

THE HISTORY OF PROVIDENCE HOSPITAL SCHOOL
OF NURSING, PORTLAND, OREGON,
1944 - 1962

by


Carol S. Connolly, B.S.N.E.


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Assoc (Professor in Charge of Thesis)


(Chairman, Graduate Council)

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TABLE OF CONTENTS

CHAPTER		PAGE
I	INTRODUCTION	1
	Introduction to the problem	1
	Statement of the problem	2
	Importance of the problem	3
	Assumptions	5
	Limitations	5
	Definitions	5
	Procedures for solution	7
II	EVOLUTION OF NURSING EDUCATION IN THE UNITED STATES	10
	Backgrounds of Nursing Education	10
	Introduction	10
	Events leading to the origin of nursing schools	10
	The Foundations of Nursing Education are Built	12
	The pioneering period, 1873-1893	12
	The period of expansion, 1893-1913	13
	Efforts Toward the Improvement of Nursing Education.	14
	The period of standard setting and stock taking, 1913-1937	14
	The period of social consciousness, 1937-1950..	16
	Period of Review, Appraisal, and Accreditation,	
	1950 to date	18
	Deficiencies in nursing	18
	The functions of nursing	18
	Efforts of nursing education to meet deficiencies	20
	Basic baccalaureate program	20
	The diploma school	22
	The associate degree program	24
	The status of basic nursing education in 1961..	25
III	THE HISTORY OF PROVIDENCE HOSPITAL SCHOOL OF NURSING, PORTLAND, OREGON, 1944-1962	29
	The Origin of the School	29
	The background	29
	The Cadet Nurse Corps	29

CHAPTER

PAGE

The Residence	30
The first quarters	30
The nursery home	30
The permanent residence	31
The Library	35
Locations and facilities	35
Gifts	37
Ward libraries	37
Philosophy and Objectives	37
The philosophy	37
The objectives	38
The Administration	40
The first administration, 1944-1950	40
The second administration, 1950-1959	41
The administrative organization	41
The last administration	43
Finance	44
The use of federal funds	44
Student costs	45
Sources of financial support	47
The budget	47
Accreditation	48
Legal accreditation	48
Professional accreditation	48
Organizations devoted to improvement of nursing education	50
The Faculty	51
The teachers of the first courses	51
Nurse instructors for basic sciences	51
The part-time faculty	52
Instructional contributions of nursing service personnel	52
Instructors in emergency nursing	53
The physical education instructors	53
The librarians	54
Instructors in social sciences.....	54
Instructors in affiliating agencies	54
The medical staff as instructors	55
Preparation of full-time faculty	55
Faculty stability	59
The professional activities of faculty	60
Recruitment activities	62
Inservice education	63
Social activities	64
The faculty organization	65
Faculty personnel policies	67
Faculty orientation program	67

CHAPTER

PAGE

The curriculum	68
Organization and administration of the curriculum	68
Organization of the school year	69
The curriculum pattern	69
Course placement	70
Distribution of class hours	72
Total hours of theoretical instruction	76
Courses showing an increase followed by a decrease in hours	76
Courses showing an increase in hours	77
Courses showing a decrease in hours	78
Courses remaining the same	78
Ward conferences	79
Total instructional hours	80
Course changes, integration, and correlation	81
The proposed curriculum change	84
Instructional methods and techniques	85
Evaluation of students	86
Senior review and senior tests	86
Evaluation of the curriculum	87
Written curriculum and clinical policies	87
Clinical Practice in the Curriculum	88
The clinical field	88
Providence Hospital	88
New services added	88
Nursing service policies, meetings, and inservice education	91
Nursing care hours	91
Clinical practice at Providence Hospital	92
Changes in time distribution in clinical practice	92
Reduction of hours spent in the clinical areas	93
Medical and surgical clinical practice	94
Diet kitchen clinical practice	97
Emergency surgery and intravenous therapy	98
Operating room	98
Evening experience	99
Senior electives and senior experience	99
Night duty	101
Affiliations at Providence Hospital	101
Pediatric clinical practice	103
Obstetrical affiliation for Providence students	104
Psychiatric affiliation	106
Public health nursing observation	108

CHAPTER

PAGE

The Students	109
Admission requirements	109
Pre-nursing tests	110
Other admission requirements	111
Marriage regulations	112
Scholastic requirements	113
Graduation requirements	113
State Board Test Pool Examinations	114
Number of students admitted and graduated	114
Per cent of attrition and graduation	117
Comparison of attrition rates	118
Reasons for student withdrawals	119
Student regulations	120
Hours of work, vacations, and holidays	123
Uniforms	124
The Cadet uniform	125
Scholarships and loans	125
Co-curricular Activities	126
The health program	126
Health care policies	128
Counseling and guidance	129
Orientation	130
Student activities	131
Initiation	131
Capping	132
Charitable activities	133
Religious activities	133
Publications	134
Sports	135
Social events	135
Senior activities	137
Graduation	138
The Graduates	139
Professional and personal activities	139
Organizations	141
The student organization	141
Intercollegiate Council	142
Oregon Student Nurses' Association	142
Florence Nightingale Memorial Service	144
Mother's club	144
The Alumnae Association	145
The Decision to Close and its Announcement	146
The decision to close the school	146
The status of the school after announcement ...	147
IV SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS	149
Summary.....	149
Conclusions.....	157
Recommendations.....	159

	PAGE
BIBLIOGRAPHY	160
APPENDIX	
A TUITION, FEES, AND EXPENSES FOR STUDENT NURSES AT PROVIDENCE HOSPITAL SCHOOL OF NURSING IN 1950, 1951, 1955, AND 1959	176
B FACULTY PERSONNEL POLICIES	177
C JOB DESCRIPTIONS FOR FACULTY	180
D FACULTY TEACHING AGREEMENT	193
E CONSTITUTION AND BY-LAWS OF FACULTY COUNCIL	194
F RULES AND REGULATIONS FOR STUDENTS, 1953	202
G RULES AND REGULATIONS FROM PROVIDENCE HOSPITAL SCHOOL OF NURSING HANDBOOK, 1961	205
H FRESHMAN ORIENTATION WEEK SCHEDULE, 1955	209
I STUDENT ACTIVITY CALENDAR, 1953	210
J PLEDGE OF FIDELITY TO DUTY	213
K CONSTITUTION OF PROVIDENCE STUDENT NURSES ORGANIZATION	214

LIST OF TABLES

TABLE		PAGE
1	Type and Number of Volumes in Providence Hospital School of Nursing Library in 1944, 1949, 1954, and 1959	36
2	Academic Preparation of Full-Time Nurse Faculty Members at Providence Hospital School of Nursing, 1944-1962	58
3	Number of Hours of Theory and Per Cent of Total Theory Hours in Each of the Three Years of Study and Total Theoretical Hours of Instruction at Providence Hospital School of Nursing for Students Graduating in 1947, 1952, 1957, and 1962	73
4	Clock Hours of Theory Instruction in Each Course Taught at Providence Hospital School of Nursing for Classes Graduating in 1947, 1952, 1957, 1962	75
5	Data Relating to Patients and Personnel at Providence Hospital in 1945, 1950, 1955, and 1961	90
6	Number of Students Admitted, Number of Students Graduated, and the Attrition Number at Providence Hospital School of Nursing in Each School Year, 1944-1961	116
7	Per Cent of Attrition and Graduation at Providence Hospital School of Nursing in Each School Year, 1944-1961, and Per Cent of National Attrition	117
8	Reasons for Withdrawal and Number of Withdrawals at Providence Hospital School of Nursing, 1944-1961	120

LIST OF FIGURES

FIGURE		PAGE
1	Cost to the Student for the Three Year Program for Classes Entering Providence Hospital School of Nursing, 1950-1959	46
2	Total Theoretical Hours and Total Instructional Hours at Providence Hospital School of Nursing for Classes Graduating in 1947, 1952, 1957, 1962	80

CHAPTER I

INTRODUCTION

Introduction to the Problem

Educational systems are the result of the civilization that produces them. Education may be influenced by custom and tradition, but it is also affected by current social forces. In fact, social forces ultimately determine the philosophy, objectives, administration, organization, and curriculum of the school. Social forces are constantly changing, and these changes are reflected in educational systems. Because of the relationship of social forces to education, any history of education must consider the social setting in which the educational system functions. (11)

Historical theses were popular in early graduate studies in education, but they were mainly a chronicle of past events and were largely replaced by experimental studies. Today, historical studies emphasize evolution and development of institutions, subjects, or people. They suggest functional use of evidence and possibilities of its application. History of education seeks to establish trends, institute comparisons, or find causes or reasons. History should be more than an almanac or chronicle of events; its data should be applicable to present problems. (16) Current issues and problems can

often be solved through an understanding of origins and relationships, and trends can perhaps be predicted.

The primary purpose of historical studies in nursing is to produce a record of past events in nursing, but nursing histories also should seek to ascertain meanings from facts and show relationships among them. History is more than a conglomeration of facts; the facts must be interpreted by instituting comparisons and suggesting parallels. Historical studies in nursing can contribute perspective to present and future problems in nursing education. (29)

Statement of the Problem

The largest number of schools of nursing in the United States are hospital diploma schools, but the number of these schools is gradually decreasing, while the number of collegiate schools is increasing. (1) Because Providence Hospital School of Nursing, Portland, Oregon has announced closure of its diploma program, this study is made for the purpose of preserving a permanent, accessible record of the events in the development of the program for the education of student nurses at the school. It also will seek to ascertain:

1. The reasons for the founding of the school
2. The philosophy and purposes of the school
3. The activities the school and its personnel undertook to accomplish its purposes
4. The reasons for the termination of the program

5. Relationships between national nursing education trends and events at Providence Hospital School of Nursing
6. The influence of social forces upon the educational program.

Importance of the Problem

Seated at the roaring loom of time, for six thousand years man has woven a seamless garment. But that garment is invisible and intangible save where the dyes of written history fall upon it, and forever preserve it as a possession of generations to come. (23)

History is an effort to preserve a record of any aspect of man's past. It is an integrated account of past events, written as a critical inquiry for the truth. (23) Whether history is a science and suitable for research has caused much controversy among authorities. The answer to this question will depend upon the definitions accepted for both science and history. Most definitions of science consider it to be a body of systematized knowledge, of related facts arranged in a certain order. A science has definite subject matter, and the facts of science must be analyzed objectively and critically in a search for truth. (29) History differs from the natural sciences in that it is not based upon experimentation and cannot be repeated, but it does deal with the facts of past events, and these facts can be analyzed for the purpose of uncovering truth. (24)

Historical research attempts to reconstruct events of the past through examination of documents and interviews with persons connected with these past events. Through collection, organization, analyzation, interpretation, and recording of past occurrences, certain truths will

emerge.(2) The value of history is that it teaches what man is through a study of what man has done.(6) If nurses are to understand the present in nursing, they must have a knowledge of the past. It is important for nurses to contribute to the study of their history. Little research of an historical type have been done by nurses, yet it is important to preserve records of nursing activities and organizations in order to contribute to an understanding of all of the factors involved in a situation. Nurses have a responsibility to help preserve a record of past events in nursing. Although nursing has progressed in studying its history, historical research on such subjects as histories of organizations and agencies such as schools of nursing remains to be done.(2) A history of a local school is a suitable subject for a Master's thesis.(16)

Some historical studies of nursing in Oregon have been done. Marjorie J. Bouffard wrote A History of Nursing in Oregon, an unpublished thesis in 1951; Lois Abalgore Epeneter presented a thesis, The Development of the Basic Professional Nursing Program Offered Through the Department of Nursing Education, University of Oregon Medical School to the Department of Nursing, University of Oregon Medical School in 1958; and Billie N. Hutchinson prepared an historical thesis in 1960 for the University of Oregon School of Nursing on The Development of the Oregon League for Nursing. In compiling a history of Providence Hospital School of Nursing, the writer will be adding one more portion to the history of nursing in Oregon. The writer has been reminded of other possible uses of this study. Mrs. Maud Andrews, lithographer of The Voice of Providence, has indicated that a copy of the history of the school would be useful as

a reference source for the hospital newspaper, and the Providence Alumnae Association is interested in obtaining a copy for the organization.

Assumptions

It is assumed that information obtained by interview and correspondence will be accurate and reliable, as the individuals who relate this information are trustworthy sources of data. It is further assumed that published materials and school records are authentic sources. It is also assumed that no one cause will be sufficient to explain an event, as multiple causation is the rule in the explanation of historical events. There are many contributing factors involved in attempting to establish reasons for past happenings.(16)

Limitations

This study is restricted to the history of Providence Hospital School of Nursing from its origin in 1944 to 1962. It will include only that information that can be obtained by interview or correspondence, or through the use of school records, state board of nursing reports, newspapers, periodicals, yearbooks, and alumnae records. It is recognized that no historical study can incorporate all of the facts concerned with a subject. This study is of necessity limited to those facts that pertain to the purposes of the study and to those which are obtainable. No attempt will be made to evaluate the program of the school.

Definitions

Terms employed in this study are used in the following context:

1. Basic professional nursing program is one which prepares nursing students for beginning practice as registered nurses.(52)

2. Baccalaureate program (university, degree, or collegiate school) is a program leading to a baccalaureate degree. It is conducted by an educational unit in nursing that is an integral part of a senior college or university and is organized and controlled in the same way as other units in the institution of higher learning.(52)
3. Diploma program (hospital school) is a basic nursing program conducted by a hospital that culminates in the awarding of a diploma.(52)
4. Associate degree program is a basic nursing program leading to an associate degree and established as an integral part of a community or junior college.(52)
5. Professional school of nursing is an educational institution that prepares students for the licensing examinations leading to legal status as registered nurses.

It should be understood that in reality these definitions have not always held true. In the past, a few schools of nursing under the control of hospitals have granted degrees, and even at the present time some diploma schools are controlled by institutions of higher learning.(1)

The term professional schools of nursing is used for want of a better term. It is not an attempt to justify nursing as a profession, but rather an attempt to differentiate the professional school from the non-professional or practical nurse school.

Procedures for Solution

Prior to the collection of data, permission was obtained from the Sisters of Charity of Providence to use the records of the school for the purpose of compiling the history of Providence Hospital School of Nursing. Data for this study were recorded on cards as obtained from the sources. In the case of interviews unanswered questions were written on cards and notes taken during each interview. Card headings include topic, date, and source. Cards were sorted and arranged topically and chronologically in order to record methodically a history of the school.

Primary sources of data for this study were documents, interviews, and correspondence. Documentary sources of primary data include:

1. Annual Bulletins, Providence Hospital School of Nursing, 1950-1960
2. Cost Analysis Reports, Providence Hospital School of Nursing, 1950-1957
3. Faculty Council Minutes, Providence Hospital School of Nursing, 1950-1960
4. National League for Nursing Accrediting Service Survey Report, 1954
5. The Oregon Nurse, the official organ of the Oregon Nurses Association, 1941-1961
6. Oregon State Board of Nursing Annual Survey Reports, 1944, 1945, 1949, 1950, 1951, 1952, 1953, 1956, 1957, 1958, 1960
7. Oregon State Board of Nursing Quarterly Reports, 1944-1949

8. Providence Hospital School of Nursing Pre-Survey Reports to the Oregon State Board of Nursing, 1942-1960
9. Providence Hospital School of Nursing records such as rotation plans, class schedules, course outlines, student cumulative files, and correspondence
10. Supplemental Report from Providence Hospital School of Nursing to the National League for Nursing Accrediting Service, 1954
11. The Voice of Providence, hospital newspaper, October, 1951-March, 1962.
12. The White Years, Providence Hospital School of Nursing yearbook, 1947-1961.

Interviews were obtained with the following persons in order to obtain primary data or to verify or supplement data obtained from other sources:

1. Mrs. Kathleen Condon Carney, alumna and former faculty member
2. Mrs. June Roslund Gravengaard, clinical instructor, 1954-1961
3. Mrs. Joan Bocci Henkel, alumna
4. Mrs. Mary Catherine Leonard McCarthy, educational director, 1944-1950
5. Mrs. Josephine Dunnigan Sullivan, alumna
6. Mrs. Jane Thackrey, librarian, 1959-
7. Miss Winifred Utz, instructor, 1946-1950, educational director, 1950-

Correspondence was conducted with Sister Elizabeth Ann, director of the school from 1950-1959 in order to substantiate facts and to obtain data that was unobtainable elsewhere.

Sources of secondary data include:

1. Books
2. Periodicals
3. Newspapers
4. Studies

In order to validate information, the historian must subject his sources of data to external and internal criticism. The purpose of external criticism is to determine the genuineness of the document itself; whereas, the purpose of internal criticism is to ascertain the validity of the statements contained in the document. There is no sharp distinction between these two types of criticism; one is dependent upon the other. In order to establish the validity of information obtained through documents, interviews, and correspondence, it is necessary to compare facts obtained from one source with those obtained from a different source.⁽¹⁵⁾ In comparing sources, the possibility of borrowing must be considered. The occurrence of common errors or identical expression will reveal this weakness.⁽²⁹⁾ After establishing the trustworthiness of the documents and their information, the researcher must record all of the facts accurately, wholly, and without bias. The goal of the historian is unprejudiced truth.⁽¹⁶⁾

CHAPTER II

EVOLUTION OF NURSING EDUCATION IN THE UNITED STATES

Backgrounds of Nursing Education

Introduction.-- Nursing education as it exists in the United States today has been molded by many influences. It bears the marks of religious, military, and social backgrounds. The apprenticeship system looms large in its foundations. War focused attention on nursing education and accelerated its progress. Scientific discoveries and advances have changed its tasks. Expansion of medical care facilities and the increased demand of the public for nursing care have heightened interest in the education of nurses.⁽¹⁹⁾ Social progress has been rapid in the past fifty years, and the dynamic, evolving society of today has resulted in the alteration of established educational patterns.⁽³⁾ Just as the old ways of treating disease are now obsolete, so the old methods of preparing nurses are no longer satisfactory. Changes are taking place in nursing education, and the influence of traditional patterns is being challenged. An understanding of contemporary nursing education and its problems rests upon an understanding of the foundations upon which nursing education has been built.⁽¹³⁾

Events leading to the origin of nursing schools.-- Prior to 1860, nursing in America was supplied largely by attendants although sporadic

attempts had been made to provide education for nurses in the first half of the nineteenth century. Those earliest schools for lay nurses were part of the hospital and were administered by the medical staff. Education was of the apprenticeship type with students being paid for their services. Hospitals under religious auspices were staffed by sisters and deaconesses of many orders, who cared for the sick and trained members of their communities to carry on this work. The preparation of these religious nurses was also of an apprenticeship nature. (24, 25)

In the United States, as in England, war stimulated interest in nursing and led to the establishment of the first modern schools of nursing, which were based on the Nightingale system. Florence Nightingale, with money received as a gift of appreciation for her nursing service in the Crimean War, established the first professional nursing school in London in 1860. The purpose of her school was to effect reforms in nursing and to meet the needs of society for better nursing care. Miss Nightingale had a broad conception of nursing as a vital contribution to human welfare, a service concerned not only with keeping people alive, but one of prevention aimed at mental and social, as well as physical causes. She saw the nurse as a promoter of health through teaching and nursing care. The aims of her school were to train hospital nurses, to train nurses to train others, and to train district nurses to care for the sick poor. It was a fundamental principle of the Nightingale school that it be an educational unit, independently controlled and not operated as a service institution.

The influence of the religious motherhouse, militaristic discipline, the apprenticeship system, and the medical university of the period were all apparent in the Nightingale school. The Nightingale system was introduced into the United States in 1873 and ushered in the pioneering period in nursing.(26)

The Foundations of Nursing Education Are Built

The pioneering period, 1873-1893.— Professional nursing in the United States received its impetus from the Civil War. It was during the pioneering period, which extended from 1873 to 1893, that the foundations of professional nursing were laid. The inadequacies for provision of nursing service had been revealed by the Civil War, and interest had been created in establishing a sound educational system for nurses. Three schools patterned after the Nightingale school were established in the United States in 1873, namely: the Bellevue Training School, New York; the Massachusetts General Hospital Training School, Boston; and the Connecticut Training School in New Haven which later became the Yale University School of Nursing.(24, 25, 26) Although these schools were independently controlled, from the beginning there was confusion as to whether the aim of these schools was charitable service or professional education. Early leaders resolved this conflict by concluding that the two aims were the same thing. In time, economic pressures contributed to a union of these schools with the hospitals, and the educational aim was subordinated to the service aim.(26)

At first both doctors and hospitals viewed the education of nurses with misgivings, but the immense advantages reaped by both soon became apparent. These advantages were not altogether to the benefit of the educational program for the nurse. With scientific discoveries in the seventies and eighties, the nurse began to assume some of the technical duties of the physician. As the nurse fell heir to these tasks, the preventive, social, and psychological aspects of nursing were for a time obscured.⁽²⁶⁾ It was not long before the hospital discovered the value of student nurses for improved patient care and economical staffing. As hospitals realized the benefits of utilizing student nurses, it became an accepted fact that a school of nursing was necessary to staff a hospital, and most hospitals established their own schools without regard to whether educational opportunities were present. Educational aims were subjugated to service aims as the expansion of hospitals and schools of nursing began at the end of the nineteenth and the beginning of the twentieth centuries.⁽²⁶⁾

The period of expansion, 1893-1913.--- The use of student nurses proved so valuable to hospitals that schools of nursing increased from 432 to 1129 in the first decade of the twentieth century.⁽¹⁰⁾ Educational programs were grossly inadequate in most of these rapidly originating schools. Schools showed wide variations in length of program, hours of duty, classroom instruction, and practical experience. Educational standards suffered with the rapid expansion of schools, but nursing leaders of the day were cognizant of the existing weaknesses, and some control was created through legislation and some new patterns

of organization and education emerged during this period.(26) Most schools were under the control of hospitals, and the dual aim of the school to provide nursing care and education was hampering the development of true professional education.(14) The preparation in many schools was inadequate in scope and content, because the hospital's primary concern was care of the sick. As early as 1893, Isabel Hampton Robb had emphasized that hospital economics were no justification for conducting a school of nursing.(13) Thirty years after the first schools had been founded, little had been accomplished in the establishment of a philosophy, objectives, or curriculum. Learning was largely incidental or based upon trial and error. Nursing leaders realized the many shortcomings of this mushrooming system, and efforts to solve problems concerned with a faulty educational structure began to be made.(20)

Efforts Toward the Improvement of Nursing Education

The period of standard setting and stock taking, 1913-1937.--

The period between 1913 and 1937 saw such world shaking events as the first world war, the 1918 influenza epidemic, and post-war prosperity in the roaring twenties followed by the great depression. The emergency conditions of war and disease stimulated public interest in nursing, but also revealed inherent weaknesses in the educational system. During the years of post-war prosperity, attempts were made to prejudice the people against higher educational standards for nurses, and many makeshift correspondence courses and attendant training courses were started. Many studies and surveys were made at this time to assess the strengths and weaknesses of professional nursing.(26)

The Goldmark report, published in 1923, made recommendations for the improvement of nursing education through a system focused upon the educational needs of the student, not upon the economical servicing of the hospital. (13, 19, 26) The final report of the Committee of the Grading of Nursing Schools appeared in 1934 and comprised a survey of existing conditions in schools of nursing with suggestions for improving the educational programs. This study showed that most schools were diploma schools; some were very good, many were mediocre, and a few were very poor. The fact that most diploma schools were controlled by hospitals with emphasis on getting the work done, rather than on the education of the student, hampered the development of truly professional nursing. Recommendations contained in this report included the necessity of a college level in nursing education with adequate funds to provide for educational endeavors. (9)

Three curriculum reports appeared during this period, and they were welcomed by nursing educators as a valuable means of assisting schools in improving their programs. (7) The National League of Nursing Education published a manual, Essentials of a Good School of Nursing in 1936 which established standards for nursing schools to follow. (22) These and other publications assisted nursing educators with their problems, and some advances were made; however much of nursing education remained at a level below that required of a professional nurse. The differences in the aims of the hospital to provide nursing service and of the school to provide professional education remained to be solved. (20, 26)

The period of social consciousness, 1937-1950.—(20) The period from 1937 to 1950 saw the influence of World War II and changing social conditions on nursing. Medical services increased, and the demand for them also increased. With large numbers of graduate nurses joining the military services, civilians were left without adequate nursing care. The occurrence of war again accelerated the nation's interest in nursing, and the federal government appropriated large sums of money for the assistance of schools of nursing and individuals. The Cadet Nurse Corps for student nurses swelled enrollments in schools of nursing, but lack of prepared teaching personnel and nursing service demands impaired the quality of educational programs.(20)

With the shortage of nurses that occurred during the war, auxiliary workers began to be utilized to meet nursing service demands.(5) The continued use of these workers has compelled the nurse to be responsible for their management, supervision, and training.(4, 17, 42)

Following the war, the National Nursing Council was formed to develop objectives and define areas of study for nursing. One of the studies was concerned with nursing education, and initiated widespread interest, discussion, and controversy over nursing education. Nursing for the Future by Dr. Esther Lucile Brown was written about needed improvements in nursing education in terms of the needs of society. Among the recommendations of this report were that the professional school of nursing should be an autonomous unit within a university or college with a definitely assigned budget. It should provide a broad general education, combined with a specialized collegiate education in

nursing, and supplemented with planned educational experience in the clinical area. Recommendations concerned with practical nurse education were also included. The importance of national accreditation, academic preparation of faculty selection of qualified candidates, improvement of the economic status and working conditions of nurses, and the securing of public funds for nursing education were all elaborated upon.⁽⁵⁾

The Ginsberg report, A Program for the Nursing Profession,⁽⁸⁾ published the same year contained similar recommendations to those in Nursing for the Future, but did not create the consternation nor acclaim that the Brown report did.

As a result of the Brown report, the National Committee for the Improvement of Nursing Services, a joint board of the six national nursing organizations, was formed, and a survey of nursing schools by the Subcommittee on School Data Analysis was conducted. The report of this survey was published in 1950 under the title of Nursing Schools at the Mid-Century.⁽²⁷⁾ It showed that some progress had been made since the 1929 grading of nursing schools, but many schools still did not meet the standards set forth in The Essentials of a Good School of Nursing⁽²²⁾ or A Curriculum Guide for Schools of Nursing.^(7, 27)

The National Nurse Accrediting Service, organized in 1949 by the National League of Nursing Education, provided further impetus for schools of nursing to improve their educational programs.⁽¹⁹⁾ As the period ended, nursing leaders were still attempting to find answers to the persistent problems of nursing education so they could effectively meet nursing needs.⁽²⁰⁾

The Period of Review, Appraisal, and Accreditation, 1950 to date

Deficiencies in nursing.-- Although World War II had been instrumental in creating the nursing shortage, the return to peace did not assure an adequate nurse supply. Advances in medicine, increases in health services, widespread construction of hospital facilities, the increase in use of medical insurance, and the growing demand for optimum health care have contributed to the demand for more nurses. The increase in numbers of nurses has not kept pace with the need. Three hundred nurses per hundred thousand population is the goal for minimum health care.⁽⁴¹⁾ In January, 1958 four hundred sixty thousand professional nurses were employed in the United States which is a ratio of 268 nurses per hundred thousand population.⁽¹⁾ This proportion has gradually increased from one nurse per hundred thousand population in 1900 to the present figure.⁽⁴⁵⁾ So, in spite of the fact that nurses are increasing in proportion to the population, writers continue to deplore the shortage of nurses.^(4, 20, 49)

The functions of professional nursing.-- The nurse shortage is not only one of quantity, but qualitative deficiencies contribute to the problems facing nursing. The quality of nursing care is directly influenced by the knowledge, understanding, skill, judgment, and values of those participating in this care.⁽²⁰⁾ Many registered nurses do not have the preparation to perform the work that has been thrust upon them.^(4, 5) Definitions of nursing from the time of Florence

Nightingale to the present have emphasized the broad functions of nursing. The following definition, (43) endorsed by the Joint Commission for the Improvement of the Care of the Patient, embodies concepts that can be found in other definitions such as in the 1937 Curriculum

Guide:

The primary purpose of all educational programs in nursing is to prepare qualified persons for the practice of nursing. The activities which are involved in such practice range from relatively simple to highly complex tasks. Comprehensive nursing includes physical and emotional care of patients, care of the immediate environment, carrying out treatments prescribed by the physician, teaching the patient and his family the essentials of nursing care which they may have to perform, participation in activities for the prevention of disease and the promotion of health and delegating to other workers activities which they can perform for specialized patients.

This definition of nursing reveals that nursing has a unique and essential social function to perform. Professional nursing is so broad in scope that it requires much more than technical competence in certain limited activities. It requires that the professional nurse be able to meet all of the nursing needs of the patient and the community in cooperation with other members of the health team. The unique function of professional nursing is to provide a comprehensive program of nursing care. It is this which distinguishes it from nursing which is concerned only with meeting the physical needs of the sick. It means that the professional nurse can delegate certain tasks to assistants, but must retain the leadership role in providing nursing

care. Nursing history reveals the paucity of many educational programs in schools of nursing and makes it evident that many registered nurses are not equal to the function of assuming this leadership role.

Efforts of nursing education to meet deficiencies.-- Various proposals and programs have been promulgated by nursing leaders, sociologists, hospital administrators, and educators in an effort to overcome deficiencies in nursing service. All are based upon the principle that improvement in nursing care is dependent upon improvement in nursing education. During this ten year period, the National League for Nursing continued to assist all types of nursing education through publication of self-evaluation guides, guiding principles, criteria, statements of belief, and of characteristics relating to each type of educational program.(52) This cycle was characterized by much controversy over which of the various types of programs could most effectively meet nursing needs. There seemed to be a feeling that coexistence of the diploma and degree programs was not possible, although the Brown report had made clear that a transition to collegiate education would necessarily have to be gradual.(5) At the end of this period three types of basic professional education were available: (1) the baccalaureate program; (2) the three year diploma program; and (3) the two year associate arts program. Basic non-professional education was offered through the practical nurse schools.(52)

Basic baccalaureate program.-- During this ten year period the influence of the Brown report was felt. The recommendations concerned

with establishment of nursing education in institutions of higher learning evoked many responses in nursing and hospital periodicals. Collegiate Education for Nursing by Margaret Bridgman, published in 1953, presented a penetrating view of the weaknesses and potentialities of nursing education. The author recommended basic baccalaureate preparation in colleges and universities, but emphasized that some degree schools did not provide true college level professional preparation.⁽⁴⁾ The quality of collegiate programs has improved since 1949,⁽⁴⁰⁾ but the breadth of education is often limited.⁽⁴⁸⁾ The number of degree schools is continually expanding, and increasing numbers of students are being enrolled in these programs.⁽¹⁾

A necessary adjunct to the basic collegiate program, as recommended by the Brown and Ginsberg reports, was the establishment of schools for practical nurses to meet numerical needs. The number of practical nursing schools increased from 50 in 1947 to 400 in 1958. The number of practical nurses increased from 32,000 to 139,000 in this ten year period. Today every jurisdiction of the United States except the District of Columbia regulates practical nursing through licensure.⁽¹⁹⁾

Proponents of the collegiate program such as Bixler, Brown, Gelinas, Lambertson and others, believe that the collegiate program will prepare nurses who are able to give comprehensive nursing care, and thus help to overcome the deficiencies that exist in nursing today. They believe this care can be provided patients and families through the professional nurse assuming her leadership role in the

education, supervision, and direction of others. They believe the college educated nurse through her advanced preparation will be able to conduct research into the problems that confront nursing and find answers. They believe that the challenge to nursing today is to provide leaders to meet the nursing needs of society; and these leaders can be prepared only through an educational system which included a broad academic base, supplemented by specialized education of a high quality, a system that constantly evaluates itself to meet the changing needs of society.(5, 20, 31, 32, 38, 40, 42, 48, 75)

The diploma school.— Although many nursing leaders agreed with the Brown report, and hastened to support and implement it, there were those who could not accept the concept that all professional nursing eventually should be in institutions of higher learning. Defenders of the diploma program were found among nurses, hospital administrators, members of the medical profession, and general educators.(28, 35, 44, 47, 71, 72) Some of the more vocal defenders were: Foley, Anderson, Mansperger, Schneck, and Sleeper. The trend in basic nursing education is toward increased enrollment in degree programs, but the fact remains that diploma schools still account for about 80 per cent of the students enrolled in professional schools.(1)

Hospital administrators and nurses wrote articles in nursing and hospital magazines upholding the merits of the diploma school in the light of low-cost education to the student, improved patient care, improved morale of the hospital, and a constant supply of well-trained nurses; or suggested improvements in the diploma program to meet current

educational needs rather than replacement with collegiate education. (28, 35, 47, 71) Hugh D. Laughlin, an educator, stated that general educational goals are necessary to produce professional nurses, and these goals can be pursued in hospital schools. (44) Ruth Sleeper, prominent nursing educator, would not condemn the diploma program because some aspects are unsound. It is possible for diploma schools to set realistic goals for improvement. The objective of the hospital school should be to produce bedside nurses. The diploma school has made valuable contributions to public welfare, and is still fulfilling nursing needs. Miss Sleeper stated: (72)

The National League for Nursing publication, Nurses for a Growing Nation, says that degree graduates must increase from 15 to 33 per cent and diploma graduates decrease from 85 to 67 per cent. It further states that admissions must rise from the current level of 45,000 to 70,000. What it says, then is that 85 per cent of 45,000 admissions falls short of 67 per cent of 70,000 admissions by over 8,000 students, so admissions to diploma programs must be increased by 8,000.

