

IX.

A STUDY OF MEDICAL NURSING

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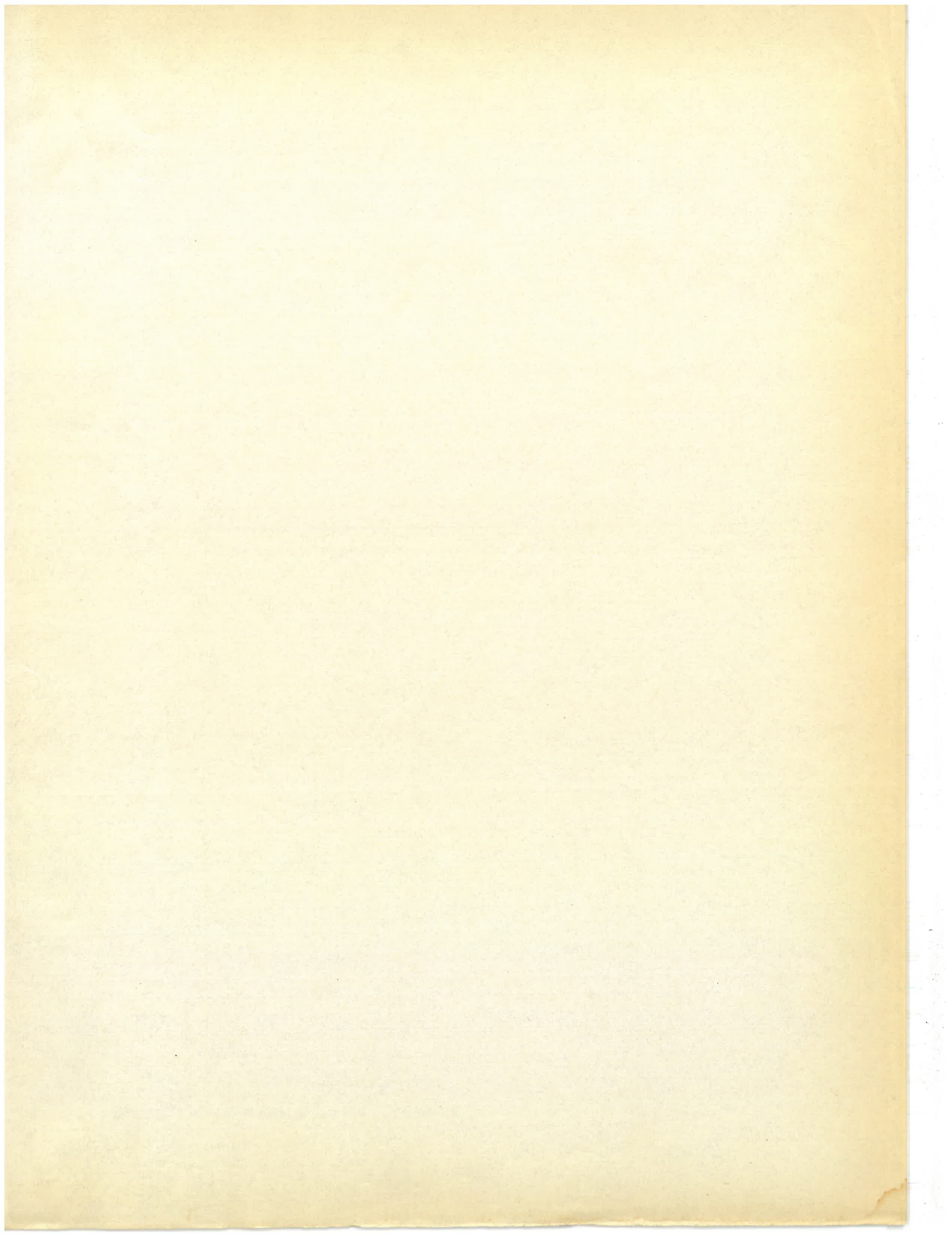


