THE CASE STUDY AS THE KEY TO SUCCESSFUL NURSING AND SUPERVISION

I

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THE CASE STUDY AS THE KEY TO SUCCESSFUL NURSING AND SUPERVISION

Spencer has said, "If we enlarge ever so little our sphere of light, we increase infinitely our points of contact with it."

Life is always worth living if one has good genuine responsive sensibilities. Tis sad but true that we of these called highly educated classes have strayed far away from nature. We are instructed to seek the choice, the rare, the exquisite exclusively, and to overlook the common. "We are stuffed with abstract conceptions and glib with verbalities and verbosities; and in the culture of these higher functions the peculiar sources of joy connected with our simpler functions often dry up, and we grow stone-blind and insensible to life's more elementary and general goods and joys."

Each and every one of us is "afflicted with this blindness with regard to the feelings of creatures and peoples different from ourselves." We must cultivate a love for God's children. This only will dispel this blindness. We would not then pronounce on the meaninglessness of forms of existence other than our own. We would tolerate, respect and indulge those whom we see harmlessly interested and happy in their own ways; even though they maybe very unintelligible to us. The whole of good or the whole of truth is never re-

vealed to a single observer.[1] The fact that a knowledge of culture can only be obtained through a study of it, brings out explicitly the point which I am trying to made; namely, that this enlarged sphere of light or knowledge will only come through the toleration and study of human nature.

[1] William James, TALKS TO TEACHERS ON PSYCHOLOGY, Chap 11.

People may ask, how can this knowledge be acquired? There are many ways which are closely associated with our lives but the one that I am most interested in is the study of the patient.

In nursing there are endless opportunities to throw aside this blindness, to relieve others, the patients, of this blindness to their feelings and to not only educate and reeducate the members of the profession but also the recipients of its services. The most direct, logical and genuine way to administer this service to humanity is through the direct, personal or individual study. The term most commonly used for this study is the Case Work Study.

I believe it pertinent at this point to give a very brief historical background of the case method. Dean Langdell of the Harvard Law School in 1871 was the first to speak about the case study. He desired greatly to see the whole study of law built on the study of separate cases. This method trained the student "in individual thinking and in digging out principles through analysis of the material found in separate cases." Dr. Richard Cabot next used this method at the Harvard Medical School. Then the Graduate School of Business Administration at Harvard used these principles. Now today the case study method is used in many

professions, in social work, ethics, civics, general education and others.

Florence Nightingale made the first steps in the use of the case method when she encouraged the students in the Nightingale School at St. Thomas' Hospital, London, England, to discuss their cases and the nursing problems involved. Sister Domitilla experimented with this method at St. Marys Hospital Rochester, Minn. Today many hospitals use the case method to complement the knowledge learned in the classroom and to serve as a link between the lecture room and the ward experiences. The case study method is, if used in its fullest sense, means all the ways which especially lend 2 themselves to consideration of the patient as a whole. It therefore implies the use of case assignment, and bedside clinic as well as case study, case report and case experience record. To know the patient as a whole necessitates a knowledge of the physical condition, mental and emotional state of the patient, and social significance of the illness to the patient, the family and the community. The case study is preferably, a study of the case throughout an illness, irrespective of time-- the "longitudinal picture, as it were, of the entire sickness."Often times in very long illnesses it is impossible to study the case in it entirety. In such instances it may be necessary to do a partial case study over a certain period of time. Miss. Cowan says that not less than two weeks is sufficient for a partial case study and this is often inadequate as compared to the study of the case as a whole. Case studies done when the nurse is caring for the patient is more advantageous, still there is a certain

benefit in making a study upon the case not directly under the students care because of the opportunity to perfect her approach to the patient, and handle the whole situation objectively.[1]

[1] The TRAINED NURSE, JUNE 1930,- Cordelia Cowan, M.A. R.N. "Whats the Matter With Case Study Method?"

There are two popular forms of the case study, namely, the narrative and outline method, which consider the points as presented in the following general outline guide for the student nurse to follow.

Name of patient Date of admission Ward and bed Diagnosis

I Social History:

A. Present:

Address

Age

Nationality and nativity

Color

Civil state S., M., W., D.

Occupation

Home enviornment

Family responsibilities

Family problem due to illness

Apparent mental capacity

B. Past:

Temperament

Education

Residence

Responsibilites

Social interests

Influence habits

II Previous Health History:

A. Health habits

Food, sleep and rest

Sunshine and fresh air

Exercise

Recreation

Clothing

B. Diseases

C. Operations

D. Menstural history

E. Obstretrical history

III Present Condition or Illness:

A. Date of onset

B. Hospitalization

C. Condition upon admission:

Method of entrance

Nutrition and strength

Temperature, pulse, and respiration

Blood pressure

Urinalysis

Other laboratory findings

Symptoms noted

Physical findings

D. Diagnosis

E. Prognosis

IV Purposes and Results of NURSING CARE and other treatments:

A. Social care

B. Medical care:

Orders:

Rest and sleep

Food

Elimination

Treatments

Etc.

Surgical measures (Postoperative diagnosis)

C. Nursing Care:

Observation of symptoms

Physical care:

Rest and sleep

Food

Treatments

Elimination

Special care of :

Skin

Mouth

Vulva

Etc.

Mental care:

Cooperation

Instruction

Mental adjustment

V. Preparation for Discharge and Follow-up:

A. Prognosis and probable disability

B. Instruction and demonstrations:

Treatments

Prophylactic measures

C. Advice:

Medical care

Hygiene

Health habits

VI Summary of this Condition:

A. Causes:

This case

Other cases

B. Prevention

C. Symptoms:

This case

Other cases

D. Nursing care:

This cases

Other cases

VII Nursing Obligations:

A. Suggestions for improvement

Nursing care

Education

B. Prevention of the condition in others

VIII. Sources of Information :

A. The Patient

B. Charts and records

C. Other workers consulted:

Doctors

Social workers

Technicians

Head nurses and supervisors

Etc.

D. References read [1]

[1] See THE TRAINED NURSE, op. cit., pp. 834-840.

To illustrate the practical and efficient manipulation

of this guidance sheet, the following short case will demonstrate both the narrative and outline method used by Edna Schroether, R. N. Postgraduate Student, of the Woman's Hospital, New York City.

Narrative Form

Patient- Mrs. A. C.

Age- 30

Admitted- Jan. 22, 1930

Diagnosis- Periurethral Abscess.

Periurethral Abscess

A periurethral abscess is an abscess situated outside of the urethra but due to infection from the urethral. It forms a symmetrical, rounded or ovoid swelling low down on the anterior vaginal wall about 2-3 cm. in diameter looking like a urethrocele, sharply circumscribed and visible in the vaginal outlet. In some cases there is infection of a urethral gland which becomes obstructed and dilated with pus and is accompanied by considerable inflammation and pus formation outside the gland. In other cases there is a cyst formed by obstruction of the duct of one of the urethral glands whcih later becomes infected. With an acute abscess formation there are all the ordinary evidences of inflammation with urethral irritation added, causing frequent painful urination.

The treatment for this condition is to drain the cavity where it comes closest to the vaginal wall. At this point a large opening should be made and the incision should be kept open by gauze packing or a drainage tube until the cavity heals from the bottom.

Social History

Social History

Mrs. A. C. was admitted to the clinic on January 21, 1930. Her general appearance showed that she had bee ill for quite some time. She was short, thin, and rather emaciated. Her features looked worn but quite alert to her new surroundings. Her lips were dry and she had dark circles under her eyes.

While awaiting examination by the doctor she stated that she had pain in her vagina and severe pain when menstruating for the last five years but recently she had frequent painful urination. A vaginal examination made by Dr. B... showed a periurethral enduration about one-one-half inches in diameter and a swelling of the anterior vaginal wall. It was apparent that her condition needed immediate attention. An interview with the social service worker was arranged for at once. Her problem was a rather difficult one because she had been doing factory work for twenty-five dollars a week up to the present time and had been trying to support her mother-in-law and her husband- a chauffeur who had been unemployed for six months. Her income could hardly be considered. She had four rooms on the second floor of an apartment at 310 East 113th Street and paid twenty-five dollars a month rent. Arrangements were made that she could be admitted to the Hospital at once and pay one dollar daily for treatment.

She has been married thirteen years. She had one full term child, twelve years ago with a normal labor and puerperium. She stated rather reluctantly that her husband had had gonorrhea three times and is now infected but she does not think she is infected because she has avoided intercourse. Her menstrual periods have been regular. She has had severe

pain in the lower part of her abdomen and backache which has been more marked during the last two periods. Just recently she has had frequent, painful, burning urination and has had three spell of chills and fever.

When Mrs. C. was admitted to the ward she was undressed and put to bed at once. Her temperature was 101 degrees showing that she was putting up a good resistance to the infection. She was made as comfortable as possible. She was given fluids every hour and was given a hypnotic that night so that she would be in better condition for the operation.

Laboratory Findings

Blood	Red cells	hemoglobin	White cells
Pre-operative 1/21/30-	4,250,000	75	18,200
Post-operative2/19/30-	3,500,000	73	12,000

A leukocytosis mean a transient increase in the number of leukocytes. A count of 20,000 or more would be considered a marked leukocytosis and indicates a good resistance. All inflammatory or suppurative processes cause leukocytosos except when slight or will walled off.

Wasserman-negative.

Smear and culture-no gonnococci

Pre-Operative- 1/21/30-acid reaction; trace of albumin; free leukocytes.

Post-Operative- 1/24/30-heavy trace of albumin; numerous bacteria; blood.

In acute and subacute cases of cystitis the urine is acid and contains a variable amount of pus with many epithelial cells from the bladder. Red blood cells are often numerous. Albumin is present in small amount. Of the micro-organisms

the colon bacillus is most frequently found in these cases.

The next morning she received a soap suds enema which would help to relieve pressure, post-operative nausea and vomiting and straining of the tissues. She was given a simple cleansing douche. She was catheterized so that her bladder was completely emptied and the tissues were well relaxed. Her mouth was thoroughly cleansed with antiseptic mouth wash solution. Several cases of ether pneumonia have been reported due to improper cleaning of the mouth. She was given Morphine Sulphate gr.one-eighth for absolute rest and atropine gr. one-two hundredth to dry up excess secretion one half hour before the operation.

OPERATIVE PROCEDURES

She was taken to the operating room at 4:36 p.m. The swelling of the anterior vaginal wass within the meatus of the urethra caused pus to exude. An incision 1½ inches in diameter was made and 1½ to 2 ounces of pus was obtained. The wound was then packed with iodoform gauze ¼ inch. Iodoform applied to wounds or mucous membrane acts as a mild antiseptic and disinfectant. It absorbs the fluids from the wound, and in this way prevents the growth of bacteria.

POST-OPERATIVE CARE

She was returned to her room in good condition at 5:00 p.m. A retention catheter had been inserted to provide continual relaxation and to prevent a reinfection by frequent catheterization. This catheter was watched every hour for free drainage. The amount of urine voided was collected and measured. The vulva was irrigated with potassium permanganate 1:5000 every three hours to aid in cleanliness and prevent

further infection. She was given methylene blue grs. 1 three times a day. It is used principally as a urinary antiseptic in gonorrhea. Ice bag and Empirin grains X, relieved her headache, from which she suffered only occasionally. Every other day for three weeks the wound was irrigated with permanganate solution. The packing was removed and new Iodoform packing was inseted. Whenever healing must take place by granulating from the bottpm the wound must be packed. It also aids in drainage. If it is not changed in 24-48 hours it acts as a dam rather than a drain. When potassium permanganate come in contact with the albumins of the tissues it combines with the albumins and liberates oxygen, which destroys bacteria.

