Committee of Alumnae Assn.:
M.B.
Goodrich : Jordan : Hon. members-

Marvin

SUPERVISION IN SCHOOLS OF NURSING
Ed. 192 G (no.1)

Suggestions for Students

Each student is responsible for:

1. Contributing satisfactorily to the class discussion of the session.

2. Passing acceptably a midterm new type examination as a test of reference readings.

3. Submitting the written work required from time to time.

4. Doing her share of work in the successful development of one of the group projects wherein a study made by all is submitted in writing, and reported upon in class by the chairman of each respective group.

5. Developing an out of class examination due the last week of school which will indicate one's ability to incorporate the whole substance of the course.

Ed. 192 G (no. 2)

Some Conditions Affecting the Management of the Hospital Ward (or Floor):

1. Suggest some of the important characteristics of a hospital which make it a desirable field for laboratory practice in nursing for students in a school of nursing

References:

a. A Curriculum for Schools of Nursing 616 N2133 (rev.1927) pp.17-43.

b. Nurses,Patients and Pocket Books - Burgess 616 C735 Ch.XX pp.434-450.

c. How Can We Care for the Patient and Educate the Nurse? Nutting, Mod.Hosp. 1923, Vol.XXl, No. 3.

2. Upon what special condition is the most skillful and most effective nursing care of the hospital patient dependent?

References:

a. Teaching Nursing by the Application of the Case Study Method - Effie Taylor. Mod. Hosp. Dec.1928
106 Dodge -
International Council of Nurses.

b. Ward Administration - Sellew Ch. Xl.

c. Care of the Patient - Peabody 616 p. 31.

d. In Hospital - Henley.

e. Physician and Patient - Emerson 616 Em3. Read the Introduction, and a few chapters.

f. Recall your own experiences.

3. Name the conditions existing in the hospital ward (or on a floor) which undermine or promote the educational opportunities of the student nurse?

a. T.C.Record, Nov. 1916 - Vol 17, pp.405-416. Education for Initiative and Originality - Thorndike.

b. Nursing and Nursing Education in the U.S 616 c73 pp.297-318.

c. The Head Nurse: Her Responsibilities and Preparation - M.M.Marvin - Quarterly Bulletin - Ohio State Nurses' Associarion 106 Dodge.

d. Reflect on your own experiences.

Ed. 192 G (mo. 3)

Comparison of the Positions of the Hospital Head Nurse and Supervisor and some Problems in Relation to the Work of Each:

1. What are some of the outstanding differences between the positions of the hospital supervisor and the head nurse at the present time?

References:

Preliminary Report of Sub-Committee on the Duties, Qualifications and Preparation of Supervisors and Head Nurses. 33rd. Annual Report, N.L.N.E. 1927 - pp. 132-135.

2. Using the check list found in folders in 106 Dodge consider carefully the purposes, and analyze the functions of these two groups of hospital workers. After studying the survey read Part 1 and Part 11, pp. 140-148, 34th. Annual Report N.L.N.E. 1928. "The Position and Preparation of the Supervisor and Head Nurse."

Hand in a list of 15 duties listed belonging to each group individually, and 15 belonging to both (total of 45 duties).

3. Familiarize yourself with the more important problems in connection with the hospital supervisor and head nurse of the present day.

The Nursing Education Bulletin,
Aug. 1928, Vol. 1.
No. 2. Conference Reports pp.26-29
and 34-38

4. Try to get a conception of the job and qualifications of the hospital supervisor.

Supervision of Vocational Education -
Wright and Allen. 371.44 W932.
Chapters 1,111 and 1V.

Ed. 192 G (no. 4)

A Few Tools for Building the Educational Program of the Ward:

"I envy for our medical students, the advantages enjoyed by the nurses who live in daily contact with the sick." Osler.

Note: The references mentioned below overlap somewhat. Each may suggest several kinds of teaching rather

than one.

1. The Case Method Assignment:

References:

a. Teaching Nursing by the application of the Case Study Method. Effie Taylor (A good argument for case method of assigning patients although a previous reference).

Mod. Hosp. Dec. 1926.
International Council of Nurses, 1926, 106 Dodge.

b. Teaching and Supervising of Surgical Nursing. Margaret Tracy, 23 Annual Report, N.L.N.E. 1926. pp. 121-126.

c. Nursing and Nursing Education in the U.S. 616 c 73 pp.297-318. (A previous reference but not against the argument against the specialization method.)

2. The clinical method of teaching.

a. A Case Method of Teaching Nursing. Sarah Parsons, A.J.N. Sept. 1911.