Some hospital schools are conducting programs that meet high standards of state and national accrediting agencies. These programs may equal or exceed the quality achieved by some collegiate nursing courses; but, it is an unquestionable fact that a good school of nursing sponsored by a hospital is a financial liability, and funds must be available for its support. (34, 19, 46)

In contrast to the preceding views, Margaret Bridgman reiterated the opinion of the Brown report that the hospital school is unequal to meeting the present-day qualitative or quantitative demands, because many have inadequate educational programs. Although there

have been advances and improvements in the diploma school in the past twenty years, the program is still service-centered rather than education-centered. Diploma schools differ from other types of education in basic organization, control, and support, as well as in confusion of purpose between economical servicing of hospitals and the most effective preparation of nurses for the practice of nursing.(4)

The associate degree program.— An entirely new curriculum pattern in nursing education was introduced in 1952 in an attempt to accelerate the production of competent nurses. The associate degree program in nursing was created in seven junior colleges as a pilot program. The junior college nursing program is characterized by: (1) offering both general and specialized education; (2) presenting course content and sequence that differ from traditional patterns; (3) using many health facilities for clinical practice; (4) offering a two year course of study; (5) being controlled and financed by a junior college; (6) having faculty members selected, appointed, and employed by the college; and (7) having the same status on campus for nursing students as for other students.(21) The characteristics of this program overcome many of the objections that educators have had in regard to diploma programs. It is an education oriented plan under the control of an institution of learning. It prepares bedside nurses in less time than the diploma program.

A five year study of the pilot schools by Montag(21) has shown that students are regarded as learners, not workers; they are expected

to meet the same standards and requirements as other students within the college. Graduates of the pilot program perform the function of staff nurse just as effectively as graduates of other programs, and most directors of nursing service react favorably to the graduates of the pilot program. The students themselves thought that their education had prepared them adequately for the jobs they had assumed upon graduation. The percentage of pilot program graduates who passed the State Board Test Pool Examinations in their initial try compared favorably with the passing percentage of all other schools.(21) The very favorable comments made in this report are subject to question since they are based on a small sampling during a brief period of time.

The solutions that have been proposed by the nursing profession for the qualitative and quantitative deficiencies that exist in nursing are: first, to provide nursing leadership through collegiate educational programs supplemented by practical nursing schools; second, to improve diploma schools of nursing; and third, to utilize the junior college for an associate degree program. Until 1960 the question facing the nursing profession seemed to be whether one of these proposals or a combination of them was the answer to nursing deficiencies.

The status of basic nursing education in 1961.— The National League for Nursing published a statement on nursing education in 1960. It described the characteristics of nursing education programs at that time, and for the moment it appeared to resolve the controversy over the necessity of one type of program replacing another. The statement embodies the beliefs that:(52)

The four types of basic programs offer four ways different into the occupational field of nursing.

Each is complete within its scope in preparing for the practice of nursing.

Graduates of all types of programs are needed and can find satisfactions and make valuable contributions in the work for which they are prepared.

The best choice is one that suits the individual, and making such a choice initially promotes educational and career satisfaction.

This statement accepts the four types of basic nursing programs as essential and describes each factually without attempting to justify, condemn, or recommend any one type. During the April, 1961 National League for Nursing convention in Cleveland, Ohio, the membership adopted this statement on nursing "with the understanding that it would be edited for further clarification, and it would be reissued without any further approval from the assembled national body."⁽⁵¹⁾

Educational systems originate and exist because they meet the needs of society in some measure. When they can no longer fulfill some or all of these needs, they are replaced by others that do. But changes are so gradual as to be imperceptible except when viewed over a period of time. Small changes continue to take place, and the sum total of these small changes will eventually result in discernible trends.

CHAPTER III

THE HISTORY OF PROVIDENCE HOSPITAL SCHOOL OF NURSING, PORTLAND, OREGON, 1944-1962

The Origin of the School

The background.-- Providence Hospital School of Nursing, Portland, Oregon is conducted by the Sisters of Charity of Providence, a religious order under the auspices of the Roman Catholic Church. This order originated in Montreal, Quebec in the year 1843 with six women under the direction of Mother Emily Gamelin. They were dedicated to the care of the orphaned, the needy, the aged, and the infirm. Since that time institutions supported by this order have steadily increased, until today, the 120 establishments under their administration include orphanages, boarding and day schools, schools of nursing, colleges, institutions for deaf mutes, nurseries, and a friendship house. The order now numbers more than 4,000 members who contribute to the maintenance of these institutions. (230) In addition to Providence Hospital and School of Nursing in Portland, these sisters also conduct St. Vincent Hospital the clinical practice area for the University of Portland College of Nursing.

The Cadet Nurse Corps.-- Providence Hospital School of Nursing, a three-year diploma program which will be closed by September, 1962, opened during World War II in response to the increased need for nurses. In early 1943, Dr. Thomas Parran, Surgeon General of the United States Public Health Service asked Providence Hospital to open a nursing school

and offered federal aid and material priorities to finish an adjacent nursery building if it could be used to house student nurses until the end of the war.⁽⁸⁹⁾ The announcement of the opening of the school came from the State Nursing Council for War Services on December 22, 1943.⁽⁸¹⁾ The first class of 31 students was admitted in February, 1944,⁽²²⁷⁾ under the United States Cadet Nurse program and with the approval of the Oregon State Board for the Examination and Registration of Graduate Nurses,⁽²²⁹⁾ now called the Oregon State Board of Nursing.

Schools participating in the Cadet Corps program met stipulations which had been established by the Surgeon General with the authorization of Congress. Requirements are presented in the following ten statements:⁽¹²⁾

1. The school had to be accredited by the appropriate accrediting agency for schools of nursing of the State or Territory.
2. An institution offering a degree in nursing had to be accredited by the appropriate accrediting agency for universities and colleges.
3. The school had to be connected with a hospital which had been approved by the American College of Surgeons, or which maintained standards of nursing equivalent to those required by the college. In a central school of nursing, the major hospital clinical unit had to meet these standards.
4. The school had to require for admission not less than graduation from an accredited high school.
5. The school had to maintain an education staff adequate to provide satisfactory instruction and supervision.
6. Its curriculum had to include all those units of instruction necessary to conform with accepted practices in basic nursing. It had to be arranged so that the required program of combined study and practice would be completed in 24 to 30 months.

7. The school had to provide adequate clinical experience in the four basic services--medicine, surgery, pediatrics, and obstetrics--for the students which it proposed to enroll.
8. The school had to provide well-balanced weekly schedules of organized instruction, experience and study.
9. The school had to provide adequate and well-equipped classrooms, laboratories, library, and other necessary facilities for carrying out the educational program, and satisfactory living facilities and adequate student health service which had to be continued throughout the period of training.
10. In evaluating the adequacy of school facilities to meet the various requirements specified, the standards of the National League of Nursing Education were to be used as a guide.

Requirements established by the Oregon State Board for the Examination and Registration of Graduate Nurses were in agreement with the Cadet Corps requirements except that they were more specific and detailed, and the prescribed length of the course was 36 months. Since most states had a 36-month requirement, the Cadet Corps and state boards of nursing agreed on a compromise plan. The nursing course was to be divided into a pre-Cadet and junior Cadet period of 30 months with a senior Cadet period of six months of full paid service just prior to graduation.⁽¹²⁾ Providence Hospital School of Nursing continued to participate in the Cadet Nurse program until the cessation of federal support in June, 1948. All cadets admitted prior to October 15, 1945 received the benefits of the Cadet Nurse Corps until graduation.

The Residence

The first quarters.-- When the first students were admitted in February, 1944, they were housed in the 2 east wing of the hospital where two students were accommodated in each small room. With the arrival of the second class of students in September, 1944, part of the sixth floor of the hospital was also used for student living.(230) The first State Board survey report mentioned one classroom in the hospital which was used for nursing arts demonstrations and lectures.(184) The science laboratories at the University of Portland College of Nursing were used until 1949. Students used public transportation to travel to laboratory classes.(235) During the time that students were living and studying in the hospital, work was progressing on the nursery building which was to be their second temporary home.

The nursery home.-- The construction of Our Lady of Providence Nursery had been started in 1941, but work was suspended in 1942 because of the war. The building was completed in 1944 with the assistance of federal funds and materials priorities, in order that it could be used as a temporary home for student nurses. Students moved into the nursery in December, 1944.(80, 82, 90) Four to eight students shared one room. Facilities, such as low drinking fountains, were designed for small children.(184) In fact, well-babies occupied the second floor of the building while student nurses used the ground and first floors.(90) The state board of nursing annual survey report in January, 1945 stated that this housing was "not satisfactory in any way,"(184) and, indeed, it did not meet the requirements prescribed by the

state board of nursing. It was, however, the best that could be provided under a wartime economy with its building restrictions and shortage of consumer goods. In spite of the fact that the state board of nursing disapproved of these living conditions, students themselves enjoyed living in the nursery building. Josephine Dunnigan Sullivan, who was graduated in 1949, said that students were reluctant to move into the new nurses' home when it was completed because they had had so much fun living in the nursery.⁽²⁴²⁾ Kathleen Condon Carney, class of 1948, echoed this feeling, and then added that conditions for study in the rooms were poor, but the library was available for serious-minded students.⁽²³⁵⁾ Leisure time could be spent in either the "blue room" or the recreation room which contained a piano and combination record player and radio, a gift of the mothers. Particularly newsworthy, during the post-war period of appliance shortages, was the arrival of "long-awaited washing machines" in 1947 and a Christmas present of a hair dryer from the sisters the same year.⁽²³⁰⁾

Classrooms were located on the ground level in the nursery building and consisted of a nursing arts laboratory with 14 beds, a large classroom with 50 chairs, and a smaller 20-chair classroom.⁽²²¹⁾ Ward conferences were held in a classroom on the three north wing of the hospital, and the nutrition laboratory was located on the ground floor of the hospital near kitchen and dining facilities.⁽²³⁵⁾

The permanent residence.-- In April, 1947, the school applied and was granted permission by the Oregon district construction review committee, a federal committee, to build a \$375,000 nurses' home.^(83, 90) The

completed structure contained eight floors plus a ground level and basement and had accommodations for 217 students. The home, located at 621 N. E. 49th Avenue, adjacent to the hospital, was completed in September, 1948 when students moved into it. (192, 230) Open house for the public was held in March, 1949, at which time the community was welcome to view the school's facilities for administration, education, living, and recreation. (230) The spacious offices for the director and faculty were well-lighted and ventilated, and all except two were individual rooms. (168)

Classrooms were located in the west wing on the first floor of the building. Two light, airy lecture rooms accommodated 50 to 60 students, and one large lecture room held 100 to 120 students and could be partitioned by the use of folding doors into two smaller rooms if the occasion demanded. The nursing arts laboratory was located on the ground floor and contained 16 completely equipped patient units for practice. Fifty to 65 students could observe demonstrations on chairs elevated as in an amphitheater. The nursing arts instructor and her assistant had office space adjoining the nursing arts laboratory. The student health service used the nursing arts laboratory as its headquarters. Yearly physical examinations were held here.

Two science laboratories, one for anatomy and physiology and one for microbiology and chemistry, were also on the first floor, west wing. The science instructor's office adjoined the laboratories. A nutrition laboratory with multiple cooking facilities was located north of the science laboratories.

Classrooms were equipped with blackboards and bulletin boards. Large bulletin boards were located in halls for the display of educational materials and the posting of notices. In 1952, graduation pictures were hung in the west hall, and each year since then, a new picture has been added. (105)

The large library contained tables and chairs for study, and upholstered chairs were placed throughout the room for the reader's comfort and use. Two conference rooms for meetings or study and a large workroom for the use of the librarian adjoined the library.

Recreational facilities included a large combination gymnasium and auditorium; a social room with kitchen attached, used for parties and special meetings; five small visiting rooms in the lobby; a large recreation room and kitchen on the ground floor; and small lounges and adjoining kitchens on each floor of the living quarters. Graduates of the school were welcome to use the spacious social room for their wedding receptions. Decks on the roof were available for students to use for sun bathing, and a sewing room was located on the ground floor. (77, 168) Sister Isador had complete responsibility for furnishing the nurses' home even to the bulletin boards and draperies, except for the sixth and seventh floors which were furnished in 1952 by Sister Elizabeth Ann when they were needed for the first time. (77)

Most students lived in single rooms, but a few for double occupancy were provided. Each room contained a washbasin, closet, special lamp and desk, a bed, and chest of drawers. Students supplied their own bedding and towels and cared for their own rooms, but a housekeeping

staff was employed to care for the rest of the residence. Student yearbooks included pictures of the housekeeping staff and expressed students' gratitude to them. Laundry facilities on each floor consisted of washing machines, ironing boards, and individual locked dryers. A large dryer was installed in the basement. (77, 168) Other conveniences available to students included telephone service, room buzzer service to notify students of telephone calls or guests, locked mailboxes, and self-service elevators.

The students' dining room was located in the hospital as was the chapel where students were welcome to attend religious services, or stop for a quiet moment of prayer. Daily morning prayers were held here and students were expected to attend.

Until students moved into the permanent residence, only one housemother was employed, but Mary Leonard, now Mrs. McCarthy, the assistant director, lived in the nurses' home and was called when students needed her. (240, 246) House mothers were employed around the clock when the new home opened in 1948. These women maintained the school switchboard at all hours. The switchboard was located in the lobby at the main entrance so housemothers were ready to welcome visitors and direct strangers. Student yearbooks picture housemothers as part of the nursing home family. (230) The director of nursing lived in the new residence and was available in an emergency situation.

The eighth floor of the new residence was occupied from the beginning by members of the Sisters of Charity of Providence, so, although the home had facilities for 217, only 160 of these were used

for student nurses. Enrollment remained below that number. By the fall of 1960, with only junior and senior students remaining in the school, the sixth and seventh floors were taken over by coeds from the University of Portland.(244) The west wing laboratories were remodeled in 1960-1961 and used for a research program under the direction of the hospital and partially financed by a grant from the United States Public Health Service.(157) The facilities so carefully planned for the education and living of student nurses were gradually converted to other uses as the student body dwindled in numbers, and students had no further use for certain portions of them.

The Library

Locations and facilities.— The first library was located in the director's office. The May, 1944 state board report stated that the number of volumes was small but well selected.(183) With the move to the nursery home, a separate room was provided for the library.(230) The large library in the permanent nurses' residence had a seating capacity of 50 at the chairs and tables plus the upholstered chairs placed throughout the library.(232)

The number of volumes in the school's nursing collection gradually increased throughout the years. Table 1. shows the increase in the number of books and periodicals in the school's collection by five year periods from 1944 to 1959, inclusive.(168, 183, 192, 217) From a meager start of 168 professional books, 13 general books, and 11 each of professional and general periodicals, the library selections increased,

Table 1. Type and Number of Volumes in Providence Hospital School of Nursing Library in 1944, 1949, 1954, and 1959.

Type of Volume	Number of Volumes			
	1944	1949	1954	1959
Professional Books.....	168	497	1650	1756
General Books.....	13	344	365	894
Professional periodicals..	11	11	12	21
General Periodicals.....	11	14	21	28

until in 1959, professional books accounted for 1756 books, general books numbered 894, professional periodicals were counted at 21, and general periodicals at 28.

In addition to the nursing and general collections, the medical staff library was housed in the nursing home library. Faculty and students were welcome to use these volumes and periodicals. In 1955 the medical library contained 544 volumes (208) which increased to 982 volumes in 1959. Medical library volumes numbered 1180 in 1962, and 46 professional periodicals were available. (217)

In spite of the fact that the closure of the school had been announced, several innovations were instituted by the librarian in 1959. Arrangements were made by the librarian, Mrs. Jane Thackrey, for loans of books from the Multnomah County Library. One hundred fifty books were obtained at first, 25 volumes were added each month until a total of 300 books was reached, then 25 books were exchanged each month. This plan gave students a wide selection of general reading material. The responsibility for ordering and mailing

educational films was centralized and handled through the library in this year. (212)

Gifts.-- Several gifts of books were received by the library in 1960 and 1962. Father Ludovic Derouin, hospital chaplain from the opening of the hospital until his final illness and death in November, 1961, presented the library with several volumes in 1960. (213) His extensive book collection was left to the school of nursing library upon his death. Mrs. Thackrey and her assistant spent many weeks cataloguing and shelving the collection which contained some rare volumes. The school was also the recipient of gifts of current literature from Providence Hospital Auxiliary in 1960 when they discontinued their patient library and from the MacMillan Company in 1962. (243)

Ward libraries.-- Libraries were located on the hospital units by 1949. The school of nursing provided the books that were considered necessary for ward reference. Hospital policy manuals and school of nursing procedure manuals were added sources of information. (168, 210) Books were added to the ward libraries or volumes were replaced when necessary. Clinical instructors and head nurses cooperated in listing needed books in 1957. Nursing textbooks, the current Physician's Desk Reference, Merck's Manual, and a medical dictionary were among the books included in the ward libraries on each hospital unit. (210)

Philosophy and Objectives

The philosophy.-- A statement of the philosophy of the school

was formulated in 1944 by Sister Ernestine Marie, director of the school, in conjunction with the provincial director of all schools of nursing under the tutelage of the Sisters of Charity of Providence.(229) The statement was first published in the original school bulletin in 1950.(192) The philosophy of the school has remained essentially unchanged throughout the years, but the statement has been revised. The latest wording of the philosophy appeared in the school bulletins from 1956 through 1960. The philosophy is stated as follows:(192)

The Providence School of Nursing is an institution which considers its primary objectives to be the education of the student nurse in the way of Christian living and the practice of professional living. Christian charity and sound principles must be the animating and guiding spirit of the student of this institution. The objective is the full development of the Christian nurse, who will be able to render to her patient and community a service that is skillful and inspired by supernatural motives. Moreover, in keeping with the spirit of the Sisters of Charity of Providence, nursing is regarded as both a profession and an act of mercy in which the nurse ministers to Christ in the poor, the sick, and the suffering.

The report of the national accreditation survey in 1954 noted that the kind of position for which students were being prepared was not included in the statement of the philosophy.(232) In the 1956 bulletin this statement appeared for the first time in addition to the above:

"Providence School of Nursing aims to educate qualified young women to become professional nurses who will be able to function in all first level positions exclusive of the public health field."(192)

The objectives.— The objectives of the school were formulated by the faculty. The national accreditation survey report noted that

the statement of objectives gave consideration to the development of the student as an individual, a citizen, and a professional nurse, and included curricular objectives. The report also stated that one of the objectives was too broad and general to be used as a guide, (232) so the statements were rewritten for the 1956 bulletin in an effort to make them clearer and more specific. The revised statements are as follows: (192)

1. To promote the intellectual development of the student through the study and application of the principles of religious, social, physio-biological, and medical sciences, and nursing and the allied arts.
2. To provide conditions and facilities which will develop technical competence and clinical skill.
3. To develop an appreciation of human dignity which will result in desirable interpersonal relationships.
4. To develop qualities of leadership and interest in professional, religious, and social activities and become active members of their community.
5. To develop the qualities which will enable the student to deal satisfactorily with spiritual, personal, and professional problems both for herself and for her patients.

Minutes of faculty meetings show that philosophy and objectives were discussed and their meanings clarified, and an effort was made to relate them to the curriculum. Although the philosophy and objectives of Providence Hospital School of Nursing have remained essentially the same since the inception of the educational program for student nurses, the statements have been revised with a view to making them clearer, more specific, and meaningful.

The Administration

The first administration, 1944-1950.— Sister Ernestine Marie, director of nurses from the beginning of the program until the summer of 1950, held a dual position as director of nursing education and director of nursing service. She was assisted by Mary Catherine Leonard (McCarthy) in nursing education and Mrs. Christine Roach in nursing service.(230) Control of the school was vested in a Local Council composed of members of the religious community who were engaged in administering the hospital and included the director of nursing, Sister Ernestine Marie. Faculty members, however, had a voice in formulating school policy. In addition to the Local Council, the order had a Provincial Council and a General Council, both of which were available for consultation.(225) The assistant director of nursing service had complete charge of assigning students to the clinical area until 1950 when this function was assumed by Winifred Utz, the educational director.(230, 244) Although Sister Ernestine Marie was nominal director of the school until 1950, she left Portland in 1948 for Catholic University where she began work on her Master's degree and did not return until the summer of 1950. During her absence, Miss Leonard was acting director of nursing education, and Mrs. Roach, acting director of nursing service.(230) Shortly after Sister Ernestine Marie returned to the school, the provincial director reassigned her and appointed Sister Elizabeth Ann to replace her.(203)

The second administration, 1950-1959.-- Sister Elizabeth Ann guided the course of the school from September, 1950 until August, 1959 when she was transferred, and the closure of the school was announced. She was assisted by Miss Winifred Utz, educational director who has continued to occupy that position until the present. Sister Elizabeth Ann had directed other schools of nursing for her order and held a Master's degree in Hospital Administration from St. Louis University.(230) In the second year of this administration, the nursing service offices were moved from the school to the hospital, but the director of nursing was still responsible for nursing service(229) until 1957 when she was relieved of this obligation.(175)

The administrative organization.-- An organizational chart of the educational unit was constructed in 1949 showing channels of authority. It was revised in 1953 and showed direct lines of communication from the faculty to the governing board through the director of nursing, the hospital administrator, and the school of nursing council.(229, 232) The national nurse accrediting representatives found that personnel had a clear understanding of school organization and paths of communication.(232) Organizational charts were revised once more in 1956 to show the relationship of the school to nursing service and affiliating agencies.(224)

The Local Council, as the governing board was called by Sister Ernestine Marie, was referred to as the Board of Administration in the school bulletins from 1950 to 1960. It was composed of the administrator of the hospital, the assistant administrator, the local

councilor, and the director of the school. Responsibility and authority for the conduct of the school were delegated to the director of nurses through the hospital administrator. In addition to the Board of Administration, the school had Officers of Administration who acted as the school of nursing council. The Officers of Administration consisted of the hospital administrator, the assistant administrator, the administrator of Our Lady of Providence Nursery, the director of the school, the educational director, the librarian, and the registrar or one faculty member.(192) The council of the school of nursing was concerned with financial matters for the most part, but it was available for consultation on other matters if this was desired by instructional personnel.(232) Until 1957, the assistant director of nursing service was a member of the school of nursing council; but at the time that Sister Elizabeth Ann was relieved of nursing service responsibilities, the assistant director of nursing service was released from educational commitments.(175, 192) Only the 1955-1957 school bulletin referred to a school of nursing advisory council which had been suggested by the state board of nursing and the National League for Nursing Accreditating Service. This council was composed of the hospital administrator, the director of nursing, the educational director, two spiritual advisors, two medical staff representatives, a legal adviser, and representatives from the medical auxiliary, the Business and Professional Women's Club, and civic organizations.(192) The formation of this council occurred in the period when the National League for Nursing originated and opened membership to lay members in an effort

to interest the public in the nursing profession. The function of an advisory council is to act in an advisory capacity to the faculty and board of control and as a liaison between the school and the community.(50) The short life of the advisory council at Providence Hospital School of Nursing indicated that it did not accomplish the purpose for which it was intended.

The development of educational policies at the school had rested with the faculty since the school was founded. Approval of policies was by the faculty organization, or in some instances, by the administrative body. The national accreditation survey report commended Sister Elizabeth Ann for her "outstanding" ability to guide and encourage instructional personnel in the function of policy development in a democratic atmosphere. At the time of the national accreditation visit in 1954, not all policy was written nor assembled in one policy manual.(232) By 1958, a manual of clinical and curriculum policies had been assembled by the Faculty Committee on Policies under the chairmanship of June Roslund, now Mrs. Cravengaard.(192, 224)

The last administration.— When Sister Elizabeth Ann was transferred from Providence Hospital School of Nursing in August, 1959,(142) the direction of the school was placed under the dean of the University of Portland College of Nursing, Sister Joan Frances. In January, 1960, a new assistant director, Sister Mary Joan, was appointed.(148) Sister Patrice Marie replaced Sister Mary Joan as assistant director of the school in June, 1960.(152) She was placed in charge of the residence and student activities. Sister Joan Frances, dean of the University of

Portland College of Nursing, continued as director until her resignation in the summer of 1961. The educational director, Miss Winifred Utz, directed the educational program throughout these administrative changes, and it is expected that both Sister Patrice Marie and Miss Utz will remain at the school until the closing date, after the August graduation in 1962.

Finance

The use of federal funds.--- Federal funds contributed to the support of Providence Hospital School of Nursing during the period when students were enrolled in the Cadet Nurse Corps. Students entering between February, 1944 through September, 1945 remained under federal assistance during their education as basic students. Although the government did not assume full responsibility for the cost of educating the student, it did contribute money for expenses that normally would accrue to the student, and part of the cost to the school. Maintenance was paid at the rate of \$45 a month for the first nine months. This was later reduced to \$35. Federal funds paid tuition and fees for all cadets, supplied their uniforms and textbooks, and paid them a monthly stipend. Cadets received \$15 a month for the first nine months and \$20 a month for the next 21 months. During the last six months, students were employed by the hospital at the rate of \$30 a month. The government also contributed federal funds for the completion of Our Lady of Providence Nursery for use as a temporary nurses' home. (80, 82, 90)

Student costs.— Students who were admitted to the school in 1946 paid tuition and fees and also received stipends.(242) Student enrollment was low in 1946, so apparently, in an effort to swell admissions, the next classes were admitted on a scholarship basis and stipends were paid.(229, 238) Beginning with the class that entered in 1950, all students paid tuition and fees. Stipends had been discontinued with the class entering in 1949 and were not granted again.(164, 229) The first school bulletin, published in 1950, and all subsequent bulletins, listed in detail the expenses to the student for the three-year program. An itemized account of charges to the student for the years 1950, 1951, 1955 and 1959 is given in Appendix A. Total expenses to the student entering in 1950 were \$305.25. By 1951, cost to the student for the three years was \$408.00; and in 1955, the figure had risen to \$470.00. The last students admitted in 1959 would each pay \$740 for the three year course.(192) Figure 1 shows the rise in student costs from 1950 to 1959. The increase in educational costs at Providence Hospital School of Nursing is consistent with increases of educational costs in institutions of higher learning throughout the United States.

Cost to the educational unit for each student was first figured in 1950 by using the expenses of the previous year. The first cost analysis report showed that the cost to the educational unit for the education and maintenance of one student for one year was \$2,362.85. In 1953, the cost had dropped to \$1,828.76, but by 1956 it had risen to \$3,215.65.(198)

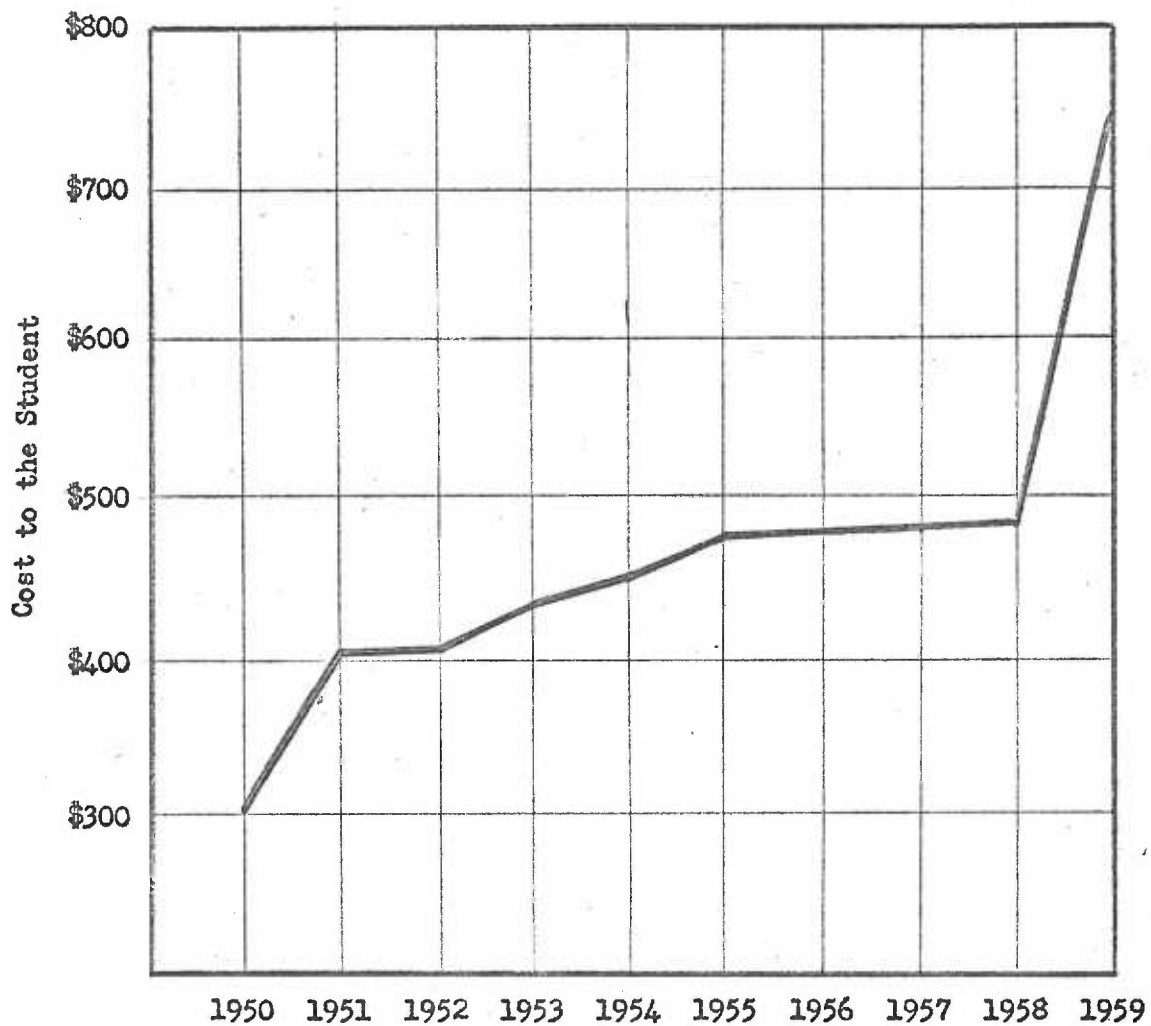


Figure 1. Cost to the student for the three year program for classes entering Providence Hospital School of Nursing, 1950-1959

The decreasing value of the dollar in this period of post war inflation would account for some of the increase in costs. Cost analysis reports were unavailable after the 1957 report, but Sister Elizabeth Ann said that expenses for the program continued to increase. Higher faculty salaries and the enlarged faculty contributed to the increase. The

increasing costs are an indication of the changed status of the diploma school of nursing from the time that a school was an asset to the hospital to the present when it is recognized that a good educational program is an expensive venture. (13, 34, 46)

Sources of financial support.--- After the cessation of the Cadet Nurse program, the chief sources of financial support for the school were student services and hospital funds. In 1946 and since 1950, student tuition and fees contributed to the financial support in addition to these other sources. (173, 198, 242) In 1949 and 1950, the school received over \$6000 in gifts. (198) The greatest portion of the school's income was derived from the value of student services, but hospital funds contributed almost as large a share. The cost analysis reports, which did not consider hospital funds as income, showed that income increased 126 per cent from 1949 to 1957, but expenses for the maintenance and education of students showed a rise of 141 per cent in the same period. (198) Hospital funds were being used increasingly for the support of the school.

The budget.--- The annual state board survey report in January, 1945 (184) mentioned a separate budget for the school, but the 1949 report indicated that no budget was established at that time. (168) A progress report to the state board of nursing in November, 1950 stated that a budget had been prepared to "help give a picture of the financial status of the educational unit." The budget was based on the cost analysis. (226, 229)

Faculty members made recommendations for the budget which was prepared by the director of the school in conjunction with a special accountant from the hospital. The board of administration approved the budget, and the director administered it.⁽²³²⁾ The national accreditation survey report in 1954 stated that, "The budget, reports of equipment purchased, the quality of education facilities, and especially the practice of giving educational needs of students prior consideration suggests that the controlling institution supports the principle that the quality of the program is related to the quality of support."⁽²³²⁾

Accreditation

Legal accreditation.-- Preliminary consultation with the state board of nursing began as early as 1942 with surveys of the clinical facilities available for the education of nurses. When the school opened in February, 1944, it was with the approval of the Oregon State Board for the Examination and Registration of Graduate Nurses, called the Oregon State Board of Nursing since 1957. The school was fully accredited by the state in 1945, and has received a certificate of accreditation annually since then.^(163, 168, 170-177, 184)

Accreditation by the state constitutes legal accreditation and means that the school meets the minimum requirements as established by the state board of nursing.

Professional accreditation.-- Professional accreditation means that a school has met certain standards established by the National League for Nursing which are far in excess of minimum standards. The first

step Providence Hospital School of Nursing took toward professional accreditation came in 1951 when the school applied for temporary accreditation. A representative from the National League for Nursing Accrediting Service visited the school in November, 1951, (204) and temporary approval was granted to the school by May, 1952. (114, 178, 229)

In December, 1953 Miss Donna Monkman, executive secretary of the state board of nursing, advised the school to apply for full professional accreditation. (206) By February, 1954 the school had made application, and preparations were being made to compile and assemble the necessary data so the information could be sent to the National League for Nursing Accrediting Service. (207) In addition to the application forms, it was required that the school include: (1) two current bulletins; (2) the latest annual report of the educational unit; (3) the latest annual reports of all hospitals used for clinical practice; (4) the latest annual report of any community agencies used for affiliations; (5) statements of the educational philosophy and purposes of the school; (6) an organizational chart of the controlling institution; and (7) an itemized educational budget. Faculty worked together to compile the material for the historical statement and the supplemental report. When the necessary information was assembled, it was sent to the National League for Nursing Accrediting Service in New York City with a 50 dollar application fee. (207)

Two accrediting representatives, Mildred E. Schwier and Katherine Brim made the accreditation survey from June 28 to July 3, 1954. (232) The total cost of the survey to the school was approximately

700 dollars.⁽²⁰⁷⁾ On November 18, 1954 the long-awaited news arrived from the National League for Nursing Accrediting Service. Providence Hospital School of Nursing had received full professional accreditation.^(116, 207) The school was the first diploma school in the state of Oregon to be granted such accreditation.⁽²⁴⁴⁾ At that time only 199 of the 1024 diploma schools in the United States were fully accredited by the National League for Nursing.^(91, 179)

Changes and innovations in the educational program were recorded in a progress report to the National League for Nursing Accrediting Service in 1957,⁽²²⁴⁾ and accreditation was extended for three years.⁽²¹⁹⁾ The school was to have had a resurvey visit in 1960. Because of the coming termination of the diploma program, the school did not apply for a resurvey visit, and the National League for Nursing Accrediting Service withdrew accreditation in December, 1960.⁽¹⁸⁵⁾ This means that students graduating since that date have not completed their programs in a professionally accredited school.

