercises

Distribute a set of typed problems to each student. Explain that there are three types of problems. Instruct the students:

REVIEW EXERCISES

8

*+

INSTRUCTOR GUIDELINES

COURSE OUTLINE

TYPE A

LOOK AT THE FIRST SET OF PROBLEMS. EACH PROBLEM DESCRIBES AN APPLICANT WITH A SIGN OR SYMPTOM THAT IS DIFFICULT TO JUDGE.

IMAGINE THAT YOU ARE THE EXAMINER AND THAT YOU MUST DECIDE WHETHER OR NOT TO RECORD A SIGN OR SYMPTOM.

IN ORDER TO DECIDE, YOU MUST ASK QUESTIONS, OBSERVE FURTHER, OR TAKE SOME OTHER ACTION.

WRITE DOWN WHAT YOU WOULD SAY OR DO, AS A NEXT STEP, TO HELP YOU DECIDE WHETHER OR NOT TO RECORD A SIGN OR SYMPTOM.

When everyone has finished, encourage class discussion of answers that have been given.

Now instruct the students:

TYPE B

LOOK AT THE SECOND SET OF PROBLEMS. EACH PROBLEM DESCRIBES A SIGN OR SYMPTOM WHICH AN APPLICANT HAS MENTIONED.

AGAIN IMAGINE THAT YOU ARE AN EXAMINER. THIS TIME YOU MUST DECIDE WHETHER TO REFER THE APPLICANT FOR A MEDICAL EXAMINATION.

PAIR UP WITH A CLASSMATE. TAKE TURNS INTERVIEWING EACH OTHER. KEEP IN MIND THAT THE INTERVIEWER IS TRYING TO GET ENOUGH INFORMATION TO MAKE A DECISION ABOUT REFERRING THE APPLICANT.

After a few minutes, when everyone seems to have finished this exercise, instruct the students:

TYPE C

LOOK AT THE THIRD SET OF PROBLEMS. EACH PROBLEM DESCRIBES A SITUATION WHERE THE EXAMINER HAS CONCLUDED, AS A RESULT OF HIS OBSERVATIONS, THAT HE MUST REFER AN APPLICANT FOR A MEDICAL EVALUATION BEFORE A DRIVER'S LICENSE CAN BE ISSUED.

**UNIT
TITLE**

Interview Methods

PAGE

II-B-8

INSTRUCTOR GUIDELINES

AGAIN PAIR UP WITH A CLASSMATE. IMAGINE THAT ONE OF YOU IS THE EXAMINER AND ONE IS THE APPLICANT. TAKE TURNS PLAYING THESE ROLES. THE EXAMINER EXPLAINS TO THE APPLICANT WHAT HAS TO BE DONE BEFORE THE LICENSE CAN BE ISSUED.

COURSE OUTLINE

INSTRUCTOR PREPARATION

Training Aids

1. Copy for each student of all applicant records to which an examiner could refer, and which contain information on:
 - a. medical history
 - b. driving history
 - c. application records
 - d. limitations on driving privileges
2. Operating computer terminals, if they are used by license examiners in your state, and if it is possible to give the students access to a terminal.
3. Copies of exercises and record forms, plus a blank sheet of paper for each student (see below).

Advance Activities

1. Be prepared to tell the students the sources of an applicant's medical history information which are available to examiners in your state; also be prepared to tell the students the types of information they may expect to learn from these sources.
2. Decide whether one or both types of exercises below are applicable in your state; prepare the appropriate problems.

Type A - Five problems - applicable in some states. Each problem consists of a set of records describing an applicant. the set of records is filled out in such a way that at least one medical deficiency or accident frequency appears. After you fill out the records, photocopy a set for each student. Remember there will be five completed sets of records for each student.

Type B - Five problems - applicable in all states. Each problem is a description of:

- a. an applicant's signs and symptoms that have been observed.
- b. the examiner's decision to disqualify, restrict, or refer the applicant.

For example. "the applicant has not passed the visual acuity test; the examiner has decided to refer the applicant for examination by a vision specialist." Remember to supply an examination report form for each problem, or five for each student.

