

SUPERVISION

XIX

Jean Taylor

SUPERVISION

The word supervision means to see over. From this simple beginning the meaning has grown until the supervision or "seeing over" the work of any one person or any institution includes not only the work itself as an end, but the worker who is not only the means to this end, but an end himself. Wright and Allen in their book "Supervision of Vocational Education" give as a definition of supervision the following: "It is a function that means the improvement of a going concern."

Miss Grace Day, Teachers College, says in a lecture that "A supervisor is anyone who must accomplish the ends of his own work through the effects he can produce upon the activities and efforts of others."

Supervision thus means more than inspection. It judges the work and the worker; it studies them and their relationship and their development. The idea of a supervisor has changed from that of a taskmaster to that of a teacher, taking teacher in its broadest aspect, for we must admit that teaching and teachers have changed.

Because of this change in the idea of supervision, its importance has greatly increased and the need most of us feel to formulate our thoughts and experiences about it clearly so we can learn from others has impelled us to here set down an outline of procedures and relationships in supervision in our own field, Public Health Nursing.

The nursing field both in the hospital and in Public Health field, has made many demands on the supervisor and some of these demands conflict with one another. This is especially true in hospital supervision where the conflict between the hospital's aim, that of treating the patient; and that of the nursing school, that of teaching the student, is very frequent.

In addition to this conflict, there is a lack of job analysis in many institutions which makes the supervisor's duties in some places hard to define, confusing to her, and so confusing the work itself.

The supervisor often has been selected because of her administrative ability rather than her teaching ability so that in carrying on the daily work, the student has missed a great many opportunities of learning.

There has been a little different aspect about supervision in the Public Health nursing field. This nursing field has grown rapidly in extent, spreading through many countries and including many specialities. It started in many instances with a single nurse working by herself among the sick poor. As the work grew this nurse, needing help, took on with her a younger or at any rate a more inexperienced nurse to whom she told her conclusions on the best way to do the work, conclusions drawn from her own experiences. She watched over her assistant's work at first, helping her all she could, in part doing a supervisory job.

From this beginning, the older nurse, guiding the newer ones, the work grew making necessary the delegating of one nurse whose special duty was to watch over the work of each nurse and especially the new ones, and to help them all plan their work in a constantly growing and changing field.

Public Health Nursing in its growth through many countries has divided and subdivided into many specialties, school nursing, rural, industrial, mental, child welfare, visiting nursing and others. But no matter into what country or what specialty it carries, it still holds to its fundamental aims, that of helping care for the sick, prevent illness, promote health. The Public Health Nurse must be able to do bedside nursing in unusual situations, to be a teacher, a social worker, an administrator, and a publicity worker. All this in a profession far from being standardized either in preparation for it or in its procedures. New public health fields are being constantly opened, the scope of the work changes often. All these reasons make supervision very necessary especially when we realize that the nurse graduates younger than she used to.

To do an adequate supervisory piece of work there should be one supervisor to every six to ten nurses. Whether this supervision would be done by generalized or specialized supervisors depends on the individual organization and its plan of work.

Let us take a city with a population of 400,000 having a Visiting Nurse Association with a staff of 36 nurses, caring for all types of cases and having a supervisor to every 6 to 8 nurses.

In this Visiting Nurse Association the requirements for admission to the staff are that an applicant shall be in good physical condition as attested by a physical examination made by a physician appointed by the Association itself; shall be a graduate of a standard high school; and of an accredited nursing school, and have an attractive personality. Preference is given to those applicants who have had college or special public health courses, or very good experience. As a matter of fact, out of this staff of 36, 7 have complete college courses, 4 have complete public health courses, 11 have part of their college and public health courses, and 14 have special public health experience. That is one-half have part at least of their college course. This makes a rather high average background for the nurses in this group.

From this group then we can as a rule find several who have the special qualifications which with the proper development will qualify them for supervisory work.

