

EVALUATION OF THE STUDENT NURSE
ON THE APPLICATION OF THEORY

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Evaluation of the Student Nurse on the Application of Theory

The term nursing is very difficult to define because it does not mean merely caring for the sick but contains many more problems. Technically, nursing is the performing of procedure: the intelligent working together of the hands and the mind in the giving of the bath and the rubbing of the back. Added to this are various factors, such as, a clear understanding of the physical, mental, and social attitudes of the life of the individual and helping the patient to adjust to the new environment in which he finds himself due to his illness. There must be quality in nursing and to obtain this it depends on a sound scientific back-ground, correlated during the work with ward teaching. Unsupervised students should never be allowed to carry out on patients procedures which they have never done, except in the classroom, or not since the preliminary course, or done or seen done so long before that they have only the vaguest idea of the technic and the skill which results in lack of self-assurance and efficiency. This reacts on the patient both psychologically and physiologically.

The training school was established to aid in the training of nurses, and has always found its justification in the principle that "we learn by doing." In the field of nursing it has been discovered through practical experiences that a knowledge and understanding of right practices does not give skill in such performances.

But more significant and important is the belief and truth, that a thorough theoretical understanding of the best academic theory and practice does not insure that the person so trained will even attempt to put such knowledge into practice. The work of training nurses, to be effective, must be carried on to the point where the person trained will want to practice the academic theory taught as well as understand what the theory is and how to put it into practice. This is the ideal and it has three stages of realization; (1) the understanding of the theory in its practical significance; (2) the developing of ability to put this theory into practice on the floor duty in dealing with patients; (2) the establishment of the conviction that this procedure is one of the most desirable through the individual's skill in getting reasonable results. With such a conviction would come both the determination and self-confidence to apply this theory successfully to floor nursing.

In nursing training work, there are three factors necessary: (1) the student's own knowledge of nurse practice; (2) the theory which she receives in college courses; (3) the practice with its accompanying theory which she gets in the training school. The training school has been organized and developed for the main purpose of making the college work meaningful, obtainable, and usable for the student through supervised and extended practice of to-day's academic theory taught in the schools. It is a part of a unified program of nursing training which the particular schools are striving to make successful. To the failure of applying college theory to function, or to show success in a usable form, when the student begins nursing, is not necessarily due to poor teaching in the college courses. The theoretical work is to follow by its

practical application in the training school before it is expected to function properly. The student nurse must do practice work before she can confidently and effectively put this theory to work in her floor nursing and know that she is doing so; hence, correlation of the practice and theory has not been successful. The nurse has had entirely too much practice, and what theory she has obtained through lack of sufficient time to teach her, does not equal the former. There has been too much emphasis on practice unaccompanied by educational value; while practice is necessary it is essential that it carry educational value.

It should be clearly understood that the training school can never be justified unless it increases the student's ability as a nurse. If it works independently of the college and nullifies rather than increases college training, it has hindered rather than helped the student-training program. The school must increase the effectiveness of the nursing program, and in order to do this she must cooperatively establish a relation between college courses and the practice in nursing program.

There are many basic principles of nursing education in order to make the training school and college courses successful; (1) the instruction in order to be effective with nursing students must be given to selected groups; (2) the subject matter to be taught must be such as directly functions in the work in which the student is applying herself; (3) instruction must be adequately trained in their occupation so as to help the student so she can make sufficient progress with the rest of the students; (4) the theory should be so arranged that it will be most effective to the student nurse and that she understands the basic conditions of the theory and why

necessary to apply it to practice.

The general principles, the important factors and the social attachments which apply to other fields of vocational education apply equally as well to the nursing education program. The main characteristic difference lies in the content of the subject-matter, the group characteristics as a student body consisting of nurses, and the special working conditions with which nursing is confronted. That is, while studying the theory it is being practiced at the same time which brings coherence and unity.

The educational ability of the nurse is changing and has been changing very rapidly. The original nurse was the mother, the one who nourished and sustained life. The nurse to-day does not exist primarily to serve the physician but to serve the individual and the community, to protect and conserve life in both the sick and the well. She works hand in hand with the doctor because he has something to give which she cannot give and the patient prospers best when these two combine their efforts and work in harmony, supplementing and helping each other. Nursing has had an independent history and though its main characteristic lies in medicine there are many functions of the nurse which are closely related to social work, to home economics, to teaching or administration, as they are to the work of the physician.

The entrance requirements for the nurse must be set up which tend to lessen the supply of applicants and to increase the desirability of those accepted. The same trend is noted in general education. Thus medical schools, engineering schools and law schools have increased the time required to receive a degree, not by making the course longer, or by setting age requirements but by increasing

the educational requirements prior to entrance. Nursing schools paralleled this growth and are requiring a better educational requirement prior to entering the nursing school. When the universities and lay people come to see that nursing schools are properly developed and conducted, they will realize that this type of education provides an ideal setting for developing of the individual.

If there is to be a selection of students for the nursing schools, there must be a method devised to eliminate the waste in the nursing profession. When a student applies for entrance there must be some knowledge of her social, economic, and intellectual background. Those unfitted for the profession will have to be rejected through intelligence and character tests. By intelligence is meant general mental adaptability to new problems and conditions of life. The retardation of the backward group indicates inferior intellectual endowment. It is a matter of common observation that a man who is good at one thing is good at most things. The intelligence is a factor common to all the operations of the mind, a factor with which each specific ability is charged and energised.

During the past decade, the Binet-Simon measuring scale for intelligence has received considerable attention. All the systems of intelligence tests are classified as qualitative or quantitative. The qualitative system consists of an aggregation of tests designed to detect the capacities or incapacities of the subject in order to afford the experimenter an opportunity to make a diagnosis concerning the final score of some sort, whether that score be in the form of a mental age or a mental quotient. The essential characteristics of the quantitative system are the interpretation of the total scores in the terms of the age of the person who is being tested.

The tests are valuable for several reasons:

(1). By means of properly constructed and adequately standardized tests it is possible to assign individuals to the general group of intelligence.