Organizations devoted to the improvement of nursing education.--

Providence Hospital School of Nursing was a member of two organizations devoted to the improvement of nursing education. One of these was the Conference of Catholic Schools of Nursing,⁽¹⁹²⁾ and the other was the Council of Member Agencies of the National League for Nursing Department of Diploma and Associate of Arts Programs. The latter is an organization of professionally accredited schools of nursing.⁽²¹⁹⁾

The Faculty

The teachers of the first courses.— When Providence Hospital School of Nursing opened in February, 1944, the faculty numbered two. Sister Ernestine Marie taught nursing arts, drugs and solutions, and professional adjustments. The University of Portland provided a qualified instructor for chemistry, microbiology, and anatomy and physiology for the first class. Science instructors for chemistry and microbiology continued to be supplied by the university until 1947, but the anatomy and physiology course was taught by the assistant director of the school, Mary Catherine Leonard (McCarthy) from September, 1944 through 1947. (183, 184, 241, 230, 193) In 1948, the microbiology course was under the direction of Mary Nix, a hospital laboratory technician with a master's degree; but chemistry was still taught by the University of Portland. The following two years Miss Nix taught both chemistry and microbiology. Dr. Jeff Minkler, pathologist for the hospital, (193, 230) instructed students in anatomy and physiology from 1948 through 1950, and in pathology from 1948 through 1954. (192)

Nurse instructors for the basic sciences.— In 1951, a nurse with master's preparation, Mrs. Ethel Norene, was employed to teach all of the basic sciences. She resigned in 1957 and was replaced by Mrs. Pauline Kramer, a nurse who also held a master's degree. (192, 227) Mrs. Kramer remained to teach the sciences until the last class had completed the basic courses in the spring of 1960. (227)

The part-time faculty.— Students at Providence Hospital School of Nursing have been instructed by other part-time instructors in addition to those from the University of Portland and the pathology laboratory. Classes in nutrition and diet therapy have been delegated since the beginning to the hospital dietitians; but Mrs. Kramer, the science instructor, assumed some of this instruction in 1959 and 1960, and some clinical instructors taught diet therapy in their medical and surgical nursing courses. Dietitians and clinical instructors worked together to determine course content. Providence hospital dietitians have always been prepared academically with bachelor's or master's degrees, and several state board reports indicated that instruction in this field was well-planned and implemented. (170, 184, 192, 230)

Instructional contributions of nursing service personnel.—

Although nursing service personnel constantly contribute to the educational program through example, nursing service personnel contributed in a more concrete manner at Providence Hospital School of Nursing. The assistant directors of nursing service assisted with classroom teaching during the first few years of the program, and assigned students to the clinical area until 1950. (230, 241)

Mrs. Christine Roach taught materia medica in 1946; Mrs. Lola Stern taught a course in public health nursing and directed the student health program in 1950; and Miss Delma Jenks directed the student health program in 1951 and 1952. (193, 230) During the years 1946 through 1950, public health nurses came to the school to instruct students in nursing and health service in the family. (193)

Hospital supervisors and head nurses conducted ward classes in the first year and in later years assisted with ward classes in some departments. Clinical instruction was carried out by hospital-employed personnel in the operating room until 1952 and in orthopedics until 1953. (164, 172, 241) Head nurses and supervisors worked closely with clinical instructors in the assignment and evaluation of students. Nursing service personnel welcomed faculty to their monthly meetings which were being held as early as 1950. (163) At least one faculty member attended head nurse meetings so the faculty would be informed of hospital events and policy. Representatives from the head nurse group were elected to membership in the faculty organization to facilitate communications and promote good interdepartmental relationships. (196) Instructional personnel assisted and participated in hospital inservice programs. (33, 224)

Instructors in emergency nursing.-- The course in emergency nursing was taught by an instructor from the Red Cross from the opening of the school until 1956 and again in 1960. Nurse faculty taught the course with nursing in civil defense in 1956 and with disaster nursing from 1957 through 1959. (193)

The physical education instructors.-- Mrs. Ellen T. Law was employed in April, 1950 as registrar and physical education instructor. She directed a physical education program for the students until June, 1954 when she left to teach in the Portland public schools. She was replaced for the following year by student teachers in physical

education, and in 1955, instruction in physical education was discontinued.(202, 246)

The librarians.-- The first qualified librarian was employed by the school in 1950. Mrs. Marguerite Schwab remained at Providence for one year. Lucy Latini, now Mrs. McGowan, arrived in January, 1952, and served as librarian until September, 1954. She was replaced by Miss Elspeth Pope in August, 1955. Miss Pope remained in charge of the library until June, 1959 when Mrs. Jane Thackrey was employed for the closing period of the school.(192, 202, 220, 247) Librarians were always considered faculty members although their formal teaching was limited.(196) Baccalaureate degrees and library experience qualified these women for their work.(192, 202)

Instructors of the social sciences.-- Classes in psychology, moral philosophy, sociology, and religion have been taught by special lecturers such as instructors from the University of Portland, priests from the archdiocese of Portland, and special lay instructors. Preparation of these teachers has varied from the baccalaureate through the doctoral degree.(192, 227) Father Ludovic Derouin, hospital chaplain, taught religion to some of the early classes and took special interest in the students. Each issue of The White Years, the student yearbook, paid special tribute to this priest.(230, 245)

Instructors in affiliating agencies.-- Affiliating agencies provided instructors on all affiliation experiences until 1959. It was in this year that Providence Hospital School of Nursing supplied its first clinical instructor for students affiliating at St. Vincent

Hospital for obstetrical experience. Mrs. Marian Tews, who had a master's degree, was employed for this position. Prior to this time Providence students had been included in the University of Portland College of Nursing obstetrical classes and had been taught by their instructor. (192, 245) Instruction of students from a diploma school in the same class as candidates for a baccalaureate degree was recognized as being a disadvantage to both groups. Accordingly, it was deemed wise for Providence Hospital School of Nursing to provide an instructor for the diploma students.

The medical staff as instructors.-- Staff physicians and surgeons and resident doctors have contributed generously of their time for the instruction of student nurses at Providence Hospital School of Nursing. In the early years, a doctor would assume complete responsibility for the conduct of a course; nurses gradually assumed more responsibility; and by 1951, the nurse instructor conducted the course but invited doctors as guest lecturers when she deemed this necessary or desirable. (35, 36) This practice of the nurse clinical instructor assuming the complete responsibility for the course and utilizing physicians as resource personnel is consistent with curriculum changes in schools that are upgrading their teaching. Nursing Schools at the Mid-Century concluded that the better the school, the less teaching was done by physicians. (27)

Preparation of the full-time nurse faculty.-- The preparation of full-time nurse faculty members at Providence Hospital School of Nursing has always been of high quality, academically. In the typical school of

nursing in 1949 only half had baccalaureate degrees.⁽²⁷⁾ In that year, Providence had its lowest percentage of academic degrees. Among full-time nurse instructors, 57 per cent had baccalaureate degrees in 1949. There is no record to indicate whether faculty with baccalaureate degrees received their degrees at the completion of basic programs or if they represented preparation for faculty status. It should be noted that at this time the basic sciences were taught by Dr. Minkler and Miss Nix of the pathology department, both of whom were well qualified. Except for the school year 1949-1950, two-thirds or more of the full-time nurse faculty have had academic degrees to qualify them for their positions, and those with no degrees have had some college work or have enrolled in advanced classes during their employment.^(192, 221, 222, 223)

Sister Ernestine Marie's classroom duties were assumed by nurse faculty as the teaching staff was enlarged to accommodate the entrance of additional classes; however, sister Ernestine Marie did continue to teach nursing ethics until she left the school for advanced study in 1948. By September, 1944 four full-time nurse instructors were employed who held baccalaureate degrees. The next year two more faculty members were added, but neither had baccalaureate degrees. During the school years 1946-1947 and 1947-1948 all six faculty members were prepared at the baccalaureate level. The next year two instructors with no degrees replaced one who had a baccalaureate degree. In the school year 1949-1950, only four teachers had bachelor's degrees and three other instructors were employed. Sister Ernestine Marie returned to the school in the summer of 1950 as the first faculty member to have

a master's degree. With the arrival of Sister Elizabeth Ann to replace Sister Ernestine Marie in the late summer of 1950, the school could still claim one master's degree among its instructional personnel. From 1951 until 1960, 75 per cent to a high of 91 per cent of the full-time nurse faculty held academic degrees at the baccalaureate or master's level. Those on the faculty with master's preparation had increased to four by 1957, and in the school year 1959-1960, thirty-eight per cent or five members of the faculty had master's preparation.

By the fall of 1960, the faculty numbered nine, and two-thirds held academic degrees. The full-time nurse faculty had decreased to three in the school year 1961-1962: Miss Utz, the educational director who had master's preparation; Mrs. Peggy Jenkins, pediatrics clinical instructor with a baccalaureate degree; and Sister Patrice Marie, who was in charge of student activities and the residence. One part-time instructor, a former clinical instructor at the school, will help with the closing classes in 1962. During the eighteen years that Providence Hospital School of Nursing has been instructing student nurses, it has employed three directors, and a total of 48 full-time nurse instructors who have given a total of over 159 years of instructional service. (192, 202, 221, 222, 223, 246) Table 2. shows the academic preparation of full-time nurse faculty members at Providence Hospital School of Nursing from 1944 to 1962.

Table 2. Academic Preparation of Full-Time Nurse Faculty Members at Providence Hospital School of Nursing, 1944-1962.

School Year	Full-Time Nurse Faculty with						Total Number Faculty
	Master's Degree		Bachelor's Degree		No Degree		
	No.	Per Cent	No.	Per Cent	No.	Per Cent	
1944-1945	0	0	4	100	0	0	4
1945-1946	0	0	4	67	2	33	6
1946-1947	0	0	6	100	0	0	6
1947-1948	0	0	6	100	0	0	6
1948-1949	0	0	5	71	2	29	7
1949-1950	0	0	4	57	3	43	7
1950-1951 a	1	11	5	56	3	33	9
1951-1952 b	2	22	6	67	1	11	9
1952-1953 c	2	18	8	73	1	9	11
1953-1954	2	18	7	63	2	18	11
1954-1955	2	18	8	73	1	9	11
1955-1956	2	18	8	73	1	9	11
1956-1957	2	17	7	58	3	25	12
1957-1958	4	33	6	50	2	17	12
1958-1959	4	33	5	42	3	25	12
1959-1960	5	38	6	46	2	15	13
1960-1961	3	33	3	33	3	33	9
1961-1962	1	33	1	33	1	33	3

- a Science instructors are included from 1951 through 1960, the period during which science instructors were nurses.
- b Clinical instructors in the operating room were hired by the hospital prior to 1952 and therefore could not be considered full-time nurse instructors although one operating room nurse was appointed as clinical instructor and carried out the instructional program.
- c The orthopedic service was made a separate service in this year and an orthopedic clinical instructor employed by the school. (43)

Information for this table acquired from employment records, school bulletins, pre-survey reports, and class schedules.

Faculty Stability.— The marked tendency for faculty members to remain in the employment of Providence Hospital School of Nursing was noted by both the state and national accrediting agencies. Phyllis Michaelson, Lottie Reich, and Ruth Taylor, clinical instructors, each served on the faculty for five years: Miss Michaelson from 1953-1958,^a Miss Reich from 1952-1957, and Mrs. Taylor was employed from 1946-1951. Rose Marie Sturza Buscho instructed students at Providence for over six years, from 1952-1957, 1958-1959, and part-time in the school year 1960-1961. Mrs. Norene started teaching the sciences in 1951 and continued until the class entering in 1956 completed the course, a total of six years. June Roslund Gravengaard came to Providence in 1954 and remained through the summer of 1961. She was surgical clinical instructor for seven years. Mary Catherine Leonard McCarthy, the first assistant director of the school arrived in 1944 and stayed until December, 1951. She devoted over seven years to the instructional program at Providence Hospital School of Nursing. Mrs. Mary Hixson and Mrs. Emily Bohlman both were on the faculty for over eight years. Mrs. Hixson was employed in 1951 and left in the summer of 1959. Mrs. Bohlman worked in the pediatrics department for one year before she replaced Mrs. Taylor in 1951 as clinical instructor. She taught child development for the year after her full-time employment ended. Mrs. Bohlman instructed both affiliating and Providence students in the nursing of children.

^a Dates are given to correspond to the school year, that is, 1958 would mean the school year, 1958-1959. Most faculty were hired in the late summer or early fall and terminated employment in the summer.

Sarah Winifred Utz started as a clinical instructor in 1946, became nursing arts instructor in 1947, and from 1950 to the present served as educational director, total of 15 years of continuous employment. (192, 202, 221, 222, 223, 246)

The professional activities of the faculty.-- Faculty members have supported their professional organizations and participated in professional activities and were encouraged in this by the administration. Faculty minutes, the Voice of Providence, and the Oregon Nurse show that members have attended institutes, meetings, and conventions. In October, 1951, the faculty presented a skit on "The Role of the Faculty in Self-Evaluation" for the Conference of Catholic Schools of Nursing. Representatives from Idaho, Oregon, Washington, and Montana attended. (204) Emily Bohlman, pediatrics clinical instructor, appeared on KGW television during Hospital Week in 1958 on a program explaining nursing education and nursing service. She was assisted by two student nurses. (137)

Sister Elizabeth Ann, director of the school, was appointed to the Oregon State Board for the Examination and Registration of Graduate Nurses, now known as the Oregon State Board of Nursing, by Governor Douglas McKay in 1952, and was elected president of the board in 1953. (104) She was reappointed by Governor Patterson in 1954. In all, she served as a member for five years and as president for two terms. (127) Sister Elizabeth Ann was also active in the National Council of Catholic Schools of Nursing and the Catholic Hospital Association. She attended national meetings of these organizations and other nursing and nursing education

meetings during the time that she was director of Providence School of Nursing. (114, 130, 211)

Miss Winifred Utz, educational director, served as chairman of the Educators, Administrators, Consultants and Teachers (EACT) section of the Oregon Nurses' Association from 1956 to 1958. (63, 66) During the time that she served in this capacity, she also headed the Portland section to the American Nurses' Association convention in Atlantic City in 1958, (138) attended a three-day curriculum conference in San Francisco, (137) and a workshop on leadership in Salem. (211) The following year, Miss Utz attended a National League for Nursing meeting in Boise, Idaho. (141) Miss Utz also was a member of the Oregon State Board of Nursing, being appointed by Governor Mark Hatfield in 1959; her term expires in July, 1962. She is serving as president of the board during 1961-1962.

Faculty minutes in 1957 showed that several faculty attended an institute on team nursing in Salem in April, 1957 and the October convention of the Oregon State Nurses' Association when the name was changed to the Oregon Nurses Association. (210) Mrs. Pauline Kramer and Mrs. Doris Stephenson were active in the district Educators, Administrators, Consultants, and Teachers (EACT) section in 1958 and 1959; (140) Mrs. Stephenson was elected chairman in 1959. During 1958, some faculty attended the Oregon Nurses Association meeting based upon the theme, "Meeting Patients' Emotional Needs." Faculty members attended the Oregon League for Nursing convention in May, 1958 and an Educators, Administrators, Consultants, and Teachers institute

workshop on inservice education which was held at Providence Hospital School of Nursing in the fall of 1958. Mrs. Stephenson participated in a city-wide fire prevention program for hospital personnel in 1958. (211)

Two faculty members extended their interests beyond Providence students to all students in Oregon when they were elected as advisers for the student nurses' organization. Miss Utz acted as adviser to the Oregon State Student Nurses' Association from 1954 to 1957. (125, 126, 127) In addition to her regular advisory duties, Miss Utz led a student workshop during her term of office. (58) Mrs. June Gravengaard was elected as one of two advisers in 1958 and continued in that capacity until 1961. By this time the organization was called the Student Nurses of Oregon. Mrs. Gravengaard's duties consisted of: (1) attendance at two meetings a month, one council and one general meeting, for nine months; (2) offering counsel on parliamentary procedure, and advice and suggestions when necessary; and (3) providing consultation for the president and vice-president. Mrs. Gravengaard attended three state conventions before her advisory position terminated in June, 1961. (237)

Recruitment activities.-- Providence Hospital School of Nursing was identified with an association of independent colleges participating in recruitment; and faculty representatives from Providence travelled throughout the state, with faculty representatives from other local schools of nursing and colleges, in an effort to provide information on nursing education to high school students. The first of these trips was made in 1952, and trips were continued until the announced closure of the school in the fall of 1959. (205, 209)

Inservice education.-- Faculty members not only have participated in the activities of their professional organizations, but have also attended inservice programs and pursued further study at the University of Oregon School of Nursing, Portland State College and the University of Portland. Directors of the school have encouraged further study.(225, 232) The first inservice program for the school faculty was conducted by the University of Oregon School of Nursing in June, 1945. In still further efforts at improvement, faculty members visited other schools of nursing to observe teaching methods during this same year.(225)

In November, 1951, all faculty members attended an institute on communicable diseases held at the University State Tuberculosis Hospital in Portland.(204) Provision was made by the administration in 1952 for members to attend meetings of an institute on posture and body mechanics which was held from April 4 to May 2 at the University of Portland College of Nursing.(205) The University of Portland conducted a workshop on "Tests and Measurements" for faculty in 1954.(113)

Miss Louana Sipe was chosen in 1956 to represent Providence Hospital School of Nursing when she attended a six-week course in cancer nursing conducted by New York University through Memorial Hospital Center. Expenses for representatives from Oregon schools of nursing were paid by the Oregon Cancer Society.(59, 130) The Oregon League for Nursing initiated this project.

Faculty inservice education in 1957 consisted of a counseling and guidance workshop and a program on communications and better use of

audio-visual aids. (175, 209) Miss Phyllis Michaelson, instructor in communicable disease nursing, attended a four day workshop on epidemiology this same year. The study of counseling and guidance continued with planned programs through 1958 and 1959. Resource people from the Portland public schools and the University of Portland were utilized. In 1959, faculty also studied, reported, and discussed the curriculum studies that had been conducted by the University of Washington. Mrs. June Gravengaard, surgical clinical instructor, attended a workshop on open heart surgery and Mrs. Emily Bohlman, clinical instructor in pediatrics went to an Oregon League for Nursing meeting on pediatrics in 1959. (211, 213) The following year, Mrs. Ruth Heniges, orthopedic clinical instructor, was present for an institute on rehabilitation. (146)

Social activities.— Faculty members participated in certain social activities of students as well as in special educational activities, such as capping and graduation. All faculty members attended the annual Halloween party and formal Christmas party. Chaperones for students' dances were frequently faculty members. Senior students invited faculty to special senior week activities. Throughout the years, faculty parties were held for sociability and for special occasions such as bridal and baby showers. When Miss Utz earned her Master's degree in 1958, faculty members surprised her with a luncheon and invited former faculty as guests. Table decorations utilized the cap and gown theme. (138) The first record of the faculty picnic is in 1952. (205) This became a traditional faculty activity and

was held annually on a school holiday in the spring term. Farewell parties were held for departing members, and they became frequent in 1959 and 1960 as the faculty became progressively smaller. (146, 148, 151)

The faculty organization.-- A faculty council was organized in May, 1945, at which time regular weekly meetings were held and minutes kept (225) but not permanently filed. (168) By 1949 an "Organizational chart of the educational unit was made defining lines of authority and channels of communication," and the constitution and by-laws of the faculty council of Providence Hospital School of Nursing was also established. (229) Membership in the faculty organization was held by the director, administrative assistants to the director, all full-time nurse faculty members, part-time members not designated as special lecturers, elected nurses classed as supervisors or head nurses, and the director or assistant director of nursing service. (196)

Meetings of the faculty council were to be held monthly, but could be, and frequently were held more often when the occasion demanded. Since the latter part of 1949, minutes of the faculty organization meetings have been permanently filed. (203-213)

The organizational charts of the educational unit and the constitution and by-laws of the faculty organization have been revised as conditions changed and progress made it necessary. In 1950, the first faculty committees were appointed. They were: (1) admissions; (2) school activities; (3) curriculum; (4) library; and (5) promotions.

In 1953, a clinical committee and a procedure committee were added. By 1954 admissions and promotions were combined and counseling and

guidance, student health, and publicity committees were added. The next year, the procedure committee had served its purpose and was replaced by the policy committee. The clinical committee became a sub-committee of the curriculum committee, and the rest of the committee structure remained unchanged. (192)

The constitution and by-laws of the faculty council were finally revised in 1958. (See Appendix E) At that time the standing committees appointed by the executive committee were: (1) the curriculum committee, sub-committee, the clinical committee; (2) student admissions and promotions committee; (3) counseling and guidance committee, sub-committee, student health committee; (4) school activities and publicity committee; and (5) library committee. Membership on committees was apportioned among the director of the school, the educational director, nurse faculty, and nursing service representatives. Students were represented on the curriculum committee, the student health sub-committee, student activity and publicity committee, and the library committee. (196)

The purposes of the faculty council at this time were as follows:

1. To provide cooperative assistance for the administration of the school.
2. To stimulate professional growth of members.
3. To provide a sound educational program for the student nurse.
4. To assist in formulating school policies.
5. To aid in fostering interdepartmental relationships and interest.

6. To provide knowledge of departmental activities through committee reports. (196)

Faculty personnel policies.-- During 1950, faculty personnel policies and job descriptions were written and work agreements were initiated. (226) (See Appendices B, C, D) The latest revisions of the personnel policies were in 1957 and of the job descriptions in 1958. Personnel policies were good and in accord with personnel policies throughout the vicinity. They provided for vacations, holidays, sick leave with pay, and rest periods. The work period, salary scale, and school responsibilities were outlined; and the conditions for termination of employment and leave of absence were described. Health service was limited to an annual chest x-ray, opportunity to participate in Blue Cross health insurance, and a discount on hospital services and drugs. (216, 229)

Faculty orientation program.-- By the time of the national accreditation report in 1954, the following orientation program for new faculty was established:

1. Introductory conference with director of the school
 - a) discussion of history, philosophy, purpose, general program, personnel policies, responsibilities of the new instructor.
 - b) introduction to faculty and hospital administrator and to the physical facilities of the school.
2. Introduction to the educational program by the educational director included:

- a) discussion of curriculum, clinical rotation plan, records, counseling and guidance program, and specific instructional responsibilities.
 - b) provision of materials for study such as the school bulletin, course outlines, and other school materials.
3. Introduction to the hospital and clinical program by a clinical instructor included:
- a) introduction to physical plant, hospital personnel, ward routine, basic procedures, ward program for students, and the correlation plan for medical and surgical nursing practice. (one week)
4. Introduction to health program by health director included:
- a) introduction to health clinic plan, records, doctor, general procedures and equipment. (one week) (229)

The Curriculum

Organization and administration of the curriculum.-- As a state accredited school, Providence Hospital School of Nursing has complied with state board requirements which have prescribed minimum requirements of the course of study and clinical practice. The curriculum was developed by the director, Sister Ernestine Marie when the school opened, and later, with the help of her assistant, Mary Catherine Leonard, now Mrs. McCarthy. With the formation of a curriculum committee of the faculty organization in 1950, the faculty

assumed a more positive role in curriculum development. Faculty participation increased in succeeding years, culminating in the formulation of a new curriculum pattern which had been planned for inauguration in 1959. The decision to close the school prevented its adoption except in a minor way during the freshman year. (172, 177, 183)

Organization of the school year.-- The school year at Providence Hospital School of Nursing opened with the fall term and included winter, spring and summer sessions. Until 1955 the year was divided into four 13-week quarters for all students. In 1955 the freshman year was changed to three semesters, 16 to 18 weeks in length, but the other classes continued on the 13-week quarters. In 1957 a new organization of the school year was inaugurated for the junior and senior years. The year was divided into three 12-week terms and one 16-week summer term. The summer term allowed for vacation time and uninterrupted clinical practice during the quarter. In 1959 the freshman year too, was divided into four terms, and organization of the last two years remained on the 12-12-12-16-week pattern until the termination of the program. (192, 193, 194) The pre-clinical period extended for six months until 1955 when it was shortened to four months in order to provide students with earlier nursing arts supervised practice on the hospital wards. (192, 193, 209)

The curriculum pattern.-- The program of studies for the first students was based on the National League of Nursing Education's accelerated curriculum (184) which had been designed for the Cadet Corps program. It enabled students to complete class work in 30 months. (12)

Thereafter the curriculum pattern followed requirements of the state board of nursing, although class hours frequently exceeded required hours in the thirty-six month program. In addition to state board of nursing requirements, 36 hours of moral philosophy and 70 to 100 hours of apologetics, a religion course were offered. Apologetics was a requirement for Catholic students and optional for non-Catholics. From 1950 through 1955 freshman students participated in an organized physical education course of 48 hours. (163, 168, 170-177, 180, 182, 183, 184, 192, 228)

Course placement.-- The plan for classroom instruction varied for groups of students into which each class was divided. The first two years the school admitted classes twice a year, in February and September. Beginning in 1946 one class was admitted annually in September; but to provide for affiliations and other clinical experience, students were grouped, and the sequence of classroom instruction varied for each group after the first year. A typical instructional plan for one group of students will be presented. Courses taught in the two-term 26-week preclinical period were: (1) anatomy and physiology; (2) chemistry; (3) microbiology; (4) nutrition; (5) nursing arts; (6) psychology; (7) drugs and solutions; and (8) professional adjustments 1. With the shortening of the preclinical period to one 18-week semester in 1955, microbiology was postponed until the second semester, and nursing arts was continued into the second semester. All other courses still were included in the preclinical period or first semester. History of nursing was a

preclinical course until 1948 when it was moved into the second year. The last graduating class studied it in the third year. (193, 221, 222, 223)

Subjects included in the third quarter of the first year for students through 1948 were: (1) pathology; (2) medical nursing I; (3) surgical nursing I; (4) diet therapy; and (5) pharmacology. (221) Integration of some public health hours were included in this term also. The change to semesters in 1955 resulted in the second semester containing the same subjects as the third quarter with the exceptions of microbiology and nursing arts noted above. (192)

Operating room nursing was taught in the first year for three years, moved into the second year until 1955, when it was again placed in the latter part of the first year. Emergency nursing was taught in the first year until 1949 when it was moved into the second year. Subjects that remained in the second year were: (1) moral philosophy; (2) sociology; (3) medical nursing II; (4) surgical nursing II; (5) obstetrical nursing; and (6) orthopedic nursing. The neurological unit of medical and surgical nursing was included in the psychiatric affiliation until 1948 when it was taught in the home school. (221) Some public health nursing hours and diet therapy hours were contained in the second year after they were integrated into medical and surgical nursing in 1949. In 1955, pediatric nursing and child psychology were moved from the third to the second year. Psychiatric nursing and professional adjustments II remained in the third year, and a course in ward management was added in 1955. (193) Although some changes in the

course placement occurred throughout the years, much of the plan for instruction remained the same. The belief that students needed basic sciences and nursing arts before clinical practice, plus the plan for obstetric and psychiatric affiliation influenced the structure for the placement of courses.

Distribution of class hours.— Because each class of students was divided into groups for clinical practice and affiliation, the class hour distribution for each group varied somewhat after the first year. Figures used are actual clock hours of instruction received by students and not blanket hours as appear in school bulletins and curriculum plans. The following figures are typical of one group of students. The first class to enter Providence Hospital School of Nursing spent 822 clock hours in theory the first year; the class graduating in 1952, had 919 hours; and by 1957 first year hours of theory had decreased to 881; and the last class had 618 hours of theory the first year. Table 3. gives the number and per cent of theory hours in each of the three years of study and the total hours of theoretical instruction by five year periods from 1947 to 1962.

Whereas, the class entering in 1944 spent only 288 hours in class theory the second year; the class entering in 1949 had 388 hours; the class entering in 1954 had 439 hours; and the last class, 364 hours. The third year accounted for 174 hours for the first students, 153 hours for the class graduating in 1952, 186 hours for the class of 1957, and 220 hours for the last class. (228)

Table 3. Number of Hours of Theory and Per Cent of Total^a in Each of the Three Years of Study and Total Theoretical Hours of Instruction at Providence Hospital School of Nursing for Students Graduating in 1947, 1952, 1957, and 1962^b

Year of Study	Students Graduating in							
	1947		1952		1957		1962	
	Number of Hours of Theory	Per Cent of Total Theory	Number of Hours of Theory	Per Cent of Total Theory	Number of Hours of Theory	Per Cent of Total Theory	Number of Hours of Theory	Per Cent of Total Theory
First Year ...	822	63	919	63	811	59	618	52
Second Year ..	288	23	388	27	439	29	364	30
Third Year ...	174	14	153	10	186	12	220	18
Total	1284	100	1460	100	1506	100	1201	100

a Does not include ward conference hours except in psychiatric nursing in the third year

b Material for this table taken from Student Final Records

The state requirements in 1948 were for 784 hours in the first year, 235-249 hours in the second year, and 85 hours in the third year. The state requirements adopted in November, 1955 did not specify the number of hours to be taught each year but did suggest the number of hours in general subject areas with a total minimum requirement of 898 theoretical hours and 220 ward conference hours.

Students graduating in 1947 received 63 per cent of their instruction in the first year, 23 per cent in the second year, and 14 per cent in the last year. The Cadet Program required that Cadets be free of classes in the last six months, thus the senior year classes had to be curtailed. Students graduating in 1952 were still receiving 63 per cent of their instruction in the first year, but the second year had increased to 27 per cent, and the third year had dropped to only 10 per cent. For the class graduating in 1957, the first year contained 59 per cent of theoretical instruction, the second year 29 per cent, and the third year 12 per cent. By 1962 first year hours had been decreased to 52 per cent of theoretical instruction, the second year contained 30 per cent, and the third year, 18 per cent. In spite of the fact that an attempt was made by the state board of nursing and the school to distribute hours of instruction more equitably throughout the three years, over half of classroom instruction remained in the first year. Justification for the heavy concentration of hours in the first year lies in the belief that students of necessity had to complete the basic sciences and introductory nursing courses before they could benefit from clinical practice or safely assume the care of patients. Proof of these beliefs has not been established.

Table 4. Clock Hours of Theory^(a) Instruction in Each Course Taught at Providence Hospital School of Nursing for Classes Graduating in 1947, 1952, 1957, and 1962^(b)

Course Titles	Clock Hours of Theory Instruction Classes Graduating in				
	1947	1952	1957	1962	
Anatomy and physiology.....	90	120	118)	(integrated
Chemistry.....	72	72	88)	180 (science
Microbiology.....	72	72	77)	(course
Pathology.....	15	15	15		13
Personal hygiene.....	10	0	0		0
Psychology.....	24	30	45		45
Sociology.....	30	30	36		36
History of nursing.....	25	25	30		20
Professional adjustments I ...	20	26	24		22
Professional adjustments II ..	20	30	30		24
Moral philosophy.....	24	30	36		36
Materia medica.....	15	15	18)	
Pharmacology.....	45	56	53)	63
Nutrition.....	40	61	72		20
Diet therapy.....	30	42	30		22
Nursing arts.....	200	240	241		154
Medical-surgical nursing.....	185	178	159		162
Communicable disease nursing..	25	35	35		24
Operating room principles.....	20	20	20		20
Orthopedic nursing.....	20	20	22		18
Obstetrical nursing.....	48	66	68		60
Pediatric nursing.....	56	68	81		78
Child psychology.....	0	36	22		24
Public health nursing.....	30	30	30		25
Emergency nursing.....	20	20	20		16
Psychiatric nursing.....	148	123	130		122
Ward administration.....	0	0	6		18
Total hours for three years...	1284	1460	1506		1202

a Does not include religion classes or ward conference time except in psychiatric nursing

b Material for this table taken from Student Final Records which record actual clock hours of instruction

Total hours of theoretical instruction.-- Table 4. shows the clock hours of theoretical instruction in the various courses for classes graduating at five year intervals, starting in 1947. Theory hours, excluding religion courses, gradually increased from a total of 1284 hours for the first graduating class to a high of 1506 hours for the class graduating in 1957. Thereafter, theory hours decreased, and students graduating in 1962 will spend 1202 hours in class work. Theory hours in some courses gradually increased to the high in 1957 and then decreased; in other courses a fluctuating variation prevailed; some course hours increased; some course hours decreased; and some course hours remained essentially the same throughout the years. It appeared that during the period when class hours were increasing, the belief was that more class hours meant a better educational program. As the school employed better faculty, and as they assumed greater responsibility for curriculum planning, the curriculum was studied with a view to eliminating repetition and overlapping of course content. (193, 224, 228) This resulted in shortening of many course hours.

Courses showing an increase followed by a decrease in hours.--

The basic science courses rose from 234 hours for the class of 1947 to a high of 283 hours for the class of 1957, and declined to 180 hours for the class of 1962. It was in 1962 that Mrs. Pauline Kramer, the science teacher integrated the basic sciences into one science course, thus eliminating repetition in the course. History of nursing hours increased from 25 hours to 30 hours, and then fell to 20 hours.