STUDENTS' UNIT OBJECTIVES

By the end of this unit, the trainee:

1. Given a set of five records that contain indications of medical deficiencies that need to be explored, will correctly identify each such indication.
2. Given a set of blank forms and a set of five problems stating that individuals with certain specific medical conditions need to be disqualified, restricted, or sent to a physician or vision expert, will correctly complete the appropriate form.

STUDENTS' KEY POINTS

Forms and records serve two kinds of purposes in accomplishing the medical screening functions of the license examiner.

- a. They provide clues to possibly hazardous mental or medical conditions
- b. They provide the examiner with a way of recording the relevant facts, observations, and decisions of each case.

Most of the specific content of this unit will be delivered by the instructor, because each state has its own forms for the examiner to consult and fill out.

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Introducing the Unit

Give the students a few minutes to read:

- the Objectives
- the Key Points
- the Introduction

Ask the students to state the two purposes for using forms and records as part of medical screening.

Be sure these purposes are stated:

- 1) THEY PROVIDE CLUES TO THE EXISTENCE OF POSSIBLY HAZARDOUS MEDICAL CONDITIONS.
- 2) THEY PROVIDE THE EXAMINER WITH A WAY OF RECORDING THE RELEVANT FACTS, OBSERVATIONS, AND DECISIONS IN EACH CASE.

Presenting Information on the Use of Records in Medical Screening

Tell the students that they are to read the section on Using Records for Medical Screening. Ask them to keep these questions in mind as they read:

- 1) WHAT TYPES OF INFORMATION SHOULD BE AVAILABLE FROM RECORDS?
- 2) WHAT ARE THE POSSIBLE SOURCES FOR MEDICAL HISTORY INFORMATION?
- 3) WHAT IS THE MAJOR REASON FOR CONSULTING AN APPLICANT'S RECORDS BEFORE CONDUCTING HIS DRIVER LICENSING EXAM?
- 4) WHAT TWO CATEGORIES OF PEOPLE ARE PROHIBITED BY LAW FROM GAINING A DRIVER'S LICENSE BECAUSE THEY ARE APT TO BE UNSAFE DRIVERS?

While the students are reading, write the four questions on a chalkboard, so the students can refer to them.

- 1) POSSIBLE ANSWERS TO QUESTION 1:
 - MOTOR VEHICLE RELATED CONVICTIONS.
 - ACCIDENT INVOLVEMENT.

UNIT OBJECTIVES & KEY
POINTS

INTRODUCTION

1, 2, 3

USING RECORDS FOR MEDICAL
SCREENING

4

INSTRUCTOR GUIDELINES

- LICENSE SUSPENSIONS, REVOCATIONS, CANCELLATION, AND DENIALS.
 - SPECIAL DRIVING LIMITATIONS, MODIFICATIONS, OR CONDITIONS.
 - OUTSTANDING VALID LICENSES.
 - MEDICAL HISTORY.
- 2) POSSIBLE ANSWERS TO QUESTION 2:
- APPLICANT.
 - LICENSING EXAMINER.
 - INSTITUTIONS TREATING EPILEPTICS, ALCOHOLICS AND PROBLEM DRINKERS, THE MENTALLY ILL, AND THE BLIND.
 - PUBLIC (FRIENDS AND RELATIVES).
 - PHYSICIANS.
 - MEDICAL ADVISORY BOARD.
- 3) ANSWER TO QUESTION 3:
- TO LOOK AT AND CONSIDER WHATEVER RELEVANT INFORMATION YOUR STATE HAS ABOUT EACH INDIVIDUAL, AND LOOK AT IT BEFORE YOU CONDUCT THE EXAMINATION. THIS WILL HELP YOU IDENTIFY THOSE PERSONS WHO NEED MEDICAL REFERRAL AND THOSE WHOSE LICENSE SHOULD BE DENIED OR WITHHELD.
- 4) ANSWER TO QUESTION 4:
- ALL BUT TEN STATES HAVE A STATUTE THAT PROHIBITS LICENSING ANY PERSON:
- WHO IS AN HABITUAL USER OF ALCOHOL OR ANY DRUG TO A DEGREE RENDERING HIM INCAPABLE OF SAFELY DRIVING A MOTOR VEHICLE.
 - WHO HAS PREVIOUSLY BEEN ADJUDGED TO BE AFFLICTED WITH OR SUFFERING FROM ANY MENTAL DISABILITY OR DISEASE.