(2). They are less valuable for placing an individual than for placing a group.

(3). High test scores are more dependable in individual cases than are low ones.

(4). Because of the many factors involved in success in any given vocation completely, satisfactory tests for prognosticating the success of an individual will probably never be evolved.

(5). It is possible to devise and to standardize tests which shall give an idea of the proficiency of individuals or of groups along certain vocational lines.

By such a test in the nursing profession it is comparatively easy to separate novices from those who have a little experience, and both of these from the better nurses, and all of these groups from those who are really good along the nursing field. Material upon which the test is based should be material which is essential to the practice of the professions, should be professional in its nature, and should be of a type obtainable through the actual practice of the profession rather than entirely on textbooks. The test should be along the pupil's information concerning subject matter covered in the immediate past, but also the nurses' profession of general information, of special capacities and abilities, and her personal characteristics and attitudes.

Achievement tests can be made and standardized for the profession of nursing because they are needed, and valuable for various

sources. When a student leaves a particular department she should be tested according to the knowledge received while there, and if it is insufficient she will probably need more time in this work. It will also enable the faculty of the school to see how their clinical teaching is either behind or ahead of their standards. And at the end of the training the tests will show where the nurse lacks in efficiency and where she has succeeded in obtaining a good knowledge and understanding of the nursing. The tests also place the individual nurses and schools of nursing to a certain level. In this way one is able to compare nurses and training school and with this knowledge attempt to better their standards.

Every nurse in the training school should develop her mind, body, character and personality to the utmost and if they succeed we would see a rapidly increasing number of efficient graduate nurses.

Development is stressed during the nursing years because a student's training years are the forming part of her later life. There are procedures and methods which if any student will study and follow, will prove helpful to her later life and will be able to look back to her training years with satisfaction. Success is the achievement of an adequate and correct ideal. This can be accomplished in three ways: (1) by preservation of the race (valuable service); (2) by self-preservation (material gain); (3) by attainment of a position of authority (authority).¹ The development of a student nurse may be divided into four divisions;

(1). Mental, is the development of the mind.

(2). Physical is the development of the body.

(3). Moral is the development of the character.

(4). Social is the development of the personality.²

¹ Walter, J. E., Student Development

² Walter, J. E., Student Development

When these four characteristics are well developed we have a well-rounded nurse who can look into the future not blankly, but with satisfaction and a clear way to success.

The term personality is quite difficult to define as there are as many interpretations of it as there are people. Some of the main traits of personality are manner, cooperation, disposition, industriousness, judgment and leadership. A good personality is one of the greatest assets for an individual who wishes to be successful with herself and others about her. A personality trait is a habit; it is the habitual reaction to certain stimuli or causes for action. Character is the sum of one's moral characteristics. Some of the important characteristics of character are honesty, and truthfulness, moral cleanliness, temperance, respectfulness, religiousness, and courageousness. With the proper development of these four characteristics a nurse can render a successful service and establish herself for a successful future. If these factors are not properly developed the student nurse will not be able to render the proper service to the patient because there will not be an understanding of those about her, for example, the supervisor and the patients. There will also be an insufficient influence on the nurse to correlate the theory of her work with the practice.

There are many more qualities which every nurse should possess such as skill, observation and awareness of the patient's condition, have the ability to organize and judge, have sympathy and understanding, and should be able to apply general theory to concrete situations. Knowledge which is not applied soon fades out. There must be classes in theory which coincide with the practice, and on the floor duty the supervisor should aid the student nurse in applying her theory to

her practice. When these two things work in a harmonious way then there will be skill in applying the theory of the classroom to the ward nursing.

According to information received from various training schools and senior nurses, to whom questionnaires were sent, the outstanding characteristics of an efficient senior nurse are: personality, fairness, understanding of the need in helping the younger nurses, initiative and executive ability, have a broad general cultural back-ground, no partiality among the students, courteous, dignity and cleanliness.

The object of the training school is to train nurses to exercise her vocation in presenting it as one of the finest arts, to find the way in which she can most adequately fulfill it, and that her life profession and work shall become a process of developing her highest abilities of mind and character. Give the nurse an understanding of how important it is to learn to do and to enjoy it. If these various things are fulfilled there will be less unsatisfactory feeling among the older nurses toward the field of nursing. They will feel that they have accomplished something worth while and will strive for the same thing in the far future. The nurses are not enjoying the practice of their profession because when they look into the present and future they fail to see the possibilities of each particular person who is striving for the same goal as they had formerly done. They do not use the opportunities in nursing education and practice for spiritual and intellectual engineering and emotional development. As James Royce says, "Man has as many levels as a skyscraper and he needs an elevator if he wishes to live on his highest levels." There are two elevators that are developed from nursing

that the knowing of the skills and seeing their significance in relation to the good life - seeing the spiritual values in the techniques, and realizing what they mean to society. Also having the joy of continuously growing and improving - going on to better living, larger opportunities, and greater responsibilities. "Hope springs not from what we have done, but from the task we have just begun." This attitude helps the nurse to keep the lighter things in her work while in the cases of troubles. The training school should help the nurses to take and look at their careers with a long broad view, so they will be able to keep on developing their personalities and professional skills. If these things are successfully carried out there will be more satisfaction and a more efficient and capable nurse; both in understanding herself and her career and in helping the patient to recover more quickly.

The functions of nursing are constantly changing. In the broad general field of nursing to-day they include eight functions.

(1). Guardianship and protection, including the physical care and supervision of sick and helpless people and attendance on all ordinary physical needs.

(2). Conservation and prevention, including the application of hygiene and sanitary principles to the general care of the patient and his environment, the building up of strength and resistance, and all the ordinary precautions for the prevention of disease.

(3). Intelligence and scouting functions, observing, recording and reporting symptoms and other conditions about the patient and his environment which have a direct bearing on nursing and medical care.

(4). Therapeutic or curative functions, giving definite treat-

ments for disease conditions or assisting the physician in medical or surgical measures or in diagnostic procedures.

(5). Executive and economic functions, management of the general details of the patient's care and surroundings, securing and preparing supplies, organizing and coordinating services, and so on.