Each day for three successive weeks her temperature rose to 102-103 degrees at 4:00 p.m. and dropped to 99-100 degrees at 4:00 a.m. With the elevation in temperature there was a corresponding increase in the pulse rate due to the direct influence of the heat upon the heart itself. In an acute inflammation fever acts as a protective defensive reaction of the body by which it struggles to make the body inhospitable to bacteria.

Patients with a hagh temperature must be kept quiet and at rest because movement favors the passage of the toxins and bacteria from the local processes to the blood and surrounding tissues, activity increases the rate of destructive metabolism and during fever this is already excessive, and it increases the heat action.

She was given an abundant supply of fluids necessary to dilute the bacterial toxins.

A daily cleansing bath was necessary to stimulate the

activity of the skin and to promote the expulsion of secretion. It also helps to improve circulation.

Her mouth was cleansed twice daily.

She received bland, non-irritating foods. Proper diet was necessary to make up for the excessive metabolism and keep her well nourished and to combat the effects of the bacterial toxins on the system.

The symptoms are lessening each day in severity. The patient will be able to leave the hospital in a very few days. Proper treatment of her husbandIs condition has been arranged. The patient was impressed with the fact that proper rest is imperative and that she just be extremely careful of reinfection.

OUTLINE FORM

1 Statement of the Case

A. Patient: Mrs. A. C.

B. Age: 30 Years

C. Admission: January 22, 1930

D. Diagnosis: Periurethral Abscess

a. Characteristics

Symmetrical, rounded, or ovoid swelling

Low down on anterior vaginal wall

2-3 cm. indiameter

Resembles urethrocele

Sharply circumscribed

Visible in vaginal outlet

b. Cause

Infection from urethra

Infection from urethral gland

Infection of cyst formed by obstruction of gland

c. Symptoms

Acute abscess formation

Frequent painful urination

d. Treatment

Incision and drainage

Insertion of gauze packing

11 Personal History and Social Background

A. Menstrual History

Regular periods

Severe pain in lower part of abdomen

Severe backache

B. Obstetrical History

Married 13 years

One full pregnancy 12 years ago

a. Normal labor and puerperium

C. General appearance

Medium stature

Thin and emaciated

Features worn

Dark circles under eyes

D. Subjective symptoms

Pain in vagina

Severe pain when menstruating for past five years

Frequent painful urination

Three spell of chills and fever

E. Objective symptoms

Periurethral enduration 1½ inches in diameter

Medical	Nursing	Purpose and Response

Atropine gr. one-two hundred

Blood examination

Red	White	Hemoglobin
4,250,000	18,000	75%

Leukocytosis

a. Transient increase in number of leukocytes

Good resistance

Wasserman-negative

Urine-trace of albumin

Medical

C. Operative Procedure

1 Incision 1½ inches in diameter into anterior vaginal wall

2. 1½-2 ounces of pus obtained

3 ¼ inch Iodoform gauze Packing inserted.

4 Retention catheter inserted into bladder

5 Smear and culture of wound

a Acts as antiseptic

b " " disinfectant

c Absorbs fluids frrom wound

d Provide continual relaxation

b Prevent reinfection

c No gonococci

D. Post operative

Temp, 102-103 -Protective action against bacteria

Increase in pulse rate- Influence of heat on heart

Catheter watched every hour for drainage

Amount of urine voided, collected and measured

Medical	Nursing	Purpose and Response
	Potassium permanganate vulva irrigations	Aid in cleanliness Prevent further infection
Methylene Blue grs. 1. t.i.d. Emperim grs. X. Ice bag Wound irrigated with Potassium Permanganate every other day for three weeks.		Urinary antiseptic Relief of headache a. Combines with alumin of tissues b. Liberates oxygen which destroys bacteria.
Packing removed Fresh packing inserted		Aid in drainage Healing by granulation from bottom of wound.
Blood examination Red White Hemoglobin 3,500,000- 12,000- 73% Urine Heavy trace of albumin Nemerous bacteria blood		Characteristics in acute cases a Acid reaction b Variable amount of pus c Albumin present d Numerous red blood cells e Colon bacillus present
	Rest and quiet	a Movement favors passage of toxins to to bllod stream b Activity increases rate of destructive metabolism

Medical	Nursing	Purpose and Response
		c Activity increases rate of heart action
	Abundance of fluids	To dilute toxins
	Daily cleansing baths	a Stimulate activity of skin
		b Promote expulsion of secretion
		c Improve circulation
	Mouth cleansed twice daily	
	Diet-bland non-irritating foods.	a Make up for excess metabolism
		b Combat effects of toxins

Control of Case

A. Proper treatment of husband's condition arranged

B. Instruction to patient.

Importance of rest

Avoid reinfection

Return to clinic

Nourishing diet

EDNA SCHROETHER, R.N. "Case Study of Periurethral Abscess", The Trained Nurse, Nov, 1930, 203-208.

At the finish of this paper will be found several samples

of case work study forms from several hospitals throughout the United States.

The advantages of case studies to student nurses are many. I want to show by the statement of facts and experiences that the case study is the key to sucessful nursing and supervision.

Again I mention, that the case study correlates the ward practice with classroom teaching. The practical application of theory develops in the student a purely scientific attitude embodying the desire to be of service to humanity. The ward however differs from the purely scientific laboratory in that we have present the patient who introduces a vital human interest. The presence of the patient on the stage has lighted the flame of interest, developed a creative imagination, and has helped to reject the mechanical and monotonous routine. A bit of homely philosophy, to which I have referred before covers this point. "You meet a human creature, measure and weigh him, ticket and dispise him, and think you've done with him. Then something happens. Life rips off the cover, cracks the shell, stuns him for a little into forgetfullness and you suddenly see as much aching humaness as much God in him, as in yourself or the next man. And your ashamed of your mean ticketing ways. The hardest thing in the world to learn, I suppose, is not to judge- not to judge- and to believe everlastingly in the indestructible divinity of the human heart."

The student develops the powers of keen observation and analysis and improves her interpretation of signs and symptoms. Records of observation and symptoms will serve as

future reference and guidance and make for progress in actual knowledge as well as in methods of work. We want to avoid by all means possible the habit of being so involved in carrying out procedures and getting the work done on time that the nurse forgets to watch the patient. With the adoption of the case study method, we will succeed in our service. I think we can interpret the words of Frances W. Peabody, M.D. to further enrich this explanation. He says, "What we want is less of system and law that kills and more of the spirit that gives life."

I believe that only through careful individual case study can we personally fully realize why the nursing profession is worth while. There are a good many reasons but we must have that individual, personal and intimate association with it. We must have the warm sympathetic heart. As for example, we cannot be a professional success by merely working for financial gain. Our profession is one of unmeasured service. There is no limit to what we are expected to do. How can we pay a person for saving a life? We are paid for what we do and sometimes we are paid for what we do wrong. To be fair, we must recognize this. The type of service we give is not of the quality that can be paid for. No matter how disagreeable the fact is, we must admit that with the best motives and in spite of our best efforts, we do fail and others suffer in consequence.

Nursing is purely a democratic service. We do not ask how worth while people are, how valuable each patient is- we are interested in doing whatever we can for the sick, no matter who, what or why they are. During the period

of the war, we cared for the wounded of both sides in so far as we had the opportunity. We are neutral in as much as if we carried the flag of truce. We must disregard all enmities and it is one of the noblest things of our profession that "we carry a flag of truce in every division that separates man from man."

Then too, we are teachers. It is our duty to make our knowledge and skill go as far as we possibly can. We must teach other people to do much of nursing themselves. Does not this point alone fully substantiate the value of individual case study. We can teach general knowledge to a ward of patients but it is the specific factors which fit or pertain to the definite type of individual which must be given personally and many times confidentially. The capacity to teach is closely attached to the ability of interpreting illness. We interpret the meaning of the illness to the patient and also to the family. That is we try to show them what they can do about it, to teach them the measures of therapeutics and of nursing which we, ourselves have not time to do for all the people who need our help. This knowledge is most beneficial and pertinent to carry over into the homes. It is also important to instruct the patient how he himself, can help out, as in the factor of avoiding contagion. We teach him what he should be guided by in the amount that he does, why it is that he should eat the food that he never wants to eat; why it is that we urge the importance of rest and fresh air upon him. We must make them realize the answer to the question "Why does this misfortune come to me?" The reply to make is "We are sick because we are brothers, brothers in ignorance and in misfortune." People can be made to see

this and be lifted above some of the bitterness that sickness does bring to some people. One of our greatest privil privileges is to show our trend, our background, what we learned about the meaning of illness and why we care for this profession in which we are together interested. As Dr. Cabot says, "We are students of human nature and nursing is one way to discover that dislike is a disease." For example, the classification of college classmates into two groups, men that we like and men that we never could manage to know. With regard to reading Dr. Cabot says, "I have read about hardened criminals whom everyone hated as they read of them in the papers but when I happened to be their physician I have found that they were very little different from the rest of us." Dr. Cabot feels that this dislike is a statement of our own inability to see through a mask. Through our case work study we are given the privilege to remove the mask or masks and delve into the intimate and complex personality of the person. As I have suggested before one glance of a person is insufficient. He wears more than the one mask. His personality is the sum total of many masks worn and only until we have analyzed these individually can we make our diagnosis and thuen proceed with our remedial work.

Considering the abouve duties in nursing we are given a tremendous amount of interesting work to perform. One pitfall however must be garded against and that is the illusion of routine for this alone will obscure and darken the path of care of the individual. Routine is the illusion which makes us blind to the background of individuals. It is easy to look over the head of the near facts so that you do not see what is right before you. It is also very easy

to feel that the patient's suffering at this moment are not very important. "A patient with typhoid fever came into the Out-patient Department. We were very muchinterested in recording how far the spleen came below the ribs and in looking for rose spots. A visitor in the clinic noticed that the patient asked for a drink of water and that nobody got it, until the visitor could not stand it any longer and finally found the faucet and brought him a drink of water." This case illustrates what is meant by the blindness to foregrounds. We are inclined to feel that it does not make much difference, in just a few seconds the patient would be in the ward and would have received a drink. It is absolutely necessary to relieve this blindness in order to accomplish genuine scientific nursing.

Our personal and intimate relationship with the individual patient will greatly help the nurse, by preventing or inhibiting the tendency to succumb to accumulated annoyance and vent it on the latest comer. We will not forget so easily that each time a mistake is made it is a brand new person who has never made that mistake before. The first time the mistake was made it seemed amusing to us but after we had seen about a hundred patients do the same thing, we came to believe that one person had made the same blunder a hundred times. It no longer proves amusing and sometimes we vent our annoyance on the last patient. Nursing teaches tolerance. We will get the best out of our profession if we realize in advance that we are likely to make the same common mistakes ourselves.

Both patient and nurse will benifit tremendously if the nurse will avoid a "one-sided mental diet." In order to give

our greatest service, not for the sake of our own lives but for the sake of our greatest service, we must consider whether or not what we are doing is making us narrow and and settled. It is comparatively easy to talkabout our professional affairs and not to be interested in the affairs of the world. We may say that we have no time for poetry. Why not? We had these interests before we went in nursing. The plea is "don't drop them." Retain every interest that you ever had. We need well read nurses and nurses who are ambitious for knowledge so that they may successfully meet every arising situation. If we stop and think how many people we contact and how very different the social, economic, moral and intellectual inheritance of each individual patient is we would not be so prone to rely on a meager one-sided mental diet. From personal experience I have sometmes been ill at ease because of the limits of my knowledge. Now and then the question arises hwo can the nurse help the patient with all these outside interests" There is one point in nursing which is stressed from the students very first day in training. Keep your patient's mind as much as possible off his own troubles. If you are unable to converse on many subjects this task will not be accomplished. The nurse does not or has not the time to delberately stand and talk. This must be done while she is performing her duties. In a ward she can do much to stimulate conversation among the patients as she is not thefe all the time to keep it going. [1]

[1] RICHARD C. CABOT, M.D. "What's Worth While in Nursing" American Journal of Nursing, Vol. 30- (1931)

For each one of us there is a special way for us to do our very best in this life. We will get-much happiness in finding out within nursing, the bit that we can do better than anyone else. "Our profession is a fine and excellent one but we individually have to choose inside our profession, the way God meant for us and for nobody else in the world." Just as each human face is unique so is our minds also unique. We do not behave as individually as we could but we must strive to find the ways to be natural, to be ourselves in our work, in order to find our greatest service and happiness. "If you are doing something that is not uniquely your job, you are not getting the greatest happiness of giving the greatest service that belongs to you."