Tell the students whether your state has these two statutes.

COURSE OUTLINE

+

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Discussing Information Available in Your State

Now tell the students which types and sources of information are available to examinees in your state.

+

Distribute to each student copies of the records available to license examiners in your state. Be sure to include any and all records covering information on:

*

- medical history
- driving history
- application records
- limitations on driving privileges

Discuss each form, pointing out the specific kinds of information available.

If computer data is available in your state and if it is possible to give the students access to a terminal, demonstrate accessing data on a computer terminal. Give the students a chance to practice retrieving relevant data at the computer terminal.

*

Ask the students to look back (in their Student Study Guides) at the listing of kinds of information which may be available to examiners and to circle those available in your state.

6

When they have finished read aloud ONLY items available in your state:

+

Possible answers are:

- Motor vehicle related conditions.
- Accident involvement.
- License suspensions, revocations, cancellations, and denials.
- Special driving limitations, modifications, or conditions.
- Outstanding valid licenses.
- Medical history.

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Discussing the Proper Method of Filling
Out Forms and RecordsFILLING OUT FORMS AND
RECORDS

7

Tell the students that they are to read the section on Filling Out Forms and Records. Ask them to keep the following questions in mind as they read:

- 1) WHAT ARE THE THREE USES OF INFORMATION KEPT ON FORMS?
- 2) FORMS PROVIDE AN IMPORTANT BASIS FOR WHAT TWO KINDS OF DECISIONS?
- 3) WHAT ARE THE THREE IMPORTANT THINGS TO BE CAREFUL OF AS YOU FILL OUT FORMS?

While the students are reading, write the three questions on a chalkboard, so the students can refer to them.

*

When everyone has finished reading, ask the students to discuss the answers to the questions.

- 1) ANSWERS TO QUESTION 1:
 - PRESERVE THE PERTINENT FACTS ABOUT THE EXAMINEE.
 - RECORD WHAT ACTIONS HAVE BEEN TAKEN.
 - RECORD WHAT DECISIONS YOU HAVE MADE.
- 2) ANSWERS TO QUESTION 2:
 - THEY FORM AN IMPORTANT BASIS FOR SUBSEQUENT DECISIONS MADE ABOUT THE EXAMINEE.
 - THEY CAN FORM THE BASIS FOR DEMONSTRATING THAT THE EXAMINEE WAS TREATED FAIRLY AND IMPARTIALLY.
- 3) ANSWERS TO QUESTION 3:
 - ENTRIES SHOULD BE LEGIBLE.
 - ENTRIES SHOULD BE MADE IN THE PROPER PLACE ON THE FORM.
 - STANDARD LANGUAGE AND SYMBOLS SHOULD BE USED IN MAKING THE ENTRIES.

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Presenting the Review Exercises

During your preparation for this lesson, you decided whether one or both types of exercises were appropriate in your state. Accordingly, distribute the exercises you prepared. Depending on your decision, distribute the appropriate exercises and a sheet of blank paper. Explain to the students that there are either one or two types of problems, and read aloud the appropriate instructions:

TYPE A - FIVE PROBLEMS

LOOK AT THE FIRST SET OF PROBLEMS. EACH PROBLEM CONSISTS OF A SET OF RECORDS DESCRIBING AN APPLICANT. ON THE RECORDS YOU WILL SEE AT LEAST ONE INDICATION OF A MEDICAL DEFICIENCY OR ACCIDENT FREQUENCY PROBLEM. CIRCLE THE INDICATIONS YOU FIND ON THE FORMS. WRITE ON THE BLANK SHEET OF PAPER WHAT YOU WOULD DO NEXT, AS AN EXAMINER, TO FURTHER EXPLORE THE PROBLEM.

If you used the first set of exercises, when everyone has finished, encourage class discussion of answers that have been given.