Professional adjustments 1 and 11 both started with 26 to 30 hours respectively and ended with 22 and 24 hours each. Nursing arts showed an increase from 200 hours to 241 hours and back to 154 hours. Students had less laboratory experience in the classroom because the hospital wards were utilized for laboratory learning early in the program in the last year. Pharmacology started with 60 hours, rose to 71 hours, and ended with 63 hours. Nutrition and diet therapy contained 70 hours for the first class, reached 103 hours in 1952, and accounted for 42 hours in 1962. The cooking laboratory had been eliminated from the course in 1955 as an unnecessary learning experience for student nurses. Communicable disease nursing took 25 hours at first, increased to 36 hours, and was allotted 24 hours for the last class. Obstetrical nursing increased from 48 to 68 hours and decreased to 60 hours. Pediatric nursing was taught in 56 hours the first time, increased to 81 hours in 1957, and accounted for 78 hours in the program for the last class. Child psychology, introduced in 1948 with 28 hours, accounted for 36 hours in 1952, decreased to 22 hours in 1957, and was allotted 24 hours for the last class. Orthopedic nursing made little change, going from 20 to 23 hours and back to 18 hours.

Courses showing an increase in hours.— Psychology showed an increase in course hours from 24 hours to 30 hours, and it was taught finally in 45 hours. Moral philosophy increased from 24 to 36 hours, and sociology went from 30 to 36 hours. Ward administration was a new course in 1955 when it was allotted only four hours. These class hours increased and the last class had 18 hours of ward administration.

Courses showing a decrease in hours.-- Personal hygiene, which accounted for 10 hours for the first two classes, was dropped from the curriculum as a separate course. Pathology showed a negligible decrease from 15 to 13 hours. Medical-surgical nursing decreased from a beginning 185 hours to 159 hours in 1957. The last class had essentially the same with 162 hours recorded for the course. Public health nursing took 30 hours until after 1957 when the hours were reduced to 25. Emergency nursing was taught in 20 hours until 1961 when it was completed in 16 hours. Psychiatric nursing was allotted 148 hours for the first class, dropped to 123 hours in 1952, rose to 130 hours in 1957, and decreased to 122 hours finally.

Courses remaining the same.-- Operating room nursing accounted for 20 hours of theoretical instruction for all classes. As noted above, the changes in the course hours in orthopedic nursing and pathology were so slight that the change is hardly worthy of note. At no time were courses set up on a pattern where the hours of instruction could be divided by a common denominator and thus reduce curriculum clock hours to common units. State board requirements and the National League of Nursing Education Curriculum Guide presented suggested course hours in clock hours. Changes in course hours at Providence Hospital School of Nursing were influenced by state board suggestions and requirements, by the National League of Nursing Education accelerated curriculum, and after 1955, by studies initiated by the faculty curriculum committee.

Ward conferences.— During the early years ward conferences were held once weekly except during the summer months. By 1954 ward conferences were held twice weekly and were continued throughout the year for all students on medical and surgical services. Ward conferences were held in conjunction with obstetrical and psychiatric affiliations and special services such as pediatrics and diet kitchen. Ward conferences were not recorded separately from theoretical classes for the psychiatric affiliation. (193, 174, 244) A master ward teaching program was constructed in 1953 for the individual clinical services in the home hospital. The development of this program was the result of suggestions made by the state board of nursing. (206) This provided a balanced plan for all students in connection with their ward experiences. (218) The 1958 state board report noted an improvement in ward classes in that they were "patient centered." (176)

Ward conference hours increased steadily from a total of 76 hours for the first class to a total of 216 hours for the last class. (177, 228) While theoretical hours increased to a maximum for the class of 1957, and then decreased, ward conference hours continued to increase steadily until the close of the program. This may indicate a concerted effort to make the teaching more dynamic.

Total instructional hours.— When the total ward conference hours are added to the total theoretical hours, a somewhat different picture emerges. In considering only theoretical hours, the class of 1962 had the lowest total hours; but by adding the ward conference hours, the class of 1962 changes places with the first class. The year of maximum

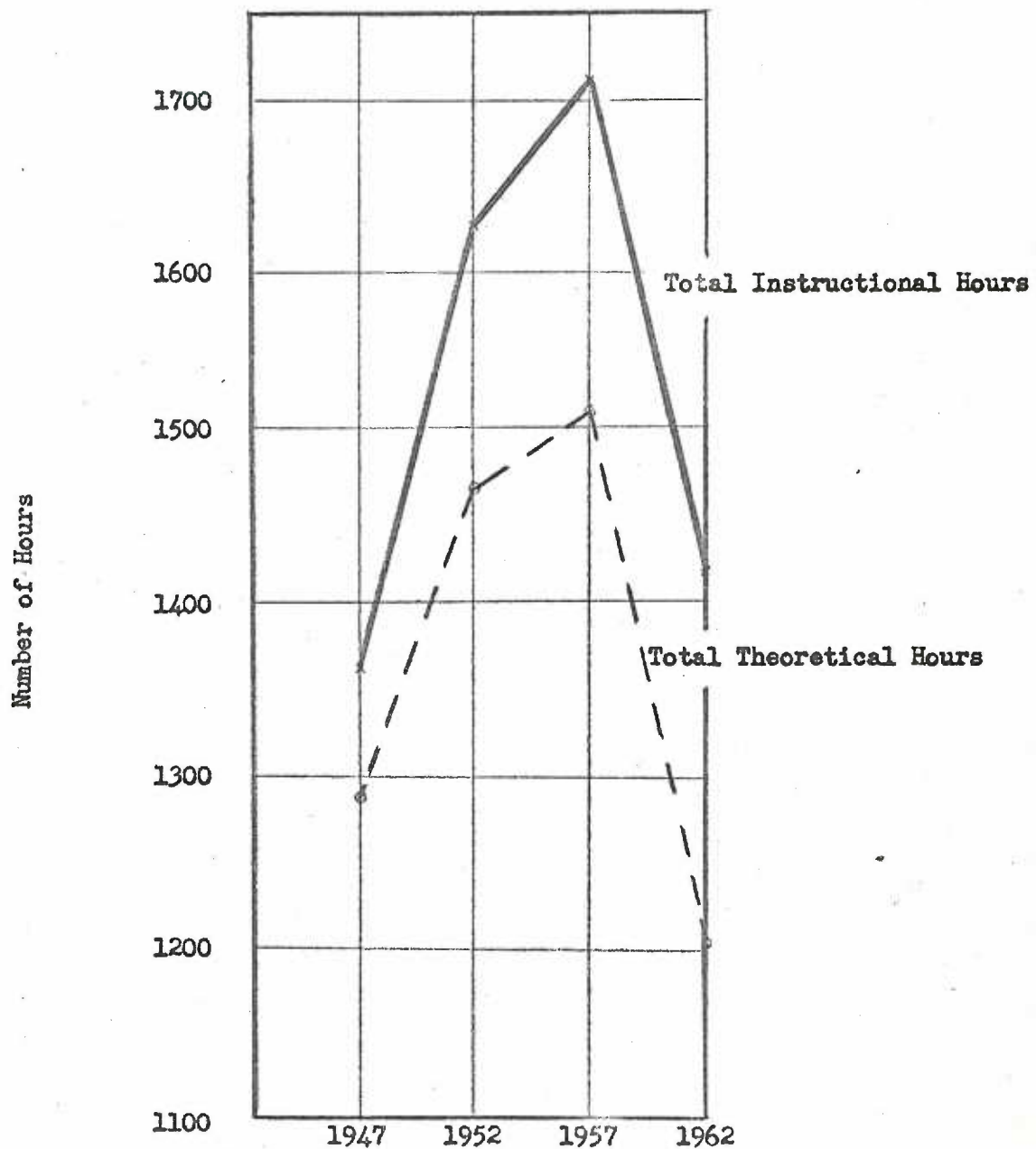


Figure 2. Total Theoretical Hours and Total Instructional Hours^a at Providence Hospital School of Nursing for Classes Graduating in 1947, 1952, 1957 and 1962

a Includes theoretical class hours and ward conference hours

hours remains in 1957, but the last class exceeds in total instructional hours those of the first class. The total instructional hours were 1360 hours for the first class, 1625 hours for the 1952 class, 1707 hours for the class of 1957, and 1418 hours for the class of 1962. Figure 2. is a graphic representation of the total instructional hours and the total theoretical hours at Providence Hospital School of Nursing.

Course changes, integration, and correlation.-- Anatomy and physiology, chemistry and microbiology were taught as separate courses until 1959 when they were integrated into one science course. This integrated course was one part of the proposed curriculum change for the class entering in 1959 that was implemented. The course which was listed as pathology for the first classes was included in the introduction to medical science course in 1950 and later, integrated into the medical-surgical nursing courses. Nursing arts became fundamentals of nursing in 1959 and students were introduced to the hospital wards early as part of their laboratory experience. These experiences were carefully planned and controlled by the school. The course called nursing ethics for the first classes became professional adjustments 1 by 1950 and in 1959 was replaced by an orientation course which contained a variety of topics such as the use of the library, study habits, interpersonal relationships, communications, a history of the school, and an arithmetic review. Both nursing fundamentals and the orientation course were parts of the new curriculum.

Public health nursing was also called nursing and health service in the family and finally, community health nursing. History of nursing

was referred to as trends in nursing in 1958-1959, but reverted to the original title. First aid became emergency nursing in 1946, was replaced by nursing in civil defense in 1956, and became disaster nursing in 1957. Professional adjustments 11 was called introduction to graduate professional nursing in the last two years. Nutrition, foods and cookery was shortened to nutrition in 1955 when laboratory classes in cookery were discontinued. Drugs and solutions, materia medica, and pharmacology became pharmacology and therapeutics, and finally pharmacology in 1955.

A course in personal hygiene was recorded in the years 1947 and 1948, as were occupational, recreational, and physical therapy. These courses were then integrated into nursing courses. Child psychology and normal child development were introduced as separate courses in 1948, but three years later child development was included in child psychology. In 1955 a class in ward management was introduced. (192, 193, 228)

In 1949 an integrated course in medical-surgical nursing and diet therapy was planned. Prior to this time medical diseases, medical nursing, surgical diseases, and surgical nursing were taught separately; but by 1951 a combined course of medical-surgical nursing was introduced. The course was taught by body systems in block units with the exception of communicable disease nursing, orthopedic nursing, and later nursing in chest surgery. The state board of nursing report in 1949 mentioned that social and health aspects were not integrated into "all phases" yet; (168) but by 1955, the medical-surgical nursing course was

completely integrated with diet therapy, pathology, and community health nursing. (222, 223) It was in this year that the curriculum committee studied course content and made progress in eliminating repetitious subject matter which resulted in shortened theory hours. (193, 224, 228) Pharmacology remained a separate course but was correlated as feasible with the medical-surgical unit being taught. (192, 237) Instructors attempted to correlate clinical experience with theory in medical-surgical nursing. Pediatric nursing was taught concurrently with practice, as was operating room nursing, and after 1958, orthopedic nursing. Theory in obstetrical nursing and psychiatric nursing was obtained while the students affiliated for clinical practice in these areas.

The curriculum committee continued to revise medical-surgical course content, and in the spring of 1959, a combined unit of urological and gynecological nursing was introduced which included nursing in conditions of the breast. Ophthalmological nursing was included with neurological nursing, and the respiratory unit included ear, nose, and throat nursing in addition to conditions of the bronchi and lungs. A 10-hour unit of nursing the patient with chest surgery was introduced in this year. (177) The 1960 state board of nursing report stated that instructors continued to integrate public health nursing, patient teaching, and psychological aspects. (177) Integration was a gradual process through the years, and the faculty continued to organize curriculum content with a view to making it more meaningful to the learner.

The proposed curriculum change.-- The proposed curriculum change, part of which was inaugurated in the freshman year for students entering in 1959, would have effected some radical innovations in the curriculum pattern. The clinical period was planned so all clinical nursing courses would be taught concurrently with clinical practice in a specific area. Medical nursing would be taught while the student was assigned to a medical ward; surgical nursing would be taught while the student was assigned to a surgical ward; and the special services would be taught in the same manner. Four weeks of vacation would be given each year. Freshmen would have two weeks at Christmas and two weeks in the summer; other students would have a four week summer vacation. Although the plan had not been completely worked out when the imminent closure of the school caused it to be abandoned, the basic structure was as follows:(212)

Preclinical period (22 weeks plus two weeks vacation)

Basic sciences	22 weeks
Fundamentals of nursing	22 weeks
Orientation	4 weeks
Introduction to medical and surgical nursing with normal nutrition, diet therapy, public health and pharmacology integrated	18 weeks

Clinical period (132 weeks)

Block 1: Four rotations of students (48 weeks plus
2 weeks vacation)

Medical nursing	12 weeks
Surgical nursing	12 weeks
Operating room nursing and recovery room ..	12 weeks
Gynecological and urological nursing	6 weeks
Orthopedic nursing	6 weeks

Block II: Four rotations of students (48 weeks plus
4 weeks vacation)
 Obstetrical nursing 12 weeks
 Pediatric nursing 12 weeks
 Psychiatric nursing 12 weeks
 Medical and surgical specialities
 (emergency surgery, intravenous, and
 night experience) 12 weeks

Block III: Two rotations of students (26 weeks plus
4 weeks vacation)
 Ward management 13 weeks
 Senior electives 13 weeks

Instructional methods and techniques.— Instructors were

encouraged to use a variety of teaching methods, and the school was well-equipped with visual aids such as anatomical models, charts, picture and pamphlet files, movie projectors and screens, x-ray viewing boxes, delinescope, and slide projectors of two sizes. Large bulletin boards were located in halls, classrooms, and library for the display of educational materials.

Among the teaching methods employed by teachers were lecture, discussion, seminars, panels, conferences, role playing, demonstration, laboratory, field trips, supervised practice, and case studies. Course outlines were made for all courses from the inception of the educational program. They included course descriptions, objectives, course requirements, placement, hours, textbook, teaching methods and aids, method of evaluation, general outline of course content, and samples of tests. (200, 201) Students were first given modified course outlines in 1950. (244) It was a requirement of the school that course outlines be submitted to the educational director for filing. Instructors were granted the prerogative of choosing the classroom

methods and the textbooks that they would use. The medical and surgical nursing textbooks were chosen cooperatively by the teachers involved in teaching the medical and surgical nursing units. (200, 201)

Evaluation of students.— A uniform grading system was not used until the state board of nursing suggested that the school adopt grading policies "to equalize values" in 1949. (168) The state board of nursing recommended and the school accepted the following grading system:

A - 95 - 100 per cent
B - 87 - 94 per cent
C - 78 - 86 per cent
D - 70 - 77 per cent
F - below 70 per cent

Weighting was also agreed upon by the faculty organization and grading values were to be distributed as follows: (1) one fourth for the final examination; (2) one fourth for homework, classwork, laboratory, and other assignments; (3) one half for unit tests and quizzes. (203)

The methods used to test students were left to the discretion of the instructor, and a variety of techniques were used. The multiple choice test was the most frequently used, but was varied with other short-answer type tests and essay tests. Situation type questions were used increasingly in later years. National League of Nursing Education, since 1952 called the National League for Nursing, achievement tests were used for students from the beginning of the school. (200, 244)

Senior review and senior tests.— Seminars were held for senior students in 1951 to assist them in their preparation for state board

examinations. After 1951 seniors were given review tests to help them recognize weaknesses and to guide them in reviewing for the state board examinations. Usually the tests were teacher-made tests, but sometimes National League for Nursing achievement tests were used. (204, 205, 210)

Evaluation of the curriculum.— After the curriculum change in 1955 faculty attempted to evaluate the results. A student opinionnaire was used as one facet of the evaluation. The opinionnaire was administered at the completion of the first two semesters. It indicated that nutrition and psychology were areas of most difficulty. Other means that faculty used to evaluate the curriculum were the National League for Nursing achievement test scores which were higher than previous years; the students' clinical practice which was also judged better than preceding classes; and the student attrition rate which was lower than formerly. (209, 210) It appeared that shortening the preclinical period and decreasing class hours had resulted in an improvement in the curriculum. The curriculum committee again evaluated the school year 1956-1957 using the same criteria. Opinionnaires indicated that psychology classes had improved in this year. (210) Individual instructors frequently provided students opportunity for expressing their opinions on the value of a course and also included summaries of strengths and weaknesses of a course with course outlines that were placed in school files. (200)

Written curriculum and clinical policies.— In 1955 a policy committee was formed with June Roslund, now Mrs. Gravengaard, as chairman. This committee compiled a 15-page curriculum and clinical

policy book for the use of faculty members. It included descriptions, sequence, and time plan of courses and clinical practice; instructional policies; scholastic requirements; evaluation policies; and graduation requirements. The policies relating to the administration of the curriculum and clinical practice were composed and written for the benefit of the faculty.

Clinical Practice in the Curriculum

The clinical field.-- Providence Hospital provided students with most of their clinical experience, but affiliations were utilized for obstetrical and psychiatric nursing. Observation in a public health agency was planned as a senior elective experience in 1952.

Providence Hospital.-- Providence Hospital, under the administration of the same order of sisters as the school, was accredited by the American College of Surgeons, the American Hospital Association, the American Medical Association, and the Council on Medical Education and Hospitals for Internship and Residency in the early years; and after 1955 by the Joint Commission of Accreditation which replaced the organizations mentioned above. The National Catholic Hospital Association also granted Providence Hospital accreditation, and the hospital is licensed by the Oregon State Board of Health. (163, 168, 170-177, 183, 184, 187, 192)

New services added.-- When the hospital was opened in September, 1941, it was intended as a medical adjunct to St. Vincent Hospital and was designed primarily for pediatric and medical patients. (187) The orthopedic and pediatric departments on the third floor and the medical

service on the fifth floor were the first to receive patients. The two fourth floor surgical wards opened in 1942. When students who had resided on the sixth floor were moved to the nursery home, the orthopedic department appropriated the sixth floor and three north became a genito-urinary service. (98)

The increasing demands for hospital services following World War II stimulated growth and expansion of the hospital. In 1950 the two east wing was opened for patients, (229) and in November, 1951 a physical therapy department was added. (109) Three thousand patients were treated with physical therapy the first year the department was open. In 1959, physical therapy patients numbered 7,882, and they received 20,000 treatments of 24 different kinds. (148) New equipment was added as the department grew, and the service was moved to larger quarters in 1957. (125, 129)

The hospital continued to keep pace with the times, and added new services and equipment for improved patient care. An electroencephalograph department was added in 1952, (100) and the isotope laboratory the same year. (131) Iodine 131 was introduced the first year, (84) followed by radioactive gold in 1953, (85) and a scintiscanner in 1955. (86) New admission and formula rooms were installed in pediatrics in 1953, and piped oxygen and wall suction were added to the department. (105) A recovery room was opened in November, 1956, (153) and a Ford Foundation grant of \$141,500 was used for the purchase of new laundry equipment and a new elevator in 1957. (87) Providence Hospital Women's Auxiliary has made many contributions for the benefit of the hospital, and in 1958 they

purchased an artificial kidney.⁽¹³⁸⁾ A machine for open heart surgery was secured for the hospital in 1961 through the joint efforts of the Women's Auxiliary, the nursing staff, and other departments and groups connected with the hospital.⁽¹⁵⁸⁾

A building program was launched in 1961 to increase and improve existing facilities and to add a 50-bed obstetric department. Table 5. summarizes the increases in the services offered by Providence Hospital in the years, 1945, 1950, 1955, and 1961.⁽¹⁸⁷⁾ Each addition to the services offered by the hospital increased the opportunities for student experiences in the clinical area.

Table 5. Data Relating to Patients and Personnel at Providence Hospital in 1945, 1950, 1955 and 1961.^a

Data Relating to Patients and Personnel	1945	1950	1955	1961
Admissions	6,322	9,495	10,753	13,035
Days of care	55,715	79,452	85,771	93,040
Outpatients	2,500	6,931	12,071	15,803
Average length of stay	8.8 days	8.4 days	8.1 days	7.1 days
Surgical procedures	3,900	6,680	8,532	10,328
Laboratory procedures	49,694	62,584	173,484	401,676
Radiological procedures ...	5,424	11,095	16,104	21,848
Bed complement	270	280	285	329
Adult	210	220	220	271
Pediatric	60	60	60	58
Average daily census	153	217	237	255
Adult	130	187	203	222
Pediatric	23	30	34	33
Medical staff	88	208	299	322
Number of employees	195	393	547	682
Number of sisters	15	16	15	13
Number of registered nurses	61	154	177	218
Annual payroll	\$246,914	\$778,775	\$1,690,093	\$2,410,893

a. Material for this table taken from Providence Hospital Annual Report, 1961.

Nursing service policies, meetings, and inservice education.--

Nursing service policies were formulated for the graduate staff in 1947, (229) and they were last revised in 1962. (89) Personnel policies were written in 1958, revised in 1962, printed in booklet form, and presented to all employees. (188, 190) A sustained inservice program for all nursing service personnel has not been established, but inservice instruction has been provided for the non-professional group. (173) In 1958 and 1959 an extensive inservice program on the care of the cardiac patient was planned and given for all nursing service personnel with the help of a consultant, Mrs. Helen Donovan. (33) The Voice of Providence reported that an inservice program was established in September, 1959, and that inservice education was resumed in March, 1961. (143, 157) Head nurse meetings have been held regularly since 1950. (171)

Nursing care hours.-- Nursing care hours at Providence Hospital have been medium to high. (53) In 1950 average nursing hours available per patient in 24 hours varied from three and two tenths hours in orthopedics to six hours in pediatrics. Ten years later available nursing care hours varied from four hours in orthopedics to four and four tenths hours in medicine. In calculating nursing care hours, head nurses, assistant head nurses, and intravenous nurses are not included. In 1950, forty-seven per cent of nursing care hours was given by graduate nurses and 25 per cent by students. Graduate nurses gave 34 per cent of nursing care hours, and students rendered 30 per cent of nursing care hours in 1960. (163, 223) In the ten year period between 1950 and 1960, patients received 13 per cent less graduate nursing care

hours, five per cent more student care hours, and eight per cent more non-professional care. Three classes of students were enrolled in the school when the 1960 figures were obtained. Students were providing some service to the hospital albeit at great cost to the hospital. It should be noted that nursing care hours do not indicate the amount of service given, but rather the number of hours personnel are present in the clinical setting. The fact that students accounted for 30 per cent of nursing care hours doesn't mean they gave 30 per cent of nursing care.

Clinical practice at Providence Hospital.— The home hospital provided clinical experience in the following services for students: medical, surgical, diet kitchen, operating room, emergency room, intravenous, and pediatrics. Changes in the organization of the school year and curriculum caused some shifting of time spent in clinical practice, but neither state board of nursing requirements nor the program for clinical practice at Providence Hospital School of Nursing show any radical changes in the distribution of the clinical practice period.

Changes of time distribution in clinical practice.— An added week of vacation in each of the three years in 1952 subtracted three weeks from the clinical period; the shortening of the pre-clinical period in 1955 added six weeks to clinical practice; and the introduction of 12-week terms in 1957 increased clinical experience in the home hospital by another two weeks. Diet kitchen accounted for six weeks of students' clinical period until 1950 when it was reduced to four weeks. Emergency surgery and intravenous therapy each took four weeks in the

senior year until 1949. Students entering that year through 1956 had two weeks of each service in the junior year. After 1956 all students spent four weeks of the junior year on each of the two services. From 1952 through 1955, students spent a two-week practice period in the pathology laboratory and another two weeks in central supply. Both of these experiences were discontinued as the faculty thought that more valuable learning experiences were available in medical and surgical nursing departments. Operating room experience accounted for 12 weeks of the students' clinical practice period until 1952 when it was reduced to eight weeks. In 1960 operating room practice reverted to 12 weeks which included two weeks in recovery room and one week of preoperative skin preparation. Students spent between 94 and 100 weeks in the home school and received clinical experience at Providence Hospital for that length of time. (194, 248) The pre-clinical period, affiliations, and vacations accounted for the remainder of the 156 week program.

Reduction of hours spent in the clinical areas.-- The changing length of the work week affected the number of hours spent in the clinical areas, as did the variation in time spent in classroom instruction. The first students to enter the school were placed on a 48-hour week which included classwork and clinical practice. This was a Cadet Corps stipulation. (12) In the spring of 1950, all students were placed on a 44-hour week, and in September, 1953 the student week totalled 40 hours. (192, 206, 228) A typical student graduating in 1949 spent a total of 4,291 hours in clinical practice (165) in the home hospital and affiliations. By 1961 clinical practice time for a typical student was reduced to 3,849 hours. (219)

If these figures are converted to 40-hour weeks, it would mean that the student graduating in 1949 spent 107 weeks in clinical practice; whereas, the student graduating in 1961 devoted 96 weeks to clinical practice, which makes a difference of 11 working weeks in the ten years. Reduced hours of ward practice would also increase the expense of the program.

Medical and surgical clinical practice.-- Clinical instructors have been responsible for supervision and instruction of the students on the medical and surgical wards since the beginning of the program, but some instruction in the early years was given by nursing service personnel. An orthopedic clinical instructor was first employed by Sister Elizabeth Ann in 1953.⁽¹⁶⁴⁾ Although the first annual state board survey report of May 11, 1944 stated that medical and surgical services were completely segregated and the hospital was a beautiful structure, tastefully furnished; most of the remarks about the clinical area were highly critical. Some excerpts follow:⁽¹⁸³⁾

Because of insufficient subsidiary help, students are required to clean their patients (sic) rooms (dry mopping and dusting). This is an exceptionally bad practice to fall into a yoke which modern nursing through (sic) off many years ago. A constant endeavor should be made to change this situation.

Many (7 or) (sic) graduate nurses were observed on duty not professionally attired (colored hose and jewelry)--even some of the head nurses exhibiting such poor taste. With a School of Nursing in its development, such unprofessional tactics should be dispensed with once and for-all.

Several of the utility rooms inspected were in a "messy" and disorganized condition--appearing as evidence of insufficient or inadequate supervision. One used enema tray was noted with the rectal rube (sic) inserted back in the can!

Although visiting hours are scheduled for 2-3 p.m., many visitors were noted before noon.

Many errors were found in charts indicating that nursing supervision is weak and inactive. Such serious errors as charting medications, but no dosage; no quantity of the amount of orange juice taken (diabetic patient); no nursing notes in several charts from afternoon of one day until morning of the next; charting general diets when special diets were ordered, etc.

The graphics are charted in crayon. Red and blue ink must be used-not colored pencils.

The supervisory staff is not satisfactory, and even though these present times are critical from a lack of nurses, still a few ambitious, energetic, competent nurses should be able to accomplish a great deal more than is being done.

The problems inherent in the establishment of a new educational program were undoubtedly aggravated by the wartime situation. Many features of wartime nursing education were justified only by emergency conditions. Miss Lucile Petry, now Mrs. Leone, director of the Cadet Nurse Corps program stated in 1945 that, "The vast amount of nonnursing service performed by students should be lessened considerably if not entirely eliminated."⁽¹²⁾ The wartime economy resulted not only in a shortage of professional nurses, but in a scarcity of subsidiary help. Conditions at Providence Hospital were not unique at that time.

The first nursing schools were established to improve nursing care as was the Cadet Nurse Corps. Preliminary to the founding of the Cadet Nurse Corps as a means of meeting nursing needs, Miss Isabel Stewart said in 1941 in regard to educating more nurses, "That plan takes longer but it helps to supply some of the nursing service needed in hospitals. Its great advantage compared with the excessive use of aides, helpers,

and the like, is that student nurses become more capable the further they go in the educational program."⁽¹²⁾ Proponents of the diploma program are still convinced that a school of nursing contributes to better nursing care. It is interesting to note that only the 1944 and 1945 state board of nursing reports were critical of the clinical area; however, no survey reports were available again until 1949. The 1949 survey report commended the sanitation and nursing care in the hospital. The 1951 report noted that one of the strengths of the program was the amount of supervision students received in the clinical area.⁽¹⁷²⁾ Surely much had been accomplished since 1944.

Clinical instructors were responsible for planning, implementing, supervising, teaching, and evaluating students during their clinical practice. The instructor oriented students, planned patient assignments in cooperation with the head nurse, utilized opportunities for ward teaching, and planned ward conferences. Instructors correlated the students' clinical assignment with classroom experiences when possible. Students were assigned to both medical and surgical wards while they studied medical and surgical nursing, so instructors assigned patients with conditions being studied.⁽²³²⁾ By 1956, the state board of nursing report stated that clinical experience was concurrent with theory with the exception of diet therapy for one group of students.⁽¹⁷⁴⁾ In 1958, orthopedic nursing was taught concurrently with assignment to the orthopedic department.⁽¹⁷⁶⁾

The case method of assignment was used for students as soon as they had studied sufficient pharmacology and had been oriented to the

administration of medicines in the ward situation. The case method of assignment was used only for students; all other employees were assigned by the functional method except for one ward in 1959. The team method was introduced experimentally on a medical unit in that year. The use of the functional method allowed students the opportunity of serving as medicine nurse for at least six weeks of clinical practice. Other clinical experience in medical and surgical nursing included at least six weeks on three north which was reserved for genito-urinary and gynecology patients.

Nursing care studies were assigned to students on medical and surgical clinical practice. In the early 1950's two medical and two surgical nursing care studies were required of all students, but by 1958 only one written nursing care study was required in medical and surgical nursing, but students presented oral nursing care studies in ward conferences. In this way there was a sharing and exchange of knowledge among students and instructors.

Students used clinical experience records from the beginning of the program and were responsible for keeping them current. Instructors utilized the records to supply meaningful clinical experiences for students. Four different clinical evaluation record forms were used for students on medical and surgical nursing practice. Instructors sought more objective and more valid evaluation records.

Diet kitchen clinical practice.— In addition to medical-surgical clinical practice with such special assignments as orthopedic nursing, medication administration, and genito-urinary nursing, certain other

services contributed to a balanced program of nursing practice. Diet kitchen clinical practice was praised by the state board of nursing as early as 1945 as a well-planned clinical experience.⁽¹⁸³⁾ Teaching manuals had been developed for students by the time of the national accreditation visit. Students worked closely with the instructor-dietician. They planned diets and visited patients. The conference method of instruction was used. One case study was required.⁽²³²⁾ Special evaluation forms were used for diet kitchen clinical practice.

Emergency surgery and intravenous therapy.-- Students assigned to emergency surgery and intravenous therapy were under the direct supervision of the head nurse of the department. Although no formal classes or ward conferences were held in conjunction with these assignments, students received individual instruction and much incidental teaching in the actual situation.⁽²³²⁾

Operating room.-- Instruction in operating room nursing was concurrent with operating room practice from the inception of the educational program. At first the clinical instructor was an operating room nurse assigned to student instruction, but in 1952 the school employed a special clinical instructor.⁽¹⁷²⁻¹⁷³⁾ By 1954, the experience was planned with a five-hour orientation the week before students came to the department. During the first four weeks students assisted in surgery under the direct supervision of the instructor; the last four weeks they scrubbed for major surgery. Twenty hours of formal classes plus weekly ward conferences were held. Students had two evenings on duty and one night on-call during the last four weeks. Students apparently

liked this assignment as a large number chose operating room as their senior elective. (232)

Evening experience.-- Clinical instructors oriented students to evening experience. Except for the year 1949-1950 when an evening clinical instructor was employed, no clinical instructors were assigned to evening duty after the orientation period. Students were always assigned to work with a professional nurse, and an evening supervisor was on duty. Evening experience was not recorded on the students' final record, but the national accreditation report stated that evening duty varied between 12 and 18 weeks. Subsequent state board of nursing reports indicated 15 weeks in 1955, 11 weeks in 1957, and six to 10 weeks in 1960. (223, 232)

Senior electives and senior experience.-- Under the Cadet Corps students spent the last six months entirely in clinical practice. Most of the Providence students chose to remain in the home hospital for additional experience in operating room, emergency surgery, blood bank, pediatrics, and as assistant head nurse. This was typical of Cadet nurses throughout the country. Seventy-three per cent elected to remain in their home schools. Students' yearbooks mentioned that one student affiliated in operating room nursing at Mary, Queen of Angels' Hospital Los Angeles; one student chose to serve in the obstetric department at St. Vincent Hospital; and one elected to work with crippled children at the Shriner's Hospital. (230)

Senior students were given the choice of an elective which meant that the student could choose any clinical area in the hospital for a

four to six-week tour of duty. Although this plan apparently was in effect from the time of the Cadet program, state board reports stated that the senior elective experience was not fully developed to the point of being in writing until 1957. (175, 176) Clinical instructors tried to assist students on senior elective service to assume more responsibility, and in the latter years senior students were assigned to plan and conduct ward conferences for younger students on the medical and surgical services.

In 1953, some students were placed on the wards as assistant head nurse for four weeks, (194) but no classes were held in ward management until 1955. (228) In 1958 the assistant head nurse rotation was increased to six weeks, and required of all students. (210) A new senior elective was introduced the same year, that of assistant clinical instructor. (133) The assistant clinical instructor experience was open to students who met the scholastic requirements stipulated by the school. Individual instruction and direction by the assigned clinical instructor for the student characterized this learning experience. Special duty practice for senior students was an innovation in 1958, also. (211) Requirements for this duty were that the student be assigned to the department for patient care, be free of all but ward classes, and be assigned Monday through Friday only. Clinical instructors selected appropriate patients and assisted the student in developing plans for patient care. (211) Chest surgery and later open heart surgery patients were examples of the patients chosen for senior special duty practice. Students followed patients from admission to

dismissal. In the case of the first open heart surgery, students watched the open heart procedure initiated on dogs before they participated in caring for human patients.(236) In 1960 an obstetrical nursing senior elective was added.(212) It was discontinued in 1961 when Providence Hospital no longer had a clinical instructor at St. Vincent Hospital.

