

A STUDY OF THE LEARNING OPPORTUNITIES
REPORTED TO BE PROVIDED FOR SENIOR EXPERIENCE
IN OREGON SCHOOLS OF NURSING

by

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CHAPTER I
INTRODUCTION

Introduction to the Problem

As a curriculum requirement of the Oregon State Board of Nursing, senior experience or advanced clinical nursing

should provide an opportunity for students to perfect skills and understandings in comprehensive nursing care of the patient and gain an understanding of the functions of the professional nurse as a team leader and a head nurse.³⁴

This experience, which must include at least twenty-two hours of instruction and one hundred sixty-five hours of clinical practice, allows each professional school considerable amount of flexibility in implementation.

As the connotation of "comprehensive nursing care" and the "functions of the team leader and head nurse" may vary from school to school, so the development of each plan for senior experience could conceivably be unique.

According to Mary A. Dineen, Consultant in Nursing Education of the Department of Baccalaureate and Higher Degree Programs of the National League for Nursing:

In the schools that have senior experience or advanced clinical nursing you will find many variations, since each of the schools build on different pre-requisites, and each

of the schools probably have different objectives for the courses.¹³

Statement of the Problem

The purpose of this study is to explore the scope and content of educational opportunities provided for senior experience by the five Oregon schools of nursing which prepare students for the licensed practice of professional nursing.

Purposes of the Study

This study was undertaken to:

1. Survey the senior experience in Oregon schools of nursing in regard to philosophy, objectives, criteria for defining senior level experience, pre-requisite and concurrent courses, content of instruction, scope of clinical practice, methods of selection of assignments, supervision of the students and learning activities provided.
2. Compare the similarities and differences in learning opportunities made available for senior students in Oregon schools of nursing.

Limitations

1. This study was limited to the five Oregon schools of nursing that prepare students for the licensed practice of professional nursing.
2. Data were obtained by means of a structured interview with the

Director of Nursing Education and/or her representative from each of the Oregon schools of nursing. No attempt was made to evaluate this information describing senior experience.

Assumptions

For the purposes of this study it was assumed that:

1. A personal interview is an effective device for eliciting data for a reasonably accurate description of senior experience. It was recognized that interviews may be skewed or biased.
2. Directors of Nursing Education would be forthright and objective in their answers.
3. Senior level experience could be distinguished from junior level experience.

Definitions

1. Senior experience has been defined by Brown as:

the kind of experience generally included during a selected portion of the student's senior year, for the purpose of giving the student some insight into the problems of management of a nursing division.⁷

For the purpose of this study, this definition could be broadened to include providing an opportunity for the senior student to gain an understanding of the responsibilities of the team leader and the possibilities for patient and student teaching in the clinical area. A further connotation is inferred: that all of the senior year is advanced from the junior year and hence consists of learning on a higher level.

2. Advanced clinical nursing is a term used synonymously with senior experience by participants of the study and Miss Mary Dineen, Consultant in Nursing Education of the Department of Baccalaureate and Higher Degree Programs of the National League for Nursing.

Justification

The findings of a monograph published in 1961, Career Decisions and Professional Expectations of Nursing Students, by Fox, Diamond and Jacobowsky carried implications for possible changes needed in nursing school curricula:

...the findings relative to clinical satisfactions and dissatisfactions hint at the need to establish the quality and quantity of such contacts so that more students in the upper-level years will look forward to continued clinical experience with confidence and with a high level of interest.³⁶

The legal requirements for the curriculum of schools of nursing have been those set forth by state boards of nursing. Although such requirements in the past were largely geared to the three-year hospital controlled diploma schools of nursing, the total amount of prescribed experience in the clinical areas has not been designed to the extent of completely filling the three-year period.

The result was that all too often senior students were assigned to areas and experiences which duplicated those of the first and second years. With the increase in collegiate education for nurses and the advent of shorter programs under the auspices of community or junior colleges, it has become necessary to view critically all

of the nursing curriculum.

Senior experience is an area that has been hard to define and would seem to justify study.

Procedure

The design for this study included the following steps:

1. Catalog descriptions and course outlines of senior experience for each of the five Oregon schools of nursing were examined.
2. After a survey of the literature, the guided personal interview was chosen as the method for obtaining data.
3. An interview guide was devised and submitted for critical appraisal to fifteen experienced professional nurses and two instructors responsible for senior students. With the assistance of their suggestions, the interview guide was revised.
4. Personal interviews were conducted with the five Oregon Directors of Nursing Education and/or their representatives.
5. Data obtained by the interview method were recorded on a master tabulation sheet illustrated in Appendix B.
6. The findings were summarized, conclusions drawn, and further studies were recommended.

Overview of the Study

This study will be reported in four chapters: Chapter I, the introduction; Chapter II, the review of the literature and related studies; Chapter III, the methodology, report of the study and

interpretation of the findings; Chapter IV, a summary, conclusions and recommendations for further study.

CHAPTER II

REVIEW OF THE LITERATURE

This review of the literature regarding senior nursing experience includes a brief historical background of senior experience and within the framework of the educational philosophy of modern schools of nursing, an identification of numerous suggested educational opportunities for advanced clinical nursing. In addition, five experimental plans offered by nursing schools in the United States and Canada are described.

Historical Background of Senior Experience

In 1936, reference was made by Pfefferkorn and Rottman³⁸ to senior surgical and medical experience as a means of teaching senior students techniques of ward management. With a limited amount of "specializing" of very ill patients, opportunity to relieve the head nurse on weekends or for vacations and the teaching of patients and younger students, advanced experience was assigned in the two clinical areas of surgical and medical nursing. The emphasis was on "helping the student decide upon her field of future usefulness."

The emergence of senior experience as an elective program occurred in 1943 under the United States Cadet Nurse Corps. Senior students who had completed 24-30 months of combined study and practice

in an accredited school of nursing were allowed to elect selected nursing experiences in the home hospital or elsewhere in an approved program.

Under the Cadet Corps program, the role of the nursing school, according to Spalding,⁴⁹ was to allocate students according to their selections to the home hospital, affiliating hospital or federal nursing service. In addition, the home school provided contractual arrangements for the type and length of experience, weekly hours of nursing practice, supervision and instruction, salaries (if any), and the method by which the contract could be changed or terminated.

The length of the Senior Cadet Nurse period varied from three to six months according to the individual school in compliance with its requirements for graduation and for registration by State Boards of Nursing. Described by Spalding as a "period of internship,"⁴⁸ the Cadet Nurse Corps program for senior nursing students had variable content. In actuality, the senior cadet nurse often found herself replacing a graduate nurse in terms of work load and responsibility with a minimum of supervision provided by overworked wartime personnel.

The pledge on the reverse side of the certificate of membership signed by each member of the United States Cadet Nurse Corps stated:

In consideration of the training, payments, and other benefits which are provided me as a member of the U. S. Cadet Nurse Corps, I agree that I will be available for military or other Federal, governmental, or essential civilian services for the duration of the present war.

The training, payments and other benefits included full tuition to an accredited school of nursing, books, maintenance, student

uniforms, U. S. Cadet Nurse Corps uniforms, and a stipend of \$15 per month for the first year, \$20 per month for the second and third years until the Senior Cadet period when the stipend was increased to \$30 monthly.

Framework of Modern Nursing Educational Philosophy

Nursing schools in the past have been willing to accept mandates regarding curriculum from state boards of nursing and national nursing leaders, but according to Spalding:

Today---people in individual educational situations seem to be willing and eager to assume responsibility for improving their own programs.⁴⁷

Faculties of nursing schools have become increasingly aware of the conclusion expressed by Discussion Group III of the 1950 NLS Curriculum Conference that "all schools need not necessarily develop the same goals and should be free to develop their individual strengths."²

Planning for curriculum in each school, according to Brown⁷ and others^{4, 24, 30, 43} involves a critical examination of educational philosophy, a definition of objectives, the attainment of these objectives through meaningful learning experiences and the identification of expected behavior changes, or the extent to which these objectives are met in practice.