(These are in reality, clinics given by physicians for nurses.)

b. Holmes, O.W. Medical Essays. Vol.lX.
610.4 H73.
Scholastic and Bedside Teaching.
pp.272-311.

c. Osler - Acquainimitas and other addresses. 610.4 Os 5.
The Hospital As a College, Ch. XVl.
pp.329-342.

Be prepared to put an outline on the board of a 15 minute nursing clinic which a head nurse might conduct profitably for her students.

3. The use of the case study method. See unit course and outlines.

4. Submit a brief description of not more than 100 words each, of four different methods not mentioned above, a head nurse could use in teaching a ward.

Outline of the Topics for Discussion in the Unit Course U192g, the Case Study Method of Teaching Nursing:

1. What are Our Problems in Relation to the Use of the Case Study Method in Nursing?

References:

a. 35th Annual Report of the N.L.N.E. 1929 pp. 165-173.

b. The Case Method of Teaching Systematic Medicine - Cannon Vol. CXL11 Vol. 2 - Boston Med. and Surgical Journal.

2. How Preventive Aspects of Disease can be Taught to Student Nurses Through the Use of the Case Study Method.

References:

31st.Annual Report N.L.N.E.1925 pp.133-138
Principles of Pub.Health Nursing in the Undergraduate Course. Amelia H. Grant.

3. The Nursing Case Study from the Standpoint of the Social Worker.

References:

a. What is Social Case Work - Richmond, Mary

b. What is Hospital Social Work - Jessie Beard. A.J.N. Vol.XXlll pp.743-1922-1923.

c. The Social Worker in the Hospital Ward-Elsie Wulkop Houghton Mifflin.

4. The Case Method of Teaching Law.

References:

a. Rev. of Prof. Dicey's article, The Nation, June 8, 1899.

b. Inductive Method in Legal Education, Keener, 1894, Am.Law Review 1928.

5. Important Points to be Considered in Teaching a Student to Build up a Case Study.

a. What suggestions would be helpful to students in connection with the gathering of data?

See Hand Book of Organization and Method in Hospital Social Service Margaret S. Bragden

b. What are the special uses of a direction sheet? (See basket,106 D.)

c. Suggest the advantages and disadvantages of an especially printed form on which the student writes the case study? (See basket 106 D.)

d. Each student who is in hospital(Nursing 182) is expected to submit a case study written as a result of direct experience with patients. Others are expected to write a critical evaluation of three of of the case studies found in the basket in 106 D.

References:

a. Jensen, Student Handbook in Nursing Case Studies.

b. See add. references in basket, 106 D.

6. Points to be Considered in the Introduction of the Case Study in the Nursing School.

a. Read critically the purposes and outline of the course in "A Curriculum for School of Nursing"pp. 116-119.

b. What methods are valuable to use in applying the content outlined in the course suggested in "a", to the various services in the hospital?

c. What arguments are there for making a collection of various kinds of case studies in a single department such as the medical or surgical?

References:

The Family - Jan.1930 Vol.X p 259. "The Relative Value of Case Study and Statistics

d. What use is made of the grade given to the student for a case study written in a department such as the surgical?

e. Case studies written by students are due. Critical evaluation of case studies, due.

7. Limitations of the Use of the Case Study Method in Nursing.

a. Suggest as many as you can.

Discussion of References suggested Below the Outsine of the Course.

a. Each student to submit as many references as she is able to find which would be helpful as supplements to the list printed in the book. Do not confer with eachother on the suggested additions.

8. Discussion of the case studies submitted. Final summing Up of All the Educational Advantages of the Case Study Method in Nursing.

References:

a. The Value of the Case Study Method in a Large Hospital. The Trained Nurse and Hospital Review, Jan. 1927.

b. Teaching and Learning Through Experience. Harmer. 31st. Annual Report N.L.N.E. 1925, pp. 124-132.

Marvin

NATIONAL LEAGUE OF NURSING EDUCATION
1928

The Position and Preparation of the Supervisor and the Head Nurse

Care of Patients:

A head nurse is often expected to assist the physician with very special diagnostic measures, like the encephalogram or to help with difficult therapeutic treatments such as, a pneumothorax or a spinal irrigation. Besides helping with these treatments she must always be alert to see that every other treatment is carried out. Moreover, we usually turn to this same head nurse to teach new or difficult treatments which for certain reasons can never adequately be explained or demonstrated in the classroom,as,for example,lavaging or gavaging the infant; observing the effects of the Alpine light treatment; guarding the patient who has radium implanted; regulating the Harris drip into an open abdominal cavity; or giving the tepid pack to the maniacal patient. Students should never be expected to give treatments of this kind on the strength of a classroom discussion or demonstration, and the head nurse is the most logical person we have

to depend upon.