Night duty.— Night duty was reserved as a senior experience. The state board of nursing pre-survey report in 1945 stated that students had two weeks of night duty. In 1946 students had four weeks of night duty on the obstetric affiliation and two weeks in the home hospital. Total night duty for students varied from two to six weeks. The night supervisor had the responsibility of orientating and supervising students. Students on night duty did not attend ward conferences.(184, 221, 222, 223, 232)

Affiliations at Providence Hospital.— The pediatric department at Providence Hospital served as the pediatric clinical experience area for students from the University of Portland College of Nursing shortly after the founding of the hospital. When Providence Hospital School of Nursing was established, students from Providence joined the affiliates from the university for clinical practice and instruction. Students from the two schools shared the pediatric experience until June, 1958 when the university students were withdrawn from the program. Instruction of students from a diploma school in the same class as candidates for a baccalaureate degree was recognized as being a disadvantage to both groups. Accordingly it was deemed wise for the University of Portland College of Nursing students to be taught elsewhere until January, 1962

when Providence students would have completed their pediatric instruction and practice. Between September, 1948 and March, 1958, two-hundred sixty university students received their pediatric instruction at Providence Hospital. (191)

Other nursing schools utilized the facilities of the pediatric department at Providence Hospital for instructional purposes. St. Joseph School of Nursing in Vancouver, Washington sent three students for pediatric affiliation in 1950. (191) An approval for this affiliation was received by the Oregon state board of nursing from the Washington state board of nursing. (167) St. Anthony School of Nursing in Pendleton, Oregon sent 40 students for pediatric affiliation between September, 1951 and December, 1955; and Mercy School of Nursing, Nampa, Idaho had 12 student affiliates in 1953 and 1954. These affiliations also had the approvals of the state board of nursing. (191) All affiliating students were taught with Providence students, had the same instructor, and participated in the same course of study and practice. (203)

Students from St. Mary's School of Nursing in Astoria, Oregon affiliated for diet kitchen experience in 1945. (184) The school closed later; four students were transferred to Providence Hospital School of Nursing and were graduated with the class of 1949. (230) St. Joseph School of Nursing, Vancouver, Washington had student affiliates at Providence Hospital for surgery and diet kitchen between 1951 and 1954. (184)

Sister Elizabeth Ann planned an orientation program for affiliating students and personally assumed the responsibility for implementing it. (206) Contracts were drawn up between the affiliating schools and Providence

Hospital School of Nursing by 1950. The first records sent to the home schools were concerned only with clinical practice, but after 1949, affiliating schools received course outlines, a breakdown of hours of theory and clinical practice, grades in theory and practice, and health records on students. (163, 168, 172)

Pediatric clinical practice.— The 60-bed pediatric department has shown an increase in its daily patient average from 23 in 1945 to 33 in 1961. (187) Students spent 13 weeks in the department until 1957 when a 12-week rotation was instituted. In 1951, the pediatric clinical experience was divided as follows: one week in hospital nursery; two to five days in treatment room; one week in formula room; one week in an admitting room; seven weeks divided between the care of pre-school and school-age groups, and two weeks in the well-child nursery. Students kept a diary record on the observation of one well-child. (172) The experience in the well-child nursery was dropped from the program in 1953 and reinstated in September, 1955 as a one week assignment. (172, 194)

In 1955, the clinical experience consisted of eight weeks of day duty, four weeks of evening duty, and one week in the well-baby nursery adjacent to the hospital. Students spent one week in the formula room, one week on the admitting ward, two weeks in the hospital nursery, four weeks with pre-school children; four weeks with school children; and one week at Our Lady of Providence Nursery. (174, 175) The general structure of the program continued on this basis until the end of the program.

The clinical instructor in pediatrics taught four classes a year

and had 16 to 24 students in each class with affiliating students; after 1958 her classes were limited to eight to 10 students. The pediatric instructor was responsible for both theoretical and ward conference hours. Some doctors were invited as guest lecturers, and part of the time a clinical psychologist was employed for the child psychology course. Emily Dickson Bohlman taught child psychology during the latter part of her ten years as clinical instructor in pediatrics at Providence Hospital School of Nursing. All pediatric classroom instruction was concurrent with practice throughout the duration of the educational program at the school. (193, 232)

Obstetrical affiliation for Providence students.-- St. Vincent Hospital, Portland, Oregon provided clinical practice in obstetrical nursing. The department averaged between 30 and 34 patients daily. (223) Until 1959 diploma students from Providence Hospital School of Nursing and degree students from University of Portland College of Nursing shared the same educational experiences in the school and hospital. In 1959 Providence Hospital School of Nursing employed a clinical instructor for Providence students. The university and diploma students no longer participated in the same course of instruction, thus courses could be developed for the level of each program.

Arrangements between the affiliating school and Providence Hospital School of Nursing were verbal agreements until after 1949 when the state board of nursing made the following suggestions in regard to the obstetrical affiliation. (166) at the University of Portland College of

Nursing. The school should:

1. Formulate and adopt an individual application form for each affiliating student.
2. Formulate and adopt a contract between the two schools.
3. Formulate an organized orientation program for affiliates.
4. Appoint a clinical instructor in obstetrics.

The affiliating school met and implemented the state board of nursing stipulations by June, 1950. Beginning in 1955, faculty representatives met annually with representatives from affiliating agencies to discuss problems of curriculum, faculty assignment, and student personnel. Written contracts were renewed annually. (224)

Course content at the time of the national accreditation visit included instruction in preparation for marriage and family, prenatal, labor and delivery, postpartum care, and care of the new-born. Modern theories and practices and community resources for maternal and child health were included in the course. Students attended parents' classes and natural childbirth classes to complete the instructional program.

Clinical experience included formula room, labor and delivery room, nursery and postpartum care. Visits to prenatal clinics and postpartum clinics were part of the clinical experience. (232)

Course content remained essentially the same after Providence School of Nursing employed its own clinical instructor, but the plan of clinical rotation was changed. Students had two complete rotations through the department during their assigned period. In this way, they first received experiences for beginning students, and the second time they progressed to more complex nursing. The last classes also spent one afternoon in an obstetrician's office observing and assisting with patients. (248)

Psychiatric affiliation.-- Psychiatric affiliation at Oregon State Hospital, Salem, Oregon had been initiated by the Oregon state board of nursing in 1944. Providence Hospital School of Nursing secured psychiatric experience for its students there for the first class and all subsequent classes that entered the school. (78, 162) All students who were enrolled after January, 1947 were required by the state board of nursing to have a 12-week psychiatric experience, (180) so this experience was shared by diploma and degree students. By 1949 the following had been accomplished at Oregon State Hospital: (162)

1. The program had been approved by the American Psychiatric Association.
2. The program had been approved by the Oregon state board of nursing.
3. The aims of the educational program had been formulated and accepted by all schools in the state.
4. A nurses' residence had been built.
5. Teaching and library resources had been expanded.
6. A forty-hour week had been instituted for students and graduate nurses.

In 1954 an educational director, three instructors, head nurses, doctors, and other specialists contributed to the students' educational program. Instruction included the following: (232)

1. Neurology, 12 hours taught by doctors
2. Psychiatry, 38 hours taught by doctors
3. Psychiatric nursing, 63 hours taught by nurses

4. Mental hygiene, 10 hours taught by doctors
5. Ward classes, 12 hours taught by head nurses

Clinical practice in the state hospital with a daily patient average of 3200 patients was divided as follows in 1954:(232)

1. Receiving ward, 3 weeks
2. Active treatment service)
3. Insulin therapy) 3 weeks
4. Special services, 3 weeks
5. Bibliotherapy or occupational therapy, 2 weeks
6. Physiotherapy or hydrotherapy, 1 week
7. Geriatric nursing, 1 week

It is amazing that the students profited by a 13 week assignment divided into seven inservice rotations. Certainly no such plan was existent in any other rotation in the students' program.

In 1961 psychiatric instruction was divided into the following units:

- Unit 1: Orientation to Oregon State Hospital
- Unit 2: Psychiatric nursing techniques, 22 hours
- Unit 3: Psychiatric nursing concepts, 21 hours
- Unit 4: Psychology, 14 hours
- Unit 5: Psychiatry, 33 hours
- Unit 6: Mental hygiene, 30 hours

This curriculum shows considerable change from that developed in 1954. The separation of psychiatry, psychiatric nursing techniques and psychiatric nursing concepts into three units is difficult to interpret.

Clinical experience in Oregon State Hospital in 1961 was divided among the following services: (1) admission and treatment unit; (2) adjunctive therapies service; (3) outpatient department; (4) medical and surgical services; (5) geriatrics; and (6) rehabilitative measures for the mentally ill. (191)

It does not appear that the psychiatric nursing curriculum had progressed as much as the clinical nursing areas offered by the home school. The students probably found much duplication in the medical and surgical services and probably also in geriatrics. Although there were only six inservice rotations in 1961 versus seven in 1954, it may be questioned how much positive learning could be accomplished in one quarter that was split into six segments.

Contracts between affiliating agencies were drawn up. Included were stipulations concerning the instructional program, maintenance arrangements, the health program, clinical experience policies, application arrangements, the number of students to be assigned each period, pre-requisite education and experience, evaluation records, and rights of dismissal. Contracts were drawn up annually. (199)

Public health nursing observation.-- A community health experience committee under the sponsorship of the Oregon League for Nursing was formed in 1951 and presented a tentative plan for a public health observation experience for diploma schools. Providence Hospital School participated in the program. Yearly contracts were drawn up between the school and the various public health agencies accepting students. Contracts included objectives, assignment and uniform

stipulations, transportation and health responsibilities, and financial arrangements.(191)

The objective of the experience was to increase the students' knowledge and understanding of the work of community health agencies and their contribution to the care of the patient. The student was required to pay a \$10.00 fee for this elective experience. Students were placed in health departments near their homes, in order that they might live at home during this time. The first students were placed in the latter part of 1952, and the last students have been placed through July, 1962.

Twenty-one county health departments in the state of Oregon, the City Health Bureau of Portland, the Portland Visiting Nurses' Association, Clark County Health Department in Washington, and the Boise, Idaho City Health Department have all been utilized for Providence students. Including the last planned affiliations in 1962, a total of 170 students will have participated in the one week observation program in public health.(191)

The Students

Admission requirements.-- Candidates were selected for admission to the school of nursing through the use of psychometric tests, evaluation of high school records, physical examinations, reference reports, and interviews.(168, 183,184) These criteria were used from the first, but the psychometric test battery was changed three times in the fifteen years that tests were administered.

Pre-nursing tests.-- From 1944 through 1947, the National League of Nursing Education Test Service was used; and the pre-admission tests, commonly known as Potts' Tests were given. This battery was composed of: (1) Revised Alpha Test; (2) Columbia Vocabulary Test; (3) Potts-Bennett Tests; (4) McQuarrie Mechanical Aptitude Test; and (5) Bernreuter Personality Test. The National League Test Service scored the tests. (221, 228, 244) In 1948 Sister Delores Marie of Marylhurst College administered and interpreted the Wechsler-Bellevue Test, an individual IQ test. This same test was administered and interpreted the next year by Dr. Louis C. Martin, a clinical psychologist from the Oregon public school system. In 1950 and thereafter, the University of Portland Testing Service administered, scored, and interpreted the pre-nursing tests. The tests given during this period consisted of: (1) Otis Self-Administering Test of Mental Ability, Higher Form A; (2) American Council on Education (ACE) Psychological Examination for College Freshman; (3) Michigan Vocabulary Profile; (4) George Washington University Aptitude Test for Nursing; (5) George Washington University General Science Test for Prospective Nurses; (6) Kuder Preference Vocational Form C; (7) California Test of Personality: A Profile of Personal and Social Adjustment. (228) Candidates were required to score above the 40th percentile and have an IQ above 110. After the tests were scored and interpreted, students were interviewed by the director. With the formation of the admissions committee in 1950, admission records were reviewed by the committee members and recommendations for acceptance or rejection were made.

Other admission requirements.-- The rank of the candidate in her high school class was also given consideration. Students who ranked in the upper third of their graduating classes were given preference, but students in the upper half were accepted. (168, 192) School bulletins recommended the following high school credits: (1) English, three units; (2) science (preferably chemistry), one unit; (3) mathematics (preferably algebra), one unit; (4) social sciences, two units; (5) electives (language, biology, physics, speech, commercial arithmetic, home economics, typing), eight units; and physical education, one unit. (192)

A physical examination record and dental records were presented by students upon their admission to the school, but by 1949 the physical examination was conducted through the health service of the school. National League for Nursing health and dental record forms were used from the beginning. (221) The director of the school conducted the pre-entrance interviews and students were required to furnish two character references with their application records.

Age requirements were at first seventeen and one half years; it was changed to 18 years in 1945 as specified by the state board of nursing; but in 1947 the state board of nursing lowered the age requirement to 17 years, and the school did likewise. The upper age limit was 35 years until 1951 when it was lowered to 30 years. Religion or race were no barrier to admittance, but only single female students were admitted. (221)

Marriage regulations.-- Although only single students were admitted, by 1953 students were allowed to marry within the last six months of

completion, provided they resided in the school and adhered to school regulations. In 1955 they were permitted to live outside the school when they married but were still subject to school schedules and policies. In April, 1959 students were allowed to marry after April 1 of the senior year and remain in good standing, but they were required to live outside the nurses' home after marriage. Students who married before the final six month period were dropped from the school until the summer of 1959 when marriage regulations became more lenient. Students were then allowed to marry any time during the student nurse program. (192, 208, 221)

Scholastic requirements.— A progress report from the school to the state board of nursing in May, 1945 stated that promotion and graduation requirements were in writing and made known to both students and faculty, but the first written statement of these policies that has been preserved is in the school bulletins from 1950 to 1960, inclusive. From 1950 to 1953 the following scholastic requirements were in effect: (192)

1. The school requires that the student maintain a "C" average in all subjects and clinical practice.
2. Two failures automatically sever the student's connection with the school.
3. Two "D's" in theory and/or practice in any one term places the student on probation for the following term. Likewise, conduct not in keeping with professional standards may serve to place the student on probation.
4. Students on probation may take part in extra-curricular activities only at the discretion of the director.
5. Any student on probation for two successive terms is automatically dismissed from the school.
6. The instructor in any course has the privilege of setting the limit for the grade attainable for work not completed on the specified date.
7. Damage to school property must be repaired at the expense of the student causing the damage.

In 1953 the second requirement was changed to "One failure in the basic sciences or clinical practice...", and the third requirement also became more stringent by placing a student on probation with "...one "D" grade in theory or practice." The seventh point was eliminated, probably because it was not a scholastic requirement. The fourth statement was reworded in 1959 as follows: "Students on probation may not take part in extra-curricular activities or hold office in any student organization."(192) In 1955 the following information was added:(192)

Mid-semester and final examinations are given in all classes. Each semester the student's class and clinical records are reviewed by the Committee on Admissions and Promotions, and recommendations for the promotion or withdrawal are made. A student who has earned a general rating of "C" or better is in good standing. Report cards are mailed to the parents or guardian of the student at the close of each semester or term.

The last bulletin clarified the above statement by requiring that a student earn a grade of "C" or better in each of her classes to be considered in good standing.(192) From 1950 to 1960, scholastic requirements were made more stringent in an effort to retain and graduate only competent students.

Graduation requirements.— School bulletins also listed graduation requirements. Students could be graduated when they had:

1. Satisfactorily completed the prescribed course of studies with a "C" average
2. Shown evidence of good moral character
3. Paid all indebtedness to the school.

Before 1952 students did not receive the graduation pin or diploma until they had passed state board examinations. After 1952, if the student had fulfilled graduation requirements, she received the diploma and pin. (192)

State Board Test Pool Examinations.-- The National League for Nursing Testing Service supplies the examinations which are given to student nurses in every state in the United States to determine their eligibility for licensure. Since 1950 the examination results have been reported in a consistent manner with a comparison of the school mean, the state mean and the national mean. Oregon schools of nursing have scored in the top ten states since 1950; and in one year, 1957, they held first place in test pool examinations. Providence Hospital School of Nursing has always scored above the national mean, except in obstetrical nursing in 1950. Scores of the school in other years have varied from below the state mean to above it. Providence Hospital School of Nursing made the best showing in the state board examinations in 1952, 1953, 1959, 1960, and 1961. In 1961, Providence students ranked second in the state of Oregon. (233) If state board test pool examinations can be used as a yardstick to measure the effectiveness of an educational program, it would appear that the educational program at Providence Hospital became progressively more efficacious in the latter years.

Number of students admitted and graduated.-- The first class to enter Providence Hospital School of Nursing in February, 1944 numbered 31. They were joined by 54 more Cadet nurses in September, 1944 making a

total of 85 students admitted to the first graduating class. The second class was smaller, having 21 students in the March division and 37 in the September section, which made a total of 58 students admitted to the second class. Beginning in 1946 only one class a year was admitted in September. The class admitted in 1946 was the first class after the cessation of war and the Cadet Nurse Corps program. It was a small class of only 10 students on admission, but four transfer students from Astoria were admitted later making a total of 14 students in the class. Admissions between 1947 and 1950, inclusive varied from 39 to 48 students. From 1951 through 1959 admission numbers ranged between 57 to 69 students. From the opening of the school until the last class was admitted in 1959, a total of 892 students were admitted to Providence Hospital School of Nursing. Table 6. shows the number of students admitted, number graduated, and the attrition number.

From the first class of 85 students, 42 were graduated. Of those who did not finish, 25 withdrew the first year, 15 the second year, and 3 the third year. The 58 students who entered in 1945 became 27 by graduation time. Of these, 22 dropped out the first year, five the second year, and four the third year. Four of the class of ten that entered in 1946 dropped out in the freshman year and two dropped in the junior year. The number of graduating seniors each year, between 1950 and 1953, inclusive varied from 24 to 31. Since 1954 the number of graduates in any one year numbered between 32 and 43 students. Most of withdrawals occurred in the freshman year. The class entering in 1950 had no drop outs in the junior or senior years.

Table 6. Number of Students Admitted, Number of Students Graduated, and the Attrition Number at Providence Hospital School of Nursing in Each School Year, 1944-1961.^a

Year Admitted	Year Graduated	Number Admitted	Number Graduated	Attrition Number			
				Freshmen	Juniors	Seniors	Total
1944	1947	85	42	25	15	3	43
1945	1948	58	27	22	5	4	31
1946	1949	14	8	4	2	0	6
1947	1950	39	24	7	5	3	15
1948	1951	48	26	16	5	1	22
1949	1952	47	31	13	3	0	16
1950	1953	40	24	16	0	0	16
1951	1954	63	37	19	1	6	26
1952	1955	59	32	17	5	5	27
1953	1956	65	41	12	7	5	24
1954	1957	60	36	19	2	3	24
1955	1958	63	38	13	7	5	25
1956	1959	61	43	15	2	1	18
1957	1960	64	42	17	5	0	22
1958	1961	69	40	26	3	0	29
1959	1962	57	—	—	—	—	—
Totals		892	491	241	67	36	344

^a Material for this table taken from student files, state board reports, and yearbooks

Classes entering in 1946, 1949, 1957 and 1958 had no withdrawals in the senior year. Of the 892 students admitted to Providence Hospital School of Nursing, 491 were graduated and 344 did not complete the educational program. These numbers are complete to the end of 1961, but do not include the last graduating class. Thirty-one students are expected to be graduated in August, 1962. If these students are added to the totals, there would be 522 graduates and 370 withdrawals.

Table 7. Per Cent of Attrition and Graduation at Providence Hospital School of Nursing in Each School Year, 1944 to 1961, and Per Cent of National Attrition^a

Year Admitted	Year Graduated	Per Cent Attrition				Per Cent National	Per Cent Graduated
		Freshmen	Juniors	Seniors	Total		
1944	1947	30	18	3	51	39	49
1945	1948	39	9	7	55	39	45
1946	1949	29	14	0	43	31	57
1947	1950	18	13	7	38	33	62
1948	1951	34	10	2	46	34	54
1949	1952	28	6	0	34	34	66
1950	1953	40	0	0	40	34	60
1951	1954	30	2	9	41	32	59
1952	1955	30	8	8	46	32	54
1953	1956	19	10	8	37	32	63
1954	1957	32	3	5	40	32	60
1955	1958	21	11	8	40	33	60
1956	1959	25	3	2	30	33	70
1957	1960	26	8	0	34	34	66
1958	1961	38	4	0	42	—	58
1959	1962	—	—	—	—	—	—

a American Nurses' Association. Facts About Nursing, 1961.

Per cent of attrition and graduation.— Attrition rates at Providence varied from a high of 55 per cent for the class graduating in 1948 to a low of 30 per cent for the class graduating in 1959. Conversely, the lowest percentage of graduates occurred in 1948 with 45 per cent finishing, and the highest percentage of graduates was in 1959 with 70 per cent graduating. Attrition rates were highest during the first two years after the opening of the school which was while the Cadet program was in effect. The first class lost 51 per cent of its members before graduation; only 49 per cent graduated. Attrition rates were highest in the freshman year varying from 18 per cent to 40 per cent.

Second year attrition percentages ranged from 18 per cent to nothing. Senior attrition reached a high of nine per cent in 1950, and several classes lost no members during the last year. Table 7. shows the per cent of attrition for each year, the total per cent of attrition and the per cent graduated. National attrition rates are included for comparison.

Comparison of attrition rates.-- Studies of nursing school attrition show that first year withdrawal rates are highest. (30, 36, 70, 73, 74) Attrition at Providence School of Nursing was also highest during the first year for every class. Cadet withdrawal rates were 33.3 per cent which was slightly lower than those reported for all students of this period, and four per cent higher than the pre-war rate. (12) Providence School of Nursing withdrawal rate during the Cadet period was 53 per cent, considerably higher than the Cadet average. National withdrawal rates during these two years of the Cadet period were 39 per cent (1) which is also lower than the rate at Providence. National withdrawal rates varied from 31 to 34 per cent in the years 1947 through 1960. (1) Providence Hospital School of Nursing generally showed higher withdrawal rates than the national average except in the year 1952 when both were 34 per cent; in the year 1959 when Providence was 30 per cent and the national rate was 33 per cent; and in 1960 when both were 34 per cent.

A study by Robert E. Iffert on Retention and Withdrawal of College Students, started in 1950 and published by the United States Department of Health, Education, and Welfare in 1958, showed that although 60 per cent of students who enter colleges eventually graduate, fewer than 40 per cent graduate from the institutions of first registration in

normal progression.⁽¹⁸⁾ Attrition rates of student nurses at Providence Hospital School of Nursing compared to college students' attrition rates are low, even in the highest years, but they are high compared to other schools of nursing.

Reasons for student withdrawals.-- Reasons for students leaving Providence Hospital School are listed in Table 8. with the number leaving for each reason. The largest number of withdrawals from Providence Hospital School of Nursing was due to failure. Studies of the reasons student nurses withdraw from schools of nursing have shown that most withdrawals occur because of failure.^(30, 36, 70, 73, 74) Ninety-six students withdrew from Providence because of failure in theory, seven because of failure in clinical practice, and nine because of failure in both. A total of 112 students left Providence School of Nursing because of failure in classroom or clinical practice or both. Marriage accounted for almost as many as failure did. Ninety-four students left for marriage. Iffert's study on college students showed that marriage by women students is one of the most important reasons for leaving college.⁽¹⁸⁾ A dislike for nursing accounted for 52 of the students' leaving. There is no real way of knowing what is the actual cause for withdrawal when a reason such as dislike for nursing is given. Thirty-two students left because of health problems. Disciplinary, family, and financial problems accounted 29 of the drop outs. One student left the school for each of the following reasons: transferred to another school, had a language barrier, entered the convent, and left without notice. Reasons for discontinuing attendance at Providence

Hospital School of Nursing were typical of the reasons for student nurses generally, and the large number withdrawing for marriage is also typical of women college students.

Table 8. Reasons for Withdrawal and Number of Withdrawals at Providence Hospital School of Nursing, 1944-1961^a

Reasons for Withdrawal	Number of Withdrawals
1. Failure in theory.....	96
2. Marriage	94
3. Dislike for nursing	52
4. Health problem	32
5. Personality unsuited	20
6. Disciplinary problem	14
7. Family problem	12
8. Failure in theory and practice ..	9
9. Failure in clinical practice	7
10. Financial problem	3
11. Transferred	1
12. Language barrier	1
13. To enter convent	1
14. Left without notice	1
Total	344

a Material for this table taken from student cumulative folders

Student regulations.— The first record of student regulations for the activities of daily living were filed between the 1945 and 1946 annual state board pre-survey reports. These first rules were general house rules, policies relating to illness, disciplinary regulations, and rules pertaining to scholastic, professional and personal life. The

eleven original student regulations follow:

1. Students assemble for morning prayer at the time and place appointed.
2. Students are responsible for the care of their rooms.
3. Students are expected to be at their respective assignments, in regular uniform, at the hour appointed. No jewelry, except a wrist watch, is allowed with the uniform. Students must not appear on the street or in public assemblies in uniform.
4. Students must not be absent from class or lecture without permission.
5. When a student is ill, she should first report to the Sister Directoress or one replacing her, not to the doctor.
6. The life of the student nurse requires a certain amount of rest; nevertheless, a reasonable number of late leaves are allowed each month according to the health of the student and her standing in the school. This privilege may be suspended at the discretion of the Directoress. No late leaves are given during the school week, from Monday to Friday.
7. The use of alcoholic liquors or opiates, smoking in uniform, absence from the school overnight without permission, or any other questionable conduct for which the Directoress has reasonable basis will be sufficient cause for suspension pending an analysis of the offense for the final decision.
8. Students who are found incompetent to carry the theoretical and practical work outlined by the school or who are deficient in professional fitness will be invited to resign at any time during their course.
9. Students who get married during training will automatically drop out of the school.
10. Evidence of any specific disease in a student will cause her to automatically drop out of the school.
11. Conditions sufficient for automatic withdrawal or dismissal, if concealed at the time of admittance, cause the student's acceptance to be annulled.

When the first school bulletin was published in 1950, general student regulations were included in it. A mimeographed list of rules and privileges was presented to freshmen students by 1953. This was a detailed listing of: (1) house rules, including such things as the

student's responsibility for the care of her own room, visitor regulations and telephone rules; (2) disciplinary rules in regard to chapel attendance, attire in residence, and smoking; (3) policies relating to illness which included procedure in case of illness, requirements for monthly weight, and medication rules; (4) policies in regard to late leaves and overnight privileges; (5) scholastic requirements and grading policies; (6) policies regarding student activities; (7) rules and schedule pertaining to the chapel; and (8) rules of conduct in regard to faculty and older students. Appendix F contains the regulations.

By 1956 a student handbook had been given to students which was revised in 1961. Appendix G lists the material contained in the student's handbook of 1961. Although many student regulations remained constant, it is apparent that some student regulations became progressively more lenient in time. At first students were not allowed to smoke in uniform; later smoking was confined to lounges and recreation rooms; and the last student handbook prohibited smoking only in elevators, and in the halls to and from the nurses' home. Late leaves were at first granted on an individual basis depending upon the student's health and class standing and extended to 12:30 A. M.; in 1956 seniors were allowed ten 1:00 A. M. late leaves, and juniors and freshmen, nine and eight 12:30 A. M. late leaves, respectively; in 1961 all students were allowed 1:00 A. M. late leaves to be taken before days off. Only juniors and seniors remained in the school at this time. The 1953 rules showed the effect of militaristic discipline

in that freshmen students were to defer privileges in such places as the cafeteria line and in entering elevators to older students; and in 1956 late leave privileges were granted on a progressive scale which was dependent upon the student's seniority in the school. The 1961 rules gave equal late leave privileges to juniors and seniors, thus seniority privileges were not evident in the official rules.

Hours of work, vacations, and holidays.-- When the school opened, students were placed on a 48-hour week including classes.(221) The state board of nursing recommended that the work week be reduced to 44 hours by 1948, but it was the spring of 1950 before this goal was accomplished by Providence Hospital School of Nursing.(181, 192, 205, 228) At this time students had only one day a week off duty, but time off duty was increased to one and a half days a week in 1952. An added six days off duty for holiday time was instituted in 1951. It was in this year that the graduate staff was placed on a 40-hour week, but student nurses were on the 44-hour week until September, 1953 when the 40-hour week was adopted for students also. At this time the six legal holidays were eliminated for student nurses.(229) In 1957 students were given three and a half days of holiday time, and the six legal holidays were reinstated in 1959.(223) Faculty minutes in 1951 stated that students should be given holiday time on days without classes.(204) From 1953 to 1955, inclusive, classes for juniors and seniors were scheduled on three days a week in order that students could have class-free days off duty.(205, 207) In 1959 classes were again on the three day schedule, clinical instructors were in charge of student time

schedules, and junior and senior students were to have two days off without classes if possible. (212)

Vacation time, from the opening of the school until 1952, consisted of three weeks annually. It was then increased to four weeks a year, and it remained the same thereafter. Freshmen spent two weeks of their vacation at Christmas; other students enjoyed theirs during the summer months. (221, 222, 223) The shortening of the work week and the increase in vacation time for student nurses followed a trend that had been established in occupational fields in the United States.

Uniforms.-- Design of the uniform for patient care was changed three times since the beginning of the nursing school at Providence Hospital. Until 1953 all students wore a straight cut, tailored, white, cotton uniform with a blue school emblem and the student's name on the breast pocket. Students entering in the fall of 1953 were attired in a light blue and white striped uniform cut on princess lines with white collar and cuffs. The dress was covered with a white bib and apron. The aprons were full cut and contained large pockets. The student's name was placed on the bib. The hospital laundry cared for all uniforms until 1959. At that time a new drip-dry cotton uniform was introduced for the last class of students. It was styled the same as the previous blue striped uniform and white apron, but students were responsible for its laundry. The hospital laundry continued to care for uniforms of students who entered prior to 1959. (230, 244) The adoption of the drip-dry uniform was one way the school attempted to cut costs.

The Cadet uniforms.-- The first class of Cadet nurses at Providence Hospital School of Nursing received official Cadet outdoor uniforms after seven months in the Corps. Students who entered in 1945 did not receive the Cadet uniform much to their disappointment.⁽²³⁵⁾ Cessation of hostilities resulted in this curtailment of the Cadet Corps program. Cadets who received uniforms, had one winter and two summer outfits. Their wear was optional, and they were to be unadorned by jewelry. The following is a description of the Cadet uniforms:⁽¹²⁾

The winter uniform was a jacket and skirt of gray flannel with silver buttons and insignia, bearing sleeve markings of a silver Maltese Cross on a scarlet oval. The beret bore the insignia of the Public Health Service. This insignia has as its central figure the staff of Aesculapius with the wing of Mercury and an anchor. Around the hook of the anchor is wound an anchor chain. A fouled anchor, as sailors call it, is symbolic of the sick and injured sailor.

The summer uniforms were cut from gray and white striped cotton fabric. A light gray felt hat with a red band replaced the beret for summer wear. Cadets also received a gray flannel reefer coat, a raincoat, a blouse, and a handbag as part of the Cadet uniform.

Scholarships and loans.-- One of the district projects of the Oregon State Nurses Association has been the presentation of scholarships to individual students. Nineteen of the 22 districts have provided some type of financial aid to student nurses. Seventeen offer \$100 to \$200 scholarships; two give loans; and one gives outright grants in case of emergencies. Eight districts which have kept records of scholarships, reported in 1959 that they had given a total of 35 scholarships since 1950. Recipients were usually from the local district area; they were

chosen on the basis of scholarship, personality, and need; and they were free to select any school of nursing. (67) Scholarships have been given to deserving high school graduates and to students already enrolled in schools of nursing. Providence Hospital School of Nursing had no records of students who received district scholarships, but the Oregon Nurse reported that Ann Metz, a Providence graduate of 1959, received a scholarship from District four in 1956. (63) Other students attended Providence School of Nursing with the help of district scholarships. (65)

Scholarships were also available from the Oregon League for Nursing, the Multnomah County Medical Society, and Providence Hospital Auxiliary. (65) In 1954 Providence Auxiliary gave a three year tuition scholarship to a Providence student; (207) scholarship aid has been given every year since. (149, 246) The Auxiliary has also made loans available to students. Two student loans of \$400 were made in 1957. (88) Women of the Moose Lodge 1891 presented a senior student with a scholarship in 1959, and plans were to make this a yearly project for a senior student at Providence School of Nursing. (145) The Providence Alumnae gave scholarships in 1960 and 1961, and both the Mother's Club and the Alumnae Association maintained revolving loan funds. (246)

Co-Curricular Activities

The health program.— Provision for a student health program was made soon after the school opened. By May, 1945 a resident physician had been assigned to care for student health, and staff physicians were called

in serious cases of illness. Responsibility for planning and implementing various phases of the service were distributed among several faculty members. In 1950 objectives of the health program were formulated, and Mrs. Viola Stern, the assistant director of nursing service was placed in charge of the health program. Mrs. Stern was a public health nurse who taught public health nursing to the students in addition to her nursing service duties. In 1952 the assistant nursing arts instructor was appointed to manage the health program, and this continued to be one of the duties of the assistant nursing instructor until 1960 when the position was no longer represented on the diminishing faculty. (163, 168, 170-177, 183, 184)

The first students to enter the school had pre-entrance physical examinations by their own physicians; but by 1949, the admission examinations were conducted by the school, and the student paid a ten dollar fee for this service. Yearly physical examinations have been conducted by the school since the beginning, and school bulletins list yearly health fees. (See Appendix A) State board of nursing reports show that chest x-rays have been included in the physical examinations from the beginning. Faculty minutes and accreditation reports have mentioned Mantoux tests, immunizations and routine laboratory tests as being included in the health program. Monthly weights were required of all students. Special diets were ordered for underweight or overweight students. Dental care was the responsibility of the student, but pre-admission dental reports were required. National League for Nursing health records were used.

