

# *Needs Assessment Information*

Projected Task Analysis and Collaborative Model

## **Surgical Volunteers International**

Date: \_\_\_\_\_

Needs Assessment done by: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Locations (City, State, Country) \_\_\_\_\_

Name of Hospital/Facility: \_\_\_\_\_

Public or private: \_\_\_\_\_ Univ. affiliation : \_\_\_\_\_

Other hospitals in area (name, describe): \_\_\_\_\_

Why services/training are needed? \_\_\_\_\_

\_\_\_\_\_

Types of surgical problems (% and actual #s):

<i>Surgical Procedure</i>	<i>%</i>	<i>#s</i>

Yes  No Are there any other groups which provide the same service as SVI?

\_\_\_\_\_

Name and position of interested sponsor who will coordinate local activities (travel, housing, politics, etc): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

What physician will coordinate the medical activities?: \_\_\_\_\_

Yes  No Clinics - Where? \_\_\_\_\_

Yes  No Laboratory and X-Ray available?

Yes  No Will there be local anesthesiologists and O.R. nurses to assist us?

Yes  No Can the O.R. Supervisor supply us with packs so that we don't need to bring disposable items?

Supplies specifically needed/requested by nursing staff? \_\_\_\_\_

Follow-up: Who will take care of sutures, post-op complications, etc. \_\_\_\_\_

Would patients receive free hospitalization and/or be able to pay on an "ability to pay" basis? \_\_\_\_\_

How many RNs are on the patient post-op wards (regular shift) : \_\_\_\_\_

Yes  No Can housing for team members be furnished by the local people?

Yes  No Are hotels available? (List price on page 3)

Yes  No Would the local medical community accept us and the work we do?

Yes  No Do local people speak a language other than the national language?

If so, what language? \_\_\_\_\_

Yes  No Are local translators available? Names: \_\_\_\_\_

Name of president and secretary of Medical Society: \_\_\_\_\_

*Meet with society representative and ask for a letter endorsing our program.  
Get information required regarding medical licensure.*

Name, position, and response of federal health department representative to area:

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Name, title, and response of administrative head of the hospital/facility:

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Please write, in detail, your comments on meeting with local medical societies, persons in government, Minister of Health, etc. (use more pages if necessary):

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What times of year are best and why? \_\_\_\_\_

What national holidays should be avoided? \_\_\_\_\_

Yes  No Are there any local service organizations, churches, or American firms doing business in that country which might assist us in funding the project (firm names can be obtained from the phone book)?

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Estimated budget? \_\_\_\_\_

Airlines that fly to the area, routings, frequency, and recommendations: \_\_\_\_\_

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Medical supplies needed: \_\_\_\_\_

Accommodations per double room: \_\_\_\_\_

Food cost per person: \_\_\_\_\_ per diem: \_\_\_\_\_

Other: \_\_\_\_\_

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### *Operating Room*

Number of ORs available? \_\_\_\_\_ Number of OR tables available? \_\_\_\_\_

Size of OR (small, medium, large) : \_\_\_\_\_ OR lights? \_\_\_\_\_

Head Nurse or OR Director: \_\_\_\_\_

Number of OR RNs available to work with team? \_\_\_\_\_

Level of training? \_\_\_\_\_

Number of PAR RNs available to work with the team? \_\_\_\_\_

Level of training? \_\_\_\_\_

Specify educational need / interest of host Nursing Staff: \_\_\_\_\_

\_\_\_\_\_

Yes  No Ventilation/air conditioning? \_\_\_\_\_

Yes  No Suction available? \_\_\_\_\_

Yes  No Are "flash" autoclaves available? If not, what is available and how fast can a cycle be completed? \_\_\_\_\_

***Anesthesia Equipment:***

Type - Functional state - other helpful comments

- Yes  No    Anesthesia machine: \_\_\_\_\_
- Yes  No    Vaporizer : \_\_\_\_\_
- Yes  No    Circle system : \_\_\_\_\_
- Yes  No    Nitrous : \_\_\_\_\_
- Yes  No    Exhaust system : \_\_\_\_\_
- Yes  No    Temperature probe : \_\_\_\_\_
- Yes  No    EKG available : \_\_\_\_\_
- Yes  No    Defibrillator : \_\_\_\_\_
- Yes  No    IV solutions available : All \_\_\_\_\_
- Yes  No    IV caths (sizes) Microdrips--Volutrols, etc. : \_\_\_\_\_