First, what are those special qualifications that a supervisor should have? We can place them under four heads, I think.

1. Educational
2. Occupational
3. Personal
4. Teaching

First, as to the educational qualifications. It goes almost without saying that those minimum requirements fitting the position of the staff nurse, the supervisor must have. And in addition a public health course at a college of good standing. She should know the laws and policies effecting her job, methods of teaching through the simple imparting of information, through the formal lesson, and through the organization of experiences, the relation of her program as a whole to society, and have the ability to use this knowledge intelligently.

Second, the supervisors must know public health nursing from experience in order to be effective and this experience must have been intelligently used. She must have certain fundamental information as to equipment, organization, personnel management, and general occupational knowledge, not only in her lical field, but in the broader field of public health work, such as prevention of disease, hygiene, sanitation, rules and laws of the health department, and ability to study from experiences, that is research ability.

Third, personal qualifications a supervisor should have are many and varied. Some come under the head of Personal Appearance and are more important than is often thought. Under this heading of personal appearance we will first put her physical equipment and health; secondly, ability of the supervisor to dress in such a way that she is neither over nor under dressed; thirdly, a manner that conforms to group standards.

Then we must consider those qualifications coming under mental and social characteristics. One of the most important qualities under this heading is a fine sense of courtesy and tact. The supervisor must have an open and unsuspicious attitude of mind, initiative, an ability to see the job of a staff as distinct from her own individual job, loyalty, a belief in her job, qualities of leadership, an ability to appreciate the other fellow's point of view, ability to analyze a situation and to keep one's foot on the ground.

The qualities of leadership a supervisor has makes all the difference in the world in the morale of the staff. It is this personality of the supervisor that holds the staff to a higher standard of work and thought than anything else and makes them act as a group instead of each nurse acting as an isolated unit. It makes opportunity for the progress of the work as a whole, and the enlargement of the nurses' conception of her job.

Fourth, as a teacher, the supervisor must have knowledge of her work, knowledge of methods of teaching, knowledge of its relationship to the work as a whole, research ability, and ability to work toward the development of the nurse herself.

The functions of a supervisory position may come under these three heads:

1. Teaching
2. Co-ordinating the work of the staff nurse with other social, health, and commercial agencies in the community.
3. Administration.

I. As a teacher.

To do effective teaching the supervisor must have knowledge of the principles of vocational education and of the special methods of teaching in her own field from the giving of information through the formal lesson and most important of all the ability to so organize the subject matter and experiences of the nurse that they will form the most effective order of instruction for her. The nurse should have individual help and conferences with the supervisor as often as necessary - and should be promoted to more difficult tasks as fast as her progress permits.

The supervisor must remember that in teaching nurses as in teaching anyone else, it is not desirable even if it were possible to teach them so that they will all be just alike, to put them all into a mold as it were, but the supervisor helps the nurse to grow and to develop her best qualities. To teach is to arrange the environment in such a way that out of it the students will get that which helps them grow to their best selves. Equal opportunities are not the same opportunities. Each of us needs different things in our environment for our individual growth.

To do this the supervisor must make a case study of each of her nurses. She must study the student and her personal problems as the patient and his family are studied. Only so can she give the student that help and understanding which are necessary to progress. In helping in the development of the personality of her student, the supervisor is working for more efficient nurses, hence for a more efficient program and better care of her patients.

As a teacher the supervisor functions in her most important role, that of developing and inspiring the nurses, teaching them team work, bringing scientific and professional knowledge to them, and so studying and handling them that their abilities will be developed in such a manner that they will not only do better nursing but be more effective personalities.

To do this the supervisor must use every opportunity arising during the work itself to direct the nurse, to point out and explain to her new aspects of the work and lead her toward the development of a broader and truer conception of the public health field and greater ability to carry out these ideas.