(6). Educational and advising functions, teaching, both direct and indirect, of the patient and others in the household and family group, showing, explaining, suggesting, training, as required for prevention or treatment.

(7). Social functions, in the sense of social companionship and also in the large sense of sharing in community efforts to improve social conditions which affect the health and general welfare.

(8). Professional functions, including service to the nursing profession and cooperation with its member, of professional groups, and carrying out of professional courtesies, and so forth."

There are responsibilities that go with each function and if definitely explained there would be theoretically, an organization, which would be one hundred per cent efficient. But there are two facts which prevent such an organization from ever being one hundred per cent efficient: (1) It is the fallibility of humanity, and (2) the impossibility of providing for all situations as they occur in actual life. There is, therefore, between theory and practice, a debatable ground where individual attitudes, characteristics, and limitations come into play in dealing with unanticipated situations. The man in which this debatable ground is covered in any organization is what is meant, in a rough way, by the use of the term "coop-

'Stewart, I. M., Educating Nurses.

eration". There are two theories of cooperation.

(1). Cooperation consists in going outside of a definite field of responsibility to assist some other members of the organization in discharging her definitely assigned responsibilities.

(2). Cooperation consists in fully carrying out all assigned responsibilities. These two theories apply to cooperation but they do not define the term. Cooperation means working together and therefore means working for the general object for which any group is brought together. Whenever two or more people get together to put anything across we have cooperation. There are more specific cooperative responsibilities, such as, cooperation with general superiors, with immediate superiors, with the other supervisors and students, and with all the other departments which must work in harmony with each other.

Cooperation must be optional, and it really results from an attitude of mind which is that of being a "lady", and which means observing "the golden rule". It is the presence or absence of this attitude of mind which leads to cooperation, or to the lack of cooperation, among the members of any nursing organization. This presence or absence is influenced by the desire of the student nurses to cooperate with the supervisors and patients, and the willingness of the nurses and patients, to accept the cooperation. The student nurses methods are either to work alone or to combine it with others. When she works alone she has a feeling of independency, and receives a great deal of satisfaction out of it. But the most satisfactory way to accomplish the right end is to work with the group. There is more rewards materially for cooperation than there are for the isolation which one receives alone. In order to have this co-

operation with others succeed, one must have an ability or tendency to associate and work with others and find nurses who are considerably like themselves. The material rewards may be increased through working with others. She must give up certain characteristics which are not applicable to the group; but this does not mean that she should show lack of forcefulness in her decisions or that she should not acknowledge mistakes which she makes. The best way to succeed is to make use of the experience of others and to admit the mistakes that one may have committed. The need of nurses is not for merely trained hands, but for intelligent well educated young women. Nursing is not a static profession as there are many new scientific discoveries constantly; so nursing must keep pace with the development of science. The nurse must have a well distributed experience in all branches of nursing if she is to adjust herself to the every moving nursing field. In order to have a well-rounded nurse it takes many essential factors, to make her as she should be developed. One of the factors, which makes for the developing of a good and efficient nurse, is a well organized and satisfactory supervisor, who understands the needs of supervision and the duty toward the nurses for whom she is responsible.

"Supervision is an expert, technical service designed to improve the efficiency of groups of workers under supervision".

Supervision has the large purpose of improving the quality of instruction; primarily by promoting the professional growth of all students, secondly by correcting deficiencies of preliminary preparation for graduate nurses by training students in nursing. There are four essential things that good supervision does:

(I). Inspection; it is still necessary to gather the facts, to

know the situation, particularly the weakness, deficiencies and possible betterments.

(2). Training; inspection reveals what the nurses need and training is definitely directed to the supplying of these needs. If it aids in any way then one finds it necessary to have a definite program which is necessary over a period of time.

(3). Guidance; the better supervisors are guided or stimulated to help plan the program which is necessary for practical suggestion. They are also looking for promotion, and further training and advancement.

(4). Research; a supervisor should be able to look ahead and attempt to better her condition as well as the students and to find easier and better ways to accomplish the work. There are four points which show the difference or contrast between the new and old supervision.

(1). "The new supervision is continuous, and not piecemeal, and is not confined to visiting and conferring with the worker himself.

(2). Traditional supervision was inspection; today it is help, assistance and encouragement.

(3). Old supervision was done by one person. To-day good supervision implies several different supervisory contacts just as several judges are better than one.

(4). Supervision to-day is not authoritarian. It develops out of the need of the workers under supervision. There are several reasons why the new supervision has come into use.

(a). It is an accepted business principle in many business corporations.

(b). The average worker in any field is not a highly trained

individual, and needs supervision to move towards the ideal.

(c). Even a highly trained worker cannot keep up with the new developments in the field. She has to have an agency, a supervisory staff which reads, digests, and corrects, the new material to the level of the classroom worker." '

The improvement of the nursing service by promoting the professional and personal growth of the nurses is the primary purpose of all supervision. We want to know the personality of the students supervised, to develop their initiative and individuality and help each one to become an independent thinker and worker. Supervision fails unless it succeeds in stimulating this growth - which contains ideals, interests, knowledge, power and skill. Each nurse has her own creative tendencies and should be given opportunity to express them. The good supervisor understands and recognizes these tendencies and aids, encourages and helps to direct and exploit them. She must recognize at what point the nurse needs the most help and be fair in helping her and in the reports and recommendations of the students. She should know when to give encouragement and how to give it. Supervisor has succeeded when her students can say that she can face problems squarely, admitting error, determining the cause and profiting by it herself as well as the nurses.

The supervisor must know the relations between all the departments of the hospital in which she is at work. She must have a broad view, and understanding, and foresight of the purpose of education in its largest sense. Only by developing in herself a view obtained through study and thought and contact with others can she obtain a power of leadership.. As a director of instruction the supervisor must be responsible to the nurses for their learning. Under

' Burton, W.H., Ph.D. "Supervision." American Journal of Nursing.

her direction this leads either to profit or loss; they receive good or poor instruction; they are allowed to develop good or bad habits; each day there must be some gain. If the student cannot answer to these qualities gained she has not had a successful training. The supervisor should be a guide and inspiration, always fair-minded and frank, approachable and sympathetic, ready and strong to counsel and advise when necessary. There should be an understanding between supervisor and student that the latter is responsible to the patient and that they must cooperate in an effort to contribute to the best of their knowledge to the caring and improving the condition of the patient.