Now instruct the students:

TYPE B - FIVE PROBLEMS

LOOK AT THE (SECOND) SET OF PROBLEMS. EACH PROBLEM DESCRIBES:

- AN APPLICANT'S SIGNS AND SYMPTOMS THAT WERE OBSERVED
- THE EXAMINER'S DECISION TO DISQUALIFY, RESTRICT, OR REFER THE APPLICANT.

IN ADDITION, FOR EACH PROBLEM, THERE IS A SET OF EXAMINATION REPORT FORMS. AFTER YOU READ A PROBLEM, FILL IN THE EXAMINATION REPORT FORMS.

When the students have completed the exercises, ask for volunteers to read their answers. Encourage discussion of the student's reasoning and technique in reading and filling out forms.

**

INSTRUCTOR PREPARATION

Training Aids

None

Advance Activities

1. Be prepared to provide information on your state's Medical Advisory Board. Be sure to cover the six points mentioned in this unit on pages II-D-4 and II-D-5.
2. Be prepared to provide correct answers to the review exercises.
3. If possible, invite a member of the state Medical Advisory Board to talk with your class. Ask him to be prepared to answer the six questions mentioned on pages II-D-4 and II-D-5.

STUDENTS' UNIT OBJECTIVES

By the end of this unit, the trainee will be able to answer correctly the following questions:

- Which of the following does the Medical Advisory Board in this state do?
 - a. Advise the Commissioner on medical criteria and vision standards that relate to the safe operation of motor vehicles.
 - b. Perform physical examinations of individuals who have been identified as having medical problems that could interfere with driving.
 - c. Evaluate individual problem cases that do not fall within the guidelines they have set up.
 - d. Interview all drivers who have been referred to it for medical reasons by the licensing agency.
- How can a license examiner initiate the process to bring an individual case to the attention of the Board?

STUDENTS' KEY POINTS

1. History of Medical Advisory Boards. Medical Advisory Boards were designated in a federal standard published in 1967. Most states report having such a Board. Yours may not. Even when there is not a Board in the state, there is generally some arrangement for medical review of questionable cases.
2. Your State's Medical Advisory Board. Your instructor will describe the functioning of the Board in your state. You will be asked to write the following information in your Student Study Guide:
 - a. Name of your state's Board
 - b. Number of members on your Board
 - c. Functions of your Board, which may include:
 - Providing counsel
 - Setting standards
 - Recommending screening procedures
 - Evaluating capabilities of individual applicants
 - Conducting studies and collecting statistics
 - d. Medical specialties represented on your Board
 - e. Method for referral of applicants by license examiners
 - f. Other methods for referral of applicants to the Board

INSTRUCTOR GUIDELINES	COURSE OUTLINE
<p><u>Introducing the Unit</u></p> <p>Give the students a few minutes to read:</p> <ul style="list-style-type: none"> -the objectives. -the key points. -the history of medical evaluation in the licensing of drivers. <p><u>Presenting Individual State Procedure</u></p> <p>Tell the students that in this section, you will provide them with the information on Medical Advisory Boards that applies in your state.</p> <p>Give the students a few minutes to read the section on Individual State Procedure. Suggest the students take notes, for future reference, as you state the appropriate information for your state.</p> <p>You will be providing answers to the following questions:</p> <ol style="list-style-type: none"> 1) What is the Board called in your state? 2) How many members are on your Board? 3) Which of the following things does your Board do? <ul style="list-style-type: none"> -Provide medical advice and counsel when asked by the motor vehicle administrator. -Set medical standards for granting motor vehicle licenses. -Recommend screening procedures for driver license examiners to follow. -Evaluate individual applicants as to their physical and mental capability to operate a motor vehicle safely. -Conduct studies and collect statistics for the purpose of establishing medical standards for licensing. 	<p>UNIT OBJECTIVES, KEY POINTS AND HISTORY 1, 2, 3</p> <p>INDIVIDUAL STATE PROCEDURE 4</p> <p>+</p>

INSTRUCTOR GUIDELINES

COURSE OUTLINE

- 4) What medical specialities are represented on your Board?
- 5) How can a license examiner initiate the process to bring an individual case to the attention of the Board?
- 6) What are some of the other ways that individual cases can be brought to the attention of the Board?