Housekeeping:

Another responsibility of the head nurse is related to the housekeeping. The supervision of present day help, of the ward itself, the floors and walls, the furniture, the care of expensive up-to-date equipment and other supplies like blankets, linen, rubber goods, are dependent upon a knowledge of the scientific principles of good housekeeping.

Clinical Specialty:

Of prinary importance is a broad knowledge of her clinical specialty, such as medical or surgical diseases, in order that she will be able to think and act intelligently in relation to her patients' needs. Assisting the physician with treatments or demonstrating them to the students each requires an expert knowledge of the nursing procedures, as well as a high degree of skill in giving them. Even with these skills she may still fail if she cannot plan and manage the work of the ward as a whole, getting the work done in the least time in the best interests of all concerned This has always been one of the criteria

of a good head nurse. Add to these, success in managing people, the ability to teach and develop students who are dependent upon her to connect the rest of their educational program in the school with this particular practice, and then perhaps, we may have some conception of what the job of the head nurse involves.

Development:

Many of our good supervisors and head nurses in the field tell us that it takes directed training to assume the obligations of the positions they find themselves in. Our problem is to supply this need. A few brief suggestions will be made in connection with this one of which is staff education that might be defined as a "tentative program for developing workers on the job in which they are engaged as full time workers".

Bellevue Experiment:

During the last two years, an experiment in staff education in relation to supervisors and head nurses was carried on in the Bellevue School of Nursing in New York City. As it was my privilege to have the opportunity of joining in this

experiment, I shall try to discuss it in some detail and tell you some of the results. With the exception of an occasional joint meeting the supervisors and head nurses met separately. The head nurse body was a group of about fifty graduate nurses representing many schools. While attendance at classes was not compulsary everyone was urged to be present, and the roll was always taken. Altogether over thirty meetings, quite informal, were held in the Nurses Residence, from six-thirty to seven-thirty in the evening, once per week, with attendance ranging from twenty-eight to forty-five, the average for the year being thirty-two.

The subjects for discussion varied considerably as it was expected that they would develop in accordance with the needs of the group. To impress the head nurses with the importance of the educational program in the whole school classes began with a discussion of a few principles of teaching. These were immediately applied to concrete kinds of ward teaching already in existence such as the morning and evening reports, the introduction of the new student to the service, or the technique of giving a

nursing clinic. After the purposes, and methods of each kind of a class were talked over in class, each was demonstrated by groups of head nurses, some acting as though they were students in the class. Immediately after each demonstration, there was criticism and discussion until it seemed as though every person present ought to have been able to work out some kind of a similar plan which she could put into operation in her own ward.

One series of classes dealt with the subject of housekeeping problems which at times were conducted by the supervisors most concerned with these activities. The instructor of nursing practice gave three evenings of valuable demonstrations which the head nurses asked for in order that they might learn some of the new procedures and discuss old ones about which there was controversy. The plan of special supervision of younger students, principles underlying the grading system used in the school, explanation and discussion of the newly adopted efficiency slips, some principles of scientific management applied to ward administration were taken up, terminating with a brisk discussion on their

part of the qualifications of a good head nurse.

These meetings did not take the place of the small departmental meetings which each supervisor was expected to have with her own head nurses. It was thought that discussion of the whole group of head nurses on general ward management problems would be stimulating and helpful and at the same time not in any way interfere with the good relationship which each supervisor had with her own head nurses.

While it is impossible to measure results from that kind of an experiment there were some noticable changes in attitude and work. These meetings helped to make the head nurses feel that they had a definite obligation of keeping well informed about the clinical material in their own wards because they were expected to share this with their students. Perhaps it made them appriciate still more the rich material they had to draw from. Of course some ward teaching had always been done, and in many cases exceedingly well, but generally speaking, as a whole, it began to take a more definite and a better organized form.

Some head nurses who had previously felt no responsibility toward teaching reacted enthusiastically, showing marked teaching ability. While it was never expected that fifty trained head nurse teachers would result, it is true that the amount of teaching was multiplied many, many times This not only represents a development of head nurse, and a gain for the student, but better care for the patient. One unlooked for and very helpful result of these free and informal discussions was the precipitation of many problems affecting ward management which were straightened out by the director of the school. Many misunderstandings were thus cleared up in a very satisfactory way. In the second year, another significant change was noticed in relation to the stability of the head nurse group. It would be impossible to say just how much the development of the educational program contributed to this, but the fact remains that there were comparatively few resignations in some of the larger departments. The head nurses realized where the supervision was best in the school so was the nursing. When they were able to see this relationship, most of them, not all, were moved to contribute

their part to the whole program.