With a thorough knowledge and understanding of individual nursing we are made more easily to realize the healing power or nature. That nature cures ninety percent of the cases is one of the most tremendous facts in the world. Often times a patient has had tuberculosis and recovered from it and has never even had symptoms of it. When one's kidney is hurt or ill the other one automatically builds up all this stucture and so its possessor gets well and is just as good as he ever was with the two kidneys. We, as nurses are working on the same side with this enormous healing power which does infinetely more than we can do in physiology, pathology and chemistry. We are the imitators and assistants of nature by making use of toxin-antitoxin.[1]

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[1] DEBORAH JENSEN, RN. B.S., "Value of Nursing Case Studies" Chap.1, pp.3-5.

It has been only in the last few years that doctors and nurses through more intimate relationship with the patients have become increasingly aware of the close relationship between physical disease and mental disease. Dr. Draper says, "Disease may be looked upon as a maladjustment of the internal to the external relations " and further , "Every patient presents a trinity of the problem- the disease process, the malvolent external agent, and the man himself." From a study of diseases we deal with the functions of the total person and not merely detachable parts." This recognition of the demand upon the whole personality for adjustment tends to bring into closer relationship the problems of physical and mental nursing. How does this problem manifest itself? One very common manifestation is the succumbing to emotional whims of the patient. The temperament and emotional character of patients must be studied in order to avoid yielding to the weakness of hypersensitive and self-pitying invalids, who so easily become enslaved to supposedly harmless drugs. Often maladjustments to social demands may be expressed in physical ills. When life is tedius and distressing there is evidence of a greater tendency to an increase in the neurotic, or nervous patient. Thus I have at least tried to suggest that from the patient's viewpoint, is is not the disease of an organ which concerns him, but the health of the whole man; and from our standpoint as nurses we must admit that the patient is more valuable than his disease.Hence it is our duty to know our patients emotions and to deal with them in such a way as to bring them through their illnesses without lasting emotional scars, with renewed confidence,

and with a purpose to be well.[1]

[1]Elanora, B. Saunders,MD. "The Person Sick", AMERICAN JOURNAL OF NURSING (1931), 1377-1381.

Does not this intimate association with the patent create something very valuable in nursing education? Is it not creative thinking, originality, initiative and responsibility? I think as this paper progresses we shall agree unanimously that this is the answer. Creative thinking is just what the word implys, "thinking that leads to the creation of something new." Reflective thought is necessary whenever we solve a problem or meet a new condition; it furnishes the material used by creative thinking. The argument for the training of student nurses to think well, as opposes the system of instruction which was satisfied when the student memorized facts and acquired skill in carrying out procedure, would seem to fit right here. We are constantly called upon to meet the unexpected. "The old expression,'a nurses intuition,' was based on her ability to forsee what was about to take place." This ability however was due to her long familiarity with her work and her intense interest. But when conditions are slightly outside the familiar routine, intuition becomes risky, tricky and unreliable. Good thinking is required to meet the new. We must not think that creative thinking means a great discovery. What it does show is that successful nursing of a patient requires creative thinking if the same results cannot be obtained through following the example of someone else. There has been too little attention paid to reflective thought and none to creative thinking in nursing education. There are few professions where the

individual is subjected to a greater variety of experiences requiring:"1- reflective thought to bring experiences into some sort of coherent whole from which sound judgments maybe formed for action; 2- creative thinking to permit a safe discharge in action of the intense and varied stimulation. The fact that teaching nursing differs from other forms of education will clearly prove to society the sound need for and evidence of creative thinking, initiative and responsibility. The students of nursing are taught in the very same enviornment in which they will practice after graduation. They are presented with many of the same problems before as after graduation, the only difference is that as long as theey are students, they may turn to the supervisor for the ideal solution of a nursing problem. Furthermore student service is considered necessary to care for the sick in the majority of hospitals. and consequently the actual burden of one of the gravest social problems falls on the student body. Nursing is said to be based on the apprentice system but the apprentice system implies a master for every few students. The apprentice works with the master, sharing his hopes and plans as well as acquiring manual dexterity. The above statements are not true however in nursing, there may be twenty or thirty or more students for every supervising nurse employed. Also unlike the master, the supervisor does not share the work of those she teaches. She instructs, gives guidance and orders but the actual nursing is done by the student.

Our modern method of nursing then presents an unexcelled opportunity to train students in correct thinking. The old stereotyped methods of education exemplified by learning facts

and skills from a teacher in the classrooms and in ward demonstrations, while actual nursing was learned not as a student but as the lowliest member of the nursing personnel in the hospital is slowly giving way to the methods of teachingused in modern colleges and universities. Education must take cognizance of the entire situation in which the student is placed; its improvement is one of the most interesting problems in nursing. The student must be permitted to see this problem quite frankly without pretense of any kind. Although her creative thinking has been at work, much of it has been wasted or been productive of actual harm because she has not been able to freely discuss the situation with the supervisor who could help her in her existing difficulty and in developing the right approach to the solution of a problem.[1]

1Gladys Sellew, R.N., "Creative Thinking in Relation to Nursing". AMERICAN JOURNAL OF NURSING, (1931), 189-195.

A question which has been creating very much discussion and thought in the last few years is, "What is the relationship of the case work study to medical jurisprudence in nursing?" Although the degree of legal responsibility is usually defined and specified, there should seem to be a moral responsibility to prepare the nurse to accept her share of accountability in the future. Dr. Reddell says a certain amount of this type of knowledge is necessary: "It helps much toward the peace of mind and consequently toward efficiency for a professional man to know where he stands in regard to legal responsibility to those with whom he has to deal; such knowledge, then should be possessed by every one in any profession."

The case records are not only important to the staff of physicians, but also to the nurses, and other attendants but also as a record to be "utilized in the courts of law and in the matters of public record." It is a safe precaution to chart for every case as if one were making a record which was to be admissible as evidence in court. Edwin V. Mitchel LL.B., of the University of South Dakota states that, "From a legal point of view it is highly important that the maximum of care be exerted in the keeping of complete and accurate case records. Dereliction in this matter by officials and attendants to whose hands this duty is committed is fraught with imperilment and may lead to disagreeable eventualities. It is not possible to foresee when these records may become important. One case is as important as another in this regard, and the slightest negligence, carelessness or indolence is reprehensible to an extreme degree. A considerable duration of time, often years may elapse before they come of consequence. A defect or mistake in one part may destroy the evidential weight of the whole record for an imperfect record is inadmissable. The necessity for this is not always visible." The pitfalls open to the nurse in charting are many. The often made good intentions have never been entirely effective in preventing disasters. That old adage, "Honesty is the best policy," glorifies expediency. When we urge a nurse then to use all due care in her nursing, we must also advise her to record full proof of that due care as a protection to herself and her hospital. In a specific incident, "A nurse applied a hot water bottle to an unconscious patient who was badly burned. In court it was attempted to

show that the nurse had used reasonable care. The court held that: "To place a hot water bottle of such a high temperature upon the feet of an unconscious patient as would burn or scald the feet cannot be said to be a proper way of doing such a thing. The duty of a nurse and assuming that a nurse must only exercise the ordinary care which a trained and skilled nurse would be required to use, is a continuous duty. Dealing as she does, with an unconscious patient, unable to care for himself, it was her duty to observe the effect upon the patient of the application of the remedy as much as it was to test its temperature in the first instance. The powers of resistance, the condition of the patient, must of necessity have much to do with the application of remedies, either by a physician or nurse, and that duty could only be observed by constant and unremitting care and attention, which is just as obligatory upon the nurse as in the duty of applying the remedy directed by the physician in charge." Miss. Ewing emphasizes three important rules to keep in mind, not only for legal protection to the hospital but also for the nurse. First, record the temperature of all solutions used, particularly those used for internal use and in hot water bottles. "A graduate staff nurse prepared a solution for intravenous administration. The temperature was taken, but was not recorded. The nurse stated that the temperature was 115 degrees F. The solution was introduced into the body by an intern on his first day of service in the hospital. The next day the tissues were red and swollen and shortly after became necrotic. The attending physician declared that the solution was too hot, stating that in his opinion the tissues were

severely burned. The nurse stated that she believed that the needles were not in the veins and that the material was passed into the tissues. The physician insisted that the hospital compensate the patient for the injury suffered. The cases did not go to court. The hospital paid, however. It seems probable that the hospital's case woul have been more favorable if there had been a record of the temperature of the solution contemperaneously with its administration." Second, report and record the condition of the patient upon entrance. A Doctor may order a patient to the hospital without having seen the patient after a cursory examination. Then too it may be several days before the medical history can be taken. This is not likely at the present time."A patient entered the hospital. He had been ill for three weeks at home but was not under the care of a doctor. He was ordered to the hospital by the doctor who made only a superficial examination at the home. Upon entering the hospital the nurse noticed an extensive pressure sore, necrotic at the edges, on the base of the spine. No mention was made of the pressure sore on the chart and as the intern did not writethe history until six days later, her was not aware of it. The patient expired on the tenth day. The family believed that he died from the pressure sore and soon after his death, engaged a lawyer to press their claim of neglect against the hospital. Although a definite diagnosis was made and confirmed, the family insisted that he had been neglected. Suit was threatened. The hospital compromises and cancelled the indebtedness of the family to the hospital, which apparnetly pacified them. As damage suits are so undesireable, institutions often go to great lengths

to avoid them. The hospital superintendent scored the nurse severely for her failre to record the presence of the pressure sore. As a student was in charge of the floor, one could hardly expect even a tolerant court to absolve the hospital from all blame." Thirdly, make adequate reports when any accident befalls a patient in the hospital. If a patient falls out of bed, notify the intern or physician, and see that a complete record is made. Carelessness in this type of case merely paves the way for the institution of damage suits long after details of the accident has been forgotten."[1] The essence of the legal obligations which the nurses owe the patients according to Carl Scheffel, lies in performing all those duties that may rightfully come with in the scope of nursing; carrying out faithfully all reasonable doctor's orders; avoiding all acts which her conscience and judgment tell her are dangerous for the welfare of the patient; and in the absence of medical aid, to do all that is within her power in an emergency until the physician arrives to personally take the responsibility of the case. But one outstanding duty must never be neglected and that is for the nurse to record all that she has done for the patient.[2]

[1]Nan H. Ewing, R.N. "The Legal Aspect of Clinical Records", AMERICAN JOURNAL OF NURSING. (1931), 1407-1411.

[2]Carl Scheffe, "Jurisprudence for Nurses." THE TRAINED NURSE. (1930), 626-636.