An alternate way of presenting this unit is to invite a member of your state Medical Advisory Board to address your class. Ask him to be sure to cover the six points listed above.

Presenting the Review Exercises

Give the students 15 minutes to complete the exercises. When everyone has finished, advise the students to correct their work, so that they will have accurate information, and can use this page as a reference in the future.

Read aloud the appropriate answers to each question.

REVIEW EXERCISES

5

INSTRUCTOR PREPARATION

Training Aids

None

Advance Activities

1. Be prepared to provide information on your state's vision standards. Include the standard for one good eye.
2. Be prepared to discuss the licensing of commercial and passenger drivers. What special standards are applied?
3. Be prepared to discuss the restrictions imposed in your state and when they should be imposed.

STUDENTS' UNIT OBJECTIVES

1. Given a list of license restrictions, some of which cannot be applied in the examiner's state, will be able to indicate those that can be applied in his state.
2. Given a set of problems, each of which describes an applicant in terms of observable or determinable medical limitations, will be able to state correctly whether a license restriction should be imposed and, if so, which restriction is indicated.

STUDENTS' KEY POINTS

1. Types of License Restrictions. There are two general types of restrictions which may be placed on driver licenses, thus allowing individuals, who do not have full use of all their bodily parts, to drive.
 - a. Compensatory devices - Mechanical, electrical, or optical devices (either installed in the car or worn by the driver) which let people drive safely, when without such devices they would be unable to.
 - b. Restricted driving - The following reductions may be imposed as driver license restrictions:
 - Private vehicle or farm equipment only - which prohibit driving of public or commercial carriers.
 - Limitations on hours, speeds, and traffic conditions under which operator may drive - allows individuals with limited vision or slow reactions to perform their errands, while keeping them off high-speed, limited access, heavily travelled road.
2. Types of Disabilities and Associated Restrictions. There are several types of disabilities described. Each is accompanied by a list of restrictions which could be placed on the license by a driver license examiner. Types of disabilities include:
 - Missing or useless bodily parts
 - Vision limitations
 - Hearing limitations
 - Short stature
 - Judged not medically competent to drive public or commercial carriers.Types of restrictions include:
 - Modified controls
 - Automated controls
 - Mandatory mirrors
 - Mandatory wearing of corrective lenses
 - Permitted to drive only in limited situations
 - Permitted to drive only specified vehicle type

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Introducing the Unit

Give the students a few minutes to read pages II-E-1 through II-E-4.

Ask the students to state:

-The three general kinds of restrictions that may be imposed on a driver license.

DRIVER MUST WEAR AN AID.

CAR MUST BE SPECIALLY EQUIPPED.

DRIVING IS LIMITED TO CERTAIN VEHICLES, ROADS, TIME OF DAY.

-The most frequently applied restriction.

MUST WEAR CORRECTIVE LENSES.

-The six additional classes of medical-based restrictions.

MISSING OR USELESS LIMBS, STIFF JOINTS, PARALYSIS.

MARGINALLY ACCEPTABLE VISUAL ACUITY

UNACCEPTABLE VISION IN ONE EYE

SHORT STATURE

NOT JUDGED MEDICALLY COMPETENT FOR LONG COMMERCIAL RUNS OR PASSENGER TRANSPORT

POOR HEARING

Discussing Physical Impairments

Give the students a few minutes to read pages II-E-5 and II-E-6.

When everyone has finished reading, suggest that the students take notes on the following discussion. Ask the students to state:

-What different courses of action are recommended when the applicant has:

1) A disease such as cerebral palsy?

UNIT OBJECTIVES, KEY POINTS, & INTRODUCTION
1, 2, 3, 4

TYPES OF DISABILITIES AND ASSOCIATED RESTRICTIONS
5, 6

Missing or Useless Limbs,
Stiff Joints, Paralysis

INSTRUCTOR GUIDELINES

COURSE OUTLINE

2) An amputation?