The educational philosophy of modern schools of nursing is based upon the concept of the professional nurse whose preparation is broad in scope and profound in nature. In our rapidly changing society, the

modern professional nurse, in addition to technical competence, must have the ability to assume leadership, to analyse complex situations and make accurate nursing diagnoses, and to contribute her knowledge and skills to the multi-disciplinary team providing total nursing care for the patient.

Total nursing care to the modern professional nurse, described by Brown, is concerned not only with the patient's physical problems, but also with "the emotional factors which influence organic changes and may be the result of an incompatible interaction between the individual and his environment."⁵ Total nursing care is now thought to include care and teaching in the hospital, the home and community, efforts toward maximum rehabilitation and provision for continued assistance through the cooperation of community agency personnel. The modern professional nurse is a contributing member of her professional organisations, her community and our democratic society.

In relation to the educational philosophy and the broad objectives of the school, each course has its own specific objectives against which the achievement of the students in that particular area can be evaluated.

The importance of defining objectives is explained by Brown:

No experience can be justified from an educational point of view unless it is provided for the purpose of enabling students to attain a definite educational objective.⁶

Within the framework of the nursing school's educational philosophy and broad objectives, the specific objectives of the course in advanced clinical nursing are considered. These objectives should be

based upon prerequisite educative experiences as in other major fields, according to the 1950 NLN Curriculum Conference.² Prerequisite courses would ensure sufficient background upon which to build at the senior level.

What are senior level experiences? Seyffer⁴⁴ suggests a broad and fundamental basis in the field of management. Hayer²² emphasizes the development of skill in human relations and preparation for beginning leadership functions involved in directing the care of a group of patients. Dunn would include skills in effective communication which "affect the very heart of our responsibilities as nurses--effective direction, guidance and teaching."⁴⁴ In addition to oral communication, Siggins⁴⁵ would include listening, writing and reading as further desirable communication skills.

Since more than one-fifth of all registered nurses are in administrative, supervisory and teaching positions, Bridgman⁴ concludes that appropriate preparations for these functions is necessary.

After defining the objectives for senior level learning activities, it is necessary for the nursing school to consider the length of time needed to achieve these objectives. Discrepancies among nursing schools in the amount of time utilized for advanced clinical nursing introduces the question by Enarsen¹⁶ as to whether nursing schools are extending the time of clinical experience beyond the point necessary for effective teaching.

Bridgman answers this question as follows:

The results of experimentation are beginning to validate the theory that the major nursing programs can be shortened and made more effective, with less repetitive and discursive

practice, better teaching and supervision,
and more planned time for study.⁴

Better teaching and supervision in this context cannot be overemphasized since, according to Hurd, "Self-directed purposeful activity guided by an experienced and wise instructor is probably the best way of learning."²⁴

Schools of nursing will vary in the length of clinical practice for senior experience in relationship to the amount of time required to meet their unique objectives. According to Bridgman, the decision as to whether or not the time could be shortened would depend upon the availability of qualified instruction and appropriate learning experiences if the same content and equal results are to be achieved in a shorter period.

Limiting the amount of time excessively might preclude the necessary planning for change recommended by Bixler:

Nurse educators should always allow flexibility in programs because of the almost constant change in the educational needs of the students.²

After consideration of the length of time required to achieve the objectives of senior experience, appropriate learning experiences must be selected.

Tyler⁵⁰ in general education emphasizes the selection of learning experiences that develop skill in thinking through a problem to its possible solution in order to acquire important information while problem-solving in situations where intensity and/or variety of impressions increase the likelihood of remembering, and the use of important information frequently and in varied contexts.

Sand stresses the importance of selecting learning experiences carefully with the following considerations:

1. Student attainment of satisfaction from carrying on the kinds of behavior implied by the objectives.
2. Experiences within range of possibility of the student.
3. Recognizing that there are many kinds of experiences that can be used to attain the same objectives.
4. Attempting to economize on time by studying all the possible objectives that might be achieved by one experience.⁴³

Learning experiences should be geared to the maturity level of the student so they may be related over time and to different areas to achieve a maximum cumulative effect. In other words, according to Burton⁹, effective learning is built on previous learnings and leads toward future worthwhile educative experiences. In this manner, Hasenplug states that the student has an opportunity to "strengthen her knowledge and skill by putting them to use again and again in the solution of nursing problems."²¹ By the time a student reaches the senior level, she should be able to solve fairly complex nursing problems.

Suggested Learning Activities for Senior Experience

Potential learning activities for senior experience on the functional level in nursing are included under the categories of practice, administration and teaching.

As a nurse practitioner, the senior student can be provided with

the opportunity to give bedside nursing care in a one-to-one relationship to patients who present complex nursing problems, as described by Palmer;³⁵ to care for two to four seriously ill patients, as suggested by Browder;⁵ or to be a member of the nursing team, as outlined by Kron.²⁶

After gaining experience as a team member, Newcomb states that the senior student nurse can be given the opportunity, as a team leader, to practice administration in miniature:

She is also reinforcing basic skills as she gives nursing care and guides and assists team members. As she learns how to assign patient care effectively among a group, she is tying in all the various experiences of her pre-senior period.³³

An example of successful team leadership by a student in senior experience is described by Christman and Boyles. Benefits were listed by faculty members in terms of "improved patient care, improved level of patients' social interaction and better, more acceptable democratic supervision."¹⁰

The nursing student, according to Sister Bertranda,¹ "needs the best and most realistic education possible to prepare her for her role as leader and administrator."

In view of this realistic approach to the student's education, Faddis¹⁷ suggests that the head nurse can make an important contribution by providing "help in seeking a balance between the ideal and the facts of the situation; an understanding that comes with experience; and an enthusiasm that is contagious."

Muller³² and Solomon⁴⁶ intimate that new attitudes are likely to

replace the present division between education and supervision in nursing and that a more unified approach toward clinical identifications and practitioner competence is emerging. With cooperative arrangements by the instructor and head nurse and/or supervisor, the senior student can be provided with meaningful experiences as assistant head nurse or acting head nurse.

In regard to providing opportunities for learning principles of nursing administration, Cleveland makes the following observation:

The faculty which upholds the philosophy of individual worth by giving each student an opportunity to develop her individual potentialities for leadership is truly preparing the nurse of the future.¹¹

On the educational level, senior students can acquire experience teaching patients and preparing illustrated mimeographed booklets for them, such as the ones devised by Johnson's²⁵ students. Such activities stimulate interest in patient teaching and also encourage the student to organize material with originality and creativity.

Senior students with Red Cross certificates as First Aid instructors could teach the First Aid course to freshman students as did selected seniors at the Good Samaritan Hospital school of nursing in Phoenix, Arizona. Rice⁴⁰ explained that the supervision of these students was implemented by weekly conferences with the faculty instructor for planning the sequence of learning activities, developing standards of evaluation, and discussing the standard form for records, attendance and grades.

Teaching Home Nursing to women in the community who want to learn how to care for their families during illness is another possible

experience for senior students. Conrad lists the benefits of this program conducted at the Alfred University school of nursing as:

Closer acquaintance among fellow students, faculty, townspeople; townspeople learning to appreciate the professional competence of senior students; students learning adaptation of principles of nursing previously learned, and having a desirable credential, that of a Home Nursing instructor. Also, the students acquired a friendly understanding of the American Red Cross, and perhaps became interested in the possibility of teaching careers in nursing.¹²

Team teaching, as described by Harty,²⁰ is an innovation in nursing education particularly adaptable to senior experience. Although the senior students might be assigned to different clinical areas, a seminar conducted by a team of teachers in advanced clinical nursing could develop concepts that could be generalized for all of the seniors. By means of the seminar, the students could share their more meaningful experiences. Under the team teaching plan, the students assume more responsibility for their own learning since their instructors represent resource persons rather than lecturers or monitors.

Seminars, as conducted by Langsam²⁷ in Pediatric nursing, could be helpful to senior students in understanding their reactions to patients and the reactions of patients to them. The students met in a circle in the student lounge where they discussed their emotional interactions with the children in a relaxed, informal atmosphere. To be successful, Langsam stated that a seminar should be friendly, permissive and free of accusation or criticism. The instructor must be a warm, mature person who works for and with the group so that

instructor and students learn together.