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***Recovery Room:***

- Yes  No    Oxygen available: \_\_\_\_\_
- Yes  No    Suction available : \_\_\_\_\_

Recovery room electrical voltage (use previous page as guide): \_\_\_\_\_

Skills of nurses :

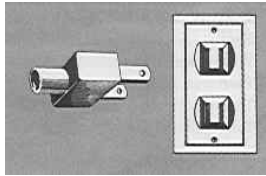
Technicians. \_\_\_\_\_

## Electrical Power

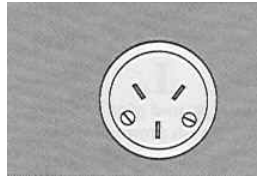
Electrical Power:  120v  220v

If 220v to 250v, are step-down transformers available? \_\_\_\_\_

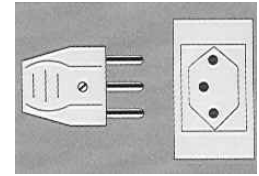
**Circle types of electric plugs needed in domestic and commercial use:**



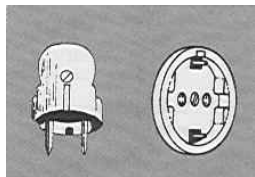
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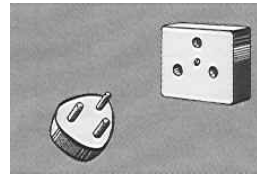
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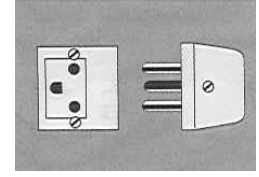
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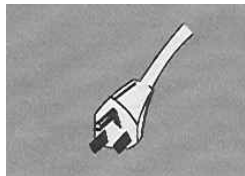
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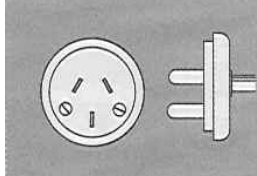
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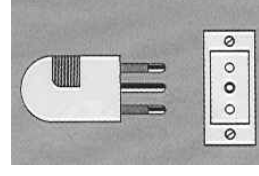
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C



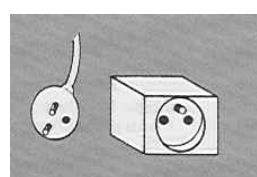
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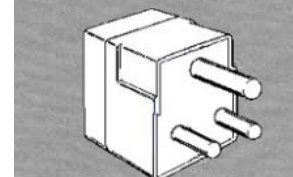
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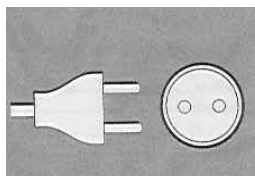
D



I



M



E

***Task Analysis:***

Who/what to ask for:

Support of Ministry of Health

Support of University

Support of Mayor

Local Customs Support

Local Financial Support

Clubs

Homes

Other : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Communication with key personnel:***

Name	Phone	Fax	email

**Attach business cards or addresses.**

**Security check resources**

Lieutenants: i.e. Who would be in line to be trip chief?

Enclosures and attachments: Convenio and a few “programs” from past trips to show to the personnel in the host countries.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Suggested Faculty:***

3-5 year commitment for the team.

This collaborative model implies members are from at least two other countries.

	<b><i>United States</i></b>	<b><i>Host</i></b>	<b><i>Other</i></b>
<b><i>RNS</i></b>	<b><i>5</i></b>		
<b><i>Surgeons</i></b>	<b><i>3</i></b>		
<b><i>Anesthesiologists</i></b>	<b><i>4</i></b>		
<b><i>Pediatrician</i></b>	<b><i>1</i></b>		
<b><i>Support</i></b>	<b><i>2</i></b>		
<b><i>On-Site Social and Community Support</i></b>			
<b><i>Professional Patron or Chief Task Analysis</i></b>			