Until 1952 students reported to the emergency department of the hospital in case of illness. In that year a daily health clinic was instituted⁽²⁰⁴⁾ and was continued through 1961. It was held at specified hours in the nursing arts laboratory of the school. In 1962 the health service was again shifted to the emergency department of the hospital when the faculty and students became few in number. Yearly physical examinations on the last senior students were done by their private physicians and the school bore the expense. (163, 168, 170-177, 183, 184, 247)

Health care policies.--- The first school bulletin set forth the following policies in regard to health care: (192)

Frequent illness may disqualify a student for continuance in the school. Any serious illness during the pre-clinical period which necessitates hospitalization is the responsibility of the parents or guardian.

After the student is formally accepted into the student body, she receives hospitalization for a limited time not to exceed three weeks. After this time the responsibility devolves upon the parents or guardian. Any surgery which is not considered an emergency, or should have been taken care of before admission will be the direct responsibility of the parents or guardian.

In 1955 the following statements were added to the foregoing: (192)

Any accident or injury which occurs away from the school premises during a holiday, vacation, or day off is the financial responsibility of the student up to 50 per cent of the costs.

Students were cared for in the residence for minor illness, but were placed in private rooms in the hospital in case of serious illness. An illness allowance of 14 days per year was in effect when

the school opened. It was increased to 16 days per year in 1955. The average number of days per student lost for illness in 1945 was 4.75 days per student. At the time of the national accreditation report the average days of illness was 1.87 days per year. The approximate cost of the health program for the year 1953 was 8000 dollars. (221, 222, 223, 207, 232)

Counseling and guidance.-- In a progress report to the state board of nursing in May, 1945 Sister Ernestine Marie listed the extent of the counseling program as follows: (1) counseling was carried on whenever it was necessary; (2) the results of aptitude tests and efficiency records were available to faculty members; (3) clinical instructors arranged conferences for students when presenting efficiency records; (4) efficiency records were reviewed by the director who held guidance interviews as she thought necessary; and (5) students were free to ask counsel of a faculty member of their choice. (225) In 1949 there was still no planned total program for counseling, but incidental counseling did take place. (168) By 1954 a counseling and guidance committee had been appointed to formulate policies for counseling students. Counseling records were placed in each student's cumulative file and included the student's entrance test scores, high school achievement record, socio-economic background, health summary, interests, and special abilities with space for summary of conferences. (174-177, 232)

Because faculty members felt insecure in their ability to perform counseling duties, faculty inservice programs were held in 1957, 1958,

and 1959. As a result of this education, a new counseling program was instituted in 1958. Students admitted in 1958 and 1959 were assigned to specific faculty members as counselees. Counseling interviews were scheduled regularly for these newly admitted students during their first six months in the school. After this period students were free to choose any faculty member as counselor. (175, 176, 177)

Orientation.-- The January, 1945 state board of nursing report recommended a seven to ten day orientation period for the purpose of introducing students to the school. Health examinations, conferences, mental hygiene, guidance course, introduction to the library, lessons in methods of study, and social activities were some of the content suggested for the orientation period. (184) This type of program had been instituted by May, 1945. (225) In 1949 the state board of nursing report recommended that the orientation program be "extended into the clinical areas and throughout the entire program", (168) and by 1950 this had been accomplished. (226) Although an orientation program had been planned and implemented for entering students since the early days of the school, it wasn't until 1953 that the first written schedule of freshman orientation week activities was mimeographed and given to students. (See Appendix H) The one-week orientation period and written programs for students continued until 1958 when the program was shortened to three days, because uniform fittings and skin testing had been done previous to the entrance date. An explanation of the counseling program was included in the orientation program for freshmen students the last two years. (220)

Student activities.-- Numerous activities involving student nurses at Providence Hospital School of Nursing evolved during the years. Social, cultural, sports, religious, charitable, creative, and professional pursuits were among the kinds of activities in which students participated. An activity committee with faculty and student representatives was formed by 1950. It provided programs for the activity hour and kept a calendar of school events. (163, 192) A calendar of students' activities for one year is included in Appendix I. A weekly activity hour was first mentioned in writing in the Voice of Providence in 1953. (108) One of the purposes of the activity hour was to provide time for student body and class meetings. (163) Since student body meetings had taken place since the school was organized, (108) the activity hour existed to some extent from the beginning whether it was thus named or not. Besides student meetings, the activity hour provided time for planned programs with speakers, dancing presentations, musical programs, and films. Sometimes students provided the entertainment, and sometimes the activity hour was devoted to active sports enjoyed in the gymnasium. (107, 108, 122, 160, 206, 207, 230)

The school made provisions in 1955 for some of the students to attend symphony concerts in downtown Portland. Tickets were made available for interested students, and this plan was continued until 1958. (120, 206, 245)

Initiation.-- "Probie initiation" was mentioned in the first student yearbooks. Little sisters did daily tasks for big sisters for a week. Probationers wore green ribbons, and the week of initiation activities

culminated in an initiation party given by the big sisters.⁽²³⁰⁾ In 1954 the initiation party entertainment was provided by initiates who gave one minute monologues on such topics as "How High is Up?" and "A Code of Ethics for a Catheter."⁽¹¹⁵⁾ Initiation week activities were discouraged by the administration and finally, in 1957, initiation week was officially abolished, but the party was still held. Probably unofficial initiation pranks still prevailed according to Mrs. June Gravengaard, instructor.⁽²³⁶⁾ Students of the class of 1962 confirmed this statement.

Capping.— Although the form of the ceremony varied, students at Providence Hospital School of Nursing have received their caps at a capping ceremony since the school first opened. Until 1955, the ceremony was held at the end of the six month preclinical period. With the shortening of the preclinical period to four months, the capping ceremony took place earlier. This ceremony symbolized the students' successful completion of the preclinical period and their formal acceptance into the student body, until 1959.^(192, 230) In that year caps were presented to students only one month after their arrival in the school.⁽¹⁴⁴⁾ The capping ceremony varied through the years. Sometimes it was held in the chapel and sometimes in the school auditorium. Students recited the "Nightingale Pledge" until 1950 when a "Pledge of Fidelity to Duty" replaced it. (See Appendix J) The capping ritual was a candlelight ceremony and was followed by a reception.⁽²³⁰⁾

Charitable activities.-- One of the first charitable activities in which students engaged was the singing of Christmas carols in the hospital during the Christmas season.(230) Christmas caroling was reported in the first yearbook. It became a traditional activity. Students made Thanksgiving and Christmas tray favors in 1954 and 1955, and the junior class stuffed 32 animals for Our Lady of Providence Nursery in 1958.(120, 133, 230)

In 1950 Nurs Christi, a Catholic charitable club was formed and was dedicated to the promotion of Christian ideals and to service for the poor.(230) Baskets of clothing and food were sent to needy families at Thanksgiving and Christmas. This organization remained active and continued to care for needy families. Other activities of Nurs Christi were assisting the priest as he distributed Holy Communion to patients in the early morning, and participating in the annual May ceremony of the crowning of the Blessed Virgin Mary.(134, 151, 155, 208) A Shrove Tuesday pancake supper and a Mardi Gras party were part of the Nurs Christi activities in 1954 and they were continued until 1958.

Other helpful pursuits of Providence students included the assistance of students in the yearly physical examinations at All Saints parochial school, and participation in Career Day programs in Portland public schools.(208, 209, 245)

Religious activities.-- In addition to activities connected with Nurs Christi, other spiritual endeavors were traditional parts of the school program. The school year officially began with the annual Mass of the Holy Spirit in the fall of the year. Provision was made for all

students to participate in spiritual retreats during the year, but this activity was optional for non-Catholics. Each class was scheduled for a retreat period annually. (192, 205)

Daily Mass was offered in the hospital chapel, and students could attend if they desired. All students were required to attend daily morning prayers in the chapel at 6:45 A. M. unless they had attended Mass. Classes were not held on the holy days of obligation of the Catholic church. (192)

Publications.— The student yearbook, The White Years, has been published every year beginning with the first graduating class. The format was attractive; and pictures of graduating seniors, students, faculty, and other people who contributed to the students' well-being were included. The yearbook gave recognition to the persons who contributed to the residential, academic, clinical, and spiritual life of students. Class prophecies and wills were included at times. Advertising was secured and it helped to defray the cost of the book. Staff physicians and friends also contributed toward the publication of the annual. (230) Students participated in money raising activities such as carnivals and bake sales in order to help meet expenses. (204) In 1954 one thousand dollars was needed to publish the annual. The book sold for three dollars at this time. (98, 207)

A school paper, Providentia, was published for one year in 1948 through the efforts of the first year students. (230) Students did not continue to evince an interest, and the publication was discontinued. (246) The hospital paper, The Voice of Providence was initiated in 1951, and

by 1953 student representatives were furnishing news of the school to the hospital paper. (206) School news was still being carried by the hospital paper in 1962.

Sports.— The large gymnasium has been available to students for sports since the opening of the permanent nurses' residence. From 1952 to 1955 an active competitive sports program was in effect. The Providence School of Nursing basketball team played students from the University of Portland College of Nursing in 1952. (99) Basketball games were arranged with St. Rose School, St. Helen's Hall, Immaculata High School, University of Portland College of Nursing, and Marylhurst in 1954. (207) This was during the time that Mrs. Law was employed as physical education instructor. In 1959 Miss Blankenship of the University of Portland helped to develop an active sports program on Tuesday evenings. Seventeen students took dancing lessons and swimming at the University of Portland. Volley ball, fencing, and basketball were played in the Providence gymnasium as part of the sports program. (141)

Social events.— It would not be unusual for parties and dances to be an important part in the lives of young women in their late teens and early twenties. Some of the social activities that were held in the first years of the school were repeated annually and became school traditions. A Halloween costume party for students and faculty was initiated by the first class, and became an annual affair. (102, 230) A Christmas party, also for students and faculty, was another event that was repeated yearly. It called for formal attire; and after the move into the nurses' residence, was held in the social room which was

decorated for the Christmas season with a large fir tree and other yuletide trim. Santa Claus arrived by sleigh with his reindeer and distributed gifts. For many years Dr. Jeff Minkler, the hospital pathologist, played the Santa role and was assisted by internes and resident doctors as reindeer. (103, 117, 230) The Sweetheart Ball, a Valentine formal dance, became another traditional event, as did the Easter party and the Junior-Senior Prom. (98, 103, 110, 230) The prom was the incentive for many other activities of a money raising nature. Juniors held cake sales, doughnut sales, car washes, and even entered the field of drama in order to finance the undertaking. (102, 103, 110, 120, 151, 153, 230) Junior classes in 1952 and 1953 earned some of their cash through their dramatic and musical talents. "Say it With Music" was presented in 1952, and "Happiness Ahead" was done by the 1953 juniors. (102, 205, 230) Before the building of the nurses' residence student dances were held outside the school in such places as the Rose City Club and the University of Portland. (230)

Students at Providence planned parties for many different occasions. In fact, it often seemed that parties were given for the slightest excuse. Parties were given in farewell before affiliations and in welcome upon students' return. Waffle parties, chili parties, popcorn parties, weiner roasts, ice skating parties, roller skating parties, mountain trips, beach trips, and picnics were some of the social events reported throughout the years. (96, 98, 110, 112, 117, 121, 125, 151, 153, 157) Freshman teas were held at the opening of the school year. (153, 206, 220, 230) Mothers and parents sponsored parties for students. Freshman

and junior sport dances rounded out the social calendar, which was planned and posted monthly by the student council. (102, 117, 126, 155, 230)

Senior activities.— The successful completion of the three years of nursing education called for celebration in the form of various social events. The sisters, hospital staff nurses, faculty, alumnae, younger students, parents, and doctors all have contributed in some measure at various times to the graduation festivities. The 1948 student yearbook reported on senior week activities. Two senior weeks and two baccalaureate Masses were held in this year, as the finishing dates differed by six months for the two sections of the class. (230)

A specific schedule for senior week was first published in the Voice of Providence in 1953. (106) The graduate staff gave graduating seniors a picnic, freshmen students prepared an Italian dinner, junior students sponsored the prom, and senior students took themselves to dinner at the Country Kitchen. A senior picnic was a traditional part of senior week. It was held at an out of town picnic spot such as Merwin Dam or Battleground. The hospital sisters furnished the food. The culmination of senior week activities was in the baccalaureate Mass, followed by a breakfast given by the sisters in honor of the graduating class.

Graduation ceremonies were held in the afternoon with a reception afterward. This general pattern of senior week activities was continued until the school closed. (118, 124, 132) After the organization of the Alumnae in 1957, graduates welcomed prospective members with a banquet, and the Alumnae Association planned to furnish an orchestra for the senior prom in 1962. (214, 239)

Graduation.— During the first two years when the school admitted two classes a year, graduation ceremonies were held in May for both the spring and autumn entrants.⁽²³⁰⁾ The first ceremonies were held at the nurses' home located at St. Vincent Hospital.⁽²⁴⁷⁾ Beginning with the class graduating in 1949, ceremonies were held in August, and they were conducted in the new nurses' home at Providence Hospital School of Nursing.^(192, 242, 245) Students chose special graduation uniforms which were alike for all members of each class. The ceremonies included a processional, invocation, musical selections, a commencement address, presentation of diplomas, and the recessional. In 1957 a presentation of awards was added to the program. The medical staff granted \$50.00 for the first award, and the Sisters of Charity of Providence presented \$25.00 as a second award to the two outstanding students in the senior class. It was customary for students to choose their commencement speaker. Among the participants in the graduation ceremonies have been: the Most Reverend Edward Howard, archbishop of Portland; Reverend Ludovic Derouin, chaplain of Providence Hospital; priests of the Portland archdiocese; and the president or president-elect of Providence Hospital medical staff.⁽¹⁹⁵⁾ After the recessional the school held a reception in the social room of the school where students, families, faculty, and friends could visit; refreshments were served.

Graduation pins were a gold oval with a slanted red cross on the surface. They contained the name and location of the school, and are the same design as pins given at other schools of nursing administered by the Sisters of Charity of Providence.

The Graduates

Professional and personal activities.— Reports of alumnae accomplishments occurred in the Voice of Providence, The Oregon Nurse, newspapers, and publicity releases. As might be expected in such a group of young women, reports of marriages and births are frequent. Two graduates entered religious orders whose work is concerned with teaching, administration, supervision, and staff nursing. (229, 238) Two Holy Names sisters were admitted to the school and were graduated in 1959 and 1961, respectively. One of them, Sister Mary Rose Leona, is using her nursing knowledge in the missionary field in Basutoland, South Africa. (169) At the time of the national accreditation report two graduates were registered anesthetists, several were serving as psychiatric nurses, some were working in rural community hospitals, and some were pursuing further education. (117, 229) Reports have been received of Providence graduates serving in the Army Nurse Corps and the Air Force Nurse Corps. (62, 68, 126) A survey of employees at Providence Hospital in 1962 revealed that 43 graduates of Providence Hospital School of Nursing were working at the hospital. One of these had been employed for ten years. The number of alumnae employed in the various departments was as follows:

- (1) fourteen in the operating room; (2) eleven as staff nurses;
- (3) five in pediatrics; (4) three in nursing service; (5) three as assistant head nurses; (6) three as evening charge nurses; (7) three in intravenous therapy; and (9) one each in the blood bank and emergency room. (161)

Sato Hashizume, a graduate of the class of 1952, was chosen to serve on the HOPE project in 1962. She was one of 35 selected from 1000 applicants. Miss Hashizume had earned a baccalaureate degree from the University of Oregon School of Nursing and had served on the university faculty at the time of her appointment to the HOPE project. (186) Unfortunately illness prevented Miss Hashizume from accepting the HOPE assignment.

Death has taken only one graduate from Providence Hospital School of Nursing. Irene Mack, a 1953 graduate, was killed in an automobile accident on March 2, 1958. The Voice of Providence devoted a page in tribute to Miss Mack at the time of her death. She had been an excellent student and had completed requirements for a baccalaureate degree at the University of Oregon only the year before she died. (136)

The most famous graduate from Providence Hospital School of Nursing may also be one of the most widely known nurses to the general public. First Lieutenant Delores O'Hara, a 1956 graduate of Providence, was chosen as nurse for the seven astronauts only six months after she received her commission in the Air Force Nurse Corps. Lieutenant O'Hara was given wide newspaper coverage, and was chosen as First Lady of the Portland Rose Festival in 1961. She has been present at each of the man into space flights. Her job is to assist Lieutenant Colonel William Douglas, the Air Force physician who is in charge of the astronauts health program. She assisted with the numerous physical examinations, helped astronauts don their sensors that record heartbeats, temperatures, and blood pressures. She performed laboratory tests and supervised their

pre-flight diets. Miss O'Hara attributed her selection to her education at Providence, and to the experience she gained as surgical nurse at the University of Oregon Medical School Hospital and as an office nurse in a Portland doctor's office. Press reports indicate that in addition to Miss O'Hara's professional proficiency, her poise and charming personality may have contributed to her selection. Miss O'Hara agreed that the ability to get along with people and make the astronauts feel at ease in an atmosphere of tension was a necessary part of her job. (69, 79, 93, 94, 95, 158) Miss O'Hara's personal qualifications were evident to her classmates in 1956 when she was chosen as queen of the senior prom. (230)

Organizations

The student organization.— Students at Providence Hospital School of Nursing have participated in a student organization beginning with the first class. The first yearbook in 1947 reported that students met monthly. The functions of the student association were to formulate residence rules, plan entertainment, and outline school activities and functions. An executive board, composed of student body officers and class presidents, planned monthly meetings, acted on special issues, and formulated a constitution. The name of the executive board was changed to student council in 1948, and membership was extended to class vice presidents. (230) The director of the school represented the faculty on the student council. The president and vice president of the newly formed Nurs Christi club were added as members in 1950. (192) The purpose of the student council was: "...to further and stimulate

closer relationships between administration and the students, and to plan student activities throughout the year." Matters of discipline, house rules and regulations were discussed and then presented to the student body at general assembly once a month. (192, 230) The constitution of the student organization was last revised in 1956. (197) (See Appendix K)

Each class was organized, elected officers twice yearly, held monthly meetings, and planned class activities. Faculty advisers were appointed by the director for each class. (207, 215)

Intercollegiate Council.— Providence Hospital School of Nursing was a member of an intercollegiate council of nine schools in the Portland area from 1950 to 1955. Institutions participating with Providence were: (1) University of Portland; (2) Reed College; (3) Lewis and Clark College; (4) Marylhurst College; (5) University of Portland College of Nursing; (6) Concordia College; (7) Vanport College; and (8) Multnomah College. The group was concerned with social problems such as racial and religious discrimination. The organization disbanded in 1955. (97, 192, 245)

Oregon Student Nurses' Association.— A state student nurse council had been organized in June, 1941 at the Oregon State Nurses' Association convention. The student organization was at first called the Oregon State Student Nurses' Association, later, the Oregon Student Nurses' Association, and finally the Student Nurses of Oregon in 1958. The purpose of the organization was to foster unity among nursing schools, to uphold professional standards, and to send delegates to national

conventions. Membership was extended to all student nurses in Oregon, and each school was represented on the executive council. (60, 207)

Providence students belonged to the state organization and participated actively in it. Beverly Prehn, a 1947 graduate served as secretary of the Oregon State Student Nurses' Association. (209) Phyllis Wolf was elected vice president for the term 1947-1948; Barbara Maloney held the same office in 1948-1949, and Shirley Groshong in 1949-1950. (61, 151) Adolphine Blunt, now Mrs. Henry Ballantyne, held the office of vice president in 1952 and that of president in 1953. She attended the national convention in June, 1953. (69, 156)

Providence students participated in various money-making activities to send delegates to national conventions. All member schools participated in a carnival held in the Providence gymnasium in 1952. (99) Cake sales, fudge sales, and raffles were among the activities students initiated to provide money for sending delegates to national conventions. (111, 122, 135) Claudia O'Brien was a delegate to the national convention in Chicago in 1956; (60) Marian Mullen was chosen to represent students at the national convention in 1957; (130) Mary Ann Johnson was selected to travel to the Atlantic City convention in 1958; (66) Jan Zbinden and Maureen Novak attended the Miami convention in 1960; (150) and Beatrice Haskell was the school delegate to the national convention in Cleveland in 1961. (157)

Records show that Providence students also attended state conventions and workshops. (57, 120, 125, 153, 159, 213) Students maintained their interest in the state nurses' organization to the last. The class of

1962 sent 13 representatives to the state convention in October,
1961. (159)

Florence Nightingale Memorial Service.— The Oregon League for Nursing inaugurated a Florence Nightingale Memorial Service in 1954. (207) It was an annual affair held in May until 1961 when it was discontinued. Students from all Oregon nursing schools participated. In 1956, the Oregon Student Nurses' Association introduced a new activity, the selection of a "Student Nurse of the Year." Each nursing school in the state chose a candidate for the honor, and the winner was announced at the memorial service. (60, 61, 69, 151, 156, 209) Since 1961 the winner of the award has been announced at the Student Nurses of Oregon meeting. Although Providence students participated in selecting candidates for the "Student Nurse of the Year" honor, none of their candidates was chosen.

Mother's club.— Mrs. I. Mozorosky, mother of Janet, a member of the first graduating class, organized the Mother's club in January, 1945. It was formed to promote closer relationships between mothers and students and to provide assistance to students in implementing school activities. Meetings were held monthly followed by refreshments and entertainment shared with students. By 1947 the Mother's club had presented the school with an electric hot plate, a ping pong table, and a combination phonograph and radio. They had given annual Thanksgiving teas and had provided hosts and hostesses for student dances. In 1948 mothers sponsored a snack bar at the senior prom and presented a silver tea service to use in the new nurses' home. The

next year the organization furnished a lace tablecloth and crystalwear for the residence. They served cake and coffee to students after each meeting. A gift of china for the nurses' home was the 1951 project. (230) Students and parents shared a Christmas party in 1954 when records were presented to the students and an umbrella to Sister Elizabeth Ann. (109) The Christmas party became an annual affair, and in 1958 students received a high fidelity record player and records. (144) In 1960 fathers were included as eligible members, and the Mother's Club became a Parent's Club. Parents sponsored a pot luck supper for faculty and students in April, 1961. (157) A pancake supper was given by parents in 1962 to help defray expenses of the senior yearbook. (214)

The Alumnae Association.-- Sister Elizabeth Ann met with a group of 30 Providence graduates in January, 1957 for the purpose of organizing the alumnae from Providence Hospital School of Nursing. Temporary officers were elected, a constitution and by-laws committee was appointed, and tentative plans were laid for a homecoming to be held in June, 1957. (128, 224) The association was formally launched with a social hour and banquet in June, 1957. At that time less than half of the 328 alumnae resided in the Portland area, but 155 attended the homecoming banquet. Officers for the association had been elected by mail ballot and were announced at the meeting. They were: Rosemary Bulich, president; Mildred Carlson, president elect; Darleen Jardee, vice president; Kathleen Mahoney, secretary; and Donna McCoy, treasurer. (131) Since then Mildred Carlson, now Mrs. Olson, Kathleen Condon Carney, Patricia Charley Parr, and Joan Bocci Henkel have served as presidents of the Providence Alumnae Association. (239)

The purposes of the organization were to maintain the ethical standards of Providence School of Nursing, to keep graduates informed of the work of the school, to further all means aiming to elevate the standards of the nursing profession, and to promote closer professional and social relationships among members within the association.

The purposes were being revised with the closing of the school. Six meetings were held during the year, with June being the month for the annual homecoming meeting. The tenth anniversary class was honored at each June reunion meeting. They took charge of the punch bowl and social hour, and selected a guest of honor for the banquet. The graduating seniors were invited as special guests and given membership without dues for the first year. (239)

The association inaugurated a winter dance followed by a midnight breakfast, and a homecoming tea for installation of officers in 1960. (147, 152) Alumnae gave corsages to graduating seniors in 1960 and 1961, (239) and planned to furnish the orchestra for the senior prom in 1962. (214)

The Decision to Close and Its Announcement

The decision to close the school.— The Provincial Council of the Sisters of Charity of Providence in Seattle, Washington made the decision to close the school. (164) The decision was reached in August, 1959, after students for the fall term had been accepted for admission by the school. Each entrant was notified of the proposed closure and advised that she was free to transfer to the University of Portland College of Nursing or choose another program. Only one student elected

to do so. (248) On September 13, 1959 The Oregonian carried an announcement of the proposed change in status of the school. The same statement appeared in the Voice of Providence in September, 1959. The announcement, a joint statement made by the Reverent Howard J. Kenna, president of the University of Portland and Sister Ernestine Marie, new superior at Providence Hospital, stated that Providence Hospital School of Nursing would join the University of Portland College of Nursing. Father Kenna stated that the reason for the change was because of the trend toward collegiate education which could produce nurses who would be able to progress to leadership positions in teaching and administration in less time than could diploma graduates. (92, 143)

The status of the school after the announcement.— After the decision to close the school had been made the operation of the diploma program continued much as before. Apparently the way in which Providence would fit into the university program had not been determined. During 1960, faculty under the direction of Sister Mary Joan, assistant director of the school, initiated a study of the Associate degree program as a possible future development at Providence. (143, 150) This plan was discarded. In 1962 the university was using the pediatric clinical area for students. The university employed a clinical instructor for degree students. Providence diploma students were still using all other clinical areas of the hospital for clinical practice and would continue to use them until September, 1962. Whether Providence clinical facilities then would be used increasingly for university

students, whether a different type of educational program would be instituted in connection with the hospital, or whether the pediatric department would constitute the only clinical area utilized by the university nursing students remained to be decided.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study was conducted to preserve a permanent, accessible record of the history of Providence Hospital School of Nursing. The purposes of the study were:

1. To discover reasons for founding and terminating the educational program for student nurses at Providence Hospital School of Nursing
2. To ascertain activities that were undertaken to accomplish the objectives of the school
3. To determine relationships between national nursing education trends and events at Providence Hospital School of Nursing
4. To determine the influence of social forces upon the educational program of the school.

The purposes for which this study was conducted have been fulfilled and are incorporated into Chapter III.

The historical method of research was used. Primary source materials were located and were supplemented by secondary sources of data. Sources of data included school records, accrediting agency reports, newspapers, periodicals, student yearbooks, correspondence, and interviews. All data were verified by the use of internal and external criticism. Facts from different sources were compared and

if discrepancies existed, still other sources were consulted to establish authenticity of data.

The Cadet Nurse Corps, an outgrowth of World War II, provided impetus for founding Providence Hospital School of Nursing in Portland, Oregon. The three year diploma program, under the administration of the Sisters of Charity of Providence, enrolled the first class of 31 students in February, 1944. The school remained under the Cadet Corps program for the classes admitted in 1944 and 1945. After cessation of federal assistance, students continued to be admitted annually until the last class entered in 1959.

The school which developed under three administrations, opened with the approval of the Oregon State Board of Nursing, was legally accredited in 1945, and has maintained legal accreditation continuously since then. Professional accreditation by the National League for Nursing Accrediting Service was secured in 1954. Providence Hospital School of Nursing was the first diploma school in Oregon to receive professional accreditation. Because of the impending termination of the program, the school did not apply for a resurvey visit, and professional accreditation was withdrawn in December, 1960. Many of the changes and innovations in the educational program resulted from suggestions of the state and national accrediting agencies.

Students were admitted on a scholarship basis in 1947 with tuition and fees paid; in 1950 tuition and fees were charged. Student costs increased to \$740 for the last class. Stipends were received by students until 1949. The cost of the total program increased since the time of

the first cost analysis report in 1949, and expenses increased more rapidly than income. Increase in faculty numbers and preparation accounted for some of the increased expense, and the shortened clinical practice hours for students plus longer vacations accounted for some of the decrease in income. Hospital funds were used increasingly for the support of the school. The increasing expense of the program is an indication of the changed status of the diploma school of nursing from the time when a school was an asset to the hospital to the present when it is recognized that a good educational program is an expensive venture.

Sister Ernestine Marie was the only nurse faculty member when the school opened; the science courses were taught by University of Portland faculty. Nurse faculty members gradually increased in numbers and preparation until 1959 when the decision to close the program was made. Nurse faculty gradually assumed more responsibility for teaching, and utilized allied professional personnel as guest lecturers. Priests were employed to teach the social science courses.

Objectives of the school were based upon the philosophy and gave consideration to the development of the student as an individual, a citizen, and a nurse. They included curricular objectives. The objectives of the school were accomplished through curricular and co-curricular activities. The curriculum was influenced by state board of nursing requirements, but innovations were introduced increasingly in later years. The preclinical period was shortened in 1955 to allow students earlier laboratory experience on the wards. The school year

was reorganized in 1957 to allow for an uninterrupted term of clinical practice and vacation time during the summer term. Total instructional hours gradually increased to a maximum for the class graduating in 1957, then decreased. This represented a change from the belief that more class hours meant a better educational program to a belief that a planned program which eliminated repetition and overlapping could accomplish as much, or more in less time. Ward conference time increased steadily indicating an effort to make the teaching more dynamic and patient centered. The curriculum changed from one in which all courses were taught separately to one in which many courses were integrated. A trend toward teaching classes concurrently with clinical practice was evident. The faculty became increasingly active in curriculum development and had planned an entirely new curriculum pattern in 1959. Only the first part of this plan was implemented.

Clinical practice areas for Providence Hospital School of Nursing students included Providence Hospital, St. Vincent Hospital, and Oregon State Hospital. One week of public health observation experience was an elective that was initiated in 1952. Many public health agencies were utilized for this experience.

The services in the home hospital grew steadily thus providing increasing opportunities for clinical experience for students. Departments utilized for clinical experience at Providence Hospital included medical, surgical, diet kitchen, operating room, emergency room, intravenous therapy, and pediatrics. Early in the program the hospital laboratory and central supply were used. Recovery room experience

was added when this department opened. Students spent most of the clinical practice time on day duty, but between 12 and 18 weeks of evening duty and between six and eight weeks of night duty were assigned.

Clinical practice hours decreased because of the shortened work week, increased vacation time, increased holiday time, and increased class hours. The early state board of nursing reports were highly critical of the clinical area, but conditions at Providence Hospital were not unique in this wartime emergency situation. Wartime conditions undoubtedly increased the problems inherent in organizing a new educational program. Later state board of nursing reports praised the hospital facilities and patient care, and noted the good supervision students received in the clinical area.

The plan for senior experience which had been provided students since the inception of the program, was more fully developed and put in writing in 1957. Senior experience as assistant head nurse was introduced in 1953 for all students, and an assistant clinical instructor experience was inaugurated in 1958. Senior special duty practice and an obstetric senior elective were also added.

Providence Hospital School of Nursing affiliated at St. Vincent Hospital for obstetric practice and instruction. Providence students shared the instructional program with University of Portland College of Nursing students until 1959 when Providence employed an obstetric clinical instructor for Providence students. This gave recognition to the principle that diploma and degree students should not be instructed

in the same program. Students received their psychiatric nursing affiliation at Oregon State Hospital in Salem. Students from diploma and degree schools have shared this experience from the inception of the program to date.

The pediatric department at Providence Hospital supplied experience in pediatric nursing for the University of Portland College of Nursing students until 1958 and again in 1962. Until 1958, university students shared the instructional program with diploma students. In 1962, university students were being instructed by their own instructor; Providence students had completed their clinical practice in the department. Diploma students from three other schools of nursing shared the pediatric clinical instruction from 1950 to 1955.

Students were selected for admission to the school through the use of pre-nursing tests, evaluation of high school records, physical examinations, reference reports, and interviews. Only single female students were admitted. The school became increasingly lenient in allowing students to marry during the program, but scholastic requirements became more stringent. Since 1950, when the state board test pool examination results have been reported in a consistent manner with state and national means included, Providence Hospital School of Nursing has scored above the national mean with the exception of obstetrical nursing in 1950. School scores in other years have varied from above to below the state mean. Scores at Providence Hospital School of Nursing improved, and in 1961, the school ranked second in the state of Oregon on the state board test pool examinations.

A total of 892 students have been admitted to Providence Hospital School of Nursing. Between 39 and 69 students were admitted each year with the exception of the class admitted in 1946 which started with ten students and was increased by the addition of four transfer students, and the class admitted in 1944 that numbered 85 including both spring and fall divisions. After the 1961 graduation ceremonies, 491 students had been graduated from the school. Thirty-one graduates are expected in 1962 which would make a total of 522 graduates from the school. Attrition rates varied from 30 per cent for the class graduating in 1959 to 55 per cent for the class of 1945. First year withdrawal rates were highest. Attrition rates at Providence Hospital School of Nursing were generally higher than national nursing school rates, but lower than attrition rates for college women. Failure in theory accounted for the highest number of withdrawals with marriage responsible for the next highest number. Failure in theory is the reason for most withdrawals from nursing on a national scale, and marriage is the reason for most withdrawals in college women. Total withdrawals at Providence Hospital School of Nursing were 344 excluding the class of 1962. If these are added the total withdrawals would be 370.

Many student rules and regulations for daily living remained constant, but some became more lenient in time such as those pertaining to smoking, late leaves, and seniority privileges. The school provided students with a health program soon after the school opened and health care policies were written in the school bulletin. Incidental counseling and guidance was given students since the beginning of the

program, but it was not until 1954 that a special committee was formed to organize a program. Inservice education led to a more active program in 1958 and 1959. Orientation, as a planned program for freshmen was instituted by 1945. A mimeographed schedule of freshman orientation week was first given students in 1953. Orientation was extended throughout the entire program in 1950 to provide introduction to all new experiences.