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INTRODUCTION

To have a thesis one must have a problem. This improvement of methods and means of the teaching of the students and supervision of the floor is always a problem in any teaching hospital. Although it is a problem, which deserves the deepest attention and action from the experienced workers and leaders, it is nonetheless one which is vital and almost insidious in gripping the interest of those for whom teaching and supervising, as well as the betterment of their hospital, holds an attraction. This study has been done wholly at the Multnomah and Doernbecher Hospitals. None of the statements made are meant to be direct or destructive criticisms of the present set up which has much in it that is admirable. The present working plan has been and is functioning, while any new plan has yet to be tried and proved efficient before it can be rated as superior. No method of supervision and teaching is going to function with any marked degree of success until there is an improvement of the physical plant and additional personnel. As long as eighty three patients must be cared for through one small utility room and kitchen, and students are compelled to rush through the care of eight or nine patients with baths to be at a ten or ten-thirty

class, too tired to learn, the teaching supervisor has no chance. If the teaching supervisor must spend more than an hour twice daily at the ideal time for teaching, charting endless temperatures which could be done much better by a clerical person who would not suffer the same innumerable interruptions, she can not be expected to take advantage of the opportunities which are offered by association with her students during ward care. While perhaps these facts cannot be remedied until more funds are available and more understanding souls are in command, the type of teaching supervision and the methods of teaching they use can be improved.

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CHAPTER I

THE TEACHING SUPERVISOR

The term teaching supervisor is used here not to designate the charge nurse of the floor in a teaching hospital, one who not only has the responsibility and supervision of the household and nursing cares, but must also instruct the students in procedures carried out on the floor; but one whose whole responsibility is to instruct the students and supervise their work. The supervision of the floor is left to a supervisor who is responsible for its smooth running. There must be the closest cooperation and good fellowship between the two or disharmony will result, with the student as the sufferer.

Next to the student, the teaching supervisor is the most important single factor in the learning-teaching situation. The teaching-supervisors in a large measure, make the school of nursing. We hear much these days about the curriculum, and this is a very important aspect of education, but in the last analysis, it is the teachers who determine the curriculum in anything other than the purely theoretical situation. For it is the teacher who determines the

effectiveness with which it is applied.

All teachers are rated. They are rated by the students, by their colleagues, and supervisors, and by the Board of Directors. Teachers and supervisors in schools of nursing are not exceptions to this rule. Rather, the contrary. Their idiosyncrasies and imperfections are looked on by patient and student with neither the tolerance nor the fond amusement which is accorded the well liked eccentric college professor by his students. Rating in theory is sound and justifiable, but in actual practice, it is seldom sound or constructive even when justifiable. Among nurses, students and graduates, there seems to be an overwhelming tendency toward devoting much time and words to useless criticism. Useless, first because it rarely reaches the ears of those who might benefit by it, second, because it is usually delivered in moments of hurt or emotional stress, and third because rare it seems is the teacher or supervisor who would condescend to consider improvement by methods suggested her by inferiors. Perhaps a method of rating the teaching-supervisors similar to that used for rating the students might be tried with the cooperation of all concerned.

In recent years many have come to recognize the importance

of limiting in some manner the number and types of persons entering the teaching profession. If this is true in the field of general education, it is doubly true in the fields of specialized education, such as nursing. Yet perhaps in no other group is there the slackness and lack of formal preparation for teaching that there is in the field of nursing education. Too frequently the so called teacher-supervisor is a graduate nurse who took her training following four years of high school; became a supervisor because someone left, and the vacancy had to be filled. Holding her position by means of a certain obeisance to those in control, she does not further her education by taking classes and does not bother to teach in any way other than by the formal lectures in a certain subject for which she is paid. She ignores all opportunities for applying the theories she taught in the last week's class to the interesting new case which came in this week. This type of woman should not and cannot be expected to waste the time or command the inward respect of the students although of course nursing ethics will force a surface observance of respect and obedience.

Many things are expected of the true teaching supervisor making certain educational and personal requirements necessary. Since college work and degrees when

finished are being required for nursing students, it is only fair that the student be taught by women who have had an equal amount of formal education in addition to their professional education. Then among the first educational requirements necessary for a successful teaching supervisor would be a college education. A degree acquired in one of the arts before the school of nursing has been entered, one cannot help feeling, would produce the more rounded education, thus offering the best background for the woman who is truly headed for an outstanding place in her profession. Most frequently the woman interested in the science of nursing or of medicine is or has been interested in other branches of science and has her degree in science. Although attempts are made to keep undergraduate college courses well rounded, the fields of literature and art are too frequently only just touched on in the curriculum and completely ignored by the science major in selecting her electives.