Nursing care plan cards, containing pertinent family history, over-all therapy goals, nursing care needs (including interpersonal relations) and specific attitudes and suggested techniques for working with the patient, as mentioned by Plogstad³⁹ could be useful adjuncts to senior experience, if devised by the students themselves. Effective recording tends to sharpen the student's ability to make observations. Not only would the student have the experience of thinking through and organizing her thoughts about a patient's problems, but she would also have the satisfaction of knowing that she is making a useful contribution to the care of the patient.

Palmer³⁷ suggested that students could write their own behavioral anecdotes, containing their reactions to carrying out some nursing measure, evaluative comments on procedures, reflections on nurse-patient relationships, analysis of interpersonal or communication problems, or statement of personal feelings. As the student becomes more adept at self assessment, she would set more realistic aims for future behavior. The conferences between student and teacher might assume a "working together" spirit since the anecdotes discussed would be student devised, with additional comments by the instructor.

An idea presented by Tjelte,⁵⁰ and probably the most difficult to implement, would be to encourage the students to participate actively in planning the course. Starting with the objectives for senior experience, the students and the instructor could plan the learning experiences, resource material and term project.

One possible culminating activity for senior experience is the

problem project or investigative study. As outlined by Tjelts⁵⁰ and Palmer³⁵, this study involves the statement of a nursing problem, its delineation and delimitation. Next, the literature is reviewed for known information, resource people in the community are consulted, and a course of action to solve the problem is planned. After the students study the consequences and evaluate the project, generalizations about other related problems are drawn.

The nursing care plan, long an adjunct to clinical instruction, is another learning experience for the senior student who, according to Wagner,

is able in such an assignment to study the patient thoroughly and identify and evaluate more of his needs—not only hygienic, physiological and spiritual needs, but his needs for security, instruction, follow-up, independence and a place in the social system.³⁴

As described by Wenrich,⁵⁵ the additional contribution of the family care plan to the student's understanding of the patient is in the realm of interpersonal relationships and the effect of the family and environmental factors on the welfare of the individual. The family care study emphasizes the mental, emotional and social aspects of patient care and the health guidance needed. Procedures used by health and welfare workers from other agencies who serve the family are included in the study.

A guide for the development of a comprehensive plan for senior experience is presented by Brown in Curriculum Development.

Objectives of the course are:

1. Insight into the problems of management of a nursing division.

2. Further development of judgment and skill in teaching patients.
3. Ability to plan and give nursing care to patients who present difficult problems of nursing care.
4. Ability to organize and integrate various aspects of clinical experience which the student had previously.⁷

Experiences suggested for senior students are included in the general areas of ward management, patient teaching, the solution of nursing problems, and organization and integration of learning experiences through term papers, projects and nursing care plans.

Five Plans for Senior Experience

1. Experimental course at Yale University.— One of the first experiments with senior experience was reported by Bixler.³ Instituted by the Yale University school of nursing in 1950, it was an experimental one-month period of elective clinical experience for seniors. An advanced theoretical program without clinical experience had been unsuccessful. Thirty-six seniors were allowed to choose a clinical area in the home hospital, or one of six New England hospitals, or the Frontier Nursing Service in Kentucky.

Each student turned in a written report which would be used to aid successive students in their choices. Students were unanimous in their appreciation of assistance given them. A typical comment was, "This month of experience included everything I wanted and hoped for, and offered more besides."

2. Seminar on team leadership.—According to Graf and Nelson,¹⁹ a

six-week seminar on team leadership was introduced in 1958 by the College of Medical Evangelists school of nursing, Loma Linda, California.

The seminar provided supervised experience for senior students in team leadership, including responsibilities for teaching team members, planning health teaching for patients, preparing home care instruction sheets, and discussion on evaluation of their own work and the work of team members.

3. Elective senior experience in Canada.—In Canada, Miss Linda Long,²⁸ assistant director of education, Saskatoon City Hospital, presented a paper at the Saskatchewan provincial instructors institute in Prince Albert, April, 1960, on "Preparing the Third-Year Student for Responsibility."

There was an emphasis on elective senior experience, with eight to ten weeks of charge experience and active participation in clinical and health teaching. Miss Long concluded, "Experiences are planned in some of these areas, but much more needs to be done in order that it be a more valuable experience."

4. Advanced nursing at the University of Arizona.—An experimental sixteen week course in Advanced Nursing for senior students was outlined by Browder in the December, 1962 Nursing Outlook. The course was undertaken to attempt to correct five major deficiencies pinpointed by employers in regard to graduates of collegiate programs in nursing:

1. Inability to visualize and organize care for more than four patients at a time.

2. Inability to make decisions about nursing without assurance from other staff members.
3. Inability to visualize the role of the head nurse or to properly use the assistance she was prepared to give them with their work.
4. Lack of manual dexterity.
5. Unfamiliarity with and inability to use managerial skills.⁵

At the beginning of the term, the senior student reviewed techniques and procedures for several weeks by caring for two to four seriously ill patients. During the second phase, the student learned planning and evaluation of patient care as a team member. Next, as a team leader, she learned about supervision of personnel, methods of communication and how to conduct team conferences. Late in the course, the senior was acting head nurse, under supervision, to learn some of the basic managerial skills of ward administration. This course was so successful at the University of Arizona school of nursing that it was added to the curriculum.

5. Senior course at the University of Vermont.— During the senior year, students in the nursing curriculum at the University of Vermont take a four-credit course called "Analysis of Selective Nursing Situations." Palmer describes the course as follows:

Although the content of the course varies somewhat from year to year, an opportunity is usually provided for the student to give care in a one-to-one relationship to patients who present complex nursing problems; to practice the skills necessary to the giving of adequate care to a group of

patients; and to develop abilities on an elementary level in the area of leadership.³⁵

Instead of the usual nursing care study or term paper, each student chose a nursing problem for investigative study. The problem had to be one that presented a potential or actual impediment to the giving of quality nursing care and one that would lend itself to exploration on a scientific basis.

Related Studies

Research studies related to advanced clinical nursing include a study on self-evaluation of nursing performance based on clinical practice objectives; a study of seniors' reactions to educational experiences; a study of the kind and extent of management education in the basic nursing curriculum; a study of the changes seniors would like to make in schools of nursing; and a follow-up study of graduates of a baccalaureate degree nursing program in regard to their vocational and educational activities.

1. Self-evaluation study.-- Palmer's³¹ study, "Self-evaluation of Nursing Performance Based on Clinical Practice Objectives," was undertaken at the University of Vermont school of nursing in 1962 in order to determine the degree of accuracy to which students could establish their own clinical grades using a rating scale previously used by instructors for evaluating students. In addition to the rating scale, the self-evaluation included a form for written comments pertinent to clinical practice and anecdotal records written by the students themselves.

This process of self-evaluation based on well-defined clinical practice objectives led to increased consistency in evaluation by both students and teachers. Assessment of strengths and weaknesses seemed to be accepted more objectively when self-identified and self-appraised.

Evaluation by this method proved to be a mutually satisfying learning experience for student and teacher and provided the student an opportunity for growth in critical thinking.

2. Career Planning of High-Ranking Senior Students.— One hundred seniors in the upper third of their classes in 16 degree programs in six midwest states were interviewed by Major²⁹ in 1959 regarding the extent and nature of career planning, with special attention to their attitudes toward careers in teaching. Of special interest were the students' assessment of the challenges presented by nursing courses. Sixty-eight per cent found their courses generally motivating and challenging and 32% found them insufficiently challenging, citing slow-moving, repetitious classes with too many written assignments of questionable educational value. No curriculum enrichment was reported by 61% of these high-ranking students, but 39% had some experience in individual or group research for which they expressed a high degree of enthusiasm.

Major concluded that schools of nursing need to examine curricula for repetition, lack of depth and sequence, lack of challenge and limited opportunity for high-ranking students to participate in nursing activities or creative projects. Senior experience would seem to be an appropriate period in which challenging nursing activities and projects

could be provided.

3. Management content in the basic nursing curriculum.— Four diploma and two degree program nursing schools were examined by Seyffer⁴⁶ in 1959 through course outlines, discussions with instructors, visits to classes and clinical observations of students to determine the kind and extent of management education included in the basic curriculum since more management responsibilities are being placed on nurses.