Students participated in traditional nursing school activities such as initiation, capping, and graduation ceremonies. All students belonged to student and class organizations as well as to the professional student organization in Oregon. Charitable and religious activities were part of the co-curricular program. Students published a yearbook annually, and engaged in active sports during their free time. Physical education hours were included in the freshman year from 1950 to 1955. Social events included many parties and dances, some of which became traditional annual affairs. The completion of the program resulted in a senior week of activities culminating in a senior prom, a baccalaureate Mass, breakfast, and the graduation ceremony and reception.

Graduates of Providence Hospital School of Nursing have contributed to the profession, community, and nation through the services they have performed in hospitals, schools of nursing, armed services, and missions. Forty-three were employed at Providence Hospital in 1962. One graduate, Miss Delores O'Hara, gained national recognition as nurse to the astronauts. Only one graduate is not now living. An alumnae association

was formed in 1957.

The announcement of the impending closure of the school came in September, 1959, and the stated reason was because of the trend toward collegiate education in nursing. The faculty became increasingly smaller as courses were completed for the last class. When the class of 1961 completed the program only a few students were left at the home school; some were still on affiliation. By the spring of 1962, all 31 remaining students were in the school again. When the last rotation of Providence students finished pediatric clinical experience in December, 1961, the department was ready to receive University of Portland College of Nursing students. As the termination of the diploma program neared, the future use of the clinical facilities had not been determined. Whether the pediatric department would be the only clinical area used for degree students, whether increasing use of other facilities at Providence Hospital and School of Nursing would be made, or whether a new type of educational program would be instituted remained to be determined.

Conclusions

Although it is difficult to draw positive conclusions from an historical study, it is possible to note indications of progress in the development of the educational program at Providence Hospital School of Nursing as well as the influence of social conditions and national nursing trends upon the program. The following conclusions seem justified by the data collected:

1. The school opened in response to a social need, the wartime shortage of nurses.
2. The school made continuous progress as evidenced by improvement in curricular structure, increase in number and preparation of faculty, and increased achievement of students on the state board test pool examinations.
3. The activities which school personnel pursued, were designed to meet the objectives of the program.
4. Further evidence that school objectives were realized is in the achievement of graduates who are contributing to community, country, and profession.
5. The national trend toward collegiate education for nurses and the increasing costs of the program contributed to the decision to close the school.
6. World War II, inflation, increased costs, increased numbers and preparation of faculty, national and state accrediting agencies, the shortened work week, increased vacation time, and advances in medical knowledge with introduction of new clinical facilities all influenced the educational program at Providence Hospital School of Nursing.
7. Improvement of nursing care followed the establishment of the school and cessation of World War II. Although these were simultaneously occurring events, it cannot be said that a causal relationship exists.

Recommendations

As an outcome of this study it is recommended that:

1. The remaining months of the educational program at Providence Hospital School of Nursing be summarized and the written account be appended to this study.
2. A follow-up study be done of the graduates of the school in order to determine further the contributions that they have made to nursing and the community.

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APPENDICES

APPENDIX A

Tuition, Fees and Expenses for Student Nurses at Providence
Hospital School of Nursing in 1950, 1951, 1955 and 1959

Tuition, Fees and Expenses	Year			
	1950	1951	1955	1959
Pre-entrance				
Aptitude Tests.....	\$10.00	\$10.00	\$10.00	\$10.00
Health examination.	10.00	10.00	10.00	10.00
Uniforms (8) and name tapes	<u>40.00</u>	<u>45.00</u>	<u>65.00</u>	<u>65.00</u>
Total.....	\$60.00	\$65.00	\$85.00	\$85.00
First Year				
Tuition.....	\$60.00	\$60.00	\$65.00	\$168.00
Books.....	43.75	62.00	53.00	65.00
Library fee.....	5.00	5.00	5.00	7.00
Laboratory fee.....	20.00	20.00	20.00	20.00
Matriculation.....	10.00	10.00	10.00	10.00
Nursing equipment..	3.00	3.00	3.00	3.00
Student body fee...	5.00	5.00	5.00	7.00
Health fee.....	5.00	5.00	5.00	7.00
Key deposit.....	1.00	1.00	1.00	1.00
Achievement tests..	4.00	4.00	8.00	7.00
Cape.....	25.00	25.00	27.00	30.00
Breakage.....	<u>5.00</u>	<u>5.00</u>	<u>5.00</u>	<u>5.00</u>
Total.....	\$186.75	\$205.00	\$207.00	\$330.00
Second Year				
Tuition.....	\$15.00	\$18.00	\$30.00	\$148.00
Books.....	18.50	23.00	33.00	42.00
Library fee	5.00	5.00	5.00	7.00
Student body fee...	5.00	5.00	5.00	7.00
Health fee	5.00	5.00	5.00	7.00
Breakage	5.00	5.00	5.00	5.00
Achievement tests..	<u>4.00</u>	<u>4.00</u>	<u>11.00</u>	<u>11.00</u>
Total.....	\$57.50	\$65.00	\$94.00	\$227.00
Third year				
Tuition	\$7.00	\$9.00	\$10.00	\$14.00
Books	14.00	14.00	14.00	9.00
Library fee	5.00	5.00	5.00	7.00
Student body fee...	5.00	5.00	5.00	7.00
Health fee	5.00	5.00	5.00	7.00
Breakage fee.....	5.00	5.00	5.00	5.00
Senior tests.....	0.00	0.00	0.00	9.00
Graduation	<u>20.00</u>	<u>30.00</u>	<u>40.00</u>	<u>40.00</u>
Total.....	\$61.00	\$73.00	\$84.00	\$98.00
Total expenses for three years.....	\$305.25	\$408.00	\$470.00	\$740.00

APPENDIX B

PROVIDENCE HOSPITAL SCHOOL OF NURSING
Portland, OregonFACULTY PERSONNEL POLICIESI. Personnel Policies

1. Vacation:

A minimum of three weeks vacation shall be granted out of each 12 months continuous service. No vacation will be granted until the faculty member has been employed a minimum of 6 months, when 10 days shall be allowed.

2. Sick leave:

Sick leave with pay is granted by the School of Nursing on the following conditions:

- a. Beginning with the fourth month of employment, one day leave per month with pay will be allowed for each month of employment, accumulative to 60 calendar days.
- b. Pay for sick leave is to begin with the second day of each illness.
- c. Unused sick leave is not to be interpreted as time accumulated toward vacation. This accumulative sick leave is for protection and security in case of an extended illness.

II. Hospital Insurance and Rest Periods

1. Hospital insurance (Blue Cross) is strongly recommended for all nurses. Payroll deduction plan is available by the hospital.
2. A fifteen-minute (15) rest period is to be allowed during each four-hour period of employment.

III. Hours of Work

1. The basic work week shall be 40 hours.
2. The basic work day shall be 8 consecutive hours, exclusive of the lunch period, which shall be on the nurse's own time.
3. Faculty members will be off duty every Saturday and Sunday. Rotation of clinical instructors is to be arranged in such a manner that each takes her turn for the half day's work on

Saturdays: 7:00-11:30 a.m. This time is to be taken off during the week following, if possible.

4. Legal holidays granted are six with legal pay: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day.
5. If a holiday falls during the nurse's vacation, an extra day of pay is to be added to her vacation pay or an extra day of vacation given.
6. If legal holiday occurs on a regular day off, she is to receive a compensatory day off with pay within 30 days.

IV. Salaries

1. Salary scales run from basic pay of \$300.00, Scale A, through Scales B, C, D, E, and F.
2. These scales are recognition for specialized experience in teaching or clinical field.
3. A raise of \$10.00 will be given at the end of every 12 months of employment until the maximum for a certain scale is reached.
4. Any additional academic work or credits will be recognized as means for moving into new scale bracket.
5. Scale brackets are: 10%, 15%, 18%, 20%, 25% and 40% above minimum salary paid to staff nurses as required by the Oregon State Nurses Association.

V. School Responsibilities

1. Faculty members must accept reasonable changes of teaching assignments in order to provide flexible working conditions.
2. Return at night for school functions as needed.
3. Accept positions on nursing organizations if requested to do so.
4. Make effort to further educational background when possible.
5. Clinical instructors must rotate Saturday a.m. duty.

VI. Termination of Employment

1. One semester's notice is to be given when faculty member is planning to resign.

2. Discharge for cause may be effected without notice.
3. An absence of more than 90 days terminates all privileges, tenures, and sick leave unless properly authorized.

VII. Professional Development

1. After one year of continuous employment, permission may be granted for leave of absence without pay for study, not to exceed one calendar year, without loss of accrued benefits.
2. Leave of absence without loss of pay will be made to attend conventions, workshops, etc., at the discretion of the Director of the School.

VIII. Health

The hospital shall arrange for a chest x-ray at the time of employment and annually thereafter at no cost to the nurse.

APPENDIX C

PROVIDENCE HOSPITAL SCHOOL OF NURSING

621 N. E. 49th Avenue

Portland 13, Oregon

FACULTY 1958 - 1959

Instructor	Classes	Responsibilities
Educational Director	Professional Adjustments I, II; History of Nursing	Curriculum Clinical Rotations
Social Sciences: Priest	Moral Philosophy; Sociology; Psychology	Lectures
Priest	Religion	Lectures
Nursing Arts Instructor	Nursing Arts I, II	Lectures and Laboratory Supervision and Rotation of Preclinical Students
Nursing Arts Assistant	Assist with above classes	Director: Health Program for Student Nurses
Science Instructor	Drugs and Solutions Anatomy and Physiology Chemistry; Microbiology	Lectures and Laboratory
Clinical Instructor Medical - 5N, 5S	Medical Nursing Medical Specialties	Supervision and teaching of students on clinical rotations. Efficiency records. Experience folders. Case studies. Ward conferences.
Clinical Instructor Orthopedics	Surgical Nursing Surgical Specialties	Same as above Civil Defense Program Safety Program
Clinical Instructor Surgical - 4N, 4S	Medical and Surgical Nursing; Pharmacology	Same as above Community Health Agencies
Clinical Instructor Surgical - 3N	Medical and Surgical Nursing	Same as above
Assistant Clinical Instructor Surgical - 2E	Assist with above classes	Same as above Assist with Health Program Assist in Anatomy Lab
Operating Room Clinical Instructor	Operating Room Technique	Same as above
Pediatric Clinical Instructor	Pediatrics Growth and Development of the Normal Child	Same as above Class; Clinics
	Developmental Child Psychology	Lectures
Dietitian	Nutrition; Diet Therapy	Lectures
Librarian	Introduction to use of library	Instruct preclinical students

DUTIES OF THE DIRECTOR OF THE SCHOOL -- SISTER ELIZABETH ANN

I. ADMINISTRATION AND ORGANIZATION OF OVER-ALL PROGRAM

1. Define and interpret the purposes and policies of the school.
2. Select for appointment the members of the faculty, defining their respective responsibilities and relationships. Promote and advance faculty relationships.
3. Cooperate in the establishment of policies which will assure security of tenure, adequate remuneration, and acceptable working conditions for the faculty and maintain a record system which indicates the qualifications, experience, and accomplishment of each member of the staff.
4. Arrange for and conduct regular staff conferences for policy-forming and problem-solving in areas of joint faculty responsibility.
5. Arrange for:
 - a. In-service education of the faculty.
 - b. Orientation of new faculty members.
6. Encourage and facilitate advanced study for faculty.
7. Set up the curriculum with the educational director, determining the general objectives and sequence of courses, planning the teaching schedule, and providing for the coordination of theory and practice.
8. Arrange for experience in the clinical departments of the hospital and other practice fields in accordance with the plan set forth in the curriculum.
9. Make provision for adequate classroom, laboratory, library and other facilities necessary for carrying out the educational program.
10. Seek and arrange for affiliation with various institutions and agencies in order to provide experience not otherwise available in home school.
11. Maintain a comprehensive system of records showing the theoretical instruction and the experience afforded each student, personal characteristics and special aptitudes of each student, and the nature and quality of her accomplishment.
12. Carry on a continuous analysis, evaluation, and adaptation of the entire educational and administrative program in the light of changing needs and objectives.

13. Ex-officio member of all faculty committees.
14. Report grade achievement of all students to parents at close of each semester or quarter.

II. COUNSELING AND GUIDANCE

1. Provide for a counseling program which will be helpful to the student in solving her educational, professional, and personal problems.
2. Secure attractive and healthful housing and living conditions for students and provide opportunities for cultural and social activities.

III. DISCIPLINARY

1. Carries final responsibility for all disciplinary problems.
2. Establishes reasonable hours and other conditions favorable to effective learning.

IV. PUBLICITY AND PUBLIC RELATIONS

1. Maintain effective and harmonious working relationships with the personnel of the school and the staffs of the institutions and agencies with which the school is connected.
2. Set up standards for admission and recruiting candidates who are eligible for enrollment.
3. Arrange for publicity concerning the school by means of announcements, bulletins, and other appropriate measures.
4. Maintain cordial relationships with the community at large and especially with those groups which are directly associated with educational and social welfare.

DUTIES OF THE EDUCATIONAL DIRECTOR -- S. WINIFRED UTZ

I. ADMINISTRATIVE

- A. Organization and Administration of Curriculum:
 1. Working out the overall teaching program with faculty.
 2. Observation of education program in action:
 - a. Those teaching subjects planned.
 - b. Methods of teaching.

3. Master plan for student rotation and affiliations.
4. Organization of environment to provide satisfactory learning conditions.
5. Chairman of the Curriculum Committee.

B. Supervision of Instructors in Following Fields:

- | | |
|-----------------|------------------------|
| 1. Nursing Arts | 3. Social Sciences |
| 2. Sciences | 4. Clinical Experience |

C. Student Records:

- | | |
|--------------------------------|----------------------------|
| 1. Clinical Experience Records | 3. Student Progress Record |
| 2. Evaluation Record | 4. Final Rating Sheet |

II. TEACHING

- A. Classroom teaching of Professional Adjustments I, II, and History of Nursing.
- B. Assistance to faculty in entire program.
- C. Planning for the guidance of student experience through the curriculum.
- D. Assisting with staff education.

III. ASSIST DIRECTOR OF SCHOOL WITH

- A. Planning program of the School with emphasis upon achieving the objectives of the School.
- B. Discipline and counseling in collaboration with the faculty Counseling Committee.

IV. SOCIAL ACTIVITIES

- A. Participate in student body functions.
- B. Class advisor as appointed by Director.

V. PROFESSIONAL ADVANCEMENT

- A. Professional education: participate in educational courses when possible.
- B. Extra professional activities: assist with and participate in the extra professional activities of the School, such as committees, educational meetings, conventions and workshops.

DUTIES OF THE NURSING ARTS INSTRUCTOR -- MRS. MARY HIXSON

I. ADMINISTRATIVE

- A. Assist in the planning of the curriculum and courses of instruction in the area for which she is responsible.
- B. Guidance with other members of the faculty in improving teaching opportunities.
- C. Guidance of students in adapting to suitable study habits.
- D. Aid in the organization of environment to provide satisfactory conditions for learning.
- E. Act as secretary of the Admissions and Promotions Committee, member of the Procedure Committee.

II. CLASSROOM TEACHING

- A. Principles and Practices of Nursing, Personal Hygiene, Community Resources.
- B. Procedure demonstrations as outlined in hospital procedure manual.
- C. Follow up of pre-clinical students for supervised clinical practice.
- D. Assist with staff education.
- E. Writing records of student achievement in classroom, clinical, and other situations.

III. GUIDANCE OF STUDENT EXPERIENCE

- A. Studying the needs and interests of pre-clinical students.
- B. Aid in selecting the most appropriate techniques and teaching methods to be used.
- C. Assist in guiding pre-clinical student experience in cooperation with clinical instructors. Work with Educational Director in clinical rotation of pre-clinical students.
- D. Work with Director of School in discipline and counseling in collaboration with other faculty members.

IV. PROFESSIONAL ADVANCEMENT

- A. Professional education: to participate in educational courses when possible.
- B. Extra professional activities: assist with and participate in the extra professional activities of the School, such as committees, educational meetings, conventions, and workshops.

V. SOCIAL ACTIVITIES

- A. Participate in student body functions.
- B. Serve as class advisor as appointed by Director.

DUTIES OF THE ASSISTANT NURSING ARTS INSTRUCTOR — PATRICIA CHADWICK

I. ADMINISTRATIVE

- A. Assist in the planning of the curriculum and courses of instruction in the area for which she is responsible.
- B. Cooperate with other members of the faculty in improving teaching situations.
- C. Assist in the guidance of students in adapting to suitable study habits.
- D. Aid in the organization of environment to provide satisfactory conditions for learning.
- E. Assist with revision of nursing procedures when indicated.

II. ASSIST NURSING ARTS INSTRUCTOR IN CLASSROOM TEACHING

- A. Procedure demonstrations as outlined in hospital manual.
- B. Follow up of pre-clinical students for supervised clinical practice.
- C. Assist with staff education.
- D. Assist with writing records of student achievement in classroom, clinical and other learning situations.

III. ASSIST IN THE GUIDANCE OF STUDENT EXPERIENCE

- A. Studying the needs and interests of students.

- B. Aid in selecting the most appropriate techniques and teaching methods to be used.
- C. Assist in guiding pre-clinical student experience in cooperation with clinical instructors. Work with Educational Director in clinical rotation of pre-clinical students.

IV. DIRECT STUDENT HEALTH PROGRAM

- A. Direct overall health program of students.
- B. Arrange pertinent health programs for student assemblies.
- C. Arrange for all physical examinations.
- D. Conduct daily Health Clinic and report same to Director of School.
- E. Work with Director in the counseling of problems of health.

V. SOCIAL ACTIVITIES

- A. Participate in student body functions.
- B. Serve as class advisor as appointed by Director.

VI. SATURDAY DUTIES

See "Duties of Clinical Instructors" -- Section X.

VII. PROFESSIONAL ADVANCEMENT

- A. Professional education: participate in education courses when possible.
- B. Extra professional activities: assist with and participate in the extra professional activities of the School, such as committees, educational meetings, conventions, and workshops.

DUTIES OF THE SCIENCE INSTRUCTOR -- MRS. PAULINE KRAMER

I. ADMINISTRATIVE

- A. Assist in the planning of the curriculum and courses of instruction in the area for which she is responsible.
- B. Cooperate with other members of the faculty in improving teaching situations.

- C. Guidance of students in adapting to suitable study habits.
- D. Aid in the organization of environment to provide satisfactory conditions for learning.

II. CLASSROOM TEACHING

- A. Anatomy and Physiology, Chemistry, Microbiology, and laboratory courses as indicated. Drugs and Solutions.
- B. Assist with staff education.
- C. Writing of records of student achievement in classroom situations.

III. GUIDANCE OF STUDENT EXPERIENCE

- A. Studying the needs and interests of students.
- B. Aid in selecting the most appropriate techniques and teaching methods to be used.
- C. Work with Director of the School in discipline and counseling in collaboration with other faculty members.

IV. SOCIAL ACTIVITIES

- A. Participate in student body functions.
- B. Serve as class advisor as appointed by Director.

V. PROFESSIONAL ADVANCEMENT

- A. Professional education: participate in education courses when possible.
- B. Extra professional activities: assist with and participate in the extra professional activities of the school, such as committees, educational meetings, conventions and workshops.

DUTIES OF THE OPERATING ROOM CLINICAL INSTRUCTOR -- PATRICIA AHERN, R.N.

I. ADMINISTRATIVE

- A. Arrange for teaching of operating room technique (20 hours) with Educational Director.
- B. Responsible for all students in the operating room clinical unit.

- C. Plan with Supervisor of operating room for educational experience for students in clinical area.
- D. Report evaluation of student experience to Director of School every few weeks.
- E. Keep procedure book up to date at all times.
- F. Active member of Faculty Council.

II. GUIDANCE OF STUDENT EXPERIENCE

- A. Orientation of new students to operating room.
- B. Orientation of senior students to senior experience.
- C. Observation and guidance of students during cases.
- D. Keep daily anecdotal records of all students.
- E. Mid-term and final conference with each student (if student is having difficulty have conferences whenever necessary).
- F. Work with the Director of the School and Supervisor of operating room in all health or discipline problems.

III. TEACHING RESPONSIBILITIES

- A. Pre-surgery classes (4 hours): schedule and presentation.
- B. Classes during operating room experience.
- C. Check experience records daily.
- D. Written examinations and assigned term papers.
- E. Plan enriched senior experience.
- F. All grades and evaluation reports to be turned in to Director of School within 2 weeks after experience is finished.

IV. CLINICAL RESPONSIBILITIES

- A. Make schedule of hours of duty for all students.
- B. Post same by Thursday of preceding week.
- C. Make daily assignment of cases for students in cooperation with Supervisor of operating room.

- D. Responsible for seeing that all students are relieved for meals and for all classes.
- E. Assign evening duty, week-end call and arrange for supervision of student during that time.
- F. Orientation of pre-surgery students to surgical preps every Monday afternoon from 3:30 to 4:30 p.m.
- G. Check prep cart weekly for all supplies.

V. SOCIAL RESPONSIBILITIES

- A. Participate in student body functions as necessary.
- B. Serve as class advisor when selected and assist when so requested.

VI. PROFESSIONAL ADVANCEMENT

- A. Participate in educational courses towards degree or post-graduate work in special field.
- B. Assist with and participate in the extra professional activities of the School, such as committees, educational meetings, conventions and workshops.

DUTIES OF CLINICAL INSTRUCTORS

I. CLINICAL ASSIGNMENTS

- A. Educational Director:
Clinical instructors and Educational Director work jointly to administer clinical teaching program in Medical, Surgical, Pediatric and Orthopedic Nursing.

Works with Dietitian and Instructors in Nursing Arts and Pharmacology in correlating classes.
- B. Orthopedic Clinical Instructor: Responsible for: 6th Floor.
- C. Medical Clinical Instructor: Responsible for: 5 North, 5 South.
- D. Surgical Clinical Instructor: Responsible for 4 North, 4 South.
- E. Surgical Clinical Instructor: Responsible for: 3 North.
- F. Assistant Surgical Clinical Instructor: Responsible for: 2 East.

- G. Pediatric Clinical Instructor:
- H. Operating Room Clinical Instructor: (See special list of "Duties of Operating Room Clinical Instructor")
- II. ATTEND MORNING REPORT ON OWN UNIT EACH MORNING (MONDAY THROUGH FRIDAY)
 - A. Note new patients and new orders.
 - B. Note opportunities for teaching students.
- III. AID STUDENTS IN PLANNING INDIVIDUALIZED CARE FOR PATIENT INCLUDING TEACHING OF PATIENT
- IV. SUPERVISE STUDENTS AT BEDSIDE
 - A. Observe technique in carrying out procedures.
 - B. Assist with difficult procedures.
 - C. Give demonstration and instruction where needed.
 - D. Help with individual adaptations where indicated.
- V. HOLD INDIVIDUAL CONFERENCES WITH ALL STUDENTS TO GIVE HELP AS NEEDED AND TO DISCUSS PROBLEMS
- VI. ASSIST STUDENTS IN CHECKING CLINICAL ROTATION POLICIES. USE RECORDS TO HELP DETERMINE STUDENTS' NEEDS
- VII. RESPONSIBLE FOR ASSISTING STUDENTS IN SELECTION OF PATIENTS FOR NURSING CARE STUDIES AND FOR EVALUATING SAME.
 - A. Grades to be given to Educational Director and case studies to be filed in clinical instructor's office.
- VIII. TEACHING
 - A. Work out a program of teaching as related to clinical areas assigned with Educational Director and other clinical instructors.
 - B. Responsible for classroom teaching and evaluation of areas assigned.
 - C. Plan for the guidance of student experience:
 - 1. Study needs and interests of students.
 - 2. Select the most appropriate techniques.
 - 3. Guide the students' experience through the Head Nurse in so far as it relates to the theory taught.
 - 4. Evaluation of students' clinical work with the Head Nurse.
- IX. IN COOPERATION WITH THE HEAD NURSE
 - A. Plan student assignments (check student hours).

- B. Consider the assignments as a learning device and base on individual needs of students.
- C. Keep daily anecdotal notes on all students.
 - 1. Basis for clinical evaluation records.
 - 2. Discuss students' progress with students during service on ward.
- D. Compile student evaluation records.
 - 1. To be discussed and signed during student's last week on unit.
- E. Plan Ward Conferences and clinics:
 - 1. Post assignments one week in advance.
 - 2. Two hours weekly (including summer months).
 - 3. Keep record in file of all Ward Conferences.
- F. Plan orientation of student to ward.
 - 1. Make rounds to acquaint with patients, ward routines and equipment. (When freshmen change rotation this should be done the week before the student is to be on the ward.)
 - 2. Responsible for guidance and instruction of students on wards.
- G. Plan correlation of ward teaching and experience.
- H. Any minor disciplinary problems should be discussed with the Head Nurse. Any of a serious nature should be brought to the attention of the Director of the School, and in her absence to the Educational Director.

X. SATURDAY DUTIES

(This applies to clinical instructors in orthopedics, medical and surgical nursing, and to the assistant nursing arts instructor. It does not apply to clinical instructors in pediatrics, operating room, or to the science and nursing arts instructors.)

- A. Take turn for duty from 7:00 a.m. to 11:00 a.m. (Only one on duty)
- B. Rotate through all departments covered by clinical instructors (do not go to Pediatric Department or O.R.)
- C. Responsible for Saturday Health Clinic and report results to the Director of the School.
- D. Visit all students who are reported ill in the Nurses' Residence before going on duty in the hospital. Get this information from the Housemother on duty.

XI. SOCIAL ACTIVITIES

- A. Participate in Student Body Functions.
- B. Serve as class advisor when selected and assist when so requested.

XII. PROFESSIONAL ADVANCEMENT

- A. Participate in educational courses when possible.
- B. Assist with and participate in the extra professional activities of the School, such as committees, educational meetings, conventions, and workshops.

DUTIES IN THE LIBRARY

I. ADMINISTRATIVE

- A. Organization
 - 1. Requisitioning of supplies and new equipment
 - 2. Selecting books and periodicals
 - 3. Classifying books and other material
 - 4. Attending conferences and meetings
 - 5. Compiling annual reports
 - 6. Calling library committee meetings
- B. Supervision
 - 1. Cataloging and techniques of library routines
 - 2. Acknowledging letters and bills of correspondence
 - 3. Finding references for students, doctors and faculty
 - 4. Posting bulletin boards and displays pertaining to classroom assignments or subjects interesting to students.

II. INSTRUCTION

- A. Five lecture hours
 - 1. Orientation to the library
 - 2. Facilitation to locating information
- B. One hour exam
 - 1. Study questions on library methods
 - 2. Practical questions on using library

III. SCHOOL ACTIVITIES

- A. Chairman, Library Committee
- B. Community Activity Bulletin Board
 - 1. Educational
 - 2. Recreational
 - 3. Cultural
- C. Participates in school functions

APPENDIX D

PROVIDENCE HOSPITAL SCHOOL OF NURSING
Portland 13, Oregon

FACULTY TEACHING AGREEMENT

It is agreed that for the school year of September 1, 19__ to September 1, 19__ the following statement will be understood between Miss _____ Mrs. _____ and the Providence Hospital School of Nursing, Portland, Oregon.

- I. IT IS AGREED THAT Miss _____ Mrs. _____ shall:
 - a. Accept reasonable changes of teaching assignments in order to provide flexible working arrangements.
 - b. Rotate Saturday half-days in order that the School may have a clinical instructor available.
 - c. Return at night for School functions as needed.
 - d. Give one semester notice in writing in the event she decides to leave the faculty.
 - e. Accept positions on Nursing Organizations if requested to do so.
 - f. Make effort to further educational background when possible.
- II. IT IS AGREED THAT Miss _____ Mrs. _____ shall be given:
 - a. A work week of 40 hours.
 - b. Six legal holidays each year - New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, and Christmas Day.
 - c. Three weeks vacation annually with pay.
 - d. A starting salary of \$ _____ per month. Class _____
 - e. One semester notice if it is decided she is to leave the teaching service.

III. DISCHARGE FOR CAUSE MAY BE EFFECTED WITHOUT NOTICE.

Date _____

(signed) _____

Date _____

(signed) _____

Director, Providence Hospital
School of Nursing

APPENDIX E

PROVIDENCE HOSPITAL SCHOOL OF NURSING
Portland, OregonCONSTITUTION AND BY-LAWS

ARTICLE I. NAME

The name of this organization shall be the Faculty Council of Providence Hospital School of Nursing.

ARTICLE II. PURPOSES

The purposes of this organization shall be:

1. Provide a means of cooperative assistance for the administration of the school.
2. Provide a means of stimulating professional growth of Council members.
3. Provide a sound educational program for the student nurse and to insure a high quality of nursing service to the sick.
4. Assist in formulating school policies.
5. Aid in fostering inter-departmental relationship and interest.
6. Provide knowledge of departmental activities through committee reports.

ARTICLE III. MEMBERSHIP

Section I. The following personnel hold membership in the Faculty Council by virtue of their positions upon becoming affiliated with the School of Nursing or the Hospital in the capacities described. Their membership is terminated automatically upon their resignation from such positions.

1. The Director of the School of Nursing.
2. All administrative assistants to the Director.
3. All full time instructors.
4. Part time instructors not designated as special lecturers.
5. Elected nurses classed as supervisors or head nurses of clinical areas.
6. Director or Assistant Director of Nursing Service.

Section II. Elected Members. Representatives of the supervisory and/or head nurse group shall be elected to membership on the Faculty Council by the personnel listed in Section I., Article III. The number thus selected is not to exceed three nor be less than two. Selection is to be made on the basis of interest in the educational program of the School and willingness to participate in the program.

Elected members shall be chosen at the first regular meeting in September of each school year and shall hold office for one year. Vacancies shall be filled at any regular meeting in the same manner in which the original appointment was made, such members holding membership for the remainder of the school year.

Section III. Special Lecturers. Instructors in the School of Nursing who are not graduate nurses and graduate nurse instructors who are not employees of Providence Hospital School of Nursing nor of Providence Hospital are considered as special lecturers. Such special lecturers are not considered members of the Faculty Council but may be asked to attend meetings of the Council, or of any Committee of the Council at which policies affecting their participation in the school program are discussed.

ARTICLE IV. OFFICERS

The officers of the Faculty Council shall be:

1. Chairman - Director of the School
2. Vice-Chairman - Educational Director
3. Secretary - Registrar

ARTICLE V. MEETINGS

Section I. There shall be a regular monthly meeting of the Faculty Council from September 1 to June 30 at a time to be agreed upon by the Council.

Section II. The time of meetings may be changed as an emergency measure with the approval of the presiding officer.

Section III. A special meeting may be called at any time by approval of the presiding officer, or if requested by five or more members.

ARTICLE VI. AMENDMENTS

The Constitution of the Faculty Council may be amended at any regular or special meeting of the organization by two-thirds vote of the Council, provided a copy of the proposed amendment has been sent to all members one week prior to the meeting.

BY-LAWS

ARTICLE I. DUTIES OF OFFICERS

- A. The Chairman shall:
 1. Preside at all meetings

2. Prepare the agenda for all meetings, with the Vice-Chairman and the Secretary
 3. Appoint all committees, giving due consideration to the provision for committee membership contained in Article II of the By-Laws.
 4. Serve as ex-officio member of all committees.
- B. The Vice-Chairman shall:
1. Preside at meetings in the absence of the Chairman
 2. Assume the duties of the Chairman in the case of the prolonged absence of the Chairman.
- C. The Secretary shall:
1. Send notices of all meetings to the members at least three days prior to the meeting date.
 2. Keep the minutes of all meetings.
 3. File and preserve all minutes of Council meetings and other documents of value.

ARTICLE II. COMMITTEES

Section I. Standing Committees

- A. The Faculty Council shall have the following standing committees:
1. Executive Committee
 2. Curriculum Committee
(Sub-committee) Clinical Committee
 3. Student Admission and Promotion Committee
 4. Counseling and Guidance Committee
(Sub-committee) Student Health Committee

5. School Activities and Publicity Committee

6. Library Committee

B. The Executive Committee shall be appointed by the Director of the School. All other standing Committees shall be appointed by the Executive Committee.

1. Executive Committee

- a. Director of School - Chairman
- b. Director of Education
- c. One Faculty Member-At-Large

2. Curriculum Committee

- a. Director of Education - Chairman
- b. Science Instructor
- c. Nursing Arts Instructor
- d. Clinical Coordinator
- e. Student Representation - Junior (2 years) - Senior

Sub-Committee: Clinical Committee

- a. Clinical Coordinator - Chairman
- b. Two Faculty Members from Clinical Areas

3. Student Admission and Promotion Committee

- a. Director of School - Chairman
- b. Director of Education
- c. and d. Two Faculty Members-At-Large - (One to retain appointment for two years)

4. Counseling and Guidance Committee

- a. Director of the School - Chairman
- b. Educational Director - Standing Member
- c. Health Director - Standing Member
- d. One Faculty Member-At-Large

Sub-Committee: Student Health Committee

- a. Student Health Director - Chairman
- b. Assistant Student Health Director
- c. One Student Representative from each Class
- d. Chief Medical Resident - Ex-officio Member

5. School Activity and Publicity Committee

- a. Faculty Member - Advisor
- b. Senior Student - Chairman (to serve for 12 week period)
- c. Librarian - Reporter
- d. Student Representation
 - 1. Two representatives from each class
 - 2. Two representatives from Nurs Christi
 - 3. One representative from SNO

6. Library Committee
 - a. Librarian - Chairman
 - b. Two Faculty Members-At-Large
 - c. Student Representation - One student from each class

- C. The Objective of all Standing Committees of the Faculty Council shall be:

To develop a dynamic program within a framework of the philosophy and financial limitations of the School of Nursing.