If supervision is to be successful it must be placed on a scientific basis. There must be scientific methods applied to the study of nursing. An adequate scientific method is that of experimentation which may go into any of three directions. First, it may lead far astray from the beginning or normal authority. Second, it may lead to conclusions which seem logical but cannot be applied to the experimental method successfully. Third, speculation leads into the scientific method, and its "guesses" or hypotheses may be verified or discarded. Experimentation entered the educational field since the beginning of the present century and has been used, very extensively. It consists in seeing and formulating problems, and finding reasonable and truthful answers.

In order to accomplish the requirements and procedures of supervision, the supervisor must have many qualifications or characteristics. They may be divided into three groups; the first, groups containing the kinds of functioning information which she must have in order to fulfill her responsibilities accurately; the second group

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containing those qualifications which make for professional ability; and the third group, containing the personal characteristics which are needed by a supervisor. She must have at least a number of these qualifications in order to be a successful supervisor, both in understanding the students and her attitudes, and in knowing her responsibility toward the hospital. This is no easy task which means that it is even more essential than one can imagine for the supervisor to have these characteristics. There are various things that the supervisor should possess in regards to functioning information. A minimum number of them are: (1). Basic principles of nursing education, (2). laws and policies governing the supervisory work, (3). relation of special fields to the nursing education program, (4). relation of nursing program as a whole to society, (5). methods used in nursing education and how they should be used, (6). teaching methods and techniques. It is known that in nursing education it is far more important to train people in methods of securing information than to impart their information directly, that is, understand how good nursing is necessary for promoting social adjustments, both for herself and for the patient when he leaves the hospital.

"Some of the qualifications which make for professional ability. By professional equipment is meant the ability to do those things which a supervisor has to do which require special technical nursing knowledge and procedures. She must have experiences to be successful. Some of them are education, social, occupation, teaching and leadership. According to the third group she must possess many personal characteristics to be successful. Some of the more important characteristics or qualifications, are as follows:

(1). Personal appearance.

- (2). Physical equipment.
- (3). Personal equipment necessary to carry on as an individual.
- (4). Personal equipment necessary to carry on as a member of the staff.
- (5). Personal equipment necessary to carry on as a group leader.
- (6). She must possess kindness or sympathy.
- (7). Executive ability.
- (8). Systematic individual supervision.
- (9). Professional knowledge.
- (10). Progressiveness.
- (11). Leadership in community.
- (12). Reliable judgement.
- (13). Broad scholarship.
- (14). Cooperation.

Other requirements are sincerity, good breeding, attractive personality, ability to discipline, good health, fairness, lofty ideals, moral and physical cleanliness, foresight, resourcefulness, courage, optimism, and a sense of humor." ' "

Personality seems to one of the main characteristics according to many people. It appears to be a term used which contains all the qualities which are difficult or which people do not care to analyze. A business man who is not much given to analysis asserts that personality is the element that makes a salesman; but if he cared to analyze the statement carefully he would always find that he meant certain traits of personality such as forcefulness, friendliness, and resourcefulness. In like manner a supervisor may describe a student nurse as being industrious and scholarly but without personality. The supervisor if she should analyze what she actually means by the term,

' Wright and Allen. Supervision of the Vocational Education

would say that the student lacks friendliness, forcefulness, or some other quality which seems of prime importance.

According to Wright and Allen, "Personality is the sum total of all the traits possessed by an individual. To describe the personality of an individual completely it would be necessary to list all her traits. When we have all these traits listed and evaluated, we have a picture of her personality."

According to information received from a considerable number of senior nurses and various nursing schools to whom questionnaires were sent, the outstanding characteristics of an efficient supervisor are: must have executive ability, honesty, broad-minded, ability to teach, no partiality shown, be ethical, have the confidence of supervisors and nurses about her, be professional, friendly, pleasing, practical, accurate, and pleasant.

A supervisor must be an efficient teacher, and have the ability to carry on conference work, giving of instruction, and imparting of information. After all, the work of the supervisor is not so much to improve programs directly, as it is to improve the students who are working with or under these programs; that is, to improve those who are using and trying to understand the programs.

Definition of supervision by Nancy W. Dunn of Teacher's College. "Instructional supervisor has the large purpose of improving the quality of instruction, primarily by promoting the professional growth of all teachers, and secondarily and temporarily, by correcting deficiencies of preliminary preparation for teaching by training teachers in service." This supervision should promote the growth and the development and the better efficiency personal and professional of the people under supervision

There are many misconceptions of supervision some of which are held by the supervisor herself as to what her work really consists of doing; and on the part of the student nurses in not understanding what the supervisor's work is. These misconceptions were brought about because of lack of sufficient training of supervisors especially in the field of nursing education. There has been a training in the mechanics of supervision and not enough in acquiring a clear idea as to the actual functions of her work.

In order to appraise the personality of the student nurse and to instill confidence in her, the instructor-supervisor must thoroughly understand the student under her supervision. A comprehensive knowledge of the student nurse may be secured by personal contact, both on and off duty, and by becoming better acquainted with the students' abilities and capabilities. Differences in individuals must be allowed for, and the only sure basis of these differences is a sound knowledge of facts contributing to the make-up mental, physical, social, and spiritual of each student.

There are various methods of teaching and training students for a profession. The methods of teaching should be governed by the laws of learning- readiness, purpose; law of effect - success or failure; by the law of exercise - recency and intensity; and the law of association. Our first thought is that there are patients to be cared for whom we desire to serve; the patient, and his needs as an individual, will be at all times the center of thought and study. The supervisors standards and what they do, the students standards and what they actually do, and the way in which they do it determines whether they are learning to be good or poor nurses.

