Editor's Note

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As we begin our second exciting, yet challenging year, the words of Kennedy are familiar: “Ask not what your country can do for you, but what you can do for your country.” We all must remember that we became a nation because we worked together to achieve what would have been impossible for any one individual. The same can be said for us in health occupations. As Gene Bottoms stated, “Let us move forward together to improve the quality of education.” With this mission in mind, let us work together to share information to improve our respective health occupations education programs through the Journal.

As stated in the Carl Perkins Act of 1984, “The broad goals of our programs include strengthening the economic base of the nation, developing human resources, and increasing productivity.” Health occupations curricula address these goals, not only in preparation for a paid occupation beyond high school but also in preparation for continuing education at other levels. To meet these purposes, we must continue to evaluate, revise, and improve our programs to meet societal and individual needs.

In this issue of the Journal, authors have written about various components of instruction for consideration in our programs. Margaret Snell suggested incorporating gerontology into the curriculum with various classroom activities. She provides specific examples for discussion and role playing which could enhance understanding the problems and concerns of elderly persons and enable students to provide quality care to those they serve. Shirley Baker proposed units of instruction to prepare prospective teachers for the dual role of teacher/administrator. She stressed that administrative functions may be included in current or new courses to assist the teacher to gain the knowledge and skills necessary to assume this dual role.

A system of articulation is described by Lytle and others which illustrates a community working together to provide opportunity for career mobility through cooperation among several institutions at various levels. Even though this successful articulation program is centered on respiratory therapy, the methods may be useful for other programs in other states. In addition, Walters and others investigated a leadership opinion questionnaire dimensioned on consideration and structure for analyzing-leadership style. They suggested future research be included in various health occupations education programs to assess leadership behavior as well as to facilitate professional growth and development of emerging leaders. Also, several book reviews provide information on constructing tests, nursing care, medical laboratory techniques, and teaching your career.

According to Judy Braun, “We need to look to the past to assure ourselves that often change is needed and ok.” The suggestions of these writers should give us the courage and motivation to revise our curricula. We can learn new concepts and develop new intellectual skills by successful adaptation to change. John Naisbitt has suggested that national associations should become sources of information and guidance and support systems. Our association can achieve this by sharing experiences and providing valuable information through the Journal. We can achieve excellence with our collective energies.

Norma J. Walters
Editor