- 1) CALL FOR A MEDICAL EXAMINATION.
- 2) DO NOT CALL FOR A MEDICAL EVALUATION UNLESS SOME OTHER SERIOUS PROBLEM IS APPARENT.

-What devices may be required for an applicant with an amputation?

- 1) AUTOMATIC TRANSMISSION.
- 2) ACCELERATOR PEDAL EXTENSION.
- 3) HAND-OPERATED BRAKE, THROTTLE, DIMMER SWITCH.
- 4) LEFT-SIDE GAS PEDAL.

-What is the "proof of the pudding" in granting a driving license to an individual who does not have full use of all limbs?

THE DRIVING OR ABILITY TO DRIVE.

-What should be said to the applicant, when you have decided to grant him a license with a restriction that says the vehicle must be specially equipped?

THE LICENSE IS NO GOOD IN A VEHICLE NOT SO EQUIPPED.

-What type of driving application requires that you obtain a medical evaluation of an applicant who does not have full use of all limbs?

COMMERCIAL AND PASSENGER.

Give the students a few minutes to write down some things a normal driver does with his left hand or arm.

When everyone has finished, suggest that the students turn the page and check their answers.

Point out that there are on the market a variety of prostheses and vehicle modifiers

Left Hand or Arm Missing
or Useless

6

7

INSTRUCTOR GUIDELINES

COURSE OUTLINE

which enable handicapped individuals to perform tasks normal people can do.

Give the students a few minutes to write down some of these.

When everyone has finished, suggest the students turn to the next page and check their answers.

Give the students a few minutes to write down some things a normal driver does with his right hand or arm.

By now, the students will anticipate that the correct answers appear on the following page. Suggest that the students will learn more effectively if they do not look at the following page until after they have written all the answers they can figure out for themselves.

When everyone has finished, suggest the students turn to the next page and check their entries.

Give the students a few minutes to read and fill in the bottom of page II-E-9. Again suggest that the students not look at the following page until after they have written their answers.

When everyone has finished, suggest the students turn to the next page and check their entries.

Ask the students to read the remainder of page II-E-10 and underline the restrictions that may be imposed. Ask the students to state:

- Restrictions that may be imposed when left foot is affected.
- Restrictions that may be imposed when right foot is affected.
- Skills that should be noticed by the examiner (quick stops, free knee action).

8

Right Hand or Arm Missing or Useless

9

Left or Right Leg or Foot Missing or Useless

10

UNIT TITLE	License Restrictions	PAGE	II-E-7
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INSTRUCTOR GUIDELINES	COURSE OUTLINE
<p><u>Discussing Visual Impairments</u></p> <p>Give the students a short time to read the paragraph on marginally acceptable visual acuity. Tell the students the vision-related restrictions that are available in your state, and suggest that the students record these in the column labeled NOTES.</p> <p>Give the students a short time to read the paragraph on unacceptable vision in one eye. Ask the students what restriction may be imposed for such applicants. Tell the students your state's minimum requirements for the good eye.</p>	<p><u>Marginally Acceptable Visual Acuity</u> + 10</p> <p><u>Unacceptable Vision in One Eye</u> 11 +</p>
<p><u>Discussing Stature, Commercial and Passenger Driving, and Hearing</u></p> <p>Give the students a short time to read the paragraph on short stature. Ask the students to state:</p> <ul style="list-style-type: none"> -The two major problems created by short stature. <p>SEEING OUT REACHING THE CONTROLS</p> <ul style="list-style-type: none"> -The restrictions that may be imposed. <p>SEAT CUSHIONS OR PADS FOOT CONTROL EXTENSION</p> <p>Again, suggest that the students underline key words.</p> <p>Give the students a short time to read the paragraph on commercial vehicle operation. Ask the students to discuss why applicants for commercial driver's licenses should be judged more strictly than applicants for licenses to operate private vehicles. Tell the students whether your state has classified driver's licenses or restrictions for those who are judged unqualified to operate passenger or commercial vehicles.</p>	<p><u>Short Stature</u></p> <p><u>Not Judged Medically Competent for Long Commercial Runs or Passenger Transport</u> 12 +</p>

INSTRUCTOR GUIDELINES

COURSE OUTLINE

Give the students a short time to read the paragraphs on poor hearing.