The supervisor should work out an efficient program of education for each nurse, one that will tend to foster her growth. While it follows a definite line leading from one step to another more advanced, yet it is so arranged and so elastic that it can be adapted to the individual differences of the nurses. In working out such a program it must be remembered that nurses' individualities need to be guided not repressed or we may do an actual injury to the nurse. Secondly, that the program should be so arranged that the practical work in any type of case should come as nearly as possible to the class work in that type; that both should be taught in such a way that they correlate well and both the nurse who does practical work the easier and the one who gets the theory the easier are helped to do more efficient work.

Along with the program for the nurses' progress and helping toward it, the supervisor has also developed efficient standards of instruction and of technique - for to allow constant variation in these standards is practically to have no standards at all. The technique and instruction itself grows and changes unavoidably as the community and its needs change and as health knowledge grows. This change must occur if we are to keep our standards high.

Scientific knowledge is continually added to and old concepts changed so that the supervisor must be constantly on the lookout for this and see to it that her staff nurses learn the newer ideas of scientific health. She brings it to them from the current professional magazine which she sees that they have to read. She also sees that they are enabled to go to lectures on scientific subjects, and most of all she discusses these things with them individually and in groups through the weekly sub-station meetings.

The supervisor, therefore, as a teacher makes a continual study of her whole program to evaluate and adapt it to changing conditions. In other words she keeps up a continual research on her own job studying it in relation to the Association's work as a whole and to general community conditions as a whole.

Finally, the supervisor as a personality is a great influence, one of the most important on her staff. Her attitude toward the work, toward the patients, toward education, toward life will unconsciously effect the staff. If she sees only the immediate efficient carrying out of the day's work, the staff nurse will be influenced to be of the same limited vision, if the supervisor sees beyond the day's task to the causes of disease and social failure, to the results of them, to the wider aspects of knowledge of her work, the staff nurse's whole character and attitude will be so directed and she will gain in growth and become a more effective personality.

II. As a Co-ordinator.

In addition to the important function of teaching, the supervisor has also certain other relationships to form and maintain at a high level. First, the supervisor is the co-ordinator between the staff and the director. Her loyalty to the work should make her honest and frank in her relations, not to conceal either the abilities or weaknesses of the staff from the director. The supervisor is more apt to conceal the weak points of the nurses through a mistaken idea of loyalty to the nurses. But this is not real loyalty to the nurses, and it is disloyal to the association and its work.

Then there are relations with social, medical, nursing, and commercial organizations. These contacts will often be made by the nurses themselves but the supervisor should know how they are made and that the relationship is maintained at the proper level. New contacts with other organizations are often made by the supervisor herself and all these contacts are very important to the Visiting Nurse Association.

The relations between the medical association and the public health nursing groups needs study as to the necessary adaptations of each to the peculiarities of different communities. How far should the health work of a hospital go into the homes. What phases of the health work should the Health Department of the city carry? How should the private Visiting Nurse Association work with these other groups? These and similar questions as to the working relationships of the various health and social groups continually call for adjustment and much study of existing needs in every community. The effect of the working out of these adjustments on the well being of the public is very great, and needs most delicate and intelligent handling if they are all to carry on for the good of the community.

The co-ordinating function of the supervisor carries over by almost imperceptible degrees into her function as an administrator.

III. As an Administrator.

What is an administrator? According to Wright and Allen in "Supervision of Vocational Education", "The job of an administrator is to create and maintain such working conditions as will, with proper supervision, result in an efficient program." (Page 5.)

As an administrator therefore, the supervisor has many delicate duties arising every day, if she is going to maintain effective working conditions.

These working conditions include the office and its care and set up, the hours of work, vacations, sick leave, the pay, the requirements for admission to the staff, the size of district each nurse works in, the working policies of the association, its contacts with doctors, social agencies, business firms, etc.

The supervisors daily program of assigning the work to the several staff nurses, the conferences with the nurses on their cases, the checking up in the records of the patients is such a combination of the administrative and the teaching functions of the supervisor that it is hard to tell how much is one function or the other.