Although the schools recognized management education to a limited degree in curricula and course objectives, considerable time was planned for instruction in planning, organizing, staffing, coordinating, reporting and budgeting. Emphasis on management increased as the student progressed in the program.

Seyffer discovered that each of the six schools participating in her doctoral study at the University of Maryland provided extensive education in management in the classroom and in the clinical environment, but that a broader and more fundamental conceptual basis for education in the field of management was indicated.

4. Changes in nursing education suggested by seniors.— In a 1951 Kansas City study reported by Hughes, Hughes, and Deutscher,²³ 119 senior nursing students were interviewed as to changes they would make in education for nursing if they were free to do so. Twenty-eight students were concerned with long hours of ward work which interfered with instruction and study and 33 students wished that formal instruction were more directly related to ward experiences. A repetition of this study today might lead to different findings.

5. Follow-up study of baccalaureate degree graduates in nursing.---

A follow-up study of the vocational and educational activities of 134 graduates of the baccalaureate degree program in nursing at Medical College of Virginia was conducted by Hayter²² in 1962 by means of a questionnaire to graduates and their employers. The concern of the investigator was to elicit the opinions of these graduates and their employers as to the adequacy of the graduates' preparation for their jobs, as a guide to curriculum development.

Hayter's recommendations for curriculum revision stressed "emphasis on preparation needed for beginning leadership functions involved in directing the care of a group of patients." The findings of the study supported the faculty view on the desirability of teaching in such a way as to provide flexibility, adaptation and understanding so that graduates would be able to adjust well to new situations.

Summary of Related Studies

The findings of these five studies suggest the incorporation of the following recommendations into a program for senior experience: self-evaluation as a learning experience; planning for depth and challenge in the course for advanced clinical nursing, including creative projects; basic concepts in management; a careful balance between instruction and clinical experience; preparation for team leadership; and teaching that will enable the student to develop flexibility, understanding, and the ability to adapt readily to new situations.

SUMMARY OF LITERATURE ON SENIOR EXPERIENCE

In summarizing the literature pertinent to senior experience from its first mention in 1936 to more recent plans for advanced clinical nursing, there seems to be an increased trend toward integrating the senior student's total experiences in nursing education to the point where she can undertake beginning leadership functions.

In the past, senior experience seems to have been an apprenticeship plan, whereby the student could learn the practice of nursing by performing bedside care for an increasing number of patients, management functions by assisting the head nurse, and principles of teaching by conducting ward conferences under the watchful eye of the clinical instructor.

Modern schools of nursing conceive of the professional nurse as a coordinator of ancillary personnel, a person who can analyse situations, make nursing diagnoses and contribute to the health team providing total nursing care for the patient.

Preparation of nurses of this caliber requires a re-evaluation of a school's educational philosophy and broad objectives, specific course objectives, methods for measuring their attainment, and careful selection of appropriate learning experiences so that objectives can be met realistically in the allotted time.

In terms of senior experience, this means a determination of prerequisite courses upon which to build at the senior level, concurrent courses which would include principles of administration, teaching and supervision, and selection of learning activities that are differentiated from junior level experience. Seniors are now encouraged to take

more responsibility for their own learning through the use of seminars in which teachers serve as resource persons and the development of investigative projects which involve a pooling of individual research in a group solution of a nursing problem. Self-evaluation forms and behavioral anecdotes written by both student and instructor and increased student participation in planning the course of advanced clinical nursing tend to involve the student to an even greater extent in her own learning.

With the help of research in nursing curriculum development and of studies of student response to their educative experiences, schools of nursing are attempting to provide senior experience which will adequately prepare nurses of the future who must solve nursing problems of increasing complexity and adapt readily to constantly changing professional responsibilities.

CHAPTER III

REPORT OF THE STUDY, FINDINGS AND INTERPRETATION OF DATA

The Method of the Study

Since senior experience is an area of the nursing curriculum that has been difficult to define, this study was undertaken to explore the scope and content of educational opportunities provided by the five Oregon schools of nursing which prepare students for the licensed practice of professional nursing. Included in the study are two baccalaureate degree schools of nursing and three church-affiliated diploma nursing schools.

This study presents a survey of senior experience in Oregon schools of nursing in regard to philosophy, objectives, criteria for defining senior level experience, pre-requisite and concurrent courses, content of instruction, scope of clinical practice, methods of selection of assignments, supervision of the students and learning experiences provided. In addition, a comparison is drawn in regard to similarities and differences in learning opportunities provided for senior experience by Oregon nursing schools.

An interview guide was devised and submitted for critical appraisal to fifteen experienced professional nurses and two instructors responsible for senior students. With the assistance of their suggestions, the interview guide was revised. Questions in the interview

guide are presented in eight parts: Part A concerns the philosophy and objectives for senior experience; Part B, with criteria used to differentiate senior level experience from junior level experience; Part C, the content of instruction; Part D, the extent of clinical practice; Part E, the nature of clinical practice; Part F, assignments for senior experience; Part G, supervision of the senior student; Part H, learning activities for senior experience. A copy of the interview guide can be found in Appendix A.

Personal interviews were conducted with the five Oregon Directors of Nursing Education and/or their representatives. Information obtained from the interviews can be found on the master tabulation sheets included in Appendix B.

Findings and Interpretations

Information regarding senior experience in Oregon schools of nursing is presented in the same sequence as the items in the interview guide.

Philosophy and Objectives.--- The question in Part A was: "What are your philosophy and objectives for senior experience or advanced clinical nursing?" The general aim of senior experience, as expressed by all five Oregon nursing educators, is to introduce the student to leadership responsibilities. This is consistent with the literature; beginning leadership functions were recommended as senior experience by Sister Bertrande,¹ Cleveland,¹¹ and Hayter.²²

Objectives for senior experience in Oregon nursing schools are

difficult to analyse since three schools have objectives common to all clinical areas used for senior experience, whereas the other two schools have specific objectives for each clinical area. The length of time for the accomplishment of objectives consists of 24 weeks in School A, 12 weeks in School B and 16 weeks in School D. A similar variation exists in the remaining schools: seniors in School C are in each of two clinical areas for six weeks, but seniors in School E remain in one clinical area for 16 weeks.

An analysis might be made between the objectives for senior experience in medical-surgical nursing in Schools D and E since the allotted time for their accomplishment is the same. However, the analysis would be unrealistic, since students in the former school are seniors in a four-year collegiate program while those in the latter are in their third year of a diploma program. The difficulty in analysing objectives of participating schools corroborates the observation by Dinsen¹³ that variations exist between schools regarding background courses and objectives.

The objectives for senior experience in Oregon schools of nursing are listed in Table 1. Since Schools C and E have formulated objectives for each clinical area selected by the senior students, the objectives listed are for senior experience in medical-surgical nursing. Some editing of the statements submitted was done to attain consistency of form.