Other forms of education require the instructors to have had some work in methods of teaching, psychology of education and practice teaching under supervision before doing any teaching; but so far nursing education is quite mediievally ignored along

with any need for this preparation by many hospital authorities who hold that any graduate nurse can teach; there is nothing in teaching methods, she need only know her subject thoroughly to teach it well. One instructor of nursing education who has had more than adequate preparation perhaps stated the whole problem when she said that we cannot expect or demand that nurses spend more time or money for courses in education in order to prepare themselves for positions which pay salaries of only little more than that received by the underpaid general staff nurse. Nevertheless the teaching-supervisor should have had this additional preparation.

For the older nurse who has through hard work and experience become a highly successful teaching-supervisor despite lack of early preparation, one could not demand that she go back and begin anew. Already she has reached the goal toward which the rest are striving, but if her hospital is located in a community which offers any opportunities for further study in general education or in any activities for which she has time or strength, she should interest herself and take advantage of them. Both the older and younger teaching-supervisor must keep up with the ever changing world inside and outside their profession and remember

that to be a good teacher one must be a good learner.

It may seem superfluous to list among the teaching-supervisor's educational requirements her professional training, but it is extremely important that her nursing skills and techniques be of the best, most efficient, and according to the methods used in the hospital where she is teaching. The eyes of young students are extremely observant. If she cannot make a bed swiftly and exactly according to rules, set up for and help the doctor with treatment without useless mistakes, she cannot hope to have the admiration and respect of the students or be in any way the ideal nurse--the goal toward which each student is aiming.

The teaching-supervisor may be rated high under her educational requirements, but still fall far short of being successful as either a teacher or supervisor because of personality defects. What mental quirk causes an apparently charming young woman to make it obvious that she considers neither the student, the general staff nurse, nor even her assistants her equal? Another young woman cannot take the blame for her own mistakes. The teaching-supervisor is in charge of her

students, responsible for their learning and nursing. She receives the praise for their smooth functioning, and should be as willing to accept the responsibility for mistakes rather than passing it on to the defenseless student who is unprepared to defend herself.

A quality of firmness but not hardness is to be desired. Students are intelligent, cooperative people not needing to be treated with prison tactics. A nicety about correcting and drawing errors to the student's attention is always to be desired. Correcting and embarrassing before the patient or the doctor is naturally to be avoided although one sees it happen frequently. Surely nothing is to be gained by too severe reprimanding, even in private.

It would hardly seem necessary to mention that the teaching-supervisor should leave her private life at home, yet since there are people filling teaching positions who persist in bringing their private problems on duty with them, one can but state that such a person is unfitted for her position. The student neither expects nor desires to hear about family trouble, but she does expect and deserves to be taught the nursing

procedures and care as applied to the type of cases on that particular floor.

The teaching-supervisor enjoys teaching, placing it first. She is thoughtful and kind, not giving orders until she is sure of what she wishes done and by whom. She must have the indefinable quality which inspires confidence of the student as well as the patient, making the student feel that she has some one on whom to rely, some one who will stand behind her instead of blaming her in unfortunate instances. In short she must give the students a feeling of security, inspiring and encouraging them to seek a field of nursing which will fit their personalities if they wish to go further.

She will expect much from her students, and they will produce it. Definite constructive criticism and praise given unsparingly when earned is to be desired. She is always fair to those students toward whom she feels a personal dislike--finding their admirable qualities and learning to like working with them. If she has assistants or co-workers, there will be such a feeling of cooperation and trust that she will know her orders and methods are being carried out without cheating during her absence.

She will not allow the duties which she performs to become matters of routine, whose significance she has forgotten. Using all means to enhance her personality and increase her power of making vital contacts with others, she will try to understand the mental make up of her students so that she may work in closer conformity with instead of against it.

In short, the teaching-supervisor is expected to be an intelligent, cultured woman, trained in teaching and nursing, with a sympathetic knowledge of human beings, a fresh eager outlook on life, and a love for teaching.

DUTIES OF THE TEACHING-SUPERVISOR

Methods of nursing education have advanced a long way from the time of thrusting the newly recruited student into the wards to care for the patient without instructions or supervision or regard for the bad psychological effect such treatment might have on the student, or the poor nursing care on the patient. To-day, the student is carefully instructed by demonstration and practice in each elementary procedure before she begins her experience on the wards. It is the duty of the teaching-supervisor to follow up on the ward and see if the student has really learned how to apply these procedures to help with the problems which arise in the student's carrying out her duties. Once the student has mastered the elementary procedures, and feels confidence in herself, she is ready for more advanced procedures and treatments which are taught her on the wards by the teaching-supervisor. Too frequently all the teaching is confined to the younger students, leaving the older ones with a somewhat odd feeling of being the step child when what they really

want is check-ups and supervision with aid in adjusting to occasional new problems.