The case work method as the key to successful nursing and supervision is our constant guide, by which we shall know what to do, how to do it and why we do it. An individuals life is composed of three general units which must be well integrated in order that he may be a perfectly social being. These

These units are the social, mental health and moral factors. The nurse then finds it her duty to keep these factors integrated along with caring for the sick body. This method of nursing provides the nurse with the fundamental material to accomplish her task. Caring for a sick body is difficult enough but is is as nothing compared to caring for a sick mind and a disorganized personality. The constant plea underlying my paper is this, that patients must be regarded individually and not as automatic machines. Dorothea Clifford, in her article "Nursing the sick mind" brings out the many previous points which I have mention and adds still more which show what the case study does for the student and what the student nurse will accomplish by use of it. She stresses more the care for the mentally unbalanced individual but her treatment of these patients should be applied in general to all patients. "Sick personalities are by no means found only in hospital for the insane or among those needing care in such institutions. It is not only the nurse specially trained for psychiatric work who comes in contact with them, but every nurse in general practice. The patient who has developed a definite psychosis is pretty sure to come under a specialist's care, but the one in the early and often unrecognized stages of a mental malady, the psychoneurotic, the milder type of mental deficiency, and the maladjustment or behavior problem are to be found on every side. Even the nurse who takes only surgical or obstetrical cases cannot avoid contact with them. And to those nurses who posses the finest traits of true womanhood, the sincerest love for their fellow-creatures, and the strongest 'urge to service,'

the care of patients with sick minds and souls seems even more worth while than the restoration of ill or injured bodies.

The line of division between the "nervous" cases and those which come under the head of actual mental disease is such a vague and often uncertain one that in discussing the care of the mentally sick one must to some extent include both categories. The problem for the hurse is a dual one: What are the qualities which will make a nurse more successful in this line of work? and: What are some of the duties and methods peculiar to this branch of nursing?

Not every nurse has the benefit of extensive training for psychiatric work. As the movement for mental hygiene gains impetus, nurses will more and more frequently have opportunities of attending lectures and special courses along this line. More and more stress will be laid upon the teaching of psychology in schools of nursing. But sudying psychology never by itself made a successful phychologist. Understanding of human nature comes form the heart as well as from books. There are many nurses, as there are many doctors, who have scant patience with "nerves." Others, whatever their special work may be, are natural soul-healers; they have the inborn ability to put themselves mentally in the place of other, to attract confidence and to impart strength, courage, and cheer. An ability to understand people, with their varying points of view, and to meet them on their own ground, may be said to be the great requsite for the phychiatric nurse. Tact she must have, and a large, large measure of that too-uncommon quality known as common sense. Patience, unlimited and unfailing. Perseverance, often

in the face of discouragement and heavy odds. Self-control which will not fail her in emergencies; kindliness, even to the most trying; a serenity of spirit which will not only sustain her through difficult times, but also communicate itself to others by that mysterious wireless process which is so unexplainable but so constantly evident. A cheerfulness thatsprings from such serenity, instead of being a matter of facial muscles and tone of voice. A pleasant, low, well-trained voice is, however an asset; so is an always immaculate and tasteful personal appearance. A liberal education will be a great advantage, especially in association with patients of culture and wide interests. The same is true of acquaintance with music and art; and a knowledge of various handicrafts is often of the greatest usefulness. The ability to read aloud well is somethin every nurse should cultivate.

In dealing with the mentally sick, whatever the specific condition may be, the first great essential is to create an impression of friendliness. In the actual pychoses there is often an attitude of suspicion, or perhaps delusions of persecution, and in the psychoneuroses,- neurasthenis, hysteria, anxiety states, etc.,- the patient is apt to be suffering from a sense of inferiority, or a feeling that long-continued invalidism has worn out the patience and affection of relatives and friends. Even where the illness is an unconscious attempt to gain attention, or to escape from difficulties or responsibilities, anyting like a condemnatory attitude is always to be avoided. Friendliness does not mean sentimentality or gush; it means a steady, honest desire to be helpful; and it "gets

over" to the patient. A recent writer on neurotic conditions has spoken of the need of these patients to extablish a "talking relationship" with some understanding person. A large proportion of psychoneurotic are what is know as introvert; they live largely inside thir own thought and emotions and feel that no one understands their sufferings. Only too frequently nobody does. Patients coming for the first time to a psychiatrist's office often find an enormous relief in unburdening themselves of troubles which they havehitherto been obliged to keep to themselves. Psychoanalysis has shown that only by getting at the fears, desires, and resentments hidden at the back of the mind can the origin of many symptoms, physical as well as mental, be discovered; and patients will often tell a friendly and "shock-proof" nurse things that they hesitate to confess even to a physician.

Being shock-proof is very important. Many nurses who are accustomed to the utmost horrors of the operating room shrink in dismay or in disgust from the unclean habits, obscene language, sexual perversions, and mental chaos so often encountered in psychiatric nursing. One must never be surprised at anything; and above all one must never show resentment, disgust, or dislike. A patient's confidence must be not only gained, but held, if he is to be helped.

The most optimistic view possible must be taken of every case, if one is to accomplish anything. Discouragement is likely to be discerned intuitively both by the patient and by his family. Taking for granted that a patient is going to improve often has a surprising effect in bringing about such a consummation. The fact that the patient is said to have "been

in this condition for a long time" is no excuse for expecting him to continue in it forever; unremitting effort must always be mde to reconstruct the personality as far as conditions will allow, and in progressive degenerations to prevent or postpone loss of ground by every possible means.

In dealing with the patient with a sick mind, there are three aspects of his life to be considered: problems of behavior, problems of occupation or activity, and problems of thinking and feeling.

Every sort of bizarre behavior may be encountered among mental and nervous cases. In the frank psychoses patients are often so far withdrawn from reality that they have little consciousness of their surroundings, of the passage of time, or of what is done for them. Frenzied patients will tear their clothing, pull out heir hair, or mutilate themselves. Extraordinary perversions may occur, such as the eating of filth or disgusting forms of exhibitionism. Soiling of the person and the surroundings often occurs, especially in the degenerative forms of mental disease. In socalled "nervous" cases, however, minor behavior anomalies are very frequent among patients of all ages. Of these, a very large share, even on the part of children, are more or less unconscious bids for attention,- compensations for real or fancied neglect, or for a starved ego-urge resulting from some other cause. Where this is known to be the case, if satisfaction can be secured in some more normal way the behavior problem usually ceases to exist. Patients whose marital relations have been unsatisfactory, or whose instinctive hman craving to be of imprtance to

somebody is unsatisfied or has grown to abnormal proportions, may literally "enjoy poor health," with the resulting petting on the part of family and friends, and the devotions of doctors and nurses, to such an extent that they have no desire whatever to give up these privileges. Re-education in these cases must be directed toward the externalization of attention and the seeking of more admirable methods of gaining the center of the stage. A great many psychoneurotics, although of adult adult age, have never grown up emotionally; they "act babyish," we say, and babyish is exactly what they are. They have usually been over-protected by solicitous relatives, or by those who consciously or unconsciously desire to retain their power over them, so that they are unable to "stand on their own feet"; and when some untoward event throws them upon their own resources, or they find in some new life-relationship that the accustomed protection is not extended to them, their personality balance is upset. "Conversion symptoms" are frequently seen, where a mental state has been translated, as it were, into a physical condition.

It has been said that the most effective way of handling the "behavior problem" cases is by treating them as if one believed them everything that they ought to be; and this form of suggestion will frequently accomplish a great deal. Manners are always more or less contagious, and neatness, orderliness, quiet ways and invariable courtesy on the part oa a nurse may result in conscious or unconscious imitation. With a patient who shrieks or shouts, speaking in a tone so low that the patient can scarcely hear it may prove quieting, at least for

It need not be said that impatience or recrimination, even with the most trying patient, are worse than useless. The old French proverb, which says that to understand all is to pardon all, is never more applicable than in dealing with the sick mind.

The occupation problem in psychiatric nursing runs the whole gamut from the patient for whom a half-hour or so a day of occupational therapy is definitely prescribed to the one who must be kept occupied or entertained from morning until night. Successful occupational therapy, especially in private practice, may not be perceived by the patient as therapy at all. Occasionally one sees a case where an absolute rest-cure is indicated, and in the more seious types of psychosis it is often impossible to engage patients in regular occupation but the majority of psychoneurotics need safe and sane outlets for their physical and mental energies. Some patients are disinclined to any sort of effort, and it is difficult to interest them in anything, while others will plunge into an occupation with a violence which exhausts them. Patients should always be encouraged to perform all services for themselves that are within their power. Doing small services for others not only furnishes occupation but increases morale. Cutting and arranging garden or wild flowers to send to a hospital, making scrapbooks or dressing dolls for a children's home, or sewing for a needlework guild are acivities of this type. For some patients occupations which are familiar to them add to their feeling of security; for other, some entirely fresh activity is needed to hold attention and arouse interest. Deteriorated patients.

who could not attempt fine work of any sort, may be kept contended for hous by such simple tasks as sewing carpet rags, making patchwork, knitting with large needles and coarse yarn, hemming dishtowels, etc. Men as well as women may enjoy such occupations. Patients with a destructive tendency may sometimes have their energies directed into such channels as tearing bandages or raveling out knitted articles. Anything under the sun that interests a patient may be turned to account in providing occupation: reading, writing or typewriting, drawing or painting, language study, nature study, stamp collecting, gardening, traveling by the book and picture route, book cataloging, translating, and handicrafts of every sort, from stringing beads to book-binding and wood-carving. Work that serves a useful purpose is of grater value than that which is merely pastime, as it produces a greater felling of self-satisfaction, and that which which has a marketable value, or is a preparation for a future vocation, has many times given a patien new interest and hope in life. This is especially true where the psychoneurosis is the result of a mre or less incapacitating accident, and the patient will not longerbe able to pursue his former occupation. Some patients, in attempting a new sort of work, need constant unobtrusive assistance; other, and this is especially true of elderly patients, do not like to be interfered with or supervised. The course to be pursued is that which will make thepatient happiest, and allow him the greatest cause for self-satisfaction.

Games of all kinds are useful. For the patient in good

physical condition, a bfisk game of tennis or ping-pong may be as effective in changing a mood as the wood-sawing of the famous "Red Pepper Burns." Parlor games, even very simple ones intended for children, will help to make sick-room hours pass pleasantly, and the same is true of jig-saw and crossword puzzles. Music, if well chosen, is a valuable therapeutic agent, and dancing is not only good exercise, but an excellent channel into which to divert physical energy. While a patient's occupations and acivities are of course directed by his physician, much depends upon the nurse's resourcefulness and the live, contagious interest which she can put into this side of her work.

Dealing with the mental and emotional factors of a case is by far the most difficult phase of this type of nursing. Phobias, compulsive ideas, delusion, hallucinations, loss of the sense of reality, depression of any degree, or a maniacal excited state may be present; conditions no more to be controlled by the will of the patient than could a broken leg of a typhoid infection. A great many patients have, from one cause or another, a feeling of insecurity; others feel that their life is over, or that nothing in existence is worth while. To build up morale in the frightened, the despairing, and the spirits which have withdrawn themselves from the world of reality is no slight task. The nurse, however, has greater opportunity even than the phsysician, since her association with the patients is moré constant. Some patients are less troubled by the feeling of insecurity when in their accustomed enviornment; this is particularly true of the aged, who dread changes. For this type, even in sefious conditions, as few

alterations as circumstances will admit should be made in their surroundings. For others, everything in the usual enviornment has an unhappy or frightening association; they are better off in entirely fesh surrounding. Habits of unwholesome thinking are best combatted by stating fresh and wholesome ones; as air is most easily expelled from a glass by filling it with water, even so a mind that is kept busy with constructive trains of thought has less and less opportunity to occupy itself with destructive ones. Every case must be treated according to its individual needs, but as a general statement it may be said that to help a patient to think of something other than his own feelings, physical or mental, is always a help toward mental health. If it is only for a few minutes at a time, something has been accomplished, and the establishment of a new habit of thought perhaps begun. In the acute phychoses, where no impression can be made upon the mind, one can only make the patient as comfortable as possible will do more than anything else to retard further deterioration. To make patients feel that they are still of use in the world, that they are needed by someone, and that though one door has closed, one chapter ended, there are others ahead of them, is in many cases the greatest need. It is scarcely necessary to add that where there is religious faith and an idealistic philosophy of life, one has a foundation to build upon such as nothing else can provide."