At Teachers College in New York an experiment will be tried next year in developing a combined program for the head nurse. Six hospitals in or near New York have cooperated by offering certain wards as fields where the students under the joint supervision of hospital and college will secure their practice. Three afternoons a week will be reserved for these students to go to the College for class work which will consist of courses in psychology, comparative nursing methods, hospital housekeeping, ward management, and elements of public health, all of which will be carefully coordinated with their field experience. The course will extend throughout the eight months of the college year and will represent from sixteen to twenty points of credit which may be applied to the supervision major should the student wish to return for future work.

*TENTATIVE STANDARDS FOR HOSPITAL SCHOOLS OF NURSING SEEKING CONNECTION WITH A COLLEGE OR UNIVERSITY

INTRODUCTION:

These standards are suggested for Hospital Schools of Nursing seeking connection with Colleges or Universities in order that the hospital portion of the nursing course may be recognized and given credit toward a Bachelor's degree. The Committee wishes to emphasize that these standards are neither final mor complete, but rather tentative and minimum and whenever possible higher standards should be sought. They are based on the following objectives:

OBJECTIVES:

1. The Nursing School a real school, with Education its prinary purpose.

*Foot-note. These standards have been compiled from the Survey of the Lincoln School of Nursing, the Curriculum of the National League of Nursing Education, the Proceedings of the Conference on Nursing Schools connected with Colleges and Universities, and the deliberations of the Committee.

2. The Nursing School economically independent and able to provide all the essen-

tials for a sound educational program in nursing.

3. A paid staff in the hospital to make it possible for the School to carry out a well balanced education program without sacrificing either the patient or the student.

4. Size of student body regulated in accordance with the educational resources which the school can command, and the conditions of supply and demand in the field.

5. Quality of product rather than quantity especially in view of the present over production of nurses for rank and file positions and the great scarcity of nurses for more responsible positions.

6. Preparation for general practice to include the elements of public health nursing so that specialized post-graduate training is not needed to fit graduates for staff positions in visiting nursing services.

7. Basic course to provide a sound foundation on which student may later build for

teaching, supervisory, or administrative work.

8. Basic course to be on an optimum not a minimum educational level.

9. Waste of time and effort to be reduced by cutting dowm non-educational routine wherever possible.

10. Nursing to be interpreted in the broader sense as including care of common mental conditions, care of patient's environment and disease prevention, as well as bedside care.

11. Preparation to be for future as well as immediate responsibilities of student and for practice in different kinds of homes and communities.

12. Preparation to be well-rounded emphasizing the sciences and the social aspects as well as the practical art of nursing.

13. Instruction and discipline of the type to produce not merely trained but educated professional nurses, fitted to adjust to a wide variety of situations, to practice on

a professional basis and to continue growing after the period of training.

14. All students encouraged to develop as far as they can and special efforts made to attract and develop potential leaders.

15. Student nurses to be not only teachers of health but examples of health and wholesome living.

16. Nursing practice to be steadily improved through the application of knowledge and through the stimulation of initiative and creative ability of students and staff.

FACULTY ORGANIZATIONS:

1. That the faculty should be organized on a basis recognized by the university for faculty membership; that other appointees not qualified for faculty work should be considered members of the educational staff, and would be expected to qualify by further academic preparation for promotion to faculty rank.

2. That the faculty should have the power to prescribe the curriculum and the

conditions under which students live and work in hospitals, such as hours of duty, length of assignments in various services, supervision of students at work and in residences.

3. That the faculty should have the power to recommend students for degrees and diplomas.

*FACULTY PREPARATION:

1. Principal of the School of Nursing:

a. The head of the school should have the same rank as the head of other departments and should qualify academically for that rank.

b. Graduation from an accredited nursing school.

c. Registration in State in which school is located.

d. From three to five years in educational and administrative experience in schools of nursing.

*Foot-note. In certain instances it may be desirable to modify the educational requirements of one or more members of the faculty where their experience and the standards of their work are such as to entitle them to special consideration.

2. Assignments:

a. Minimum of two years work beyond high school in college or normal school.

b. Graduation from an accredited nursing school.

c. Registration in State in which school is loaated.

d. A minimum of two years educational and administrative experience in schools of nursing.

3. Instructors:

a. Minimum of two years work in college or normal school.

b. Graduate of an accredited school.

c. Registration in State in which school is located.

d. Special preparation in the subject matter she is to teach and methods of teaching in nursing schools.

4. Supervisors:

a. Not less than two years of college or equivalent.

b. Graduation from an accredited nursing school.

c. Registration in State in which school is located.

d. Experience as head nurse.

e. Special knowledge of clinical subjects of services supervised, and knowledge of educational and teaching methods.