The teaching-supervisor of medical diseases must instruct the students in the nursing care of the various diseases as well as the various treatments which are carried out. Her methods of instruction and lesson plans are given under the teaching plans further on in the study.

CHAPTER II

THE PHYSICAL PLANT (THE FLOOR)

The physical plant or the wards on which the teaching-supervisor does her teaching greatly influence her methods and success in teaching. While only too frequently she has no power to change the general plan by inserting a much needed utility room where it would save thousands of steps hourly and soothe nerves frayed from standing in line to use the one sink or bedpan sterilizer, there are some things which she can and should do. Perhaps a form of Mohamet going to the mountain.

If she is to do any conference teaching on the floor there must be some place in which she can do it. Open chart desks in the corridors with patients' beds in the corridors but a few feet away, offer no quiet or seclusion for teaching, for as long as nurses are in sight, visitors and patients will think of something which they wish done, or wish to ask. The only floor in Multnomah Hospital on which the supervisor successfully carries out conference teaching has the end of the corridor behind the chart desks walled off with wide

doors which can be closed to form a small but adequate room with desks and cupboards for the teaching equipment. This wasted space could easily be utilized on the other floors also, and would offer an ideal place for the doctor's conferences rather than permitting them to monopolize the space at the charting desks when it is unnecessary. It also would offer more space for charting and a place for study on the floor.

If it is true that quality of nursing is more important than quantity, the elimination of a small ward to be made into an additional utility room could be looked upon with favor. It would surely give the patients better service from less tired nurses. Anyone who has carried nine heavy basins of water the length of the corridor, bathed the patients and returned the water and tubs to the so distant utility room wonders if the much bragged of scientific machine age has touched the hospital. Additional utility rooms would certainly save time and energy which could be used by the teaching supervisor, and student in teaching and learning. The additional space for working would make teaching of setting up for and cleaning up after treatments possible without inconveniencing the other nurses using the utility rooms.

Mohammed gracefully condescends to go to the mountain. There are never enough nurses, and subsidiary workers to do the non-nursing duties are of course as yet a future event, so how to stretch the few nurses as far as possible is the crying problem. (Since how to make these few nurses work as light as possible would be contrary to certain principles). Schedule, organization, and equipment might be the answer to this question. Several small carts kept in repair with well-oiled wheels helps the problem of carrying to and from wards. A place for everything, trays and equipment, kept set up for regular treatments with regular places, well-labeled for storage of the equipment used in the less common or less frequent treatments. The teaching supervisor and the supervisor should be constantly alert for methods of making the work easier or more efficient methods. They should not hesitate to use types of equipment or methods employed in other hospitals, or on other wards, if they are superior. One floor in Multnomah Hosiptal is using a type cover for arm boards (used in giving intravenous solutions) which offer a large saving of materials and time, yet

none of the other floors have tried this cover. Until recently this hospital used a set up for continuous nasal suction which frequently took more than half an hour to assemble, but now through some one's planning the neat compact set can be draining the patient's stomach within five minutes after it is ordered. Not every teaching supervisor or charge nurse can see the short cuts to efficient results, but if she cannot, she should consult the advice of others; the nurses on her floor, the engineers, and lay person who not bound by the tradition of nursing may offer good suggestions.

Not every nurse even after many years experience can organize her work to obtain the most efficient results. Plainly printed work schedules for all hours of the day placed where they are available to all will help. Schedules for nurses working the various odd shifts, as 2:30 to 11:00 and 12:30 to 9:00 will surely result in smoother functioning. Directions for treatment before and after certain diagnostic studies as gall-bladder and kidney functioning and others, if kept posted will do much to avoid mistakes and wasted time. Various tables and diets when posted in medicine

cupboards and diet kitchens are aids. Playing up to the idea that American people do read signs would surely be a good practice. Keeping equipment in repair in a hospital where an engineer staff is on duty twenty-four hours of the day should not be the problem some represent it to be.