To do the best teaching each nurse must be studied and helped in her weak points. But this also makes for better work being done and so is administrative in its application also.

The smooth efficient running of the work of the district so that the patients are adequately cared for and at the same time the workers health and morale is kept to its pitch calls for knowledge, judgment, poise, and qualities of leadership in the supervisor.

The quieter the working out of the program the better it is for the worker; there is less strain on her nerves and less danger of friction, and therefore she can do a better piece of work. Noise and hustle do not necessarily mean more or more effectual work - and it is very much harder to work in a place where things seem always stirred up.

Staff conferences, supervisory conferences, committee conferences, case

discussion are not only tools used in teaching the nurse but are also tools used in the carrying out the program, in other words are tools for administration. So also are the records, the manual, the supervisory visit, and the case work with the nurse.

The supervisor as an administrator should know well the standards of work laid down by the Association and she should also know the policy in regard to enforcing the standards and be able to see that they are carried out, in practice.

She must have or cultivate the power to delegate responsibility. The lack of this has been the weak point among the good qualities of many otherwise capable supervisors. To learn the guide others and still leave them freedom to take responsibility is an art and a very important one for the supervisor to have.

The growth of the work must be gradual and through experience of the actual field. It must be from within not as directed from without. It must come through self activity.

Miss Grace Day of Teachers College says, "The individual reaches his possibilities in any field of endeavor through interest."

In addition the supervisor must have special ability in carrying the technical point of her job in such a way that the families are properly cared for and taught health, under the best conditions for the nurses growth, in experience and knowledge and with the best possible use of the monies provided for the purpose of public health.

Part II.

The most important tools that the supervisor will use in carrying out her teaching, administration, and co-ordinating functions are as follows:

1. Records
2. Nursing Manual
3. Case work with the nurse.
4. Supervisory visits.
5. Case discussion.
6. Staff conferences
7. Committee conferences.
8. Supervisory conferences.

From the records much may be learned of the nurse and her methods of work as well as of the patient, his condition, and the treatment he is receiving.

From the study of the case record, may be learned how complete is the treatment the nurse gives her cases, whether she really studies the history of the case, how well she follows up any advice she may give. From the daily sheet may be told something of her ability in planning her visits and the

organization of her time.

The accuracy, completeness, legibility, and conciseness of the records are all items that give insight into the nurse's ability to carry on her work, and to see beyond the daily work to the larger field of public health the data for which are studied from statistics and records. Unless the nurse comes to see this wider use of records as well as the daily use, her vision will be so much limited and her usefulness while it may be as great will remain in a more limited field.

The nursing manual gives to the nurse the general rules of the association and of the technique used. It is used largely as a teaching tool.

Case Work With The Nurse

In any work, the worker must be considered not merely as a means to an end, but as an end in herself. She must therefore be allowed freedom for growth. To effect this, there must be a shared interest in the work between all the workers, whether staff or supervisors. The supervisor needs therefore to make a case study as it were with each nurse. In this she has two aims in view:

1. To develop the personality of the nurse.
2. To carry on the work most efficiently.

The basis of good case work with the nurse is a right relationship between nurse and supervisor. It rests on understanding and the personal development of both the nurse and the supervisor. For the supervisor, being human, has to do some case work on herself. It is really a process of learning how to live. John Dewey says "Education is growing." Case work then should mean a growing in the knowledge and art of living. This relationship may be made an understanding one by -

1. Receiving the nurse on the staff in a friendly way.
2. Giving the nurse recognition for good qualities.
3. Trying to understand the nurse.
4. Showing her her weaknesses and mistakes in an objective manner.
5. Being fair.
6. Being open to suggestions - having a give and take attitude.
7. Having instructions clean and definite.
8. Planning the work carefully so there will not be confusion and uncertainty in the minds of the nurses.
9. Knowing the work thoroughly so as to be able to guide the nurse wisely.
10. Having patience.
11. Keeping your temper.