Nursing can be compared with the sciences where the word is con-

sidered the laboratory and the teaching the theory as learned in the classroom. The difference is that in nursing we are dealing with human beings and in laboratory dealing with inanimated things or animals. Everytime a student nurse performs a service intelligently, and successfully she is considered being a good nurse, and to that extent is constantly achieving her goal, and should have all the satisfaction of doing so. This is understood by recalling the "law of effect" in learning.

The classroom is the workshop where the preliminary period is spent by the student nurse learning practical procedures, and later where she receives instruction with her ward duties. Here she learns through the laws of learning, a practical application of her theoretical knowledge to special skills and techniques. No instructor-supervisor can successfully separate the teaching of practice from that of theory. The soul of nursing must be included in classroom teaching in order to have the desired results in the hospital ward. One simple treatment done with exquisite skill and perfect understanding of the patients' mental reaction reflects the excellence of the hospital to the outside world.

The aims of any ward teaching are to improve the nursing care of the patient, to help the student to master new nursing technics; in other words, to teach her the practice of nursing. The nurse is using the knowledge gained in the classroom and is carrying out those repetitive practices that must be carried out if any knowledge is to be fixed. The main function of classroom and ward teaching is to give students and understanding of the principles and methods of nursing. It is very essential to understand this because the nurse can not help the patient and give him the main consideration if she

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has not successfully accomplished this aim. When the preliminary period has been satisfactorily completed, the student nurses are assigned to the wards for regular daily duty. It is at this point that the conflict between theory and practice may begin. If the supervisor lacks understanding and knowledge of the theoretical part of the curriculum she will not be able to help the student incorrelating her theory with her practice in the ward. Theory and practice or skill are correlated by the student nurse by actually doing the nursing because every day of the ward practice should be of educational value in acquiring these necessities.

The old method of teaching was done right on the floor, while the new method is to teach all subjects by the laboratory or project method bringing in realities when ever possible. There three things which are necessary for the completion of ward nursing. (1) Students with the ability and the fundamental education to grasp and appreciate the laboratory work offered. (2) Have balanced programs of experience and instruction in the kind of situation which are encountered professionally. (3) The instructors of nursing to teach and to aid the students.

In order to know how the nurse is fulfilling her duty toward the patient and she is developing her experience, and efficiency method is used which places emphasis on training and on the economy of time and energy in accomplishing the work. The essential issue is not not the patient but the thing to be done is the main thought or idea. The advantage of this method is that it gives sufficient practice in certain procedures to develop speed, precision, and skill. Also possible to develop a body of knowledge, and principles about such subjects as the cardinal symptoms, temperature, pulse, and various types and stages of wounds and their treatments, because it means contacts and facts learned

about a large number and a great variety of patients and diseased conditions. The students' achievement and progress in any experience should be evaluated by the supervisor. The nurse should be graded according to her practice and knowledge. This gives credit to the student who stands high in both knowledge and skill, and to the student who is (good in theory but not in practice.) It gives the student a better understanding of what constitutes experience and learning by experience.

The fact seems that many nurses are really efficient because they have never really learned to give good nursing care. There are two ways of training people for a profession. The first is the method usually followed by the college or university in which theory assumes the dominating part. Practice is recognized as important but only as it supplements theoretical instruction. We have this type in the field of law, medicine, and education. The second is that practice is the most important part of learning, and while the student must have a good theoretical background if she is to succeed in her nursing, that theory is supplementary to practice and serves to illuminate the practice. If most of the learning is to be theoretical, there must be more time spent on theory than on practice. If the student is to learn by practice, she must give more time to practice than to theory. If she learns primarily through practice, it is essential that the nurse's work shall be under the constant supervision of skilled instructors.

Students' work can be measured in terms of ability. Results should not be judged by the quickest or brightest in the class. Many students quick to grasp the theory are slow to apply it in practical procedures. Student nurses having a marked ability for ward

procedures need to spend more time in theoretical study. Supervision of the student's clinical work is necessary until the student has learned that procedure thoroughly, correlated it with the theoretical reasons for doing it, and has established the habit of performing it skillfully. The skill in performing practical nursing procedures is the intelligent application of the theory of nursing. It does not take a student long to realize that what she had received from theory is bedside care; but what she is expected to practice on the ward is always a compromise between theory and practice. The one and absolute criterion of duties is the welfare of the patient. Theory and skill are correlated by the student nurse by actually doing the nursing.

In connection with this it stands to reason that students must be in an environment where good nursing is possible. One cannot teach a nurse to do good nursing in a situation where it cannot and is not being done. There must be adequate supervisors, and high standards of actual bedside care; also supervising of patient's care when it is being done rather than after it is finished. Commending its strength, correcting its weaknesses, and promoting students from one service to another after they have mastered the practice, not before.

It cannot be over emphasized how essential it is to have the classroom instruction closely connected with the observation of ward cases. The student acquires the idea that theory is the ideal method of nursing which has been taught in the classroom. In the rush and hurry of trying to do twice as much as she can possibly do, the ideal method of nursing cannot be achieved. Theory is much situation definitely decide which are the most important and which the

least important items of the nursing care; which items must be retained ; and which must be frankly dropped.

If the student clearly understands the ideal toward which she must strive and frankly distinguishes between the ideal and the methods which are used to meet the emergencies of the situation, she will find no conflict between theory and practice. There should be no opportunity neglected to point out and teach the student to make the application of principles and theories to the practice of her art.

Doctor C. E.O. Winslow has said, "Leadership of the most modern kind must be based on expert technical knowledge."

One can evaluate fairly well in terms of hours, the actual instructive content of the courses in theory. It is possible also to judge the value of the student's training by the variety of services on which experiences, and the number and kind of cases, she observes and cares for of these services, and the length of time she spends there. It is not enough to teach the theory and show the demonstrations in the classroom. Every day of the student's ward practice should be of educational value; learning by repetition to perform more skillfully or confidently what she has done; observing new conditions, adjusting herself to new and changing situations.

If the practice following the theory is inadequate, or if insufficient hours of theory followed by a limiting practice in the hospital the student nurse will not be acquiring a clear knowledge and understanding of her work. She will be unable to correlate her theory and practice and apply it successfully.