The second point to consider is the relationship of the case study method to supervision. We ask what is the nature of the link which binds case study and student nursing to

supervision? The part to be played by the supervisor is "to teach the student nurses, thay they may live most and serve best." The supervisor must know then what to teach and how to teach it. A genuine, first class upervisor has spent much preparation for this office. Personnel supervision is vastly more important than material supervision furthermore it is much more difficult. "Personnel supervision involves human nature and human relationships." The good supervisor must know the nature of human nature and the relationships therin involved. Where does she obtain this knowledge? How has she learnt to teach and care for others? She done much more than read books and attend lectures. She has had to apply her theory by encountering actual situations. We all know that one learns only by active participation. The supervisor has made her study through actual case studies. She has acquired her professional license onlythrough the study of maladjusted human life in her training days. As her knowledge increased so did her status in the profession increase. One day she chose as her specific phase of nursing, supervision. Now her relationship to the patient is more indirect. Her direct contact is with the student nurse. In order to snow how the case study as the key to successful supervision is manifested, I am going to state for illustration, that the nurse as well as the patient is also a maladjusted individual. The maladjustment on the part of the nurse is in reference to the lack of knowledge she has of her profession. Does not the supervisor take upon herself the adjusting and educating of human personalities to a successful life,-this time with reference to a professional life?

Supervision then is one step farther in guiding and educating individuals. Now the supervisor has a more well balanced and a more secure command of her knowledge and in the process of her education has acquired characteristics which are pertinent to successful supervision. She has her own and others experiences as a foundation for her success. Underlying these characteristics of an excellent supervisor there is one dominant note which is always realized and that is individuality and the individual whole. Way back in her student days that was also the sounding cord.

The first responsibilitiy to be considered is the art of forcefulness which has two sides; the easy side in which kindliness is shown to the nurses. The supervisor is always mindfull. that the students are human beings, of their working limits and of not overloading them. There is also the more rigid side and to get the work done depends upon this side. To be auspicious the supervisor must show forcefulness and strong persistence. If the leader is weak the students will not make an effort to work and consequently good results will not be forthcoming. A forceful executive will gain his objective promptly. She watches for mistakes. corrects them; reprimands or discharges loafers if she finds she does not improve. The students will realize that careless work is abhored. This enables the department ot be animated with careful industriousness and a respectful attitude held for the leader. No matter if a person be lazy or not, she likes to follow or be guided by a strong leader. Now that we realize that there are two sides to the duty there must be a combination of prainse and censure. of "evenly balanced reward and pressure."

Next to be kept in mind is that the supervisor should give her orders properly, see that they are followed out and maintain a business like and professional attitude all the time. This all means that there should be no commanding or ordering but asking and also tempering the orders to fit the abilities of the students at the given time and also by explaining them clearly. Another important requsite is to keep in close touch with the student so that she knows how efficient each one is. The orders given must be logically followed out. The students and their records are to be watched. This close and intimate contact with the nurses will impress upon their minds that their leader knows whats going on. Unless the student realizes that the supervisor knows all, she is at a loss to guide them. Again one must not forget that the supervisw must tolerate and accept the suggestions of her students. This point relives the feeling of insubordination and inferiority. The point which is most strategic is the preservation of an equilibrium between familiarity and sterness which must be adjusted to suit the idiosyncrasies of each student nurse.

The prestige of a leader can only be acquired through confidence which a group has for her. With a sincererespect the supervisor can accomplish thin which could not otherwise be done. If a supervisor is not trusted the students will be suspicious of her and the orders if carried out will be done in a sluggish and hesitant manner. It is the duty of the supervisor to acquire the confidence of her nurses and this can be carefully done by showing respect for the students

and for herself; also she must be impartial and have no favorites and finally she must use self-control and never permit her temper to overpower her. The students interests must be protected by using care in fulfilling her(the supervisor's) promises.

A friendly interest in the students must be displayed and demonstrated. This can only be accomplishd by regarding the student nurses as individual human beings- talk with them. Personal training and the discussing of their work with them is very effective. Again the supervisor can do things for the student that no one else can. It is very efficacious and stimulating to give a little additional responsibility or advancement in some form. This makes the student realize that she is being watched closely and it will not only spur her to further advancement but also create a closer bond to her supervisor. This personal interest and confidence in the student will help the student grow.

It is expedient that the supervisor establish and impress upon the nurses certain quality standards for her department without being fussy. Orders or instructions must be given in such a way that they are not misunderstood.and then see that they are followed exactly. In order to maintain high quality work the supervisor must be above reproach or blame. She must do her part of the work properly. If mistakes are made they should be corrected and the duties reexplained.

The reason we have groups of individual to perform certain tasks is that one alone is insufficient. An executive needs both the mental at

needs both the mental as well as the manual assistance of her nurses. Suggestions should be asked of them. This can be achieved by several means. The acceptance of practical ones and rejections of the others can be successfully explained.

We must also have supervising without bossing. A competent supervisor leads her nursing without driving them and makes them realize that she is working on the same level with them. This is attained by working with them and not over them. She shows the nurses how to do their work more efficiently and trains them in better methods. She sets the example by being as hard upon herself as she is upon the student nurse.

Each department may be described as a machine with certain things to be performed and in order to work effectively and quickly there must be serviceable and harmonious teamwork. The supervisor must have her work correctly organized so that willing cooperation will be individually forthcoming. Again the proper use of rules and methods must be watched. Severe strictness can do much harm so tis better to be moderately strict and more lenient even in some cases. The ability to deal with these variations of rules and methods exerts a great responsibility upon the supervisor. Teamwork, composed by the harmony and cooperation of the student nurse with the supervisor is one of the dominant trequsities for progressive administration.

One of the facors that makes this teamwork possible is kindliness on the part of the supervisor. This is initially manifested by the practice of courtesy. A supervisor always

addresses her students as for example, "Miss Smith". To be polite in every respect is expected and politeness goes a long way in dispelling doubt in the nurses mind and it shows the supervisors appreciation of the individuals desire for recognition. The recognition of individuality will undoubtedly give the supervisor the name of being the best woman in the world to work for.

A few examples of this attribute on the part of the supervisor may be given. In case of a disagreement between the supervisor and the nurse, the wise leader will always listen to the students story. Sometimes these difficulties arrise from the instigation by a patient and then by all means the supervisor should consider carefully her students story since a patient's lamentations should carry no weight in the punishment of the nurse. Here is a very good opportunity for the profession to stick together so to speak.

In another instance when the student has committed an offense the supervisor should obtain the nurses excuse. Sometimes forgiveness may readily be given but also an explanation of what is right and what is expected is given so that she will know that she can't commit it again on the morrow.

To give a nurse the benifit of any doubt is again a very desireable trait. This again appeals to the individuality of a person and a favorable response in the majority of cases is evidenced.

Kindliness is again manifested by working in the interest of the students. To be lenient to a nurse when she is ill or very tired is to be admired and apprciated by the student. To give personal and special attention is never forgotten and is a means to strengthen the bonds of cooperation. A

factor to avoied is the development of an atmosphere of easiness and laxity. It is highly commendable of the supervisor to nip in the bud any attempt to take advantage of her kindliness. It is also the universal desire of every one to be considered a person of importance in the eyes of someone else. The nursing profession is a difficult one and not an easy one as many people think. We must stop and analyze the position of the inexperienced student nurse who is struggling to adjust her personality with the various personalities of her patients. In some instances they hardly realize what the term personality means or is unaware of the fact that it is personality rather than the individual that she has to work with. Day after day she struggles alon. Progress to her for her efforts does not seem forthcoming. The encouragement and stimulation which the supervisor may invoke by praise and recognition of this student's efforts may be unmeasureable. The student will also work harder so that she may continue to receive honorable mention.

Another importunate point to be considered is reprimand. "properly used, the reprimand is the most important single device of leadership and supervision." It is the basis of strictness and it is indispensible to discipline. To reprimand a student requires delicate manipulation. First of all the supervisor must make sure the offender deserves it. The offense is studied from all angles and also a study is made of the individual. You must be stern with some and patient with others. As for example if you approach a nurse who is a sensitive person with little self-confidence, and give harsh

criticism you may cause a real psychological injury.The tactful supervisor will reprove the student in private and in a quiet, cool, serious and calculating tone of voice. The offender will readily see her mistake and at the same time will not be embittered or resentful. After the student confesses her guilt the supervisor should complete the reprimand by showing the individual how to improve and then forget about the whole situation. Do not remind the student of it from time to time. Show that it is forgotten. For example, find some way of telling the individual about something that she had done well.

There are always new students coming to the department which presents new and special problems to the supervisor. The model leader will make the student feel at home by introductions to the rest of the students and to the necessary employees. Through personal interest in training and encouragement the student maybe brought up to her maximum efficiency rapidly.

To be wholly successful in supervising and in any other walk of life a person must be self-confident. Only when it is present in the leader can it be successfully developed in the students. They realize that their supervisor is backing them and helping them to solve their problems by commending the sensitive whenever possible and by giving them tasks which are not too difficult to master.

Craig and Charters, PERSONAL LEADERSHIP IN INDUSTRY." Chap. 1-17.

In summarizing briefly them the characteristics and the

evidences of the existence of an efficient supervisor we would say that when the supervisor recognizes individual ability and permits it to function there will be good group cooperation. When plans are continually made ahead the group is making progress toward the "job objective". The selection of the right nurse for the right task results in a reputable group morale. When the supervisor knows and performs her task well students of the department have confidence in their leader. The students will gladly undertake any task assigned by their supervisor if she is also willing to work. When the supervisor considers her professional services before any personal advanta ge and convenience her students will place the nursing objectives before their personal desires. Consideration and personal care for the students is always appreciated by personal and group loyalty to the supervisor. Miss. Grace Day, supervisor of the Elementary Schools in Meridan, Connecticut points out the ideals and principles of supervision which develops progress. It is very important to have sympathetic imagination, that is to put one's self in the place of those supervised. And only by the imployment of democratic principles can we develop those potentialities of growth. As someone has said, "The chief interest of the supervisor should be in leading each nurse into self-direction and self-dependence and this she does through letting her see that she is succeeding, giving her more responsibility for self-direction, giving her chances for further successes and thereby building up in her a feeling of belonging and security. The other nurse who has already too much self-confidence may need to have her weaknesses drawn out to keep her from running away with things, because quite

likely she needs some help in visualizing things which she is too overly "busy" to see or grasp. The superior nurse is perhaps the hardest enigma but the good supervisor who sees the work as well as the worker will know that even the best nurse can be guided to even better things, and by encouraging her to do research she can be helped to grow."

The development of these commendable characteristics of the student nurse and the supervisor undoubtedly reflects upon the case work method of nursing. It has been a common denominator in nursing. It does not permit the sharp line of distinction between the hospital and the community. The patient is still a member of society. The expression, "No man liveth unto himself," is of great significance. The nurse is equally a public health and social worker whether she cares for the pt patient in the hospital or in the mome. The case study outline acts as a guideas to what information would be helpful in understanding the needs of the patient. It is meant oto stimulate and direct keen observation and to teach the students to interpret what their observations reveal with a view toward better, more intelligent and sympathetic nursing. The written case record crystallizes, clarifies ideas and makes for conciseness and accuracy. It also serves as future records , references and guides. We are more capable of evaluating the soundness of our methods. Consideration of all these points serve for better quality and standard of work, better service to our patients, better teaching, more scientific methods, better nurses and better service to the community in the prevention and cure of disease.

If we as student nurse or supervisor embrace our pro-

fession with the ideals and aims therin upheld and manipulate them to the extent of our capacity, we will be entitled to the dedication presented in the little poem, written by Edna Harriet Barrett, "To An Aged Nurse."