- D. The Functions of the Individual Standing Committees of the Faculty Council shall be:

1. Executive Committee

- a. Appointment of chairman of standing committees
- b. Make policies for promotion and graduation standards
- c. Review qualifications of new faculty members
- d. Make decisions regarding dismissals and suspensions of students and/or faculty
- e. Take faculty action during the months when the Faculty Council does not meet

2. Curriculum Committee

- a. To develop an educational program which reflects the philosophy and purpose of the school
- b. To plan for the implementation of the educational program
- c. To provide for continuing evaluation of the educational program
- d. To recommend reconstruction of the educational program

Sub-Committee: Clinical Committee

- a. Maintain a plan for correlation of classroom and ward instruction with clinical experiences, both general and special
- b. Make recommendations for revision of Clinical Instruction program

3. Student Admission and Promotion Committee

- a. Make recommendations for admission procedure
- b. Review the total application forms of prospective students
- c. Appraise student achievement and make recommendations for probation or dismissal

4. Counseling and Guidance Committee
 - a. To direct and guide each individual in the school to the full development of her potentialities; physical, mental, spiritual, moral, cultural, and social
 - b. To guide the student in adjustment to the formal and clinical curriculum
 - c. To guide the student in the development of social skills and adjustments
 - d. To guide the student in the solving of problems (personal and health)
 - e. To counsel the student vocationally

Sub-Committee: Health Committee

- a. To provide facilities for maintenance of physical and mental well-being for students
- b. To provide for care in case of illness
- c. To keep permanent cumulative health records on all students

5. Activity and Publicity Committee
 - a. To provide convocational programs of a cultural, spiritual, educational, and/or recreational nature
 - b. To arrange and post a monthly calendar of social events
 - c. To submit news items for the hospital paper, "The Voice of Providence"
 - d. To work through the Public Relations Department of the hospital for publicity in the local papers and/or professional publications
6. Library Committee
 - a. Set up policies for the satisfactory function of the library
 - b. Recommend material for educational, inspirational, and recreational use

E. All standing committees shall meet at least four times a year and as often as is necessary to accomplish the objectives and functions of the committee and submit written reports at each meeting of the Faculty Council.

Section II. Special Committees. Special committees may be appointed by the Chairman as the need arises. These committees are to function until

the purpose for which they are created has been fulfilled. A written summary of committee action shall be submitted to the Faculty Council.

ARTICLE III. AMENDMENTS

The By-laws of the Faculty Council may be amended at any regular meeting or special meeting of the organization by two-thirds vote of the membership, provided that a copy of the proposed amendment be sent to the members one week prior to the meeting.

ARTICLE IV. QUORUM

Two-thirds of the group among whom shall be the Director of the School or her representative, and/or the Director of Education or her representative, and one clinical instructor.

ARTICLE V. ORDER OF BUSINESS

The order of business at regular meetings shall be:

- A. Opening of the meeting
- B. Roll call
- C. Reading of minutes of previous meeting
- D. Reports of committees
- E. Unfinished business
- F. New business
- G. Program (if one is presented)
- H. Adjournment

APPENDIX F

PROVIDENCE HOSPITAL SCHOOL OF NURSING
Portland, Oregon

September, 1953

FRESHMEN STUDENTS

YOU ARE VERY WELCOME TO PROVIDENCE. WE HOPE YOU WILL ENJOY AND PROFIT FROM YOUR LIFE HERE.

HOUSE RULES:

1. Each student responsible for cleaning of her own room. Room check is not announced and rooms must be in order before going to class.
2. Only one phone on each floor. Please limit your calls to five (5) minutes. No phone calls after 10:00 P.M.
3. Long distance calls are to be made from pay phone or sent collect.
4. Between hours of 7:00 A.M. and 10:00 P.M., one buzz to your room means a telephone call. Please ANSWER buzz immediately, then go to the phone at once, and give your name. Two buzzes mean you have a caller. ANSWER buzz and come to the Lobby to greet your visitors.
5. No visitors except mother, sister or girl friends are allowed in rooms. Permission to take visitors to your rooms must be obtained from Housemother at desk, always.
6. No pictures, scotch tape, nails or screws are to be put in the walls or doors of your rooms.

GENERAL DISCIPLINARY RULES:

1. No smoking allowed in rooms. Students may smoke in lounge on each floor and in recreation room. No smoking in the telephone booths, please.
2. All students are to attend Morning Prayer in the Chapel on 4th floor in the Hospital, except on Sundays and Holy Days. Time: 6:45 A.M. Please be quiet when going to Chapel and when in the elevators.
3. Students are exempt from Morning Prayer in Chapel on their days off, or when they are to be on duty after 8:00 A.M.
4. Students must be fully attired to appear on Main Floor of the Home. Robes, housecoats, jeans or pedal pushers may be worn on ground floor and in recreation rooms. Jeans or pedal pushers are never allowed in Hospital or Cafeteria.
5. Robes must be worn in corridors of sleeping floors; also students must wear bedroom slippers. Shorts are not allowed in School at any time.

SICKNESS:

1. Any illness serious enough to cause you to be away from classes must be reported to the Housemother at switchboard or to the Health Nurse, Mrs. Hixson, Room #111.

2. Self-medication is absolutely forbidden.
3. Health Clinic at 12:30 noon on Monday, Tuesday, Wednesday, Thursday and Friday. On Saturday, Health Clinic will be held at 10:30 A.M. Report to the Nursing Arts Lab at above time if you are ill. No Health Clinic on Sun.
4. Physicians will be assigned to the students who are ill by the Director or Health Nurse. A student may choose a physician other than the one assigned, but with the understanding that the Hospital and School will be relieved of all responsibility.
5. Charges for unusual medications and special medical care will be made according to the nature of the illness. Students are responsible for these charges until after capping ceremonies.
6. No student is allowed to donate blood at any time.
7. When student is discharged from the Infirmary, she must report immediately to the Nursing School Office before leaving the School. She is to report also before going to her room, so that we know she is in the school building.
8. Students are to be weighed by the 5th of every month. No late leaves will be granted if this is not done.

PRIVILEGES:

1. Late leaves and overnight privileges may be taken on Friday and Saturday nights only.
2. Freshmen students who wish to do so may go to their homes from Friday afternoon after class until 11:00 P.M. Sunday, until after Christmas vacation.
3. Students are allowed eight (8) privileges per month (30 or 31 days).
4. Privileges consist of late leave until 12:30 A.M. May be taken in the House or outside. If taken in the House, must go to Recreation Room on Ground Floor after 11:00 P.M. No recreation in Lounges after 11:00 P.M. at any time.
5. STUDENTS MUST SIGN OUT IN BOOK AT SWITCHBOARD, AND SIGN IN AGAIN UPON RETURN. THIS IS VERY IMPORTANT.
6. All freshmen students must be in the School by 11:00 P.M. on Sundays.
7. No one may phone in after 8:00 P.M. and ask Housemother to sign her out for a late leave. This applies to all students.

GRADES:

1. Students must be present at all classes unless excused by the Director.
2. Students must be neatly dressed, have necessary papers, pens, etc., and rise when Instructor enters the room.
3. All work must be turned in on day appointed unless excused by illness.
4. A "C" average must be maintained by all students.
5. Grades are given at mid-term to students, and are mailed home to parents at end of term.

SCHOOL ACTIVITIES:

1. Freshmen students are to elect their own class officers one month after entrance to School. Officers serve until after Capping in March.
2. All freshmen students are to attend Student Body Meetings, but can not cast a vote until after Capping.
3. Freshmen class will have a Faculty Advisor, who will assist them for all class functions.
4. Recreation in lounge on your floors and in Recreation Room is encouraged. This will instill a strong and healthy class spirit.

CHAPEL:

1. Sunday Masses are at 6:00 and 7:20 A.M. with same hours on all Holy Days of Obligation.
2. Masses during the week at 6:00 A.M.
3. Benediction every Wednesday at 7:00 P.M. and every Sunday at 2:30 P.M.
4. Our Lady of Fatima Rosary every evening at 6:45 P.M.
5. Confession at 7:00 P.M. on eve of First Friday and on Saturday evening.
6. All students are free to attend services in their own churches when hours do not prohibit it.
7. Students should wear a hat or covering for their head when in Chapel. Bobby pins and curlers under kerchiefs are not permitted.

CONCLUSION:

1. Students rise when Director or other members of the faculty enter the rooms where they are; this includes Lounges and Recreation Room.
2. Please identify yourself to Housemother when returning to School when signing in. Always give your name when answering the phone.
3. Allow the senior and junior members of the Student Body to enter the elevators ahead of you - both here and in the Hospital, and to go ahead of you in the cafeteria line.
4. Say "Good-morning" to the Sisters you meet in the Hospital, and when you first see the Director at the School.
5. Do not leave money and valuables on top of your stands in your room. Put away or check in safe in Director's Office.

APPENDIX G

PROVIDENCE HOSPITAL SCHOOL OF NURSING
Portland, Oregon
1961

Regulations Contained in Student's Handbook

CHAPEL

1. Students on duty at 7:00 a.m. are to attend Morning Prayer in the Chapel unless they have attended Mass. Time: 6:50 a.m.
2. Holy Mass daily at 6:00 a.m. Sundays and Holy days of obligation at 6:00 a.m. and 7:25 a.m.
3. Benediction of the Most Blessed Sacrament: Sunday and Wednesday at 6:45 p.m. Holy Hour: Thursday at 4:00 p.m. to 5:00 p.m. First Friday Exposition at 2:00 p.m. to 6:45 p.m.
4. Confession: Eve of First Friday and Saturday at 7:10 p.m. (Any other time upon request. Chaplain can be called by phone and he will go to the Chapel if possible.)

HOUSE RULES

1. Each student is responsible for cleaning her own room. Room check will be made.
 - a. Each student is responsible to keep the utility rooms, recreation room and Social Room in order at all times.
2. Mothers, sisters and girl friends may visit in the student's room, but they should not go to the student's room if the student is not there, without asking permission from the housemother at the switchboard.
3. During busy hours, phone calls will be interrupted, if necessary.
4. All long distance calls must be placed through the pay phone located in the lobby.
5. Between the hours of 7:00 a.m. and 10:30 p.m. one buzz to your room means a phone call. Please answer buzz immediately, then go to phone and give your name at once. Two buzzes mean you have a caller; answer buzzer and then come to lobby to greet caller.
6. No pictures, nails, screws, scotch tape or adhesive tape are to be put on walls, or doors of rooms, without permission from the Sister Director.
7. It is against city fire regulations to put any object on outside window sill of your rooms or on the fire escape.
8. Your care in checking windows of your room, lounge on your floor and hallways will be much appreciated. Students should not leave their window open when leaving for a day off duty. Lock windows before leaving.
9. Shades are to be drawn in rooms as soon as lights are turned on.
10. Students are asked not to talk from windows to people on the street, or to have cars blow their horns. Ask all guests to come inside the Residence and ask for person from the Housemother.

11. Attire: All students are to wear street clothes on the first floor, Library, and in the Social Room. Students may wear pedalpushers or Bermudas when entering or leaving the building. Bathing suits are absolutely not permitted on the first floor at any time.
12. No shortie robes are to be worn on the ground floor or in the elevators at any time. Robes are to be worn in the elevators and in the recreation room. All students are to wear slippers. No one is to go barefooted on the elevators, first floor or on the ground floor at any time.
13. T. V.: If a T.V. program extends a few minutes beyond 1:00 a.m., students may remain to view it until that particular program is finished.
14. Social Room: Students are permitted to use the Social Room for social functions in the evenings, but they must sign up at the switchboard for the evening they desire.
15. Students are not to smoke on the elevators, as they walk through the halls, or when going to and from the Nurses Home.
 - a. Students are not to stamp out their cigarettes on the floors or in the elevators. Use the ashtrays for that purpose.

HEALTH CLINIC

1. Any illness or inability to go on duty is to be reported to the switchboard in the school. The Health Nurse will see you.
2. Students injured in accidents occurring away from school or hospital premises are responsible for 50% of expenses incurred in caring for same. Pre-existing causes of illness (tonsils, etc.), which should have been taken care of before entrance into the school are the financial responsibility of the student or her family.
3. Students who have reported ill and are unable to go on duty or to classes may not leave the school for any reason whatsoever for at least 24 hours, then permission is required.
4. Students must work three (3) days in the week before "days off" on sick time are granted.
5. Students becoming ill while on duty must report to switchboard as soon as arriving in the school.
6. No student is to see a staff physician without going through Health Clinic.
7. Medication must be prescribed or checked through Health Clinic.
8. Students may visit relatives or friends of long standing in the hospital during visiting hours, with permission of the Sister Director or her alternate. Street clothes are to be worn, unless they have received permission to be in uniform.
9. Students are not to fraternize with the male patients.

LINENS

1. Clean linen is distributed to each room on Wednesdays.

2. The students' caps will be distributed with the linen to each student, the first Wednesday of each month.
3. One surgery turban is given to each student when she starts her O.R. classes. A second turban is given when going on O. B. affiliation.

GROOMING

1. Professional women are well groomed at all times.
2. Professional appearance calls for freshly laundered uniforms, hair off collar, no jewelry except engagement ring, white sweaters, clean shoes.
3. Gum chewing is not allowed in class or when on duty.
4. Cafeteria etiquette: Professional women observe rules of etiquette when eating, and are properly groomed when in public. This excludes hair in pin curls and scarfs when in the cafeteria. If pedal pushers, slacks, etc., are worn to the cafeteria, a coat must be worn over them.
5. Sun dresses are not to be worn in the Chapel at any time.
6. Care of Uniform: Wash as you would any fine cotton garment. Press lightly in dry bath towel to remove excess moisture. When ironing, set iron at low temperature.

DAMAGE TO SCHOOL PROPERTY

1. Students will be financially responsible for any damage to school property.

COFFEE TIME

1. Students are allowed a 10 minute coffee break in the morning and afternoon when working in the hospital. Coffee is available at the cafeteria.

LATE LEAVE AND OVERNIGHT PRIVILEGES

1. Late leaves are granted until 1:00 a.m.
2. Students may take a late leave or an overnight before each day off.
3. All students are to "sign out" for a late leave or overnight before leaving the school.
4. Late leaves may be taken in the recreation room on Friday and Saturday nights.
5. When not on a late leave or overnight privilege, all students are to be in the school by 10:30 p.m. After this time each student is to be in her room. All unnecessary noise should be avoided so that those wishing to sleep may do so.
6. Special Privileges:
 - a. Plays and concerts designated by school 11:30 p.m.
 - b. School sport dances, Holidays, (New Year's Eve, New Year's Day, Christmas Eve, Christmas Day, Easter 1:00 a.m.
 - c. Formal dances 2:00 a.m.

CHECKING SYSTEM

1. Three checks in one week mean loss of privileges for the next week. Checks are given as follows:
 - a. Not signing in our out and late L
 - b. Untidy Room R
 - c. Absence from Prayer P
 - d. Visiting in another room after 10:30 p.m. . V
2. Campus: Loss of privileges for one week because of three (3) checks.
3. The faculty reserves the right to take individual action for unethical conduct.
4. Students on a house campus or for more severe disciplinary action are to be in building by 5:00 p.m.
5. Students on a check campus, must be in building by 10:30 p.m.

APPENDIX H

PROVIDENCE HOSPITAL SCHOOL OF NURSING
Portland, OregonFRESHMAN ORIENTATION WEEK

September 13-16, 1955

Day	Hour	Program
Tuesday Sept. 13	9:00-2:30 11:00-12:30 2:45 4:30-5:30 5:00-10:00	Registration Lunch General Assembly (Classroom 130) Dinner Free Time (All freshmen must be in by 10:00 p.m.)
Wednesday Sept. 14	8:00-9:00 9:00-9:30 9:30-11:30 11:30-12:30 12:30-1:30 1:30-3:30 3:30-10:30	Books and Schedules (Room 122 - Main Floor) General Assembly (Classroom 130) Introduction to Chemistry Laboratory Tour of Nurses' Home Lunch Introduction to City Facilities (Social Room) Introduction to Health Program (Nursing Arts-25) Skin Tests Free Time (Complete unpacking. Bring luggage to ground floor, leave rooms in order.)
Thursday Sept. 15	8:30 9:30-11:30 11:30-12:30 12:30-2:30 4:00 4:30-5:30 5:30-10:30	Uniform Fitting (Meet in Lobby-Main Floor) Introduction to Anatomy Laboratory Introduction to Nursing Arts Lunch Professional Adjustments 1 (Classroom 130) Audiometric Tests Dinner Free Time
Friday Sept. 16	8:00-10:00 10:00-11:30 11:30-12:30 12:30-1:00 2:30-4:00	Introduction to Nursing Arts (Nursing Arts-Rm.25) Professional Adjustments 1 (Classroom 130) Lunch Reading of Skin Tests (Nursing Arts Room 25) Tea (Social Room - Main Floor)

APPENDIX I

SOCIAL ACTIVITIES FOR SCHOOL YEAR 1953-1954

<u>Date</u>	<u>Activity</u>	<u>Sponsored By</u>
September 7, 1953	Orientation Program; Tea given in honor of new faculty members and entering freshmen.	Director of Nurses and Faculty
September 14	Mixer Party - Refreshments served	Junior Class
October 2	Initiation and Candelight Ceremony for Freshmen.	"Big Sisters"
October 23	Assembly - skit	Junior Class
October 26	Hostess for State Student Nurses' Association - refreshments served.	Student Body
October 29	Halloween Party - masquerade.	Student Body
November 2	Party	Junior Class
November 8, 9	Play - "Happiness Ahead"	Junior Class
November 17	Auxilliary Bazaar	Student Body assisted
November 20	Assembly - Skit	Senior Class
November 20	Sport Dance	Freshman Class
December 7	Class Party	Juniors
December 16	Christmas Carols in Hospital	Choral Group
December 17	Christmas Party (formal)	Student Body
January 19, 1954	Medical Staff Banquet	Freshman Class assisted
January 28	Class Party	Freshmen
February 2	Class Party	Juniors
February 12	Valentine Prom	Senior Class
February 14	Film	Student Body

<u>Date</u>	<u>Activity</u>	<u>Sponsored By</u>
March 2	Mardi Gras Party	Nurs Christi (Catholic Club)
March 11	Hostesses - State Student Nurses' Association	Student Body
March 28	Capping Reception	Freshmen Class
April 21	Easter Party	Student Body
April 27	Film	Student Body
May 11	"Careers in Nursing" Tea and State Meeting.	Student Body
May 13	Hospital Day; Open House; Hobby and Talent Show	Students participated
May 14	"Cotton Ball"	Freshman Class
June 15	Buffet Supper	Student Body
June 17	Resident and Intern's Dinner	Seniors assisted
July 20	Picnic	Senior Class
August 1 - 6	Senior Week Festivities	Senior Class
August 7	Junior-Senior Prom	Junior Class

STUDENT ACTIVITIES

<u>Date</u>	<u>Assembly</u>
December 11	Lecture by representative from "Friendship House"
January 6	Fashion show by local modeling agency.
February 10	Flower arrangement by local florist.
March 10	"Penthouse" - hair stylist.
April 16	Arthur Murray Dance Studio
May 2	Demonstration of table setting and sterling silver, local jeweler.

REGULAR MONTHLY ACTIVITIES

1. "Mother's Club" meets every month except July and August. Refreshments are served with birthday cakes honoring the students whose birthday has been in the past month. Freshmen Class responsible for the program given at each meeting.
2. Student Council meets three days before the Student Body meetings, which are held every month except July and August.
3. Students have active participation in the State Student Nurses' Association.

RELIGIOUS EVENTS

<u>Date</u>	<u>Activity</u>
September 24, 1953	Mass of the Holy Spirit - for formal opening of School year.
December 6	Film - "The Eternal Gift" - sponsored by the Servite Fathers.
December 23	Baskets for the poor - sponsored by Nurs Christi (Catholic Club)
January 2 - 5, 1954	Student Retreat - Freshman Class
March 19	Film - "Our Lady of Fatima" - Nurs Christi
April 16 - 19	Student Retreat - Junior Class
May 3	Crowning of Blessed Mother Ceremonies - Nurs Christi
June 21 - 23	Student Retreat - Senior Class
August 8	Baccalaureate Mass - Senior Class

APPENDIX J

Capping

Pledge of Fidelity to Duty (1952 through 1955)

Conscious of the high dignity and nobility of my profession, fully aware of the sacred responsibilities that I am assuming in entering upon the duties of my sublime calling, with a strong spirit of faith in the existence of God, my Creator, and in Christ, my Redeemer, as well as in the Holy Ghost, my Sanctifier, I solemnly pledge myself to the careful and continued observance of the highest and noblest ideals of my profession.

First, I promise to see in all the patients entrusted to my care the image and likeness of my Creator, Whose handiwork they are.

Second, I promise to devote myself in a spirit of self-sacrifice to care for them to the best of my ability, obeying all the rules and regulations of my profession, all the directions of the doctors and others in authority.

Third, I promise in all things to safeguard the rights and interests of my patients, guarding in strict confidence all matter which they have a right to keep from the knowledge of others.

Fourth, I promise, moreover, to give in my personal conduct such an example of moral excellence and integrity of character that neither in word nor deed shall I be anything to those under my care but an inspiration to goodness and holiness of life.

These things do I promise in the name of the Father and of the Son and of the Holy Ghost.

Amen.

APPENDIX K

PROVIDENCE HOSPITAL SCHOOL OF NURSING
Portland, OregonCONSTITUTION OF PROVIDENCE STUDENT NURSES ORGANIZATION

ARTICLE I

Name

Section 1.

This organization shall be known as the Student Body Association of Providence Hospital School of Nursing.

ARTICLE II

Purpose

Section 1.

The purpose of this organization shall be to encourage leadership, cooperation, and individual responsibility by:

- a. Promoting and maintaining high educational and professional standards.
- b. Creating a sense of unity and fellowship among the students of the school.
- c. Upholding honor and integrity in all matters of personal conduct.
- d. Promoting cultural and social opportunities.

ARTICLE III

Membership

Section 1.

Active membership in this association is reserved to:

- a. All students who have completed their pre-clinical period.

Section 2.

Associate membership in this association is reserved to pre-clinical students.

Section 3.

Members of the faculty shall be ex-officio members.

Section 4.

The Director of the School of Nursing shall be an ex-officio member with the power to veto.

ARTICLE IV

Officers

Section 1.

The officers of the organization shall be: President, First Vice-President, Second Vice-President, Secretary, and Treasurer.

Section 2.

- a. All nominees for office must maintain at least a grade of "C" in theory and ward practice.
- b. They must be socially acceptable by the students.
- c. They must have shown willingness and ability to work for the association.
- d. They shall possess the spirit of cooperation.
- e. They must be above reproach in professional ethics, morals, social conduct, and dependability.

Section 3.

The faculty representatives shall include the director or the dean of the school of nursing, one faculty member appointed by the executive committee of the school, and the director of social activities.

Section 4.

Power to transact the general business of this association shall be vested in a council of the officers, class officers, club and faculty representatives.

ARTICLE V

Meetings

Section 1.

There shall be a monthly meeting of this association as determined by schedule.

Section 2.

Special meetings may be called at any time by the president or upon the request of any group of students.

Section 3.

The Student Council shall consist of the student body officers; class presidents and vice-presidents; representatives from O.S.S.N.A., Nurs Christi, activity committee and annual staff; faculty advisors; and the Director of the School of Nursing.

ARTICLE VI

Quorum

Section 1.

A quorum shall consist of those members of the association present at a regular meeting or the annual meeting.

ARTICLE VII

Amendments

Section 1.

The constitution and by-laws of this association may be amended at any meeting by a two-thirds vote provided that: (1) statements of the proposed amendments have been presented first in writing to the council, and (2) statements of the proposed amendments have been posted one week before the meeting for all members to read.

BY-LAWS

ARTICLE I

Duties of Officers and Council Members

Section 1.

Duties of all officers shall be such as are implied by their respective titles and such as are specified in these by-laws.

- a. The president shall:
 1. Preside at all regular and special meetings, calling special meetings whenever necessary.
 2. Represent the association at professional meetings and shall be an ex-officio member of all committees of the organization.
 3. Call special elections of the Student Body Association.
 4. Appoint members to special committees.
- b. The first vice-president shall:
 1. Preside at all regular and special meetings in the absence of the president.
 2. With the assistance of the Director of the School take charge of all matters pertaining to rules and regulations.
 3. Call a meeting of the pre-clinical students to discuss residence rules and regulations as well as the program of social activities after their enrollment in the school.
 4. Present to the Council suggested changes in residence regulations.

- c. The second vice-president shall:
 - 1. Preside at all regular and special meetings in the absence of the president and first vice-president.
 - 2. Act as co-chairman of the activity committee.
 - 3. Present to the Council the program of social activities.
- d. The secretary shall:
 - 1. Keep full minutes of the meetings of the Council and of the association.
 - 2. Post written notices of each meeting to the members of the Council one week before the meeting.
 - 3. Post proposed amendments to the constitution for all members to read, one week before the scheduled meeting.
 - 4. Be responsible for social correspondence and acknowledgement of gifts.
 - 5. Preserve all papers, letters, and records of all transactions.
 - 6. Preside in the absence of the president, first vice-president, and second vice-president.
- e. The treasurer shall:
 - 1. Have charge of all funds of the association.
 - 2. Make a monthly report to the association of all receipts, disbursements, and balance.
 - 3. Collect absentee fines.
 - 4. Place all funds on deposit in the Hollywood-Rose City Branch of the First National Bank of Portland.

Section 2.

The regular term of office of one year for all officers shall commence at the adjournment of the May meeting.

Section 3.

All officers of this organization, upon retiring from office, shall deliver to the president within two weeks all records, accounts, or other property of the association.

Section 4.

All Council members shall attend all Council meetings or send an alternate if they are unable to attend.

ARTICLE II

Council

Section 1.

The Council shall have the authority to transact the general business of the association, subject to the approval of the association. The Council shall also have the authority to act as a disciplinary body when needed, under the direction of a faculty member.

ARTICLE III

Nominations and Appointments

Section 1.

A nominating committee shall be appointed by the president to select nominees for the Council officers. All nominees must be approved by the executive committee of the School of Nursing before their names may appear on the ballot.

Section 2.

Officers shall be nominated as follows:

- a. The president shall be nominated from the class beginning its third year in the school.
- b. The first vice-president shall be nominated from the second year class.
- c. The second vice-president shall be nominated from the second or third year class.
- d. The secretary shall be nominated from the second or third year class.
- e. The treasurer shall be nominated from the second or third year class.

Section 3.

A faculty advisor is appointed by the executive committee of the School of Nursing. The director of social activities may serve in her absence.

Section 4.

The nominating committee of each class, appointed by the class president, shall nominate candidates for class officers for the following year.

Section 5.

A list of the names of all nominees shall be posted one week prior to the annual meeting.

ARTICLE IV

Elections

Section 1.

Election of officers shall take place at a convenient date early in the year and shall be by vote of the entire association. All nominees shall be approved by the executive committee of the School of Nursing.

Section 2.

The class representatives shall be elected by individual class elections following the election of officers. All nominees shall be approved by the executive committee of the School of Nursing.

Section 3.

There shall be two representatives from each class, who shall be elected by the class bi-annually.

Section 4.

Voting shall be arranged for a period following the annual meeting enabling each student to cast her vote.

Section 5.

A majority of all votes cast shall constitute an election.

ARTICLE V

Committees

Section 1.

Standing committees: the standing committees shall be the committee on gifts and the committee on social activities.

a. Gift Committee:

1. Membership:

a. Two student representatives elected from each class.

2. Duties:

a. Purchase gifts for all special occasions that are sent by the Student Body Association, such as Christmas, illness, etc.

b. Activity Committee:

1. Membership:

a. Two student representatives elected from each class.

b. Two student representatives elected from Nurs Christi.

c. One student representative elected from O.S.S.N.A.

d. Class advisors as appointed through Faculty Council.

e. Chairman and secretary as appointed through Faculty Council.

f. Second vice-president of Student Body Association serves as co-chairman.

g. The Director of the School of Nursing is an ex-officio member of the committee.

2. Purpose:

a. The activity committee is responsible for coordinating and scheduling the calendar of social activities that occur in the School of Nursing.

3. Objectives:

a. To encourage social activities in the School of Nursing as well as fostering social growth of the student nurses.

- b. To develop a spirit of cooperation and interest in scheduling and participating in the activities.
 - c. To post a calendar of such activities on the bulletin board.
 - d. To keep a current list of cultural and social events in the city.
 - e. To arrange for the monthly activity hour.
4. Meetings:
- a. Meetings are held monthly immediately following the class meetings.

Section 2.

The president shall have the power to appoint such special committees as are necessary to carry on the functions of the association. These committees shall serve until their work is completed and their reports have been presented and filed with the secretary, at which time they will be automatically discontinued.

ARTICLE VI

Nurs Christi

Section 1.

Purpose: This group is composed of Catholic nurses whose purpose is to foster activities and qualities which spread Catholic action.

Section 2.

Scope of activities:

- a. Hold monthly meetings.
- b. Promote and carry out charitable activities such as Christmas and Thanksgiving baskets.
- c. Sponsor Mardi Gras event for the student body.
- d. Lead a nightly rosary during the Lenten season.

Section 3.

Election of officers:

- a. Officers are elected once a year at the beginning of each school term.
- b. Those officers on affiliation are replaced by a member of Nurs Christi until they return to the school.

ARTICLE VII

O. S. S. N. A.

Section 1.

Purpose:

- a. To promote an interest in membership in professional nursing organizations.
- b. To acquaint the student with members of other schools of nursing.

Section 2.

Membership: All members of the Student Body Association shall be members.

Section 3.

Dues: One half of the amount of the dues shall be paid by the Student Body Association with the remaining amount being paid by each individual member.

ARTICLE VIII**Responsibilities of Each Class****Section 1.****a. Senior class:**

1. Elect class officers twice a year.
2. Hold monthly class meetings.
3. Schedule an informal class party once a month.
4. Contribute a short skit to the Halloween Costume Party and Christmas Party.
5. Serve as hostesses at the Christmas Party.
6. Sponsor the Valentine Formal Dance prior to Valentine's Day. Dance is held in the social room; invitations are sent to chaperones and guests. An orchestra is obtained.
7. Plan for the Senior Picnic in July. The class decides where the picnic is to be held and the menu.
8. Senior Week Activities (week precedes the Sunday of graduation):

Monday:	Supper in recreation room given by freshmen.
Tuesday:	Out to dinner as decided by class. Advisor and two faculty members are invited.
Wednesday:	Graduate staff of hospital sponsor a picnic.
Thursday:	Free.
Friday:	Prom sponsored by the junior class.
Saturday:	Free.
Sunday:	Baccalaureate Mass in hospital chapel, Baccalaureate Breakfast, commencement exercises in the afternoon.
9. Work and plan all activities in cooperation with class advisor.
10. The class finances all their activities with the exception of student body parties.

b. Junior class:

1. Elect class officers twice a year.
2. Hold monthly class meetings.
3. Schedule an informal class party once a month.
4. Contribute a short skit to the Halloween Costume Party and the Christmas Party.
5. Sponsor the Freshman Initiation and Initiation Party.

6. Conduct doughnut sales twice a month, or more often if desired. A general chairman is elected for the project and two members are responsible for each selling day. Cost of the doughnut is decided by the class.
 7. Sponsor the Junior-Senior Prom. This event is held during senior week with the juniors managing all arrangements. Junior class selects the queen for this dance.
 8. Work and plan all activities in cooperation with class advisor.
 9. The class finances all their activities with the exception of student body parties.
- c. Freshman class:
1. Elect class officers twice a year; first during the pre-clinical phase and again following capping.
 2. Hold monthly class meetings.
 3. Schedule an informal class party once a month.
 4. Provide a short skit for the Halloween Costume Party and Christmas Party.
 5. Provide a short skit at the Freshman Initiation Party in September or October.
 6. Provide a short program for the Mother's Club meeting on the second Tuesday of each month (except July and August).
 7. Sponsor two sport dances during the year. One to be held in the fall, preferably in November, and one in the spring, preferably in May.
 8. Sponsor an informal supper for the graduating seniors on Monday of senior week.
 9. Work and plan all activities in cooperation with class advisor.
 10. The class finances all their activities with the exception of student body parties.

ARTICLE IX

Dues

Section 1.

The membership dues shall be determined by the executive committee of the faculty of the School of Nursing and shall be paid annually when other school fees are paid.

ARTICLE X

Meetings

Section 1.

The order of business for a regular meeting shall be:

- a. Call to order of the meeting.
- b. Prayer.

- c. Reading of the minutes.
- d. Communications from the president.
- e. Report of the secretary.
- f. Report of the treasurer.
- g. Report of the committees.
- h. Old business.
- i. New business.
- j. Special speakers.
- k. Adjournment.

Section 2.

The order of business at the annual meeting shall include an introduction of candidates for offices.

Section 3.

Council meetings:

- a. The Council shall hold regular meetings each month.
- b. A special meeting may be called by the president at any time that a need arises.

Section 4.

The committee on social activities shall meet once a month. The presiding chairman shall have authority to appoint subcommittees which the social activities program may require.

ARTICLE XI

Residence Rules and Regulations

Section 1.

General policies:

- a. Each student member of this association shall conform to the rules and regulations formulated by the executive committee of the faculty of the School of Nursing.
- b. Printed copies of such rules and regulations shall be given to each member of this association and shall be discussed by the vice-president of the organization after the enrollment of a new class.

Section 2.

When changes in existing rules and regulations are desired by the majority members of the association, such requests shall be made in writing to the executive committee of the faculty of the School of Nursing.

ARTICLE XII

Fiscal Year

Section 1.

The fiscal year shall be from May 1 to May.

ARTICLE XIII

Parliamentary Procedure

Section 1.

The rules of the parliamentary procedure described in Robert's Rules of Order Revised shall govern the proceedings of this association, subject to the special rules which have been adopted by the organization.

Typed by
Sally A. Nofziger