5. Head Nurses:

a. High school graduation or equivalent.

b. Graduation from an accredited nursing school.

c. Registration in State in which school is located.

d. Private duty, general duty or assistant head nurse position for one year before appointment, or previous educational or administrative experience.

e. Special preparation to be secured as rapidly as possible

6. Faculty Rank:

As soon as possible all faculty members should qualify academically for the rank to which they are entitled.

TEACHING LOAD:

Subjects - Not more than three allied subjects.

Class Hours - Not more than 18 hours weekly (Laboratory equivalent of class hour, in accordance with the practice of the associated college.)

Teaching should be of College grade and worthy of College credit.

BUDGET:

That members of the faculty be appointed as administrative officers or as a committee to prepare a budget subject to the usual form of approval of the university, and that the budget allow at least the minimum amount for expenditure on the education of student nurses as is allowed other similar groups of students in the university.

ENTRANCE AND GRADUATION REQUIREMENTS:

That students of nursing, both degree and diploma, meet the entrance requirements accepted by the college or university and that exceptions be handled by the Committee on Admissions; also that degree students of nursing meet the graduation requirements of college or university; diploma students meet college or university requirements for certification.

CURRICULUM:

1. Minimum of class work should at least equal that outlined in the National League of Nursing Education Curriculum in which

825 hours are deveted to formal instruction and 6250 hours to practical work. The ratio is therefore about one hour of instruction to 7.5 hours of work. Enrichment of the hours of theory should be made as rapidly as possible. Of equal importance to the total number of hours of formal instruation is the proportion of time assigned to the main subject groups. In the N.L.N.E. Curriculum, for example, approximately 25% of the time is devoted to the basic sciences, anatomy and physiology, chemistry, bacteriology and psychology; 63% to the practical art of nursing and clinical subjects and the remaining 12% to the general professional subjects, history and ethics of nursing, modern social and health movements, survey of the nursing field and professional problems.

2. Sequence of subjects and services - the first essential in arranging the materials in a curriculum is that they should be put in the best possible learning order. Fundamental skills and ideas which are to be used continuously should come as early as possible. Theory and practice should proceed together and should support and strengthen each other. The more general

subjects and experience should come before the special and the simpler and less complicated duties should precede the more difficult and responsible duties. There should be a definite progression from one level to another with enough new experience to keep the student interested and working up to her capacity in tasks of increasing difficulty. There should be no period when she is simply marking time or repeating over and over work already familiar to her.

3. Correlation of theory and practice - Although it is not always possible to have theory and practice concurrent, it is desirable to have theory precede practice by not too long a time. In any event, the two should be very definitely related, and for that reason it is preferable to have supervisors in charge of each of the clinical departments assume responsibility for class room teaching as well as for practical training in their special branch of work.

4. Distribution of assigned work - In planning the curriculum for any school, the hours of theory and practice including study, should be so distributed that the student load is neither too heavy nor too

light at any time. It is not desirable, however, that the hours of class work should be evenly distributed throughout the three years. There are so many things that the young student must understand and so many techniques that she must master before she is ready to assume responsitility for the care of sick people, that it has been found to be a better educational plan and also more economical for the hospital to concentrate the major portion of the formal class room instruction in the first year, with due allowance for the correlation of theory and practice,with the remainder distributed between the second and third years. Time for study must be definitely provided for or the teaching will be of very limited value. In most professional schools two hours of study for one of class would be the minimum but since nurses are presumably doing some study of a practical kind when they are in the wards, the minimum has been set at one and one half hours of study for each hour of class. This should be definitely provided for in the student's schedule, the assigned time for class, study, and ward practice not to exceed fifty-seven hours weekly.

5. Required clinical services should include medical, surgical, pediatric and obstetric nursing in both wards and outpatient departments. Clinical experiences in communicable, psychiartic, and specialties, as eye, ear, nose, and throat nursing should be included as soon as suitable courses under proper conditions can be secured.

6. The National League of Nursing Education Curriculum should be referred to as a guide for sequence in assignment to each service, as well as length of assignment.

7. The theoretical instruction and practical experience of each student should be comparable to that of all the other students in the same class.

HOURS:

It has been found advisable to divide the curriculum into periods in which theory predominates and periods in which clinical practice predominates. In each period it is advisable to provide as frequent as possible a full free day for the student. During clinical practice periods the following weekly schedule is advocated:

Nursing Practice	42	hours
Class	6	hours
Study	9	hours
	57	hours

VACATIONS:

At least four weeks within each 12 months.

HEALTH:

Some system of health examinations as for other college students.

RECORDS:

Records should be so kept as to show what the student actually has received in both theory and practice.