Table 1. The Objectives for Senior Experience
in Five Oregon Schools of Nursing

Objectives (1)	Schools					Total (7)
	A (2)	B (3)	C (4)	D (5)	E (6)	
To help the learner to develop:						
A. In nursing practice						
1. Skill in providing continuity of care through teaching techniques and community resources		X	X	X		3
2. Skill in developing further a scientific attitude and method of approach to problem-solving techniques				X		1
3. Increased skill in dealing with behavior which underlies problems in patient care				X		1
4. Skill and ability in self-expression and the use of initiative					X	1
5. Ability to function as an effective member of a group..	X		X	X		3
6. Ability to apply knowledge and skill gained in previous nursing experiences					X	1
7. Ability to plan and give nursing care to patients with complex problems					X	1
8. Ability to organize and complete a plan for individualized care for an increasingly large number of patients				X		1

(continued on next page)

Table 1. (continued)

Objectives (1)	Schools					Total (7)
	A (2)	B (3)	C (4)	D (5)	E (6)	
9. Ability to formulate a nursing diagnosis	X	X	X	X		4
10. Understanding of the overall picture of the many factors entailed in giving patients the best possible care			X			1
11. Deeper understanding of the patient as an individual and the effect of his illness on himself, his family and the community					X	1
B. In teaching						
1. Ability to present ward conferences or small formal classes	X					1
2. Understanding of the many possibilities for teaching while nursing	X					1
3. Understanding of the principles of learning, teaching and evaluation	X	X		X		3
C. In supervision						
1. Ability to teach and direct allied personnel	X					1
2. Beginning ability to exercise judgment on unit management..				X		1
3. Understanding of the principles of supervision	X	X		X		3

(concluded on next page)

Table 1. (concluded)

Objectives (1)	Schools					Total (7)
	A (2)	B (3)	C (4)	D (5)	E (6)	
4. Understanding of the utilization of the principles of teaching and supervision in meeting the goals of patient care		X				1
5. Understanding of the function of the team leader and head nurse		X	X	X		3
6. Understanding of the legal responsibilities of the team leader				X		1
D. In communication						
1. Increased skill in the art of communication	X		X			2
2. Ability to present pertinent summaries of nursing care problems to others		X				1
3. Ability to follow through with accurate reporting, recording and decision-making behavior following purposeful observation		X				1
E. In evaluation						
1. Ability to set standards for self-evaluation				X		1
2. Ability to demonstrate behavior indicative of increased understanding of critical self-analysis				X		1
3. Ability to demonstrate continued professional growth by assuming greater responsibilities			X			1

In summary, objectives for senior experience in Oregon schools of nursing include assisting the learner to develop skills, abilities and understandings in nursing practice, teaching and supervision, and in communication and evaluation.

All of the objectives for senior experience in School E are in nursing practice; Schools A and B list only two objectives in this category. Schools C and D have not listed any objectives in the area of teaching, yet outstanding seniors in School C are allowed to function as assistant clinical instructors and seniors in School E assist in teaching clinic patients.

Objectives of senior experience concerned with evaluation are mentioned by Schools C and D only; all schools except School E include an objective in the area of supervision concerning the ability to teach and direct allied personnel.

Criteria for senior level experience.-- The question in Part B was: "What criteria are used to differentiate senior experience from junior level experience?" Although no specific criteria were mentioned, the nursing educators interviewed agreed that senior level experience is differentiated from junior level experience by increased responsibility as a team leader, by planning and coordinating nursing activities of team members, by evaluating younger students and ancillary personnel, by greater depth in problem-solving or nursing diagnosis, by increased skill in communication, and by more teaching of younger students, allied personnel and patients. School B emphasized increased skill in interpersonal relationships; Schools C and E mentioned ability to give more

complex nursing care; School D added more study in depth and self-directed learning and the ability to exercise judgment in unit management.

Interviewees, in their differentiation of senior experiences corroborate the views of Hayter²² in regard to increased responsibilities as a team leader; of Plogstad³⁹ regarding greater depth in problem-solving; of Johnson²⁵ and Bridgman⁴ concerning more teaching activities; of Browder⁵ in the ability to give more complex nursing care. Neither the literature nor the interviewees qualified the statements to the extent of defining precisely what was meant by "greater depth" and the like.

Content of instruction.--- The two questions in Part C were concerned with the content of instruction. The first question was: "What are pre-requisite courses for senior experience?" Pre-requisite courses for senior experience in all five Oregon nursing schools include nursing fundamentals, basic sciences, medical-surgical nursing and obstetric nursing. Pediatric nursing is necessary background in all but School C. Such pre-requisite courses, as suggested by the 1950 National League for Nursing Curriculum Conference,² ensure necessary educative experiences upon which to build at the senior level. The sequence of clinical rotations appeared to be similar in all schools, hence the courses and experiences completed before the senior year were also similar.

The second question was: "What courses are offered concurrent to senior experience?" Concurrent courses include:

		Hours/week	# Weeks
School A	Advanced Nursing Seminar (teaching team)	2	24
	Clinical instruction with clinical conferences	3	24
School B	Patterns of Organization for Nursing Leadership	3	12
	Seminar in Leadership Responsibilities	2	12
School C	Unit Management	2	12
	Clinical conference	2	12
School D	Professional Relationships (seminar)	3	16
	Introduction to Leadership in Nursing	3	16
School E	Ward Management	1	16
	Professional Adjustments	3	16

Concurrent courses in Oregon nursing schools, in spite of differences in title, deal essentially with the same content: principles of teaching and supervision, with emphasis on effective communication and interpersonal relationships. Two schools offer courses in management of the ward or unit. Seminars for the discussion of learning experiences and interaction with patients and personnel are used by three of the schools. This was described in the literature by Langsam.²⁵

School A is using Harty's²⁰ team teaching plan for "Advanced Nursing Seminar."

The question in Part D was: "what is the extent of clinical practice (laboratory) for senior experience?" The extent of clinical practice for senior experience in Oregon schools of nursing varies from

12 to 24 weeks. (See Figure 1.) In School C, the 12 weeks are divided into two elective experiences of six weeks' duration.

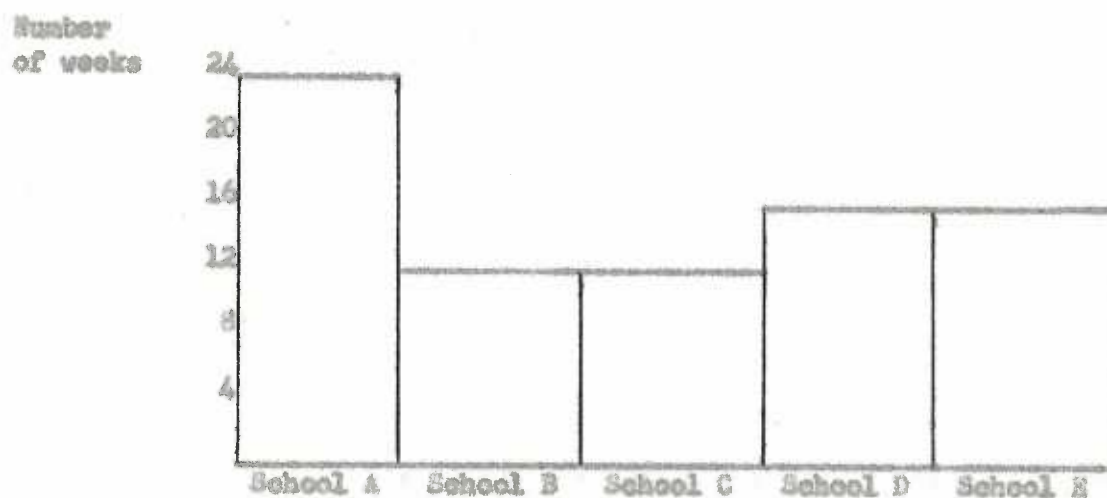


Figure 1. Extent of Clinical Practice for Senior Experience in Five Oregon Schools of Nursing

Clinical practice.—The five questions in Part E deal with the nature of clinical practice. The first question was: "Are there certain areas reserved only for seniors?" All but School C have certain clinical areas in medical-surgical nursing reserved only for seniors; in addition, School B has a psychiatric area reserved only for seniors.

The second question regarding clinical practice was: "What clinical areas are available for senior experience?" All five Oregon nursing schools utilize one or more clinical areas for senior experience as presented in Table 2.

Table 2. Clinical Areas for Senior Experience Utilized by Five Oregon Nursing Schools

Schools	Clinical Area					
	Medical-Surgical Nursing	Obstetric Nursing	Pediatric Nursing	Operating Room	Communicable Disease Nursing	Psychiatric Nursing
(1)	(2)	(3)	(4)	(5)	(6)	(7)
School A	X	X	X			
School B	X	X	X			X
School C	X	X	X	X		
School D	X					
School E	X	X	X	X	X	

The third question concerning clinical practice was: "What functional areas are available for senior experience?" In the area of teaching in the clinical setting, seniors in all Oregon nursing schools assist in health instruction for patients. As team leaders, senior students are involved in teaching ancillary personnel and younger students. Students in senior experience in all schools plan and conduct one or more ward conferences.