In order to help the nurse to grow, the supervisor should have a knowledge of her health, physical and mental attitudes, something of her background - personal, educational, social, and professional; her present contacts with patients, members of the staff, and others; her reactions in conference with her and her improvements.

It is essential that the conditions under which the nurse works should be such that her health and happiness are assured. These working conditions include:

1. Hours, vacations, sick leave.
2. Office, supplies, transportation, etc.
3. Salaries and other rewards of her work.
4. Opportunities for further education.
5. The stimulation of being in an atmosphere where a high standard of work is maintained.

The morale of the staff is kept up by the atmosphere created by the personalities of the workers but it depends largely on the personality of the supervisor and her attitude toward her work and toward life.

It also depends on the interest the supervisor feels and shares toward each nurse, her interest in her education, health, good times, problems, and living conditions.

And lastly it is kept up by that sense of co-operative professional work that should pervade any group of workers.

To develop her personality, the nurse should have freedom to use her own initiative by participating in discussions on her own cases as well as on the work as a whole, its policies, methods, etc. She should also carry through, with proper guidance, her own outside contacts with doctors, and other agencies. The supervisor should see that the nurse does not become one-sided by giving her outside contacts, encouraging her to take further education, doing collateral reading, and encouraging her to belong not only to nursing organizations but to have other activities as well.

It would seem that if such a study is made of the nurse and used to develop her it will inevitably follow that there will be an improvement in the quality of the work she would do.

Furthermore through all these contacts with the nurse the supervisor is giving professional advice on the nurse's problems and on specific cases.

Supervisory Visits

The visits that the supervisor makes in the field to judge the actual field work of the nurse are usually made with the nurse though under certain special conditions, they may be made after the nurse has visited the patient.

There are certain advantages and certain disadvantages in the supervisory visit. When we go with the nurse we see -

1. How she approaches the patient and family.
 - a. Her manner to them.
 - b. Their manner to her.
2. The planning of her visit under the home conditions.
 - a. Use of the resources in the home.
 - b. Ability and judgment in selecting the member of the family as an aid in the home.

3. Her technique.
4. Her teaching in the home.
5. Ability to see and follow other health problems in the home than that of the patient.
6. Insight and follow-up of any social conditions.
7. Arrangement for further visits or treatments.

All these details of the nurse's visit should be noted by the supervisor and talked over with the nurse as soon as possible afterwards getting the nurse's explanations and questioning and giving her advice and suggestions on the work itself, allowing her if possible to criticise herself and working out with her a plan for improving her work and conquering any weakness in her personality that has revealed itself through this visit and discussion.

As one of our supervisors says - "Supervision in the home covers all that has been taught in the class room, both concerning principles and methods. It is supplementing class room instruction by critical and helpful observation at the time the nurse is actually doing the thing taught." - - - - "When a direct application can be made that will fix a fact in the memory and establish association paths it should be done."

In criticising any student, we must remember that that implies praise for her good points as well as adverse criticism. We must also take into consideration the reactions of the nurse to supervision.

Personal conferences, staff conferences, committee conferences, all should make for better team work, for developing initiative in discussion, for increasing knowledge of the way to handle specific problems and cases and in general increase that feeling in each one of co-operative professional work.

In addition during these conferences the supervisor increases her knowledge of her nurses and their abilities as workers in a group as well as their knowledge of their work and its problems.

If the supervisor has not a give and take attitude toward the staff at the same time that she guides these conferences, they will not be a success. The staff nurses have to be lead to take part in such discussions and in many cases the supervisor has to learn this also. They have to be planned for and also they have to be faithfully and thoughtfully practiced to make them become a success both for education and administration.

The conference of the supervisors themselves for discussion as to ways and means of the details of their work, pooling of their experiences, and knowledge of matters pertaining to their work is invaluable to the supervisors and to their director.

POTENTIAL SUPERVISORS

As the supervisor considers her staff nurses, she sees some whom she thinks might be developed into supervisors for it is necessary to think always of the carrying on of the work and the preparation for this of those nurses who have special ability for it.