Once you were mother to hunamity.
With outstretched arms you welcomed all in
need
Of succor; while your calm urbanity
Restored the drunkard, sent him homeward
freed, Embraced the girl, despoiled by vanity,
Who found herself with child by lust or
greed,
And nursed her tenderly until, at length,
Her rising hope announced returning strength.

Your ears, alert, attentive, knew the cries
Of anguished patients who besought relief
From pain too great to bear, or their wan
sighs
When kindly drugs administered them peace
For but a fleeting space. Who can surmise
The miseries you know? Though they would
cease,
Their continuity was the drawn breath
Of three great monster, birth, and life, and
death.

Your eyes have seen the agonly of birth;
You've heard the infant's first resentful cry.
Oh, have you wondered if it all was worth

The trouble, and the suffering, and why
It has to end in death's relentless girth-
This strange procession, always going by,
Of life, beginning with a question mark
And ending, unenlightened, in the dark?

You moved through dim-lit halls a starched
white nurse,
Upon you nightly rounds. A fevered brow
Received you cooling touch; a pulse grown
worse
Was timed with rhythmic ticks, while, rattling,
now
And then, a hasty ambulance or hearse
Disturbed the peace of nght. I wonder how
You felt to see, through mists of human fears,
Life's ship go down-down in a sea of tears.

Deserted now, you sit with folded hands,
A toiler who has sacrificed her youth
To aid a strugglin world whose hard demands
Have drained her valiant strength. Aged,
uncouth,
You look behind at life. At last your strands
Of memory weave closely in on truth-
No pain, or grief, or death could ever be
As dreadful as blank mediocrity!

"You cannot hand the art of nursing out to anybody,"

as Miss. Nutting has said so wisely,"The tools of nursing are many of them simple enough, but the range of sources from which they are drawn must be very wide and their uses perfected by long and arduous effort. Senses and perceptions must be trained to their finest adjustments. Behind that quick sure touch, that fine and delicate manipulation must be months of toil and practice, experiment and failure, as well as progress. Behind that sure judgment lie long stretches of experience and careful study of persons and situations, of comparison of methods and results. The relation between patient and nurse is a peculiarly intimate and vital one, and it should contribute richly and constantly to our knowledge and understanding of our art. It should be preceded and accompanied by carefully directed study of the interdependence of mind and body; of those psychological truths, which can serve in some measure to guide us in the conduct of helpful human relationships.....Emphasis has been laid in nursing always on the development of skill in technique, and that is essential but equally so will be found training of these other kinds, if we are to prepare nurses for the infinitely varied and complex needs which are inherent in the work awaiting them."

Although we cannot be paid on this earth for the true value of our services, we shall have as Sister Imeldine beautifully describes a recompense in heaven to which every nurse should aspire and which will be everlasting.

Is it for gold, this uniform of service,
The spotless garb of dignity you wear?
Is it just beauty's sake and beauty only,
Has set the snowy cap upon your hair?
Is it for these you spend long hours of labor?
No sweeter far your recompense will be-

"Ye who have served the least of these, my brethern,"
The Master said, "have ministered to me."

Is it, perchance, for fame you have come hither,
Seeking to comfort those in grief and pain?
Binding the wounds with healing touch and bringing
Health to the weary, suffering ones again?
No, not for praise your days of loving service,
Higher your ideal far than empty fame,
Yours be a blessing for the least you render-
"A cup of water given in My Name."

So not for gold nor fame nor yet for beauty,
This snowy garb of dignity you wear,
Down the dim aisles of pain-wrecked souls of sorrow,
Your coming breathes a comfort as of prayer.
For in your life of consecrated service,
It is the Master's image that you see
In every soul- to you the words were spoken-
"Lo, I was sick and ye have visited me."

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Swelling of anterior vaginal wall

F. Social Findings

Patient works in factory-earns $25 per week

Mother-in-law and husband dependent on patient

Husband-chauffeur-unemployed for six months

Husband had gonorrhea three times and is now infected.

Home

a. 310 East 113th Street

b. Four rooms on 2nd floor of apartment

c. Rent $25 per month

Patient unable to pay more than $1 daily for treatment.

Medical	Nursing	Purpose and Response
A. On admission	undressed	
	Put to bed at once-bath	Bath
	Fluids given every hour	
Hypnotic at 9:00 p.m.		Rest and sleep
B. Preoperative	Soap suds enema	Relieve pressure
		Relieve post-operative nausea and vomiting
	Potassium Permangnate	Cleansing effect
	Douche	
	Catheterized	Have tissues well relaxed
	Antiseptic Mouth Wash	
		Prevent ether pneumonia
Morph. gr. one-eighth		Absolute rest
		Dry up secretions

Outline for Case Study in General Medicine.

I- Heading:

Name of patient	Student
Address	Class
Date of admission	Hospital
Date of discharge	
Service	
Diagnosis	

II- Social History (facts which have direct bearing on patients present condition)

1- Age and sex.
2- Single, married, divorced, or widow.
3- Nationality and family history.
4- Occupation.
5- Family responsibility and problems due to illness.
6- Home environment, health habits, mental attitude, etc.

III- Medical History:

1- Past: dispensary history, previous admissions to hospital, diagnosis, treatments, etc.
2- Present illness: onset, duration, complications.
3- Symptoms:
   a) Subjective
   b) Objective
   Underscore those which you have observed.
4- Temperature, pulse, respiration, on admission and during the acute stage.
5- Physical examination and significant laboratory findings. Compare with the normal.
6- Diagnosis.

IV- Treatment and Nursing Care:

1- Doctor's orders in regard to medicines and treatments; results expected and results obtained.
2- Diet: type, appetite, fluids, etc.
3- Treatments performed by doctor with which nurse assisted; reason for treatment; reaction of patient.
4- Nursing problems:
   a) Care of skin, mouth, etc.
   b) Personality of patient, mental attitude, and cooperation of patient.
   c) Convalescence, occupational therapy, etc.
5- Progress, prognosis, and medical future for this patient.
6- Summary of case: Name of disease, Etiology, Pathology, Symptoms, Method of diagnosis, Treatment, Duration, complications, Synonyms or popular terms for disease.
7- Discharge: instructions to patient in regard to diet, medication, mode of life, follow-up examinations, etc.

Outline for Case Study in General Medicine (continued)

V-VWhat I taught this patient:

1- Health habits, rest, diet, care of teeth, skin, etc.
2- Mental attitude.
3- Preventive measures.

Vl- What I learned from a study of this case (be specific).

1- General nursing knowledge.
2- Knowledge of medical nursing.
3- Did you give this patient the best care you know how to give? If not, why?

Vll- References:
In giving references, always state author of the book or article, and page.

OUTLINE FOR CASE STUDY IN CONTAGION.

I- Heading:

Name of patient — Student
Address — Class
Date of admission — Hospital
Date of discharge
Service
Diagnosis

II- Social History (emphasize facts which seem to have bearing on patient's present condition.)

1- Age.
2- S.M.W.D.
3- Nationality.
4- Occupation.
5- Dependents.
6- Family problems
   a- due to illness.
   b- Environment- health habits, mental attitude, etc.
   c- the probable way in which patient was exposed to disease.

III- Medical History:

1- Past history- dispensary history, previous admissions to hospital, etc.
2- Present illness - onset, duration, complications.
3- Symptoms - underscore those you observed.
4- Temperature, pulse, respiration on admission and during acute stage.
5- Physical findings:
   a- Skin - eruptions, lesions, desquamation, etc.
   b- Glands.
   c- Heart.
   d- Kidneys.
   e- Nose and throat - membrane discharge, eruption koplick spots, etc.
   f- Tongue - color papillae, desquamation, etc.
   g- Ears.
6- Laboratory findings:
   a- Spinal fluid.
   b- Blood.
   c- Urine.
   d- Nose and throat.

IV- Treatment and Nursing Care:

1- Doctor's orders in regard to medicines and treatments - results obtained.
2- Nursing treatments:
   a- Sponges and baths.
   b- Fluids.
   c- Enemata.
   d- Irrigations and garglos.
   e- Application of ice in ice caps and collars.
   f- Wiping of ears.
   g- Treatment to allay itching.
   h- Diet.

OUTLINE FOR CASE STUDY IN CONTAGION (continued)

h- Diet.
i- Getting patient out of bed.

3- Treatment by doctor with which nurse assisted:
a- Spinal puncture.
b- Giving of anti-tosin, serum, vaccine.
c- Hypodermoclysis.
d- Taking of cultures.

4- Nursing problems:
a- Loneliness of patient.
b- Keeping small children in bed.
c- Keeping patient from sitting up or moving around.
d- Contaminated floor.

5- Technique of isolation.
6- Progress, prognosis and medical future for this patient.
7- Discharge - Instructions to patient in regard to diet, general mode of life, follow-up examinations, etc.

V- What I Taught the Patient:
1- For his own benefit:
a- During acute illness.
b- During convalescence.
c- Value of immunization.

2- For benefit of public:
a- Mode of transmission of disease.
b- Cooperation with Health Agencies.

VI- What I Learned from a Study of This Case:
1- Facts that added to my general knowledge in nursing and in particular to contagious cases.
2- Facts that added to my knowledge in the field of public health and preventive medicine.

VII- References Read:

Directions for Nursing Case Study in General Surgery

1- Heading:

Name of patient — Student
Address — Hospital
Date of Admission
Date of Discharge
Service
Dagnosis: 1. Pre-operative
2. Operative
3. Operation

11- Social History: (facts which have direct bearing on patient's present condition)

1- Age.
2- S.M.W.D.
3- Nationality.
4- Occupation.
5- Family responsibilities and problems due to illness.
6- Home environment, health habits, mental attitude, etc.

111- Medical History:

1- Past- dispensary history, previous admissions to hospital, etc.
2- Present illness- onset, duration, complications.
3- Symptoms (underscore those which you have observed).
4- Temperature, pulse, respiration on admission and during acute stage.
5- Physical examination andsignificant laboratory findings (compare with normal)

1V- Treatment and Nursing Care:

1- Doctor's orders in regard to medicines and treatments - results expected, results obtained.
2- Treatment performed by doctors with which nurse assisted- reason for , reaction of patient.
3- Operative treatment:
   a- Operation performed - why necessary.
   b- Preparation of patient for operation.
   c- Reaction of patient for operation.
   d- Anaesthetic administered- type, reaction of patient.
   e- Condition of patient on return to ward.
   f- Post-operative orders given by surgeon.
4- Nursing treatments - results expected, results obtained:
   a- Position of patient in bed.
   b- Care of skin, mouth, etc.
   c- Diet- Pre-operative and post-operative.
   d- Dressing of wound - type, frequency, general condition of wound.
   e- Convalescence - nursing problems during this period.
5- Progress, prognosis, and medical future.
6- Summary of case.
7- Discharge- instructions to patient in regard to diet,

7- Discharge - instructions to patient in regard to diet medications, care of wound, dressings, follow-up examinations, etc.

V- What I taught this patient:

1- Health habits, rest, diet, care of teeth, skin, etc.
2- Mental attitude.
3- Preventive measures.

VI- What I learned from a study of this case:

1- General nursing knowledge.
2- Knowledge of surgery and surgical nursing.
3- Did you give this patient the best care you knew how to give? If not, why?

VII- References read.

Case Study in Pediatrics

I- Heading:

Name of patient — Student
Address — Class
Date of admission — Hospital
Date of discharge
Service
Diagnosis

II- Social History (Facts which have a direct bearing on patient's present condition)

a- Age
b- Nationality
c- Home environment - financial condition of family, number of children, general intelligence, and personal impression given by parents or guardian.
d- Health habits, rest, play, diet, etc.
e- Mental attitude, personality, behavior, problems, etc.
f- Other facts having any bearing on child's present condition.