In School A, seniors assist in orderly service instruction for chaplain students; seniors in School E conduct classes for clinic patients. School C allows senior students with outstanding ability to function as assistant clinical instructors. Such teaching experience for seniors is even more ambitious than those described by Johnson²⁵ and Bridgman.⁴

In nursing practice, seniors in all five nursing schools function as team members and later as team leaders, as suggested by Kren²⁶ and

Newcomb.³³ In the area of supervision, observation of the head nurse is part of senior experience in all schools. Only three schools allow seniors to function as assistant head nurses and two schools permit the student to serve as acting head nurse under supervision.

The fourth question in regard to clinical practice was: "What is the designated length of time for each functional experience?" Four schools designated time for functional activities as follows:

School A	Assistant head nurse	2 weeks
	Team leader	<u>8 weeks</u>
		10 weeks
School B	Observation, head nurse	1 week
	Patient care	4 weeks
	Team member	2 weeks
	Team leader	3 weeks
	Acting head nurse	<u>2 weeks</u>
		12 weeks
School C	No designated time	
School D	Observation, head nurse	3-4 weeks
	Team member	5 weeks
	Team leader	5 weeks
	IV--Blood Bank	<u>1 week</u>
		14-15 weeks
School E	Patient care or	
	Team member or	
	Team leader	8 weeks
	Assistant or acting head nurse	<u>8 weeks</u>
		16 weeks

Selection of senior experience.--The six questions in Part F refer to assignments for senior experience. The first question was: "Who selects the clinical and functional areas for the student's senior experience?" Students in Schools B, C, and E select their own clinical area for senior experience, with the approval of the educational

director or senior instructor, and in School E, with the additional approval of the clinical instructor. The senior instructor chooses the student's clinical area in School D; the educational director and the clinical instructor in the area select the clinical unit for the senior student in School A. Functional areas are selected by the senior instructor or clinical instructor in all schools.

The second question in regard to assignments was: "If senior experience is elective, are there certain clinical areas that are too popular to accommodate all the students who select them as first choice?" The director or representative of Schools B, C and E which allow seniors to choose their own advanced clinical area replied in the affirmative.

The third question concerning assignments was: "Which are the popular clinical areas for elective senior experience?" Clinical areas most frequently chosen by the students with elective senior experience are pediatric nursing in three schools, obstetric nursing in two, operating room in one and psychiatric nursing in one.

The fourth question regarding assignments was: "What criteria are used for selecting the students for elective clinical experience in the popular areas?" Criteria for selecting students for these areas include "demonstrated ability in the area" listed by all schools, and in School E, "the need for more experience in the area" and "plans after graduation."

The fifth question relative to assignments was: "If the student has shown lack of ability or aptitude for the clinical area she selected, is she guided to a more suitable area?" Interviewees from

schools with elective senior experience replied in the affirmative.

The sixth question in regard to assignments was: "How is this kind of guidance accomplished?" If the student has demonstrated lack of ability in the clinical unit she selected, in all schools a more suitable one is assigned by the director or senior instructor in the area of the student's second or third choice. This study did not attempt to ascertain the bases for determining that one clinical unit might be more suitable for a given student than another area. Neither does the study embrace an investigation of how the guidance for re-assignment is done, other than by arbitrary assignment to an area of second or third choice.

Supervision of the senior student.—The four questions in Part G concern the supervision of the senior student. The first question was: "What shifts are used for senior experience?" Although two schools have a policy of assigning senior students to daytime hours only, the other three have designated day, evening and night shifts for seniors as shown in Table 3.

Table 3. Shifts Utilised for Senior Experience
in Five Oregon Schools of Nursing

Schools	Day Shift 7 A.M.—3 P.M.	Evening Shift 3 P.M.—11 P.M.	Night Shift 11 P.M.—7 A.M.
(1)	(2)	(3)	(4)
School A	X	X	X
School B	X		
School C	X	X	X
School D	X		
School E	X	X	X

The second question in regard to supervision was: "Who is responsible for the supervision of the senior student in the daytime?"

Seniors working in the daytime are under the guidance of a clinical instructor. This is consistent with the findings in the literature, particularly Hurd's reference to "an experienced and wise instructor" in Building Curriculum for Professional Schools.²⁴

The third question concerning supervision was: "Who is responsible for the supervision of the student on evening duty?" In the evening, the senior student is supervised by a general duty nurse in charge of the unit and the evening supervisor who is "on call" for all units in the hospital.

The fourth question in reference to supervision was: "Who is responsible for the supervision of the senior student on night duty?" School A has a clinical instructor in charge of the seniors in pediatric nursing, but in the other clinical areas and in all units of the other two hospitals, supervision is accomplished by a general duty charge nurse and the night supervisor who is "on call" throughout the hospital.

Although the nursing educators of both schools which restrict seniors to daytime hours deplore the omission of the learning experiences available during evening and night hours, they are firm in insisting upon qualified supervision for the senior students and accordingly do not assign their students to experiences at times when instructors are not available.

Learning activities for senior experience.— The four questions in Part H concern learning activities for senior experience. The first question was: "By whom are learning experiences arranged?" Selection of learning experiences in all participating schools except School B involve the clinical instructor in the area. However, in Schools A, B, and D, the senior clinical instructor or coordinator is primarily responsible. Schools B, C and D enlist the cooperation of the head nurse in arranging learning activities for the senior student. Whenever possible, all of the schools allow the student to select her own learning experiences, as recommended by Tjelta,⁵⁰ with the assistance of the clinical instructor or senior instructor.

The second question regarding learning activities was: "In terms of previous background in the area, what new learning experiences are provided?" In all participating schools, new learning activities in addition to those already listed in the functional areas, include nursing of patients with complex problems, planning and conducting ward conferences, and having conferences with the instructor for evaluation of learning experiences. All except School A include conducting and following through special tests and assisting the physician with special procedures. All of the interviewees stated that seniors were allowed to care for a patient in a one-to-one relationship in rare instances where the experience was considered of value in the educational sense, but never to fulfill a nursing service need for a private duty nurse.

Nursing two to four patients with complex nursing problems was suggested by Browder⁵ and nursing of a patient in a one-to-one

relationship was mentioned by Palmer³⁵ as worthwhile learning experiences for senior nursing students.

Seniors in Schools A and B write a self-evaluation for discussion with the instructor as recommended by Palmer.³⁷ School D's senior clinical instructor mentioned that students are encouraged to recommend Public Health nursing referrals. When such referrals are accomplished, a Public Health agency report is sent back to the instructor so the students can follow through on the continued care provided for the patient. In School B, seniors go with their patients to the outpatient clinic to observe diagnostic procedures.

The third question in regard to learning activities was: "Does the student do a project for senior experience?" Such projects include:

- | | |
|----------|---|
| School A | <ol style="list-style-type: none"> 1. Return demonstrations of nursing techniques 2. Teaching demonstration <ol style="list-style-type: none"> a. Ward conference b. Patient-teaching conference c. Orderly service class for student chaplains |
| School B | <ol style="list-style-type: none"> 1. Nursing care plan 2. Problem project |
| School C | Term project involving the planning of hours, assignments, nursing hours, and appraisal of the administration of a unit |
| School D | <ol style="list-style-type: none"> 1. Investigative study 2. Team nursing project |
| School E | Nursing care plan |

Projects for senior experience in Oregon nursing schools reflect the suggestions in the literature of the use of nursing care plans by

Wagner,⁴⁹ the problem project by Falser,³⁵ and the investigative study by Tjelte.⁵⁰

The fourth question concerning learning experiences was: "What learning experiences could be added to senior experience in your school to increase its value to the senior student?" The director of School E thought that experience in the intensive care unit for all senior students would be of value. Interviewees from other schools had no suggestions for experiences other than those now utilized.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This descriptive study concerns the educational opportunities provided for senior experience by the five Oregon schools of nursing which prepare students for the licensed practice of professional nursing.

Data regarding senior experience were obtained from school bulletins and from structured interviews with the five Directors of Nursing Education and/or their representatives.

The survey of educational opportunities for advanced clinical nursing in Oregon nursing schools revealed a common aim: to introduce the student to leadership responsibilities.

