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AT A THREE YEAR HOSPITAL SCHOOL OF NURSING IN 1953

Abstract approved

Inadequate coordination between theory and practice is considered one of the common problems in professional education. In order to eliminate this problem in nursing education it is necessary to provide clinical practice for student nurses which is an educative experience. An evaluation of the clinical course Medical and Surgical Nursing was made to point out the existence of this problem and to suggest means of meeting it.

The evaluation was made in a state approved three year hospital school of nursing with temporary accreditation from the National Nursing Accrediting Service. The writer was employed for three months as a staff nurse on a part time basis by the hospital providing clinical facilities for student nursing practice. This was done in order to be in a position to make first hand observations relative to student ward practice and clinical teaching. A record was kept of daily assignments of students and of disease conditions present each day on the medical and surgical wards. Classes in theory and ward classes were attended. Course plans, teaching methods, learning activities, and evaluation techniques were appraised. Clinical instructors, head nurses, and students were interviewed informally at intervals during the three months spent in the school.

Criteria for evaluation of the course were obtained from a survey of the literature. A brief summary follows. The clinical course in Medical and Surgical Nursing consists of three phases: formal classroom instruction, supervised practice in nursing care of patients, and patient centered ward classes, all three aspects being so closely interrelated that it is impossible to consider any one separately. All phases need to be carefully planned in order to avoid overlapping or omissions. Class schedules, course outlines, clinical practice plans, and ward class outlines should be provided for head nurses on the medical and surgical units and for all others who assist in the clinical instruction program as well as for those directly responsible. Students' clinical assignments and ward teaching should be planned around the subjects being taught. Demonstrations, conferences, and clinics should coordinate with and supplement the doctors' lectures and nursing classes. Evaluation and measurement should be considered an integral part of the educational process and should be continuous. Various means should be employed to determine whether or not educational objectives have been achieved.
The findings show that the portion of the course which was taught in the classroom was well planned and conducted. Essential subject matter was included, and the total number of hours was adequate. A variety of teaching methods was used. Provision was made for many learning activities. Appropriate evaluational instruments were used.

It was found that sufficient clinical experience was available to provide needed learning opportunities for student nurses but that planning did not give priority to meeting the educational need. Imbalances were shown to exist in student experience in caring for disease conditions and in carrying out nursing techniques. There was need for statement of objectives and for written plans for the clinical practice and ward teaching programs. Tools used for evaluation in the clinical area were limited.

Factors which prevented clinical experience for student nurses from being primarily an educative experience were dependence on student nursing hours for supplying part of the hospital nursing service, lack of clearly defined objectives and planning for students' clinical experience and ward teaching, and failure to include head nurses in overall planning and direction of the clinical instruction program.

It was found that there was a need for better coordination between classroom, clinical practice, and ward teaching. Too much emphasis was placed on formal classroom teaching.
EVALUATION OF MEDICAL AND SURGICAL NURSING COURSE OFFERED AT A THREE YEAR HOSPITAL SCHOOL OF NURSING IN 1953

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Inadequate coordination between theory and practice is considered one of the common problems in professional education. (35, p. 52) Inasmuch as practice is an integral part of nursing education a unique position for elimination of this problem is occupied. Many schools of nursing are handicapped by the fact that student nursing experience is regarded as a part of the regular nursing service instead of an educational experience for the student nurse. In order to bring about more adequate coordination between theory and practice it is necessary to provide clinical practice for student nurses which is an educative experience.

The Thesis

Theory should result in greater understanding of professional tasks, and practice should demonstrate the validity of theory and in addition provide situations from which theory can be abstracted. (35, p. 52) Some of the best learning comes through experiencing, resulting in changed knowledge and attitudes, development of appreciation, special abilities and skills. (5, pp. 66-69) These outcomes of experience can be expected only if experiences are provided which are complete enough to bring them about. Placement
of emphasis on continuous daily practice of bedside nursing techniques falls short of meeting this end. Clinical facilities adequate for the execution of practice are presupposed.

Description of School in Which Evaluation Was Made

In selecting a school the writer felt that to facilitate objectivity it should be one in which she had had no previous teaching or nursing service experience. The school in which the evaluation was made is a three year hospital school owned and operated by a religious order. It is approved by the Oregon State Board for Registration and Examination of Graduate Nurses and is on the temporary accreditation list of the National Nursing Accrediting Service, the accrediting body of the National League for Nursing. (26, p. 1000) There were 128 students enrolled at the time the evaluation was made.