III- Medical History:

1- Past - significant facts in health of parents, dispensary history, previous admissions to hospital, length of stay in hospitals and diagnosis, childhood diseases treated at home.
2- Present illness - onset, duration, complications.
3- Symptoms
   a- Temperatures, pulse, respiration on admission and variations from normal during stay in hospital.
   b- Physical examination - compare findings with normal child.
   c- Significant laboratory findings and special examinations.
      Compare with normal.
      Explain reasons for special examinations and tests.

IV- Treatment and Nursing Care:

1- Doctor's orders in regards to medicines and treatments - result.
2- Special treatmehts performed by Doctor with which nurse assiste.
3- Diet
   a- Significance of feeding in children.
   b- Type of diet.
   c- Method of feeding.
   d- Reaction of patient to dietary treatment.
4- Baths - bed, sponge, tub.
5- Care of buttocks, mouth, eyes, skin, etc.
6- Nursing problems encountered and solution.
   a- Discipline of children in hospital.
   b- Keeping children quiet in bed.
   c- Amusements, etc. during convalescence.
   d- Teaching of health habits.
7 Progress, prognosis, and medical future for this child.
8- Summary of case.
9- Instructions on discharge - to child, to parents or guardian in regards to diet, medications, rest, sleep, follow-up examinations.

V- What I taught this patient:

The opportunities presented to the nurse to teach health are probably greater in this department than in any other. By studying the needs of the individual child, and understanding his home environment she can do much to help him. Many times she has the opportunity of talking to the parents, in gaining their interest and cooperation in the health program. Particularly should the student instruct the child in general health habits, washing hands, cleaning teeth, rest, diet, play, etc., as well as trying to solve behavior pproblems presented by individual children.

Vl- What I learned from a study of this case:

1- In what ways did this study add to your knowledge of pediatric nursing, knowledge of special treatments used, etc?

2- In what ways did this study give you a more intelligent understanding of children and their development?

Vll- References:

Note: Outline from Miss Jensen's "Student's Handbook on Nursing Case Studies."

OUTLINE FOR CASE STUDY IN OBSTETRICS.

I- Heading:

Name of patient
Address
Date of admission
Date of discharge
Service
Diagnosis

Student
Class
Hospital

II- Social History:

1- Age.
2- Nationality.
3- Occupation.
4- Occupation.
5- Home environment, number of children, family responsibilities due to illness, etc.
6- Health habits, mental attitude.
7- Education of patient.

III- Medical History:

1- Past history including history of menstrual periods and past pregnances as well as general health.
2- Present history including
   a- Attendance to prenatal clinic or dispensary.
   b- Other prenatal care, diet, rest, exercise, etc.
   c- Present pregnancy
      1st trimester.
      2nd trimester.
      3rd trimester.
   d- Medical attention other than obstetrical.
3- Physical examination and significant laboratory findings. Compare with normal.

IV- Labor and Delivery:

1- Time pains began.
2- Progress up to time of admission.
3- Condition on admission to hospital.
4- Preparation of patient for delivery - reason for medication and special treatment.
5- Progress after admission.
6- Time membranes ruptured.
7- Time moved to delivery room.
8- Delivery normal or instrumental.
   a- Anaesthetic used - reaction of patient.
   b- Sex, weight, and condition of baby at birth.
   c- Lacerations.
   d- Medications given in delivery room and result.
   e- Condition of mother when returned to ward.

OUTLINE FOR CASE STUDY IN OBSTETRICS (CONTINUED).

V- Treatment and Nursing care after delivery:
1- First day post-partum:
a- Temperature, pulse, and respiration.
b- Lochia.
c- Voiding.
d- Condition of breasts.
e- After-pains.
f- Uterus- height.
g- Medications or any special treatment, results obtained.
2- General progress.
Note particularly any abnormality in drainage, breasts, etc.
3- Progress of baby while in hospital- feeding, weight, cord, etc.
4- Condition of mother and baby on discharge.
5- Action of any drugs given to patient.
6- Diet, fluids, etc.

Vl- Nursing problems:
1- Attitude of patient to her condition, to her baby, to nursing staff and doctors, etc.
2- Convalescence of patient.
3- Visitors.
4- Understanding of patients' physical condition and close relationship between physical and emotional nature.

Vll- What I taught this patient:
1- Health habits, rest, diet, etc.
2- Mental attitude.
3- Preventive measures.

Vlll- What I learned from a study of this case:
1- In what ways did this study add to your knowledge of obstetrical nursing in general?
2- Did this study add to your knowledge of prenatal and postnatal care?
3- Did you give this patient the best care you knew how to give? If not, why not?

lX- References read.

BISHOP JOHNSON COLLEGE OF NURSING

THE HOSPITAL OF THE GOOD SAMARITAN

LOS ANGELES, CALIFORNIA

OUTLINE FOR CASE REPORT OF OPERATION

I. Preoperative Diagnosis. Name of operation.

II. History
- Symptoms
- Laboratory and x-ray reports
- Preoperative treatment

III. Preoperative Preparation
- Surgical preparation
- Hypodermic given
- Condition of patient
- Blood Pressure reading, etc.

IV. Anesthetic
- Length of time
- Type - why chosen?
- Hypodermics given - why?

V. Operative Procedure
- Position of patient on table - why?
- Skin preparation
- Draping
- Dissecting and suturing
  - Instruments used
  - Technic
- Closure
- Dressings

VI. Post operative care of patient before leaving operating room.
- Condition of patient.

VII. Post operative diagnosis

VIII. Post operative treatment and medication.

IX. Progress of patient

X. Condition of patient on discharge

XI. What I learned from this case study

XII. Bibliography

DIETARY CASE STUDY

Student's Full Name	Year	Patient's Name	Doctor	Diagnosis	Age	Religion	Admitted	Disch

History	Dietary Prescription	Medicines & Treatments.	Laboratory & Pathological Findings	Progress

What I have accomplished in education of patient in relation to diet.	What I have learned from this case study.	Difficulties encountered & conferences with dietitian.	Reference books consu (Chapters read)

Progress and Prognosis (May include complications and sequelae)

Discharge and follow up

Student's self criticism (what have you learned from this case study? Could you have given better nursing service in spite of conditions? What correlations can be made?)

Bibliography and sources of information

TEMPERATURE CHART (to be added when of special interest)

DATE

Pulse	Temp.
140	105
130	104
120	103
110	102
100	101
90	100
80	99
70	98
60	97

SYMPTOMS

Subjective

LABORATORY FINDINGS

Blood Count

Blood Tests

Urine Test

X-Ray

Misc.

Diagnosis (admission)

TREATMENTS AND NURSING CARE

Medical treatments (why given?)

DIET

INTAKE

OUTPUT

OBSTETRICAL CASE STUDY

ADMISSION OF PATIENT:

Specimen of urine obtained - If not, why?
T.P.R.
Is patient Primipara or Para?
Is patient Gravida - 1 or more?
Enema given or not - If not, why?
Shaved
Scrub up with -
Sterile pads applied
T. Binder

LABOR

Spontaneous
Induced
False
True
Duration of 1st stage?
Duration of 2d stage?
Define 1st stage.
" 2d stage.
" 3d stage

PAINS

When began
Freguency
Severity
Duration

MEMBRANES

Ruptured Yes No. Doubtful
When ruptured?
Spontaneously
Artificially
Uncertainty of -
Approximate amount of fluid lost - Normal amount
Abnormal amount

Technical term
Decrease Increase

SHOW

First appearance -
Amount -
Significance of -

BLEEDING

With pain - makes you suspect
Without pain - about 7th month - makes you suspect

Define L. O. P.
Do L & P relate to mother's pelvis or babe's head
Define Presentation

PRESENCE OF MECONIUM
Importance of noting in -
Breech Presentation
Cephalic "
After Castor Oil and Quinine

POSITION OF HEAD

FETAL HEART TONES
Rate - normal range
Danger point above -
Danger point below -

BLADDER DURING LABOR - especially after a narcotic has been given.
Why must it be kept emptied?

BOWELS DURING LABOR
How often may enemata be given?

PULSE
Signs of exhaustion - quality Rate

EMPSIN
Early in labor
Late in labor

DIET AND FLUIDS DURING LABOR
Importance of -
What kind -

BLOOD PRESSURE DURING LABOR - Normal range
Increase - why important
Drop - why important
What is meant by blood pressure?

ACTION OF - Castor Oil Dose
Quinine Dose
Pituitrin Dose
for induction of labor

Hypo intramuscularly

VALUE OF NARCOTIC immediately after delivery -
Why given Dose Drug
Why not given immediately before delivery?

PERINEUM
Care of - Ex Douching with
Powders
Ice compresses
Care of - Sutures
Care of - Complete tears

LOCHIA
Quantity 1st day
9th day
Character 1st day
5th day
14th day
Odor

CLOTS - Membrane Tissue

Danger of retention -
Possible result -

BOWELS
Enemata - possible danger
Violent cathersis
Why to be avoided -
1st on mother's account
2d on babe's account
Care of bowels in complete tears
Enema - how given? Kind?
Possible complication in such.
Define Recto vaginal fistula. Vesico vaginal fistula

BLADDER
Significance of frequent urination in small amounts
Danger of over distention
Catheterization - How frequently may this be done?
What procautions are necessary? Why.

Should patient be propped up?
When contra indicated?

AFTER PAINS
Cause

Why is discomfort increased during nursing?

Why are hot water bottles contra indicated?

Medication for - Dose Drug

Why more common in multipara?

What changes occur in uterus?

FUNDUS

Why should it be watched for at least an hour after delivery (constantly)?

Height immediately after -
Size " "
Height ninth day post-partum -
Size " " " "
Involution means -

Sub-involution means -
Nursing - Treatment for -
Danger of -

BREASTS

Treatment for engorgement -

Treatment for redness and tenderness -

Danger of infection -

NIPPLES

Ante-partum care of - Why necessary?

Post-partum care of sore nipples -
Lead shields Action of -
Ointments How applied

Why should baby not be allowed to nurse on very sore nipples?

How would you relieve mother if babe does not nurse?

Types of Pumps used for stimulation or relief of engorgement -

1st
2d
3d

What to teach mother with regard to handling her nipples

Why should legs of puerperal patients not be massaged?

What is Phlegmasia Alba dolens? Define each work

Cause

Treatment

What to avoid

ACTIVITY OF PATIENT

Backrest	Day	Length of time
Wheel chair	Day	
1st steps	Day	

SPECIAL EXERCISES - Name three

State value of -

BABE IS VIABLE AT - month

Calendar Lunar

BIRTH CERTIFICATE MUST BE MADE FOR -

Stillborn babes

Any fetus that has reached 5th month of Uterogestation.

CREDE METHOD OF TREATING EYES -

First used in -

By -

Treatment consists of -

Has reduced blindness -

To what percentage -

From what percentage -

References:

NARRATIVE STUDY TO ACCOMPANY CASE HISTORY:

[illegible] NURSING CASE STUDIES

Interpretation of Social Background-------10%
" " of Medical History---------10%
(labaratory and Physical Examination etc)
Understanding of and interpretation of explanation of Medicines and treatments-15%
Individual Observations--------------------20%
(Symptoms, daily progress, result of treatments and medications. Insight into and understanding of patient's personality--mental and physical reaction)
Discussion of nursing problems and their solution.----------25%
Prognosis and Follow-up, both medical and social---------- 5%
Insight into and Understanding of Health teaching and prevention----------10%
Use of Reference Material---------- 5%

NURSES' PERMANENT CASE REPORT — MEDICAL

DICAL CASES	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	TOTAL C.	D.
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NURSES' PERMANENT CASE REPORT — SURGICAL

GICAL CASES	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	C. D.	TOTAL C.	TOTAL D.
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leaning Number of Cases; D—Number of Days. If experience has been with children fill in with **red ink.**

Y FORM 60 N. Y. SERIES PHYSICIANS' RECORD CO., CHICAGO PRINTED IN U.S.A.