Objectives, which varied from school to school, included assisting the learner to develop skills, abilities and understandings in the functional areas of nursing practice, teaching and supervision, and in communication and evaluation. (See Table 1, Chapter III.) Three schools have objectives for senior experience common to all clinical areas, whereas the other two schools have specific objectives for each clinical area.

Analysis of objectives for senior experience in Oregon schools of nursing presents difficulties due to variations in the length of time

the student has spent in the program (due to the differences in the pattern of diploma versus degree programs) and in the length of time allotted for their accomplishment (12 weeks in two schools, 16 weeks in two schools, and 24 weeks in one school). (See Figure 1, Chapter III.)

Those interviewed agreed that senior experience is differentiated from junior level experience by increased responsibility, greater depth in problem-solving or nursing diagnosis, increased skill in communication, and more teaching of patients, younger students and ancillary personnel. No specific criteria were offered for either junior or senior level experience. Such criteria have not been located in the literature.

Pre-requisite courses included nursing fundamentals, basic sciences, medical-surgical nursing, obstetric nursing, and in all schools except one, pediatric nursing.

Concurrent courses, though entitled differently, deal with principles of teaching and supervision, with emphasis on effective communication and interpersonal relationships. Two schools offer ward or unit administration. Seminars for discussion of learning experiences and interaction with patients and personnel are utilized by three schools. One school uses the team teaching plan for "Advanced Clinical Nursing Seminar."

All schools but one reserve certain clinical areas only for seniors. All five schools utilize medical and/or surgical clinical areas; four use obstetric nursing and pediatric nursing; two, operating room nursing; one, communicable disease nursing; and one, psychiatric

nursing.

Functional areas for senior experience in Oregon nursing schools include nursing practice, teaching and supervision. Four schools designate a definite length of time for functional activities, thus providing comparable opportunity for all students during senior experience.

Non-elective senior experience is found in two of Oregon's nursing schools, but in the other three schools, selection of the clinical area is made by the student. Functional areas are designated by the clinical instructor and/or senior instructor.

Popular clinical areas for elective senior experience, pediatric nursing, obstetric nursing, operating room nursing and psychiatric nursing, cannot accommodate all students who select them. Consequently, students are assigned to these areas according to demonstrated ability, need for more experience or plans after graduation. The remaining students and those who lack ability in their selected clinical area are assigned to an area of second or third choice by the senior instructor or the Director of Nursing Education.

Senior students are supervised in the daytime by a clinical instructor in all schools, but evening or night supervision is in charge of a general duty nurse or the supervisor "on call" for all units of the hospital. Two schools utilize only daytime hours for seniors so that qualified faculty supervision can be provided.

Selection of learning experiences for senior nursing students involves the clinical and/or senior instructor, with assistance from the head nurse in three schools. Such cooperation between nursing

educators and nursing service personnel confirm the Miller³² and Solomon⁴¹ intimation of a developing trend toward a more unified approach to clinical situations involving students.

New learning experiences for seniors included nursing one or more patients with complex problems; serving as a team member and later a team leader; observing or assisting the head nurse; teaching younger students, patients and ancillary personnel; planning and conducting ward conferences; conducting and following through special tests; assisting physicians with special procedures; conferring with instructors for evaluation and self-evaluation by the students in two schools; recommending and following through on Public Health nursing referrals in one school.

Projects used as the culminating activities for senior experience are unique in each of the schools: teaching demonstration, problem project, term project on administration, investigative study and nursing care plan.

Conclusions

From the data obtained from the directors and/or representatives of the five Oregon schools of professional nursing in regard to the learning opportunities provided for senior experience, the following conclusions might be drawn:

1. Senior experience is offered by all schools of nursing in Oregon and is an experience set apart for one or two terms from the remainder of the courses offered during the senior year.
2. Similarities seem to exist in the five Oregon nursing schools in

regard to principal aim of senior experience, means of differentiating senior level experiences from junior level experience, pre-requisite and concurrent courses, functional areas and learning activities provided for senior experience. These similarities may be explained in part by the cooperation between the nursing educators of the five schools in working together to promote nursing education in Oregon and to their positive relationship with the Oregon State Board of Nursing.

3. Students are regarded as learners entitled to adequate instruction and supervision, with the exception of assignments to evening and night duty in Schools A, C and E.

4. The five Oregon schools of nursing are facing the reality that their seniors will soon be graduates who are expected to assume leadership roles. Accordingly, the schools are endeavoring to provide the senior student nurse with such experiences as serving as team leaders; observing or assisting the head nurse; teaching younger students, patients and ancillary personnel; planning and conducting ward conferences.

5. No specific criteria were offered for differentiating senior level from junior level experiences. Statements were made in generalities such as "greater depth," "increased responsibility," and the like.

6. The findings of this study of senior experience are consistent with reports in recent nursing literature.

Recommendations

The findings of this study have implications for the following research:

1. An observational study of students engaged in senior experience and their reactions to their experiences for the purpose of ascertaining what they actually do and what values they place on their performance.
2. A study of senior experience in Oregon nursing schools and nursing schools in other western states. Since a large segment of nursing education in the west is developing under the aegis of the Western Council on Higher Education for Nursing and the Western Regional Council of State Leagues for Nursing, commonalities are apt to be greater than in a study involving wider geographical spread. From a study of western nursing schools, it might be possible to formulate criteria or statements for use as guidelines for selecting senior experiences.

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APPENDIX

APPENDIX A

INTERVIEW GUIDE FOR A STUDY OF
THE LEARNING OPPORTUNITIES PROVIDED FOR SENIOR EXPERIENCE
BY OREGON SCHOOLS OF NURSING

The purpose of this interview guide is to determine the scope and content of educational opportunities provided for senior experience by Oregon schools of nursing.

- A. What are your philosophy and objectives for senior experience or advanced clinical nursing?

- B. What criteria are used to differentiate senior level experience from junior level experience?

C. Content of instruction:

1. What are pre-requisite courses for senior experience?

- a. Basic sciences _____
- b. Medical-Surgical nursing _____
- c. Obstetric nursing _____
- d. Pediatric nursing _____
- e. Psychiatric nursing _____
- f. Public Health nursing _____
- g. Other _____

2. What courses are offered concurrently with senior experience?

D. What is the extent of clinical practice (laboratory) for senior experience?

- 1. 12 weeks _____
- 2. 16 weeks _____
- 3. 24 weeks _____
- 4. Other _____

E. Nature of clinical practice:

1. Are there certain clinical areas reserved only for senior experience?

Yes _____ No _____

2. What clinical areas are available for senior experience?

- | | |
|----------------------------|-------------------------------|
| a. medical nursing _____ | e. communicable nursing _____ |
| b. surgical nursing _____ | f. pediatric nursing _____ |
| c. operating room _____ | g. psychiatric nursing _____ |
| d. obstetric nursing _____ | h. other _____ |

3. What functional areas are available for senior experience?

a. Teaching

- 1) patients _____
- 2) junior students _____
- 3) other _____

b. Administration

- 1) assistant head nurse _____
- 2) acting head nurse _____
- 3) other _____

c. Nurse practice

- 1) team leader _____
- 2) team member _____
- 3) nurse in one-to-one
relationship _____
- 4) other _____

d. Other _____

4. Does the student spend a designated length of time for each of the above experiences?

Yes _____ No _____

5. If the above answer is yes, what is the designated length of time for each experience?

a. Teaching

- 1) patients _____
- 2) junior students _____
- 3) other _____

b. Administration

- 1) assistant head nurse _____
- 2) acting head nurse _____

3) other _____

c. Nursing practice

1) team leader _____

2) team member _____

3) nurse in one-to-one
relationship _____

4) other _____

F. Rotations or assignments for senior experience:

1. Who selects the clinical and functional areas for the student's senior experience?

a. student _____

b. director _____

c. senior instructor _____

d. clinical instructor _____

e. other _____

2. If senior experience is elective, are there certain clinical areas that are too popular to accommodate all the students who select them as first choice?