One is frequently surprised at the lack of books on the floor of a teaching hospital. Every floor should have available a good materia medica reference book, a medical dictionary, and a regular dictionary and at least one good up-to-date reference book for the general type of cases found on the floor, hence a medical floor should have a good reference text of medical disease nursing. These few are adequate because the student or instructor is not expected to do extensive research while on duty. The library offers opportunities for this, but these texts make possible looking up material while the student is interested in the question or the verification of certain points.

CHAPTER III

THE STUDENT

Why the student who is so important in a teaching hospital should be placed after rather than before the teaching-supervisor and the physical plant may at first seem odd, but when one considers that the first two are in the students' eyes permanent things to which she must adjust herself through her years of nursing school, the reason can be better understood. Much of the student's happiness will depend upon just how well she does adjust herself to her teaching supervisors and to the various types of nursing.

If the student is to develop into a nurse, possessing charm and poise, she must have something on which to build her two or three years of nursing school. It is not fair to the girl, the patient, or the nursing school, to admit the girl who is unfitted to become a nurse. When girls are admitted directly to schools of nursing from high school, a grave responsibility rests on the nursing school to eliminate the undesirable applicants and strive to prevent any passing the preliminary stage. Many tragedies may be avoided by gently helping the

probationer to another field rather than allowing her to go as far as the operating room or the obstetrical department before dismissing her in disgrace for a mistake whose making was almost obvious from her first appearance in the school. The required university course before entrance to the nursing school does much to shift the burden of selecting the students. In the two years of pre-nursing the student has an opportunity to learn that she is not setting out on a lark, but on an endeavor which will require scholastic ability and determination to stick to her aims come what will, if she still wishes to become a nurse. The two years likewise give her a chance to learn something of what her future work will consist and if it is not what her romantic ideas has painted it, she can easily change her major without feeling that she has lost time or money. Much less frequently does the girl who has remained determinedly in her course for two years change her mind once actually in the nursing school. Too, she is usually at least two years older, more stable, and better prepared for enterprise.

Ideally, then, the student should have at least two years of college work with all required college

subjects finished before her entrance into the school of nursing. She should have reasonably good health, because nursing is hard physical work requiring a well body and an alert mind. Ill health may drag out her period in the nursing school to a long expensive one by frequent or long periods in the infirmary.

Her personality traits should be such that she inspires confidence by a conscientiousness of detail which is usually natural but can be acquired by determination of effort. Courtesy and friendliness toward her associates makes her floor work a happy experience and living in the nurses' home something to be tolerated. Her ability to adjust to her changed associates and environment largely determines her happiness in her work as well as in her private life if a student nurse can be said to have one.

The student nurse should be primarily a student and secondarily a nurse. It is her business to learn during her student days; she will be a nurse when she has finished her nursing school, although she will not have finished learning. The nursing care she gives should be only for learning and not because the nursing staff is so limited that she is forced to do too much and wish in a too limited time making

learning almost impossible and the experience a nightmare. A recent graduate from a small hospital commenting on her student days stated that she could not look back on them with any feeling of pleasure since they had been so filled with hard work and frightful experiences and that she had been placed in situations for which she was unprepared and which caused her to be too frightened to learn, or in any way profit by them.

No matter how simple the nursing duties which she performs she must learn to feel that they are to be carried out fully by herself and that she is not to rely on others to finish duties which she has not cared to do or has lengthened by poor organization of her routine.

The student should have certain definite aims in mind and keep them always before her. When she is transferred to a new floor she should formulate in her mind what she wants to learn while there. If she keeps to this plan and asks herself this question before leaving the floor, "Have I learned the things that I intended, and wanted to learn when I came here four months ago?" she will have at the end of her three years very nearly satisfied the stint which she set for herself.

CHAPTER IV

THE TEACHING PLANS

It has been stated that the student and the teaching-supervisor are the most important factors in the learning-teaching situation. Obviously this is true, but the method by which the teaching is done is also an important factor. There is always the controversy as to the most effective method of teaching: one group firmly believing in one method while other groups as staunchly stand up for others. Just the fact that there is the controversy should perhaps prove that a combination of methods might be the most satisfactory in that if the student's learning ability is not sensitive to one stimulus, it may be to that of another.