CLINICAL FACILITIES:

A hospital should have an acute general service and a daily average census of 50 patients in order to carry out the outlined program.* It is probable that affiliations for special services will need to be provided. The number of students enrolled yearly should not exceed the number that can secure adequate clinical experience, wholly obtained in the home hospital service.

*Foot-note. An acute service is one where the number of admissions per bed per year averages from 12 to 20 or over.

PHYSICAL FACILITIES:

Classrooms, Demonstration room, Laboratories and Library for students' use during hospital portion of the nursing course should be equal to those provided by the College or University for students in other courses.

HOUSING AND LIVING CONDITIONS:

It is hardly possible to overestimate the importance of the conditions under which student nurses live and work. These conditions affect most deeply their health, spirit, and general power to handle their work efficiently or to derive benefit from the professional course offered. Among the essentials which should be provided in students' residences are single rooms for all students. Double rooms should be used only when absolutely unavoidable and should be looked upon as a temporary and undesirable expedient. Student nurses acquire their professional preparation under peculiarly difficult and exacting conditions, and are subject to certain strains and responsibilities which do not obtain in most other professional fields. They need, when off duty, the quiet and privacy of individual rooms. These rooms should be comfortable and should be

supplied with good beds, writing tables, shelves for books and papers, and always be provided with good lights. The standards of living for the student must be such as she will be expected to apply in the homes and institutions in which she works and teaches. These standards include the maintenance of orderly and hygienic surroundings and immaculate personal cleanliness. The lavatories should provide ample facilities for this, and not less than one bathroom for five students is looked upon as meeting modern requirements. The dietary should be especially adapted to students engaged in arduous work involving physical as well as mental strain and such disruption of normal life as night duty or unusual duty usually brings. No body of persons in the hospital needs more careful consideration on this point than the staff of student nurses. There should be a carefully worked out menu and the food should be well selected, well cooked, and attractively served. Specially arranged quarters should be provided for students on night duty to ensure protection from noise and other disturbances. There should be suitable reception and sitting rooms and such service as is necessary in maintaining a

dignified, orderly, attractive, and home-like household. A number of schools are now employing social directors, or house mothers, to look after those aspects of the students' home life to which the principal and staff cannot possibly give much attention owing to their other engrossing duties Definite provision is thus made for developing a wholesome and stimulating social life, and for the introduction of outside interests which the student nurse particularly needs.

ORGANIZATION AND ADMINISTRATION:

The immediate control or interests of the School of Nursing shall be vested in a Special Committee made up of:

Representative of the Governing Board of the Hospital
Representative of the Medical Staff
Superintendent of the Hospital
Principal of the School of Nursing
Representatives of the Faculty of the College or University with which the School is aiming to establish connections
Representative women prominent in educational, social, and civic work.

This Committee has expressed itself and voted disapproval of any school of nursing

announcing a university connection until such time as the existing school has been brought into substantial agreement with the standards as recommended in this report.

AGENCIES ACCREDITING COLLEGES:
Christian Education - Handbook for 1928 (obtainable from the Council of Church Boards of Education in the United States, 111 Fifth Avenue, New York City) contains the most concise and useful compilation of data of standards for colleges which the Committee has been able to find. These standards are listed under the various agencies that accredit colleges and universities. The Committee is of the opinion that the faculty of any school of nursing considering an academic affiliation should familiarize itself with the standards of the agency that accredits the college or university with which it is seeking connection.

Hospital Corner

Lecture 1

Aim of series:

To ask 3 questions:

1. What do we mean by hospital resources?

2. How do present conditions affect those resources?

3. How can effective use be made of these resources both now and in normal times?

The aim is then, to ask questions - not to answer them.

To stimulate thinking rather than give out rubber stamped "opinions".
To encourage discussion.
To indicate sources for further study.

Assignment:

My real aim in taking this series -

Hospital

Summary of Resources:

1 Able and {~~competent~~ enlightened} direction -

2 Financial -

3 Plant -

4 Expendable Supplies

5 Personnel

6 Goodwill

7. Education & ideals -

Resources

(a) Able and enlightened direction
(not always synonymous.

(b.) Financial

- Endowment
  - Terms of money -
  - " " lives
- State and municipal.
- Earnings per pts.
- Voluntary
  - money.
  - service groups: ladies aid etc.
- Gifts.
  - money
  - Kind

To encourage discussion within the group itself.

Resources

(b) Financial

- Endowment
  - money.
  - "lives" as in hospitals under religious.
- State and municipal funds
- Earnings from patients.
- Voluntary
  - service.
  - money.
- Gifts
  - money.
  - in kind

B. Plant.

- Site
- Buildings
- Mechanical equipment:
  - Laundry.
  - Engine room.
- Fixed equipment
  - electrical:
    - Kitchen
  - gas
  - refrigeration
  - sterilizers.
- Furniture
- Scientific fixed equipment
  - x-Ray.
  - Lab.
  - Metab.