The student nurse should not be taught to do by repetition a number of nursing procedures, because they change too often and the

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larger becomes the situation, the more important is the theoretical instruction. There still lacks in the program of theory a sufficient amount of basic sciences and clinical subjects. From report on questionnaires sent out of various nursing schools, the conferences consisted chiefly of morning conferences before beginning work, and if necessary during the day or week, the supervisor would hold conferences with the student nurses.

The art of nursing is acquired through purposeful effort, practice of clinical experience and combined with theoretical knowledge which gives satisfaction to the student nurse, of having established good habits in the service of mankind.

Evaluating the efficiency of students is a very important factor both to the student nurse and the supervisor. Difficulties may arise and it may be due to variations occurring in instances due to conditions existing within the service. Variations occur in maximum and minimum number of hours of experience in medical and surgical services. May be due to illness, absence, and to schedules varied to meet the demands of night duty; because of these variations the problem of efficiency should not be under estimated for the welfare of the patient, student nurse, supervisor and also for the hospital. There are five reasons for rating the students according to supervisors.

(1). To improve the student on service.

(2). To stimulate self-analysis, self criticism, and self-improvement.

(3). To raise professional standards.

(4). To provide supervisors with uniform standards with which to judge students, analyze their work and to stimulate improvement.

(5). To provide students with a statement of the standards by which they are being judged, toward which they should devote their efforts to improve.

There are four arguments advanced against rating.

(1). Rating is unprofessional.

(2). Rating differs with individuals and even with the same individual over a period of time and is therefore manifestly unfair.

(3). Rating is open to too many abuses, makes unfair discrimination very easy, and is therefore unsafe.

(4). Rating schemes force the student to live up to the scheme and not work according to good pedagogical principles. Rating forces the students to play to the rater, and not to the patient's interests."

The principal purpose of the rating cards should be to stimulate the student to an intelligent self-criticism of her work. The fact that there are often abuses in the application of rating is a criticism of the rater and not of the rating scheme. The card to be used should be either cooperatively determined by all concerned, or chosen from those in existence upon the basis of examination and discussion. The student nurse should apply her rating to her work and compare it with her own knowledge; and see if she is making an improvement or failing in her practical or theoretical work or in both.

The rating cards are designed to include character and spirit, of the student efficiency. Also includes the personality, appearance, manner, attitude towards patients and supervisors; the quality and quantity of the work as a whole; and general characteristics, such as, observation, memory, judgment, executive ability, punctuality, understanding of work, interest and cooperation; and remarks stating the improvements and the failures of the student nurse.

'Barr - Burton, Supervision of Instruction.

"Rating scales are considered valuable for the students because, (1) they set up definite standards which can be placed before the student from time to time in order that she may know the qualities of mind and heart that are desirable in nurses and to make it possible for her to strive to acquire them; (2) they represent the opinion of a number of different people which are more nearly a fair estimate of the student than the opinion of one person would be; (3) to a certain extent they measure the student's progress during her course; (4) these scales can be kept as a permanent record of the student's achievements. " "

The efficiency reports are made out by each supervisor in the various divisions and given to the instructor at the completion of the student's practice period of each department. The supervisor should discuss the rating with the student nurse so she will know how and where to improve her nursing.

Most nursing schools have their own particular type of rating scales; but the grading of the students should be similar in all; with the same amount of interest for the welfare of the patients, the student nurse, and the supervisors and the hospital.

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UNIVERSITY OF WASHINGTON SCHOOL OF NURSING
HARBORVIEW DIVISION

WARD AND OUT-PATIENT PRACTICE RECORDS

EXPERIENCE RECORDS

1. To be made by students on all services, at completion of each rotation period, checked by the head nurse and given to the teaching supervisor or her assistant.
2. Diagnosis should be a general term such as pneumonia, appendectomy, etc.
3. Nursing care: General care should be entered once only, and the number tallied and totaled. Unusual routines of care, treatment, diets and tests should be listed separately.
4. Social problems, such as "behavior problems," "broken family," "indigency," "medical," "personality," etc. should be checked in the number of cases in which they are observed.
5. Teaching experience includes instruction of patients, members of family, visitors, students, and helpers. Also includes explaining procedures or clinic routines to new doctors.
6. Under conference list the subject, amount of time, and special subjects covered by students.
7. Special assignments or experience should include any special work not listed in above headings.
8. In out-patient department service includes the period of assignment in the different divisions such as Medical, Surgical, Admissions, and Miscellaneous.
 - a. Under Clinics list the clinics conducted or assisted with, number of hours in each clinic and the number of patients seen.
 - b. Under Clinic Preparation list time spent in each clinic in setting up clinic before and after doctor's service.
 - c. Under Miscellaneous include the number of hours and patients seen in Emergency, doctors' clinics, afternoon examination room, also time spent in making dressings and relief on floor service.
9. Total number of cases may be tallied in pencil, as well as patient-days care of those cases, and totaled later in ink numerals. Number of days means patient days or the number of days you took care of the case. Example. If you had two pneumonia patients, each for five days, your number of days total would be ten. The number of cases two.
10. Records are to be printed in black ink. They form a permanent student record for file in the Nursing Education office. They are to be signed by the head nurse, given to the supervisor and signed by her after checking with the student.

SUMMARY OF THE EXPERIENCE RECORD

1. A summary of the student's experience is to be made by the supervisor at the completion of each rotation unit (2 or 3 weeks) and presented to Miss Adams during the first conference of each month. This summary to be used during the quarter as a guide in giving each student a balanced experience. The completed summary is to be submitted to the Nursing Education office with the student's practice grade at the end of each quarter's service.

EFFICIENCY REPORTS

1. Efficiency reports are to be made out by each head nurse in the service division and given to the supervisor at the completion of the student's practice period on each unit. The supervisor will discuss the rating with the student and present the record to Miss Adams during the first conference of each month. This record to be filed in the student's folder in Nursing Education office 109.