Enrollment in schools of nursing in 1953 ranged from less than 45 to 400 and over, with an average of 86.1 in temporary accredited programs and 146.4 in fully accredited programs. (29, p. 60)

The hospital providing clinical facilities had 285 beds, 60 of which were medical and 58 surgical and 31 mixed. The services were segregated to include general medical, general surgical, urological, orthopedic, pediatric, and operating room. The disease conditions present on the general medical and surgical services compared well with the master list of conditions from the "Curriculum Guide for Schools of Nursing." (7, pp. 572-580) Five full time clinical instructors were employed, two being responsible for the planning and teaching in
medical and surgical nursing. The five thirty bed units comprising the
general medical and surgical division were supervised by five head
nurses who were responsible for the nursing service in their respective
units.

In 1949 the National Committee for the Improvement of Nursing
Services, a committee of the Joint Board of the then existing six
national nursing organizations, published a report "Nursing Schools
at the Mid-Century" prepared by the subcommittee on School Data
Analysis. (37, pp. 81-85) This report included an interim
classification of schools of nursing, based on an analysis of data
submitted by 1,156 schools of nursing, 97% of all the schools in the
United States. The schools were scored according to the way they met
criteria of a good school of nursing as set forth in the "Essentials of
a Good School of nursing," published in 1942 by the National League of
Nursing Education. (9) The classification was divided into three
groups. Group I included schools which met the essentials and those
having the greatest potentiality for reaching them, which was 25% of
the total schools. Group II included the middle 50% of all basic
programs in nursing, and Group III included the schools with the
lowest national standings, slightly less than 25% of the total. The
school in which the evaluation was made was listed in Group II.

Method of Procedure

The area of Medical and Surgical Nursing was selected for making
the evaluation, because this constitutes the first experience in
clinical nursing and is one of the major courses. It is basic to all
nursing. The pattern followed there is probably typical of that in all clinical aspects of the curriculum.

In order that there may be no confusion regarding the use of the word "clinical," explanation follows. Clinic is defined as instruction at the bedside, and a clinical lecture is examination of patients before a class of students. Clinical means pertaining to the bedside; pertaining to or founded on actual observation and treatment of patients as distinguished from theoretical or experimental. (11, p. 333) The time a student nurse spends in taking care of patients is called clinical nursing practice.

At the time the evaluation was made the writer was employed for three months as a staff nurse on a part time basis in order to be in a position to make first hand observations relative to student ward practice and clinical teaching. Arrangement was made to rotate from one unit to another on the medical and surgical services at two week intervals. She had access to daily assignment sheets and patient census on all medical and surgical units. Her patient assignment was usually in wards where students enrolled in Medical and Surgical Nursing were also working. A record was kept of daily assignments of students and of disease conditions present each day on the medical and surgical wards. Classes in theory and ward classes were attended. Course plans, teaching methods, learning activities, and evaluation techniques were appraised. Clinical instructors, head nurses, and students were interviewed informally at intervals during the three months spent in the school. Students, head nurses, and clinical instructors were aware of the writer's purpose and evidenced a friendly interest.
The findings show the placement of the course in the curriculum, hours of class, time allotment for nursing practice, means used to assure adequate clinical experience, and the extent to which coordination of theory and practice was accomplished. An analysis was made of the distribution of experience to eleven students on medical and surgical units for a three month period. A study of individual daily student assignment sheets was made to show variety of learning experiences obtained on the hospital wards. Tabulation was made of medical and surgical nursing procedures supervised by clinical instructors during six months medical and surgical nursing practice for eleven students. Coordination of topics for ward classes and units for classroom teaching is shown for a three month period. Tabulation of ward classes according to related classroom units of instruction was made for eleven students on the completion of their medical and surgical clinical experience. This was done to reveal whether or not deficiencies and/or repetition existed for individual students.

Evaluation of the course was made on the basis of findings from a survey of the literature.

Brief Summary of Findings

The findings show that the portion of the course which was taught in the classroom was well planned and conducted. Nurse instructors were teaching more hours than doctors, although doctors were teaching a relatively high proportion of hours. Essential subject matter was included, and the total number of hours was adequate. A variety of teaching methods was used. Provision was made for many learning
activities. Appropriate evaluational instruments were used.