C. Expendable Supplies

- Fuel.
  - coal.
  - electricity
  - gas.
- Light.
- Food + food service equipment.
- Linen.
- Surgical and medical supplies and small equipment
- Drugs.

Physicians.

Personnel

Medical Staff.

- Organized integral staff.
- Courtesy
- Specialist
- Resident:
- Interns.
- Students.

At this point compare the Continental system.

Personnel

- **Nurses:**
  - administrative -
  - Teaching
  - Supervisory
  - general staff nurses.
  - special nurses
  - students.
- **Auxiliary or Secondary**
  - nurses aids -
  - ward aids -
  - orderlies
  - Cleaners -
  - occasional workers: (window cleaners etc.)
- **Clerical**
  - accounting -
  - Reception
  - Telephone
  - Floor clerk -
  - secretarial

(cont'd)

Purchasing and warning

- Steward or purchasing agent
- Store room employees.
- Carriers.

Personnel

contd. — Food Services

- Dietary direction - teaching & supervision.
- Main kitchen
- Dining rooms
- Ward pantries

Engine room and grounds

- Inalipsia
- Helpers -

} Engine room.

- Repair shop { Permanent & temporary -
- Grounds "

"

Goodwill

- Patients
- Physicians
- Personnel
  - domestic
  - mechanical
  - professional -
- Related organizations -
- Public -
  - ↓
  - Press -

Educational Resources.

(potential)

- Physicians -
- Nurses.
- Auxiliary.

Able and enlightened direction

Effective use of ?

To your direction { able ? / enlightened ? } not the same thing

Reflection and Planning

Lecture 2

1. Thinking needed. also:

a time and a place
to think in.

Where and when do you do your thinking?

Beside the telephone switchboard?
Across from the doctor's clock room?
In the dining room? staff. students.
Mrs Goodrich.

Reflection a part of thinking.
"the whole-hearted" duty it is to think must create a pool of silence about him daily.

Effective use: Finance.

Freeze the need

Study in relation to the known need.

Can they be counted upon?

Grants: (State etc.)

Earnings:

Voluntary service.

Will they meet the need & leave margin of safety?

If not what apportionment is necessary.

Uncontrollable:

Rent: Leases: fixed charges. interest on loans: insurance etc.

Partly controllable:

Salaries & wages.

Food: Fuel. Repair & upkeep

Supplies of all kinds; including medical & surgical

(over)

Controllable :

Expansion :

Buildings.

Staff -

Equipment (here)

Projects for new services

Economy in use : Waste

Wasteful methods of raising money.
Some voluntary activities fully here.

Scale of prices not adjusted to community needs

Accommodation " " " "
(too much unoccupied expensive space)

Unwise + lax collection methods.

Effective use: Plant:

Avoid waste of space.

(a) due to unwise assignment as between depts.
or
scale of prices.
or
{ useless & standing idle.
{ store rooms: workshop.
{ furniture: spare rooms etc.

Avoid waste: in repair & upkeep bills

by: (a) not postponing repairs too long.

(b) regular detailed inspection

(c) Keeping in touch through hotel sources as well as hospital unit

floor finish: painting:
plumbing: special equipment (Ser)

Expendable Supplies

Effective use: records essential

Study of actual need based on record of demand.

Methodical issue and distribution { Inventory (Gen. & Ward)

Wise purchasing: avoid over stock + proper buying.

Deterioration: obsolescence.

Reclamation: { See that this is not more expensive than it should be.

Avoid waste:

(a) Careless ward ordering.

(b) Misuse: e.g. adhesive gauze.

Personnel

Physicians: (visiting)

Conserve their time & your own peace of mind by keeping them too busy to help you with administrative detail.

Resident & interns: keep them busy

use effectively by good organization.
Remember: they must be responsible to medical authority for their professional work

but:

administratively they are responsible to hospital's chief officer.

Personnel

Nurses.
+ auxiliary personnel

Traditional set up rapidly changing.

Replacement of students: must be faced sooner or later.

Read Duke Foundation for small hospitals.

Large hospitals: however: real problem.

Economic aspects:

Where is there tendency to "waste" nurses?

1. Routine cleaning.

2. Routine transportation. of { specimens + OR. etc. } { things labs etc }

3. Routine clerical + telephone.

4 Routine surgical supply. (over

5. Routine "nursing" service:

Very difficult to define.

Elicit by questioning.

Why have students been preferred:

* Questions

"It's going to turn the whole place down."

Gradual professional reduction: based on careful selection.

Handling of graduate nurses.