What are some of the qualifications a nurse should have?

1. She should have proven ability in the field as a staff nurse and so gained a thorough knowledge of the field.

2. She should have had a public health course.
3. She should be appointed as assistant to the supervisor before she goes in as supervisor.
4. She should have certain personal qualifications in addition to her professional ones. Such as:
 - a. Teaching ability
 - b. Administrative ability
 - c. A genuine interest in her patients.
 - d. Ability to think impersonally.
 - e. Qualities of leadership.
 - f. Sense of humor.

These are the minimum qualifications, it seems to me, that anyone qualifying for a supervisor should have. Many more that are desirable might be added, but these few are essential.

An association that has nurses with the proper professional and educational background can often develop some of these qualities of supervision by the proper regulating of their experience while on the staff together with personal conferences and a gradual advance in the responsibilities given them.

The lack of supervisors in the public health field and the enlargement of that field make it a responsibility for a going concern to help in developing new supervisors.

How shall we do this? It would be ideal if a course in Supervision in public health fields were available in more Universities. This course could be given after the applicant had finished the regular public health nursing course and should combine at least 36 hours of theory and three months practice in supervision.

Such courses however are available in but few places and it remains for us to introduce our new supervisors to the field.

The following would suggest the content of the introduction of new supervisors. Details of this will vary in the different stations.

The new supervisor would be introduced, to the administrative duties first.

DAILY DUTIES

1. Planning day's work
 - Supervisor
 - Clerk
2. Assigning work to nurse
 - morning
 - noon
3. Correspondence
4. Check records in till
 - New
 - Active and discharged

5. 5. Reports
 - Doctors
 - Clinics
 - Delivery reports
6. Conference with each nurse
7. Checking nurses daily time sheet and supervisor's daily time sheet.

WEEKLY DUTIES

1. Check records in each district
2. Check Metropolitan slips
3. Check maternity slips and records
4. Check condition of cars
5. Send in requisition
 - a. Linen Monday
 - b. Supplies Friday
6. Attend staff meetings Monday 4:00 P.M.
7. Attend supervisors' meeting Saturday - 10:30 a.m.
8. Make out maternity cards.
9. Check over bulletin board.
10. Attend Family Welfare Association district conference Wednesday morning.
11. Substation meeting Monday noon.

MONTHLY DUTIES

1. Inventory of supplies
2. Send out bills.
3. Monthly reports.
 - a. District
 - b. Metropolitan
 - c. John Hancock
 - d. Nurses Committee
4. Check loans
5. Make out Sunday duty and half-day assignment.
6. Arrange, notify members and write up minutes for Noon Advisory
 - Send minutes to
 - a. General chairman
 - b. Substation chairman
 - c. Main office.
7. Check Nurse's token slips and turn in to Main Office.
8. Check nurse's bags.
9. Write student efficiency reports.

MISCELLANEOUS

1. Conferences with other social workers.
2. Conferences with physicians.
3. Calls on patients to straighten out problems.
4. Write staff nurses efficiency reports when due.
5. Care of office and equipment.
6. Attend substation conference with Miss Blakey each week.

The new supervisor should be assigned these routine duties beginning with the first one or two and as she carries them well, other duties added.

It might be well for her to spend one day during the first month just with the clerk learning something of her routine.

The second month she is to take charge of the students, introducing them to the field, giving office and field supervision, and making out efficiency reports and helping plan their work. Giving the actual class work if possible.

7. During this time as occasion offers she is to make outside contacts with such agencies as the substation most frequently co-operates with.
 - a. Doctors in the district
 - b. Health agencies.
 - c. Social agencies
 - d. Clubs and churches
 - e. Talks when called upon.
8. Conferences with new supervisors.