STUDENT CASE REPORT

MEDICAL AND SURGICAL SERVICE

T.	MONTH	YEAR	NAME	CLASS	HEAD NURSE	SUPERVISOR

CASE DIAGNOSIS	SPECIFIC TREATMENT	M. or F.	M. or S.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOT DA

SUMMARY OF CASES OBSERVED

DAY	EVENING	NIGHT
ICAL	MALE MEDICAL	MALE MEDICAL
EDICAL	FEMALE MEDICAL	FEMALE MEDICAL
GICAL	MALE SURGICAL	MALE SURGICAL
URGICAL	FEMALE SURGICAL	FEMALE SURGICAL
S AND TREATMENTS	MEDICINES AND TREATMENTS	MEDICINES AND TREATMENTS
S	DRESSINGS	DRESSINGS

SUMMARY OF FLOOR SERVICE

	FROM	TO	TOTA DAY
ABSENT L. OF A.			
ABSENT--ILL			
HOSPITAL			
VACATION			
DEPARTMENT			

DUTY
NING DUTY
HT DUTY
OFF

A=ABSENT—LEAVE OF ABSENCE
I=ILLNESS
H=HOSPITAL
V=VACATION

SIGNED ______________________ STUDENT

______________________ SUPERVISOR

OBSTETRICS PROCEDURE RECORD.

NAME _____ CLASS _____

ENTERED SERVICE _____ MONTH _____

PROCEDURE										
Admission of Patient										
Preparation for Delivery										
" for Ante Part.Vag.Examination										
" " Post " " "										
" " Rectal Examination										
Assisting Doctor with Vag.Exam.										
" Doctor with Artif.Rupt.Membranes										
" " " Rectal Examination										
Making Rectal Examination										
Watching Pt.through 1st Stage Labor										
" " " 2nd " "										
" " " 3rd " "										
" Fundus for 1 hr. Post Partum										
Assisting Doctor with Crede Treatment										
" Doctor with Appli.of Ziegler Clamp										
" " " Removal of Vag. pack										
" " with Removal of Perineal Sutures										
" " " Abdominal Sutures										
Catheteriz. of Pt.with Perineal Sutures										
" of Pt. with no Perineal Sutures										
Assisting with Adm.of Intranasal Pituitrin										
Administration of Gwathmey Analgesia										
" of Intramuscular Mag.Sulphate										
Use of Abts Electric B. Pump										
" " Hand B. Pump										
" " Manual Stripping										
Application of Breast Binders										
" " Breast Protectors										
" " Nipple Areators										
" " Ice Caps to Breast										
" " Abdominal Binders										
" " T. Binders										
Assisting with Blood Transfusions										
" " Hypodermoclysis										
" " 9th Day Cervical Repairs										
" " Circumcision										
Collecting 24 hr.Specimen urine										
Hot Dry Packs										
Taking Blood Pressure										
" Fetal Heart Tones										
Oil Enema										
Enema in 3rd Degree Laceration										
Oiling of Newborn										
Bathing of Newborn										
Gavaging of Newborn										
Care of Premature Babe										
Feeding by Breck Feeder										
Administration of Oxygen										
Gauging of Tanks										
Taking Eye Smears										

shop Johnson College of Nursing — Dietary Case Report

Name _____

red Service _____ Completed Service _____ Date _____

ASE DIAGNOSIS	DIETARY PRESCRIPTION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

COMPUTATION OF TYPES

DIETS	NO.	DIETS	NO.	DIETS	NO.

N. B Mark 1. When one meal only is prepared.
2. When two meals are prepared.
3. When three meals are prepared.

a. Morning nourishment.
b. Afternoon nourishment.
c. Morning and afternoon nourishment.

35-2M-11-29

STUDENT CASE REPORT

SURGERY

ONTH	YEAR	NAME	CLASS

DATE	SURGEON	ROOM NO.	NAME OF OPERATION		STUDENT SERVICE			REMARKS
			MAJOR	MINOR	INSTR. SUTURE	SPONGE	RUN	

SUMMARY

		NO.
NT AND SUTURE	MAJOR CASES	
NT AND SUTURE	MINOR CASES	
NT AND SPONGE	MAJOR CASES	
NT AND SPONGE	MINOR CASES	
	MAJOR CASES	
	MINOR CASES	
ES		
SERVED		
PIC		
JOR CASES		
NOR CASES		

SUMMARY OF SERVICE	FROM	TO	TOTAL DAYS
ABSENT L. OF A.			
ABSENT-ILL			
HOSPITAL			
VACATION			
DEPARTMENT			

SIGNED ______________ STUDENT

______________ SUPERVISOR

JOHNSON COLLEGE OF NURSING—FORM 84 1M 6-32J

Student Nurse's Name.
Date Ward
Supervisor

Patient's Name Age S.M.W. Nationality
Doctor's Name
Occupation
Primpara Multipara
Pregnancy
Labor
Began
Progress
Membrane ruptured
Abnormal conditions
Baby delivered normally with forceps
Lacerations
Repaired with
P lacenta delivered
Breasts
Nipples
Lochia
Involution
Laboratory Findings and their significance:

Operative Procedures:

Doctor's Orders:

Purposes of Medication, Treatments, Diets, Etc.

Important Facts in Family, Past, Marital, Social, Occupation, influencing the patient's condition.
(Consider patient's prenatal care, mental attitude, personality, financial or family worries, health habits, previous illnesses, operations, reaction to hospital environment.)

Why hygienic measures will contribute to prevention of complications this case.

What nursing care most benefited this patient? Why?

What advice would you give the Mother regarding the care of (a) herself, and (b) baby, when she goes home?

CASE STUDY OUTLINE

Advanced Students
Case in a Home

1. Registration
   - How
   - Where
   - What to take to the registry
   - What it means to be on call

2. Reception of notification.

3. Preparation.

4. Transportation

5. Home and approach (method)

6. Adjustment to the situation
   - (a) Place for dressing
   - (b) Introduction to the patient
   - (c) Reading the orders or calling the doctor for orders.
   - (d) Gathering the equipment
   - (e) Carrying out the orders.
   - (f) General nursing care.

7. Consideration of the environment
   - (a) Place for bathings - sleeping
   - (b) Comfortable or not
   - (c) House easily adapted to care of the sick or otherwise
   - (d) Relationship between sickroom, bathroom, kitchen

8. Psychological factors considered:
   - (a) Study of relatives
   - (b) Study of patient
   - (c) Study of servants

9. Care of patient
   - (a) Bed - kind and equipment - height
   - (b) Food - kind and preparation
   - (c) Treatments - equipment, care of bed, floor and property
   - (d) Charting - When, how often, On what grounds.

10. Reporting
    to the doctor - when - how often - on what grounds.

11. Selling personality and nursing service to patient and doctor
    Methods used and success.

12. Nurses' meals - how obtained and where eaten.

13. Nurses' rest - how obtained and where taken.

14. Charges - bill when, how - what is included.

15. Problems - ethical and professional
    how met
    results obtained
    use of Bureau Nursing Service in making decisions.

CASE STUDY OUTLINE.

I. Subject
   A. Definition
      1. Location 2. Description 3. Function

II. Social condition of patient
   A. Introducing patient into case study
      1. Family history
      2. Occupation
      3. Reaction to hospital
      4. Financial worries
      5. Hygienic habits
      6. Mental state and cooperation

III. Cause of condition
   A. Predisposing factors leading up to disease

IV. Symptoms of disease - emphasizing those outstanding in patient

V. In hospital
   A. Patient's entrance
   B. Introduction of patient to hospital
   C. What you did to reassure patient
   D. General plan of treatment planned by doctor
      1. Examinations
      2. Laboratory findings
      3. Why doctor's orders were given
      4. Nursing care given before surgery

VI. Brief description of operation if possible

VII. From operating room to dismissal
   A. Immediate nursing care
      1. Putting patient to bed
      2. Prevention of shock
      3. Observations made
   B. General Nursing care given
      1. Study of patient as individual
      2. Intelligent carrying out of doctor's orders
         a. Purpose
         b. Method of administration
         c. Results
   C. Special attention to details to assure patient's comfort
      1. Physical comfort
         a. Relief of pain by nursing measures rather than drugs
      2. General condition of surroundings
      3. Protection from embarrassing situations
      4. What instruction you have given patient that will have benefited her.

VIII. Possible complications in such a case with detailed description of any that came under your notice

IX. Prevention
   A. How this disease may have been prevented
   B. How may reoccurrence be prevented?

X. What you have learned from case study.
   A. In understanding of patients, psychologically
      (What you have learned from this patient that has increased your respect for the individuality of patients)
   B. In knowledge of disease
   C. Through reference reading

MEDICAL CASE STUDY OUTLINE.

Patient's name (Use a false name)

Diagnosis:

Dr. (Use false name)

Date of entrance and discharge

I. Social History
   A. Introducing patient into case study
      1. Family history
      2. Occupation
      3. Financial worries
      4. Hygienic habits
      5. Mental state and cooperation
      6. Reaction to hospital environment.

II. Cause of condition
   A. Previous medical history and symptoms leading up to entrance to the hospital.

III. Entrance to hospital.
   A. First approach to patients
   B. What were the results and how did you get them?

IV. Physical examination
   A. Meanings of findings
   B. Laboratory work and signifiance

V. Brief - Description of the disease and its treatment, as outlined in books.

VI. Doctor's orders - significance - results to be observed.

VII. Nursing care:
   1. Including procedures - why given - how - results to be obtained.
   2. Patient's comfort - relief of pain - general condition of surroundings.
      Protection from embarrassing situations.
   3. Symptoms to be observed. What instructions you have given patient to benefit her.

VIII. Possible complications in such a case with detailed description of any that came under your observation.

IX. Prevention and prophylaxis
   A. How this disease may have been prevented.
   B. How recurrence may be prevented.

X. What have you learned from this case study.
   A. In understanding of patients, psychologically.
      (What you have learned from this patient that has increased your respect for the individuality of patients.)
   B. In knowledge of disease.
   C. Through reference reading.

CASE STUDY --- OPERATING ROOM.

I. PRE-OPERATIVE CARE.

1. Reasons leading up to operation.
2. Why surgeon was consulted.
3. Cause of operation determined by tests, x-rays, etc.
4. Pre-Operative diagnosis.
5. Pre-operative care by O.R. Nurse.
   a. Reception in operating room.
   b. Catheterization, why?
   c. Attitude during induction.
   d. Observation of Anesthetist's methods.

II. OPERATIVE CARE.

1. Care during operation (warmth, how obtained, why?)
2. Asepsis - how created and how maintained ?
3. Technic of operation -- reviewing anatomy. Drawing
4. Condition of patient on leaving operating room.

III. POST- OPERATIVE CARE.

1. Responsibility in taking patient to room (warmth, vomiting, etc.)
2. Placing in bed. (Reassuring relatives if present. Removing towel, loosening blanket.)
3. Temperature. Pulse. Respiration.
4. Nausea, Vomiting, Pain. (Measures used to relieve.)
5. Bowels, gas ? How relieved ?
6. Bladder - catheterized ?
7. Stimulation -- fluids.
8. Food.
9. First Dressing, when; condition of wound.
10. Up out of bed.
11. Condition on leaving hospital.

IV. CONVALESCENT CARE.

1. Possible results of operation. (Mental as well as physical.)
2. Probable length of actual convalescence with nurses part in handling such cases after hospitalization is over and restoration to normal is necessary. (Overdoing, overeating, nerves, fears, etc.)

V. ETHICS OF CONVERSATION REGARDING OPERATION. both in and out of the hospital.

VI. WHAT MIGHT HAVE PREVENTED NEED OF OPERATION ?

VII. The most imporatnat things I learned from this study which will influence my after-care of surgical patients.