Ask the students to state:

-Why persons with deficient hearing are not prevented from driving.

HEARING IS SELDOM USED IN DRIVING AND YOU CAN COMPENSATE FOR POOR HEARING BY INCREASED VISUAL ALERTNESS AND BY HAVING OUTSIDE MIRRORS.

-What should the examiner say to the applicant when imposing the outside mirror restriction?

EXPLAIN THAT THE MIRROR HELPS TO FILL IN THE CAR'S "BLIND SPOT."

You may also want to mention that the examiner needs to establish hand signals with deaf persons before beginning the driving test.

Presenting the Review Exercises

Tell the students that they are to work the exercises for this unit in a different manner than usual. The answer to the first exercise determines the answers to all of those that follow it. Therefore, the students are to work Exercise 1 and stop.

Give the students a short time to complete Exercise 1. Then read the correct answers to Exercise 1 aloud.

Following this activity, explain that the students are to imagine they are making real decisions about driving licenses. They are to impose the restrictions which actually may be placed in your state. Now give the students ten minutes to complete Exercises 2.a. through 2.e.

When everyone has finished, ask the students to volunteer their responses. Differences of opinion should be discussed.

Poor Hearing

REVIEW EXERCISES
13

+

INSTRUCTOR PREPARATION

Training Aids

1. Copy of Review Exercises for each student.
2. For each student, sufficient copies of the MEC and of state-required records to be used with the review exercises.
3. Other aids determined by the instructor.

Advance Activities

1. Prepare to give brief five to ten minute presentations reviewing the material in each chapter.
2. Prepare a set of review exercises which will give the students practice in medical screening.
3. Be prepared to provide addresses and telephone numbers of resource persons in your state.

STUDENTS' UNIT OBJECTIVES

By the end of this unit, the trainee will be able to accomplish all of the course objectives to an acceptable level of proficiency.

INTRODUCTION

Your purpose in this unit is to provide review of the course content and practice of the skills learned during the course for your students. You are given guidelines for designing this review and practice, but you are not given specific instructions, as you were in the past units. The reason is that you are in the best position to judge not only the knowledges and skills your students have gained, but also the areas where they fell short. Each class you teach, in fact each student you teach, will differ somewhat on these dimensions. As you design the review and practice for each class, try to tailor the material to the strengths and weaknesses of the particular class.

SUMMARY OF COURSE CONTENT

In studying this course, the students have covered two major topics:

- Part I, Identifying signs and symptoms.
- Part II, On-the-job application.

Glance back at the Table of Contents on page v to get an overview of the course you have just taught. Now consider the units one at a time, as follows:

- Read the Key Points.
- Decide which points represented particular stumbling blocks for this class.
- Plan a brief five to ten minute review presentation for each unit, stressing those points where the class previously had difficulty. This planning is most effectively done between the second and third days of the course.

Unit I-B is used to demonstrate the process for you, as follows:
Unit I-B is "Cardiovascular System." It contains three major sections:

- Recognizing the signs and symptoms of cardiovascular disorders.
- Judging the severity of observed signs and symptoms.
- Identifying especially significant signs and symptoms.

Let us suppose that the current class had particular difficulty recalling the especially significant signs and symptoms of cardiovascular disorder. You may have determined this difficulty from class discussion or from looking over completed review exercise pages.

For your review presentation you might begin by directing the students' attention to the Checklist of Signs and Symptoms. In covering the Key Points of the unit:

- Briefly discuss the appearance of each cardiovascular sign and symptom.
- Briefly discuss judging the severity of a few of these.
- Spend several minutes talking about the especially significant signs and symptoms and the importance of remembering these. Ask the students to share their own techniques for remembering the especially significant signs and symptoms.

In a similar manner, review important points and points where the students had difficulty, for each unit. Before or after discussing each unit, tell the students to be sure to ask questions at any point where they feel they need more clarity or more information.