One cannot help feeling that the student should first be introduced to the subject of medical diseases formally in the classroom by the lecture and recitation method, so that she is given a chance to grasp the fundamentals of each disease with demonstrations of the various treatments and procedures and then be given a chance to see a patient suffering from the disease with the teaching-supervisor present to point out how the case is typical or atypical, and how the nursing care can be adapted to fit the patient's needs.

If at all possible, the students should be given opportunity to watch the actual carrying out by the doctor, any complicated treatments given the patient. Students on duty on the floor would of course set up and assist him under the teaching-supervisor's directions.

Ideally, the lectures should be given each term in order that the section might be kept small and that each student might be taking the course at the time she is working with medical patients. Actually, time and funds seldom permit this, so that the lectures and recitations are usually given once yearly for a term making ward teaching essential even though it were not one of the best methods.

The teaching-supervisor must work out a tentative outline with lesson plans, for her lecture-recitation course at the beginning of the term. Then each week she must work out the lesson plan which she wishes to use for the following week and post it so that the students too can prepare for the class. She should make the assignment definite, possible, and thought provoking as well as attractive to the student. By making use of the plan she can avoid rambling and missing of points and confusion in times of embarrassment. The plan gives

her a chance to make use of illustrative material, seek extra knowledge along certain points, and arrange work of greater detail for certain students who show greater interest. Adhering to the plan in class helps her in arranging and organizing the data according to the view point of the student and in summarizing each main point as it is covered. To make a good plan, the teaching supervisor must of course have a good knowledge of her subject with a sense for organizing material or the results may be plans which are too long to be covered in a period, or are too detailed and unpractical.

An outline for a lesson plan which might be used with revisions to fit the need could be as follows:

MEDICAL DISEASE NURSING

Date: March 7, 1940
Hour: 10:00 - 12:00 Noon
Subject: "Diseases of Metabolism--Diabetes"

Assignment:

1. Blumgarten: Textbook of Medicine
Chap. XXIX - "Diseases of Metabolism"
2. Blumgarten: Textbook of Materia Medica
Pages 647 - 653 - "Pancreatic Preparations"
3. Proudfit: Dietetics for Nurses
Chap. XX - "Diabetes Mellitus"

Aims:

1. Cause and symptoms of disorder.
2. Importance of laboratory tests with the part the nurse plays.
3. Treatment by diet and by insulin.
4. Important points in nursing care given a diabetic under case method plan.

While this would be all that need be posted, the teacher would go on with:

The Development:

1. The laboratory tests and their readings.
2. The metabolic sheet--accuracy.
3. Measuring and administering insulin
 - a. The different kinds and their importance.
4. The diet--its use, cautions.
5. The mental reactions of the diabetic.
6. Teaching the diabetic--leading questions.

Practical Application:

Case Study of a diabetic patient from admission to discharge with complications of coma and insulin shock.

TENTATIVE OUTLINE OF LECTURE AND RECITATION COURSE

One Term's work--two hours--each week

I. Diseases of the Circulatory System

A. The Heart

1. Demonstration and practice in taking blood pressure.
2. Demonstration of phlebotomy set-up and procedure.

II. The Blood Vessels

A. Hypertension and Arteriosclerosis

1. Drugs which affect the circulatory system.
(Drugs displayed.)

III. Diseases of the Blood-forming Organs

A. Pernicious anemia, leukemia

1. Drugs and other substances which affect the blood.
2. Demonstration of procedure for intramuscular shots (as for liver).

IV. Diseases of the Kidneys

A. Uremia, nephritis and anomalies of the urinary section.

1. Drugs which affect the genito urinary system.
2. Procedures for kidney tests as galactose and glucose tolerance,,P.S.P., Dilution and Concentration tests.
3. Description of pylegrams.

V. Diseases of the Lungs

(The discussion of tuberculosis at this point will depend upon whether or not it is to be treated as a special subject later).

A. Pneumonia empyema

1. Drugs and serums used in treatment of pneumonia.
2. Demonstrations of procedures for chest aspiration and pneumothorax.

VI. Infectious Diseases

A. Rheumatic Fever, Cerebrospinal Fever, Encephalitis, Arthritis (Gonorrhea and Syphilis only if not Taught in separate course).