Careful selection: { Supervisors. nurses.

Preliminary try-out.

Assignment according to interest.

Staff education.

Students (encourage) efforts based practice

Goodwill:

Patients

Physicians

Complaints
Handling of.

Personnel
- nurses
- dietetic
- clerical
- mechanical

Community
- Visitors
- Social contacts.
- Related institutions — Geriatric etc. / Convalescent etc.
- Voluntary
- The Press.

Margaret Wilkonska

Cracow : Poland.

Helena Gladova

Belgrad: Yugoslavia.

Greeting:

Renewal of old friendships.

Sense of belonging.

No longer afraid of "the machine".

Common Ground

↓

(a)
The Institute:
Look at the programme:

"

A coming together: of all nurses: on common ground.

Growing influence of:

Felt need.

Relation to provincial and alumnae associations.

Talk about nursing as distinct from organized nursing.

Repetition: " repeat his meaning -

literal " " work.

The factor of enjoyment

Sequence:

(1) Common Ground - (means themselves)

↓

(2) A house in the house - (means and time to serve)

↓

(3) Vitalization of teaching - (The future of meaning)

Method.

Pick up the point raised in the discussion and thread them in the discussion period.

Must depend on prep for means of the method

The Journal &
Common Ground

The ~~[illegible]~~ :

The division of the Journal:
Its relationship to the C.H.A and
the provinces.

Go through Journal

Their relationship.

The Editor

Impossible in a vacuum:
must go where houses are looking.

Back of all books

but as anchor of pol. a.

Common ground: in a special sense

A camping ground: overnight

A pause.

Learning has travelled fast & far.

Expansion period over.

Finding our level

No one group can do it alone

Values of specialization:

(a) necessary because learning field too wide

(b) affords diversity of opportunity & diversity of profit

(c) division of specialists even in training - possible failure in PR - and nonetheless in PD.

"Hockey will win our kind".
in Europe.

Lyzely - Emp. nation. Centre.

Colleague : pb. 2.

Exchange of Profs. in Europe

Only not in Canada:

pr. dept. nurse : in th. sch. office - or
cold nursing in p.h.

p.h. nurse :

Instruction : good morph. 2 or 3 cases
Supt. + supervision in pub. health

Common ground in education

Curriculum + its new emphasis

Its personnel :

Common "voice"

(See over)

Miss Lily Tseng.

China.

Scholarships pending:

Oppliger.

Rossi.

TRENDS IN ADMINISTRATION

Growing tendency to discontinue small schools and substitute graduate service.

Survey Reports: 218 schools of nursing in Canada. Latest figures, 170, showing that almost fifty schools have been closed. Disposition ought to be not very much less, possibly slightly higher. Quote, Agnew's article in The Canadian Nurse

New techniques in administration made necessary by this movement. Read peper Ontario Hospital Association. To be discussed later.

AFFILIATION AND BOARDS OF EXAMINERS

Inspectors of schools of nursing ought to be able to settle the help in arranging affiliation. If no resources in the Province concerned, an inspector can report upon institutions which have necessary facilities, teaching and clinical, to offer.

New trends in Education: Curricula construction first interest in Canada and U.S.at present time.

Changes to be expected: Emphasis on public health throughout course. Emphasis on mental hygiene and basic psychiatry throughout course.

Orientation courses:stressed: Attempt to get away from measuring courses in terms of hours.

Symposium matter: Quote Bateson In C.N.

New techniques in actual procedures; neurological, urological, etc.

Affiliations: Stress on communicable and childrens. More careful introgation needed.

Madame Filipan

Buda-pest: Hungary.

TRENDS IN PRIVATE DUTY

Shortening of day and corresponding reduction of fee:

This movement gaining slowly but surely all over the country - quote T.G.H. Alumnae "Quarterly" also articles by Jones, in The Canadian Nurse.

Community nursing bureaux: Movement progressing very slowly but seems to be gaining ground. Probably slowed up by political changes and uncertainties as to state health insurance project.

Calgary co-operative still working.

Specialization: This field still unexplored. Mention possibility in neurological field and also psychoatric.

Educational: Steady demand in most provinces for refresher courses which would give opportunity for administration of new techniques.

Considerable criticism of failure of schools of nursing to prepare nurses for private duty. So far concrete suggestions have not been available. Not for private nurses to crystallize their thinking and to develop capacity for teaching.

Combined Hospital and Nurses: Growing display of private nurses to accept work on a salary basis.

Jadwiga Romanowska

Warsaw; Poland.

Sister Nominanda Zvonar

Yugoslavia.

Sister Sebastia Vidovic

Yugoslavia

Sister Blanda Stipetic

Yugoslavia.