Name _____ Status _____ Date-From _____ To _____

Service	Ward	(check grade)	A	B	C	D	E
			100-96	95-86	85-76	75-70	Failure
Reports change in patients' condition							
Physical							
Mental							
Regulates condition of patients' rooms							
Light, heat and ventilation							
Order and cleanliness							
Quiet and general attractiveness							
Standard of Work							
Plans regular work routine							
Keeps patients comfortable and happy							
Guards safety & therapeutic effect of treatment							
Saves time and materials							
Work shows organization & finish							
Personal adaptability							
Adjusts to changes in work							
Adjusts to difficult patients							
Service to and control of visitors							
Cooperation with other workers							
Accepts suggestion or direction							
Educational responsibility							
Covers suggested references							
Presents new references or ideas							
Shows effort to learn on wards							
Is good example of personal health							
Gives health instruction to patients							
Health responsibility							
Physical endurance							
Personal hygienic habits							
Sound health attitude							
Personal characteristics							
Appearance							
Alertness							
Poise							
Even disposition							
Sincerity							
Sympathy							
Tact							
Judgment							
Dependability							
Forcefulness							
Punctuality							
Special aptitude for this service							

Remarks:

Head Nurse

Supervisor

Name _____
Date _____

Division _____

Date _____

ADVANCED PROCEDURE PRACTICE

<u>OPERATING ROOM</u>			<u>OBSTETRICS</u>		
	<u>Class</u>	<u>Dem. Pract.</u>		<u>Class</u>	<u>Dem. Pract.</u>
<u>General Preparation</u>			<u>Pre-natal</u>		
Gauze supplies			Clinic routine & instruction		
Adhesive supplies			Pelvic measurements		
Sterile supplies			Fetal heart		
Brushes & sponge sticks			Blood pressure		
Packs			Abdominal palpation		
Pan sets			Rectal examination		
Solutions			<u>Preparation & labor rooms</u>		
Care of cupboards			Admission preparation		
Gloves			Labor room routine		
Instruments, syringes			Administration of analgesia		
needles			Preparation for vaginal exam.		
<u>Sterilizing</u>			<u>Delivery room</u>		
Catgut			Routine set-up, normal		
Glassware			Bougie or bag induction		
Drums or packs			Version & extraction		
Instruments			Forceps: low, medium, high		
<u>Circulating nurse</u>			Uterine packing		
Prep. & care of room			Perineal repair		
Care of assistants &			Post-delivery care		
visitors			First care of newborn		
Technique check			Resuscitation		
Change of case			Identification: necklace		
After-care of surgery			wrist band		
Clean cases			Weight, measurement		
Infectious cases			Care of eyes, cord, skin		
Gas gangrene or tetanus			Circumcision		
<u>Scrub Nurse</u>			Cesarean section (observation)		
Hand & Gown technique			Prep. to receive baby.		
Minor set-up & draping			<u>Supply room</u>		
Major set-up & draping			Floor supplies		
Special draping			Packs		
Gallie repair			Enamelware		
Breast amputation			Gloves		
Extremities			Sterilization of		
Mastoid			Water & solutions		
Transfusion			Suture materials		
<u>Scrub experience</u>			Tracheal catheter		
General surgery			Instruments		
Gynecology			<u>Post-partum routines</u>		
Chest			Perineal care		
Orthopedic			Breast and nipple care		
Thyroid			Binders		
Urological			Bed exercise		
Plastic			Measurement of fundus		
Nose and throat			<u>Nursery routine</u>		
<u>Clinic</u>			Admission and discharge		
Clinic assistant			Transfer to pediatrics		
Cystoscopic			Bathing and daily care		
Fracture			Feeding, breast & bottle,		
Bronchoscopy			gavage, A.C. & P.C. weights		
Eye			Breast pump - Elect. & Hand		
			<u>Pressure Care</u>		
			<u>Isolation Nursery Technique</u>		

Name _____

<u>HOUSEKEEPING: SUPPLIES</u> D C W	<u>ADMISSION: DISC.</u> D C W	<u>IRRIGATIONS, CON.</u> D C W
Room or ward	Assembling chart	Perineal
Utility room	Charting	Vaginal
Ward Pantry	Clothing	Wound
Ward Linen	Valuables	<u>URINARY TREATMENTS</u>
Central linen	Pediculi	Catheterization
Central Clothes	Shampoo	Bladder irrigation
Central Store	After death	" instillation
Surgical supplies	Specimens	<u>MEDICATION</u>
Pharmacy supplies	Urine	Mouth
<u>GENERAL CARE</u>	Feces	Rectum
Feeding patients	Sputum	Inunction
Ward preparation	Cardinal signs	Inhalation
Patient "	T. P. R.	Croup tent
Helpless patients	Apical pulse	Oxygen tent
Beds	Blood pressure	Subcutaneous
Closed	<u>EXAMINATIONS</u>	Intramuscular
Open	Physical	Intravenous
With patient	Position	Insulin
Postoperative	Vaginal	<u>ADVANCED MEDICINE</u>
Side boards	Rectal	Gown & Hand
Baths	Proctoscopic	Admission
Bed	<u>TREATMENT ROOM</u>	Transportation
Tub	Instruments	Discharge
Morning care	Enamel ware	Clothing
Afternoon care	Glass ware	Valuables
Evening care	Rubber tubing	Dishes
Binders	Rubber gloves	Excreta
Straight	Sterilizers	Utility room
Sculptetus	Technique	<u>ADVANCED LABORATORY</u>
T binder	<u>SURGICAL CARE</u>	Urine
Bedpan and urinal	Preoperative	Cystoscopic
Incontinence	General	P.S.P. test
Enemata	Local	Blood
Cleansing	Postoperative	Wasserman
Carminative	Anesthesia	Chemical tests
Oil	Minor	Coagulation
Retention	Casts	Counts
Barium	Assist with	Widal
Proctoclysis	Dressings	Grouping
Enteroclysis	Paracentesis	Throat culture
Decubitus ulcers	Ear	Sputum
Special mouth care	Chest	Smears
Cradles	Abdomen	Stomach contents
Moving patients	Paricardium	Metabolism
Chair	Lumbar puncture	Cardiogram
Stretcher	Hypodermoclysis	<u>X-RAY</u>
<u>PHYSICAL THERAPY</u>	I.V. infusion	Flat plates
Hot water bottle	Pneumothorax	G. I. series
Dry hot pack	<u>ADVANCED SURGERY</u>	G.B. SERIES
Wet cold pack	Bandaging	G. I. TREATMENTS-Floor
Ice collar and cap	Slings	Lavage
Ice compresses	Care of casts	Gavage
Temperature sponge	Frames	G. I. routine
Counterirritants	<u>IRRIGATIONS</u>	G. B. routine
Mustard plaster	Eye	Test meal routine
Hot compress	Ear	
Flaxseed poultice	Nose	
Turpentine stupe	Throat	