A. Introductory or Administration.

1. Relation between supervisor and
 - a. Board
 - b. Director
 - c. Assistant Director
2. Supervisor's responsibility for administration of office.
3. Supervisor's responsibility for standard of work.
4. Knowledge of district resources.
5. Need for leadership and what it involves.
6. Nurse as the interpreter of the service to the community.
7. Special co-operations.
8. Welfare of the staff
9. Special routines to which the assistant has been assigned.

B. Introduction of New nurses and students.

1. Observation in field with student and nurse.
2. Assigning them such cases that they will learn from them.
3. Supervision of nurse.
 - a. When and how often.
 - b. In the field.
 - c. In the office
 - d. Through the records
 - e. Supervisory reports.
 - f. Study of the individual.
 - g. Conferences.
4. General conference
 - a. Staff
 - b. Station
 - c. Supervisors
5. Classes and demonstrations.
6. Some experience in planning programs.
 - a. Classes
 - b. Staff meetings.

Supervision is a necessity in any public health organization but has usually grown like Topsey. It needs now to be studied and improved. Many nurses dislike to leave the closer contact with the patient that the staff nurse has for the supervisor's job. They like to serve the patient directly. But the supervisor serves the patient through the nurses. She has broadened her service.

PART III.

ROUTINE PROCEDURE

for

SUPERVISORS

Daily

- I. Planning of work
 - a. Supervisors
 - b. Clerks
 - c. Individual conferences with staff and student
 - d. Group conferences with staff and student.
- II. Assignment of calls twice daily.
- III. Records
 - a. Patient's records
 1. Problem cases
 2. New cases
 3. Old cases
 4. Discharged cases
 5. Summarize maternity records and make out card.
 6. Check confidential registrations
 7. Delivery reports on records.
 - b. Check daily attendance record.
 - c. Make out supervisor's time sheet.
 - d. Check nurse's time sheets
 - e. Special attention to student's records.
- IV. Correspondence
 - a. Send prenatal and 5th week reports
 - b. Send requests for diagnosis and delivery when patient decides to go to Maternity hospital for delivery, and has registered there, send in request for report before delivery.
 - c. Letters to Board members.
 - d. Other letters
 - e. Reporting to other agencies.
- V. Appointments
 - a. Doctors
 - b. Clinics
 - c. Other agencies.

Weekly

- I. Check M. L. I. slips
- II. Check records in each district
- III. Check maternity slips and record
- IV. Check pay cases
- V. Make out assignment slips for pay roll.
- VI. Send in requisition
 - a. Linen (Monday)
 - b. Supplies (Friday)
- VII. Attend staff meeting (Monday, 4 p.m.)
- VIII. Attend supervisor's meeting (Saturday, 10:30 a.m.)
- IX. Attend Substation meeting.
- X. Attend Family Welfare Association district meeting.
- XI. Check cash in cash box.
- XII. Visit in field with student.
- XIII. Visit in field with new staff nurses.
- XIV. Check O. B. packs.

Bi-weekly

- I. Check cars.

Monthly

- I. Check records in district with tickler cards.
- II. Make out Sunday and half day schedule
- III. Inventory of supplies.
- IV. Send out bills
- V. Monthly reports.
 - a. District)
 - b. M. L. I.) with clerk
 - c. John Hancock)
- VI. Monthly report written and read at Nurses Committee meeting.
- VII. Noon Advisory meeting
 - a. Arranged for
 - b. Notify members, director, and assistant director.
 - c. Send copy of minutes of
 1. General chairman
 2. Substation chairman
 3. Main office
- VIII. Check nurses token slips and turn in to main office.
- IX. Check nurses bags.
- X. Check district stories.
- XI. Check loans.

Miscellaneous

- I. Field visits with staff nurses whenever necessary
- II. Efficiency reports whenever necessary.
- III. Conferences with social agencies and social workers.
- IV. Conferences with physicians
- V. Care of office and equipment
- VI. Calls on patients when necessary to straighten out tangled situations.
- VII. Mental hygiene conferences.

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