Remind the students to take notes on the material you cover during the review; especially on points they had forgotten, since these notes will be a part of their reference material for the future.

REVIEW EXERCISES

*+

The Review Exercises you design will be of a different nature from any seen in connection with previous units. Up to now, the students have studied the job of medical screening part by part. At this point, it is important that the students integrate these parts of the job into the whole job. Therefore the practice exercises should each include all of the parts. Construct case studies that illustrate the following situations:

- An examinee has an especially significant sign which should indicate an immediate referral. (Include extraneous information about mild or trivial signs.)
- An examinee has two signs or symptoms on Part II of the MEC. The examiner goes to Part III but does not find a third indication of impairment.
- An examinee shows good driving ability but, because he is handicapped, must have a restriction on his license.
- An examinee indicates a significant problem when answering the Part I, MEC, questions. However, upon closer questioning it turns out that she does not have a problem that merits immediate referral.
- An examinee would seem to have three signs in a column on Part II of the MEC. However, two of them are not severe enough to be recorded.

Construct any other case studies which you feel will illustrate additional significant points.

- Give each student a copy of a set of case histories. **
- Ask the students to work independently, making their own decisions about the four (or five) above-mentioned aspects of medical screening.
- Encourage class discussion of appropriate responses after the exercises have been completed.

On the next pages are a sample set of directions and a sample exercise. If you use directions such as these, recognize that they are quite complex. Ask the students to read over the directions. Then explain any points of confusion. Stress that direction 7 recommends that the students refer to the Student Study Guides. This is to help them get into the habit of using and referring to this valuable reference, which is their personal property to be used when they are back on the job.

If time remains after the students have completed the exercises, lead a class discussion of the Review Exercises.

SAMPLE DIRECTIONS AND REVIEW EXERCISE FOR UNIT II-F

Directions

1. Read each case study about a driver license applicant.
2. Mark a copy of the MEC appropriately for the applicant described.
3. Write what you would ask in interviewing the applicant.
4. Write whether or not you would refer the applicant for a medical evaluation and on what basis.
5. Mark a copy of the records used in your state.
6. Write the restriction you would impose, and on what basis, if you think a restriction is appropriate for the applicant.
7. Use your Student Study Guide as a reference, if you need to refresh your memory.

Case Study

Mr. Jones answers that he has had blackout spells from "sugar," but that he hasn't had any for about a year and a half, since his doctor have him the right prescription. During the driving test, you notice that he has a light bruise on the right side of his face and a darker one on his right arm. You notice that he stops frequently for a drink from the water fountain. This could possibly be related to the fact that it is a very hot day.

1. Mark a copy of the MEC.
2. Would you ask further questions of the applicant? _____
If so, what question(s) _____

3. Would you refer the applicant for medical evaluation? _____
If so, on what basis? _____
4. Mark the appropriate records.
5. Would you impose a restriction on this applicant's driver's license? _____ If so, which restriction? _____

CONCLUSION

You and your students have now reached the conclusion of the course. Of course, you will want to wish the students success, compliment them on the fine job of learning they have done, and set the expectation that will utilize what they have learned for the benefit of citizens of their state.

You should suggest that for further information on medical screening, the examiners can consult any of the texts listed on page II-F-4.

You should also provide information on how you, or members of the Bureau of Motor Vehicles, or members of the Medical Advisory Board can be contacted if questions should arise when the examiners are out in the field performing their jobs. +

APPENDIX A

THREE KILLED IN BIGELOW BLVD CRASH

Three people were killed in a fiery two-car collision on Bigelow Blvd last night. Dead on arrival at Mercy Hospital were Jane Smith, 24, of Mt. Lebanon; her fiance, Tom Jones, 25, of Shadyside; and John Doe, 58, of Gibsonia. Witnesses told police that the car driven by Doe began weaving and crossed the median strip to plow head-on into the foreign sports car driven by Jones. Police suspect a heart attack caused Doe to lose control and an autopsy will be performed today by Coroner Wecht's office.

Miss Smith and Mr. Jones were returning from a visit to Columbus, Ohio, to announce their engagement to Miss Smith's parents.

Funeral arrangements are incomplete at this time.