FABIOLA HOSPITAL SCHOOL OF NURSING
REPORT ON STUDENT'S EFFICIENCY

A=Excellent
B=Good
C=Fair
D=Unsatisfactory

Date..... Unit..... Class.....

(Supervisor will underline those terms which most nearly describe the student's work.)

Quality of Work—performance as a whole.

1. Degree of thoroughness—*excellent, very good, good, fair, poor.*
2. Finish of work, attention to detail of environment, ventilation, quiet, general attractiveness—*excellent, good, poor.*
3. Degree of accuracy—*excellent, very good, good, fair, poor.*
4. Quality of reports on patients—*accurate, thoughtful, complete, inaccurate, lacking in thought, incomplete.*
5. Technic—*excellent, good, fair, poor.*
6. Improvement.

Quantity of Work—performance as a whole.

1. Physical handicaps to steady work—*none, tires easily, seems ill, unable to do her share.*
2. Steadiness—*continuous, fairly continuous, hesitates between work, wastes time.*
3. System—*plans her work well, fairly well, poorly.*
4. Rapidity—*marked, sufficient, fair, very slow.*
5. Improvement.....

General Characteristics.

- | | |
|--|--|
| 1. Understanding of work— <i>excellent, very good, fair, poor.</i> | 7. Ambition to learn— <i>keen, good, poor, none.</i> |
| 2. Observation— <i>keen, good, fair, poor.</i> | 8. Handling of property— <i>careful, careless.</i> |
| 3. Memory— <i>excellent, good, fair.</i> | 9. Executive ability— <i>marked, fair.</i> |
| 4. Judgment— <i>excellent, good, poor.</i> | 10. Character of conversation on duty— <i>professional, gossiping, trouble-making.</i> |
| 5. Punctuality— <i>regular, irregular.</i> | 11. Influence— <i>constructive, destructive.</i> |
| 6. Interest and co-operation— <i>willingness to do "a little more," inclination to "get by."</i> | 12. Attitude under criticism— <i>receptive, resentful, constructive, indifferent.</i> |

Special points of excellence.....

Special faults

Personality.

1. Appearance—*well groomed, neat, fairly neat, untidy.*
2. Manner—*tactful, dignified, courteous, pleasing, discourteous, dissatisfied, undignified, tactless.*
3. Attitude toward patients and their visitors—*kindly, sympathetic, eager to serve; careless, indifferent, irritable.*

Taking into consideration this student's efficiency as a worker, her skill in caring for patients, and her general professional attitude, would you say (1) that she shows *very great promise of professional development*; (2) that she will develop into a *good, dependable nurse*; (3) that her development seems to you *doubtful*.

Remarks:

Signed.....

Supervisor.

Class _____
Major _____
Minors _____

Unit Location

Dates, Assigned, from to

[illegible]

Special experience or assignments:

Head Nurse
Supervisor

DEPARTMENT OF PUBLIC HEALTH
SAN FRANCISCO HOSPITAL
SCHOOL OF NURSING—EFFICIENCY REPORT

NAME

WARD

DATE

CLASS

Ultimate Result	Highest Grade Leaders	Marketable followers	Passable drifters	Valueless Failures
Quality of work	Finished, neat work	Work well done but slow in doing	Occasional errors	Poor work, frequent errors
Interest displayed	Alert interest in comfort of patient	Usually alert and attentive to Patient	Willingly does what her attention is called to	Lack interest and enthusiasm
Adaptability	Resourceful and adapts herself to new situation	With suggestions does well	Requires moderate amount of help	Unable to meet and make adjustments to new situation
Teaching ability (in regard to patients and fellow workers)	Seizes every opportunity to teach health	Does not always recognize opportunity for health teaching	Indifferent to most opportunities for health teaching	Assumes no responsibility for teaching health
Co-operation	Unsparingly co-operative	Co-operation satisfactory	Co-operative only if interested	Co-operation poor
Initiative and organizing ability	Strong initiative	Moderate amount of initiative	Fair initiative	Initiative lacking
Judgment	Superior judgment	Reliable judgment	Questionable judgment	Defective judgment
Ability to work with others	Always works harmoniously with associates	Earnest effort to work harmoniously with others	Moody	Arouses antagonism
Personal appearance	Personal neatness excellent	Usually attentive to neatness	Occasionally untidy	Always something lacking to make a good picture
Willingness to accept responsibility	Keen sense of responsibility	Can usually be trusted with responsibility	Shirks responsibility	Unable to assume responsibility

[illegible]

DATE & PLACE OF BIRTH

ADDRESS

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COL GRADUATION:

GR.	UN.	SUBJECT	GR.	UN.
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GR.	UN.
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BY.

DATE & PLACE OF BIRTH

ADDRESS

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OL GRADUATION:

ENTRANCE CREDITS REQUIRED

GR.	UN.	SUBJECT	GR.	UN.
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TOTAL:

ENTRANCE CREDITS:

RECORD IN STUDENT BODY

NOTES ON RECORD

DATE OF GRADUATION:

SUBJECTS

GR.	UN.
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COURSE COMPLETED:

WITHDREW:

HONORABLE DISMISSAL:

DATE OF ISSUE:

CORRECT TRANSCRIPT OF RECORD:

BY.