1. Specific Drugs
2. Laboratory tests as Wasserman, Lange, etc.

VII. Diseases of Digestive System

1. Test Meals
2. G.I. and G.B. Studies
3. Diet

VIII. Diseases of the Central Nervous System

A. Paresis, tabes, cerebral arteriosclerosis, hemiplegia, epilepsy, tonic delirium, chronic invalidism, anxiety neurosis, depressive reactions (if not dealt with elsewhere.

1. Laboratory tests.
2. Reflexes
3. Lumbar puncture

IX. Diseases of Metabolism

A. Diabetes, Thyroidism, and other disorders.

1. Charting.
2. Laboratory tests.
3. Diets
4. Basal Metabolic Rate
5. Drugs and specific treatments.

X. Medical Emergencies (If not dealt with in separate class)

Botulism, electric shock, heat exhaustion, carbon monoxide poisoning.

XI. Review

XII. Examination

This outline should be adhered to only to the extent that it is feasible in regard to the type of patients who are on the floor. While cardiac patients are always present, certain infectious diseases are often rare, or there may be a sudden run of digestive or metabolic diseases after weeks of none, making a change in schedule advisable. A teacher conscious of the psychology of salesmanship and good showmanship will be only too eager to change her program to embrace these cases while the students are caring for them and are anxious to learn more of the diseases or disorders. The nursing lectures if given the same term as those given by the doctor should correlate his bringing out the nursing side as he stresses the medical side. Outline and discussion of the material by the teaching-supervisor and doctor will help both and make a more enjoyable course for the students. While some may maintain that the students are in classes to learn, not to be entertained, those with a broader viewpoint will agree that the student learns more readily in classes in which the instructors strive to be entertaining, have prepared the lesson, and show interest in the class. The student feels the injustice of sitting through lectures given by bored nurses or doctors who having no interest in teaching do nothing that can be termed teaching.

Conference teaching on the floors could be the most effective and ideal method if it were always possible to carry it out. Twice weekly between the hours of one and two while the patients are resting the students should be available for the conferences. The hours of the graduate staff are arranged so that the floor runs smoothly eliminating any reason for disturbances, making use of the conference room behind the desk, still on the floor, but away from patients and visitors where both student and teaching-supervisor can relax from the constant strain and tension which are bound to be present during actual ward teaching, sure that nothing will distract attention from the problems at hand. To these meetings the students are asked to bring their problems for remedy and a short time is devoted to them, but the major part of the hour is used for discussion of various cases, oral case studies, certain treatments. Again the lesson is planned so time will not be wasted, and so that each student will be prepared to contribute at one time or another, but the whole is conducted in an informal way, making each student feel free to question or contribute to any discussion. Some periods might be used for panel discussions if useable problems are available. Problems picked up on rounds touching on particular phases

of nursing care are much better settled in conference meetings than at time of morning report when few feel in the mood for reception of new ideas.

Another method of teaching is during rounds. Every morning between eight and ten, the teaching-supervisor goes through the ward of each student. The student accompanies her to the bedside of each patient. Symptoms are pointed out for the student's benefit, or the student mentions the symptoms which she has noticed, or does not understand. The patient must not be embarrassed by discussion of the symptoms or his condition. Discussion can be carried on in conference or outside the ward. The teaching supervisor criticizes the appearance of the patient as to comfort and neatness of the student's work, but not in such a way that it need embarrass the student before the patients. While this is a very effective way of teaching, the teaching-supervisor must exercise extreme tact at all times to make it successful. The Student must be made to feel that she is in charge, and responsible for what goes on in her ward, as she would be responsible in her own home that the teaching-supervisor is a consultant called in to offer suggestions and methods of improvement. Awakened pride of possession often results in marvels of ward neatness and attention to details from students who seemed to lack the ability

to accomplish either before. This method is of perhaps the greatest benefit to the teaching-supervisor too, because by it she is able to keep in closest contact with her students and the patients, keeping the practical side of medical disease nursing always in her mind rather than theory alone. It helps her for a greater understanding of the student's nursing problems and difficulties causing the student to feel that the teaching-supervisor really does know how complicated some of the simplest procedures can become.

CASE STUDIES

Case studies have their place as a method of teaching, but their type and frequency bring forth the problems. The long written type gives the student who cares to do so, a marvelous chance to express her originality and to record her researches, but to most students, they are something to be dreaded, left to the dead line then hastily dashed off or copied from a book of case studies which changes of names and a few facts. They are never read by or presented to the other students on the service and if the student has not played fair with herself, there is no gain to anyone.