Yes _____ No _____

3. Which are the popular clinical areas for elective senior experience?

a. medical nursing _____

b. surgical nursing _____

c. operating room _____

d. obstetric nursing _____

e. pediatric nursing _____

f. psychiatric nursing _____

g. other _____

4. What criteria are used for selecting the students for elective senior experience in the popular areas?

- a. superior scholarship _____
- b. need for more experience _____
- c. demonstrated ability in area _____
- d. interest in area _____
- e. other _____

5. If the student has shown lack of ability or aptitude for the clinical area she selected, is she guided to a more suitable area?

Yes _____ No _____

6. How is this kind of guidance accomplished?

7. If all students are rotated to similar experiences, regardless of location, what do these include?

8. Supervision of the senior student:

1. What shifts are used for senior experience?

- a. day _____
- b. evening _____
- c. night _____

2. Who is responsible for the supervision of the senior student in the daytime?

- a. senior instructor _____
- b. clinical instructor _____
- c. head nurse _____
- d. supervisor _____
- e. other _____

3. Who is responsible for supervision of the senior student on evening duty?
- a. clinical instructor _____
 - b. charge nurse _____
 - c. evening supervisor _____
 - d. other _____
4. Who is responsible for supervision of the senior student on night duty?
- a. charge nurse _____
 - b. night supervisor _____
 - c. other _____

H. Learning activities for senior experience:

1. By whom are learning experiences arranged?
- a. senior instructor _____
 - b. clinical instructor _____
 - c. head nurse _____
 - d. other _____
2. In terms of previous background in the area, what new learning experiences are provided?
- a. special critical patients _____
 - b. nurse patients with complex problems _____
 - c. plan and conduct ward conferences _____
 - d. conduct and follow through special tests _____
 - e. assist doctor with special procedures _____
 - f. student selection of own learning experiences _____
 - g. conferences with instructor for evaluation of learning experiences _____
 - h. other _____

3. Does the student do one of the following projects as part of senior experience?

a. nursing care plan _____

b. investigative study _____

c. term paper _____

d. term project _____

e. family care study _____

f. other _____

4. What learning experiences could be added to senior experience in your school to increase its value to the senior student?

APPENDIX B
MASTER TABULATION SHEET

Question	Schools				
	A	B	C	D	E
A. What are your philosophy and objectives for senior experience? (see Table 1)					
B. What criteria are used to differentiate senior level experience from junior level experience?					
1. Added responsibility	X	X	X	X	X
2. Greater depth in problem-solving or nursing diagnosis	X	X	X	X	X
3. Increased skill in communication	X	X	X	X	X
4. More teaching	X	X	X	X	X
5. Increased skill in interpersonal relationships	X				
6. Ability to give more complex nursing care			X		X
7. More study in depth and self-directed learning				X	
8. Ability to exercise judgment in unit management				X	
C. Content of instruction					
1. What are prerequisite courses for senior experience?					
a. Basic Sciences	X	X	X	X	X
b. Medical-Surgical nursing	X	X	X	X	X
c. Obstetric nursing	X	X	X	X	X
d. Pediatric nursing	X	X	$\frac{1}{2}$	X	X
e. Psychiatric nursing	X	$\frac{1}{3}$		X	$\frac{1}{2}$
f. Public Health nursing		$\frac{1}{3}$	1/4	$\frac{1}{2}$	1/4
g. Intravenous therapy	1/4				1/4
h. Emergency nursing	1/4				2/4
2. What courses are offered concurrently with senior experience?					
a. Advanced Nursing Seminar	X				
b. Patterns of Organization for Leadership		X			
c. Seminar in Leadership		X			

Question	Schools				
	A	B	C	D	E
d. Unit Management (Ward)			X		X
e. Professional Relationships				X	
f. Introduction to Leadership in Nursing				X	
g. Professional Adjustment					X
D. What is the extent of clinical practice (laboratory) for senior experience?					
1. 12 weeks		X	X		
2. 16 weeks				X	X
3. 24 weeks	X				
E. Nature of clinical practice:					
1. Are there certain clinical areas reserved only for senior experience?					
a. yes	X	X		X	X
b. no			X		
2. What clinical areas are available for senior experience?					
a. medical nursing	X	X	X	X	X
b. surgical nursing	X	X	X	X	X
c. operating room			X		X
d. obstetric nursing	X	X	X		X
e. communicable nursing					X
f. pediatric nursing	X	X	X		X
g. psychiatric nursing		X			
3. What functional areas are available for senior experience?					
a. Teaching					
1) patients	X	X	X	X	X
2) junior students	X	X	X	X	X
3) clinic patients					X
4) chaplain students	X				
5) assistant clinical instructor			X		
b. Administration					
1) assistant head nurse	X	X			X
2) acting head nurse		X			X
3) observation, head nurse	X	X	X	X	X
c. Nurse practice					
1) team leader	X	X	X	X	X
2) team member	X	X	X	X	X
3) nurse in one-to-one relationship	X	X	X	X	X

Question	Schools				
	A	B	C	D	E
4. Does the student spend a designated length of time for each of the above experiences?					
a. yes	X	X		X	X
b. no			X		
5. If above answer is yes, what is the designated length of time for each experience?					
a. Teaching--none	X	X	X	X	X
b. Administration					
1) assistant head nurse	2wks				
2) acting head nurse		2wks			8wks
3) observation, head nurse	1wk			3-4wks	
c. Nurse practice					
1) team leader	8wks	3wks		5wks	
2) team member		2wks		2wks	8wks
3) patient care		4wks			
F. Rotations or assignments:					
1. Who selects the clinical and functional areas for the student's senior experience?					
a. student		X	X		X
b. director	X	X			
c. senior instructor				X	
d. clinical instructor	X				X
2. If senior experience is elective, are there certain clinical areas that are too popular to accommodate all students who select them as first choice?					
a. yes		X	X		X
b. no					
3. Which are the popular clinical areas for elective clinical experience?					
a. medical nursing					
b. surgical nursing					
c. operating room					X
d. obstetric nursing			X		X
e. pediatric nursing		X	X		X
f. psychiatric nursing		X			
4. What criteria are used for selecting the students for elective senior experience in the popular areas?					
a. superior scholarship					
b. need for more experience					X

Question	Schools				
	A	B	C	D	E
c. demonstrated ability in area		X	X		X
d. interest in area		X	X		X
e. plans after graduation					X
5. If the student has shown lack of ability or aptitude for the clinical area she selected, is she guided to a more suitable area?					
a. yes		X	X		X
b. no					
6. How is this kind of guidance accomplished?					
a. assigned to area of second or third choice		X	X		X
7. If all students are rotated to similar experiences regardless of location, what do these include?					
a. see answer to question E 5					
G. Supervision of the students:					
1. What shifts are used for senior experience?					
a. Day	X	X	X	X	X
b. Evening	X		X		X
c. Night	X		X		X
2. Who is responsible for the supervision of the senior student in the daytime?					
a. senior instructor		X		X	
b. clinical instructor	X		X	X	X
c. head nurse		X			
3. Who is responsible for the supervision of the senior student on evening duty?					
a. charge nurse	X		X		X
b. supervisor	X		X		X
4. Who is responsible for the supervision of the senior student on night duty?					
a. charge nurse	X		X		X
b. supervisor	X		X		X
c. clinical instructor	Peds.				

Question	Schools				
	A	B	C	D	E
H. Learning activities:					
1. By whom are learning activities arranged?					
a. senior instructor	X	X		X	
b. clinical instructor	X		X	X	X
c. head nurse		X	X	X	
d. student	X	X	X	X	X
2. In terms of previous background in the area, what new learning experiences are provided?					
a. nursing patients with complex problems	X	X	X	X	X
b. plan and conduct ward conferences	X	X	X	X	X
c. conduct and follow through special tests		X	X	X	X
d. assist doctor with special procedures		X	X	X	X
e. student selection of own learning experiences	X	X	X	X	X
f. evaluation conferences	X	X	X	X	X
g. student self-evaluation	X	X			
h. recommend public health referrals				X	
i. accompany patients to clinic for diagnostic tests		X			
3. Does the student do one of the following projects as part of senior experience?					
a. nursing care plan					X
b. investigative study				X	
c. term project			X		
d. problem project		X			
e. teaching demonstration	X				
4. What learning experiences could be added to senior experience in your school to increase its value to the senior student?					
a. intensive care unit					X

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