The oral case study, if treated right, offers a much better opportunity for learning. If presented in conference to the other students on the service so that discussion may follow, the whole group benefits. If presented to the teaching supervisor alone, it is even less effective than the written study. An outline for the oral study should be used as it gives a basis on which the student can work, doing away with any tendency for the student to leave out important facts. The outline also gives the instructor a better opportunity for grading the presented work.

NURSING SCHEDULES

A complete definite program for the nursing part of the student's schedule must be carefully worked out between the teaching supervisor and floor supervisor, and used as far as possible in planning the student's work on the floor. A period of orientation, special duties, rotation of wards so that each student may have a chance to care for as many different diseases as possible and a period of medicines and treatments if the case method is not used. Care should be used that the rotation started with one group of students is carried through until they leave the floor.

Work schedules and hours off posted ahead make for a much happier working group, because it gives the student opportunity to organize her work ahead in her mind and to plan her time off for pleasure or study. Giving the students the benefit of planning ahead is certainly a courtesy which is deserved.

So much time is often lost by student nurses who on duty at hours to which they are unaccustomed, scarcely know how to begin unless they have been assigned special specific duties. A daily routine posted in one of the work rooms where it is always available will help

to orient the student as well as the graduate nurse on duty in a strange hospital. Each student should keep a small notebook of pocket size in which she lists the name, diagnosis, orders, medications and treatments, serology and any other pertinent data of each patient for whom she gives ward care.

CHAPTER V

PROBLEMS

Problems met on medical floors and in teaching medical disease nursing are present over the whole hospital and if their remedy could be worked out on one floor, the results would be applicable to the rest.

The most outstanding problem as has been mentioned previously is the physical set up of the plant, and the limited staff.

Maintaining quiet in hospitals running to large floors and wards, served with single small service rooms, is another problem which cannot be conquered in a day, or alone. Experiments and questionnaires have shown that the major portion of the noise is made by the staff, medical and nursing, hence the only remedy is to make each doctor and each nurse noise conscious. Noise is mostly habit into which one drifts without being aware of it. Cooperation and constant vigilance from all can eliminate a large amount. Keeping service doors closed during morning and evening care, covering shelves of carts with layers of newspaper or sheets when used for trays or pans, and liberal use of the oil can

on hinges and castors are all aids. Keeping voices low, heels light and a wary eye out to avoid bumping of equipment is a good start toward the quietness the uninitiated believes hovers over a hospital. Helping the young student to learn the value of quietness before she becomes too callused to noise will be an aid.

Relationship between general staff nurses and students is usually good; there rarely being anything else than liking and cooperation. Occasionally there is the feeling that the student is leaving her work undone because she knows that the graduate nurse will be asked to do it later. Rarely a staff nurse fails to cooperate in the hospital teaching methods in demanding that the student use her short cut method of procedure or that the student do some duty for which she has not learned the procedure. Teaching of staff as well as students with close check of activities usually bring about remedy for the difficulties before they even arise.

Problems in teaching involved getting hold of the students at the desirable time. Students are not spending enough time on floors, or at hours other than for routine care in the morning and evening. If at all possible, college classes are taken on the campus before entering the hospital so that more time will be available

in which to arrange the necessary classes, enabling students to have the whole afternoon or morning free for floor practice, so that they may be present on the floors at the hours ten - eleven and three - four, when most of the treatments are done by the doctors. The present set up gives the student no opportunity for a full morning's practice of pouring and passing medicines, doing treatments, or helping with the starting of intravenous or subcutaneous treatments. On a medical floor, where the medicines are necessarily heavy, it is impossible for a beginning student to read the directions for pouring and dispensing medicines, pour and pass them under supervision before she must rush off in a dash for a class, thus aborting any chance of being able to review and benefit by reorganization of her morning's experience.

SUMMARY

Conditions of nursing education can be improved in the hospitals by choosing teaching-supervisors and supervisors with better educational backgrounds, educational experience and personalities fitted to their work. They can be improved by having a teaching supervisor who teaches and supervises the student's work but who leaves the actual management of the floor to a supervisor who is in charge of that portion of the work--or a teacher-supervisor who teaches and supervises, but who has competent assistants to aid in both. The assistantship should be looked upon as a real position worthy of the best with a chance for experience and an opportunity with outside study for working up into a higher position.

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