It was found that sufficient clinical experience was available to provide needed learning opportunities for student nurses but that planning did not give priority to meeting the educational need. Imbalances were shown to exist in student experience in caring for disease conditions and in carrying out nursing techniques. There was no statement of objectives for clinical practice and ward teaching, and there was not a written plan for the practice and ward teaching programs. Need for use of more varied tools for evaluation in the clinical area was indicated.

Factors which prevented clinical experience for student nurses from being primarily an educative experience were dependence on student nursing hours for supplying part of the hospital nursing service, lack of clearly defined objectives and planning for students' clinical experience and ward teaching, and failure to include head nurses in overall planning and direction of the clinical instruction program.

It was found that there was a need for better coordination between classroom, clinical practice, and ward teaching. Too much emphasis was placed on formal classroom teaching.
Chapter II

DETERMINATION OF BASIS FOR EVALUATION
FROM SURVEY OF LITERATURE

In reviewing the literature to determine the basis for evaluation of a course in Medical and Surgical Nursing it seems logical to begin with a consideration of factors which go into organizing and conducting a course in clinical nursing.

Developments in Nursing Education

Nursing education differs from other types of post-high-school education in two main respects. First, most schools of nursing are not located in educational institutions organized and supported for that purpose, and second, students serve apprenticeship during the basic program in that they render service in return for instruction and learning through experience. In other fields apprenticeship exists in beginning positions after preliminary education, and work is combined with initial training only for the simplest jobs.

The early schools of nursing did have independent support and control and entered into agreements with hospitals with provisions for staffing with graduate nurses adequate for instruction and supervision of students and for care of patients. These schools were not subsidiary to hospitals. Hospitals were not slow to establish their own schools as a means of staffing at low cost and of eliminating expense involved in the independent school. As a result, the educational foundations on which the Nightingale schools were built
were lost. Students learned as best they could with limited instruction from the director and a few doctors' lectures. More instruction was gradually introduced, but schools remained a financial asset to hospitals. As the body of knowledge considered essential increased and greater emphasis was placed on the development of understandings, appreciations, attitudes, and abilities, it was found necessary to institute classes, with the result that educational emphasis was shifted from the ward to the classroom.

An ever widening gap developed between those engaged in classroom teaching and those engaged in nursing service functions, with the latter feeling they had no responsibility for teaching students. This feeling may have been due in part to the fact that higher academic qualifications were commonly required of the classroom teacher than the head nurse and ward supervisor, and often the classroom teacher became too far removed from the ward situation to be practical in her teaching with a resulting lack of consistency between classroom teaching and hospital practice. Students thought of themselves as paying for their education by giving nursing service to the hospital (as likewise did the hospital administration.) In many schools of nursing the effects of these attitudes are still present and hinder the establishment of a sound educational program.

Through the efforts of nursing leaders the length of the course was increased in order to include more education, and a recommended minimum curriculum was developed. A preclinical period during which time students are given basic courses in scientific and nursing principles and preparation in elementary nursing techniques before
being responsible for care of patients was accepted by all schools.
The pressure for student service has defeated the purpose of many improvements except in institutions where responsibility for producing qualified graduate nurses has been recognized and where resources have been large enough to implement high standards of nursing care. In spite of their isolation from organized education and the opposition due to the economic situation of the schools, nurse educators have succeeded in gradually improving standards of education and nursing care. There has been provided more and better instruction, somewhat more adequate supervision of student practice, and at least a minimum variety of experiences in the basic nursing services.

Following the period during which stress was placed on academic instruction carried on solely in the classroom there began development of planned programs of clinical instruction. Instruction in clinical nursing became the responsibility of persons designated as teaching supervisors, clinical supervisors, ward instructors, or clinical instructors. Dual responsibility—teaching and supervision—was common, but in more recent years the trend has been to relieve the instructor in the clinical area of any responsibility for nursing service administration. The planning and direction of the instructional program within a given clinical area of student experience is the chief responsibility of such an instructor. A time study covering an eleven month period made by a full time instructor in Medical Nursing working under very nearly ideal conditions from the standpoint of sound clinical instruction showed the following apportionment of time: 41% directing students in care of patients,
9% teaching ward classes, 6% teaching formal classes, 4% attending doctors' lectures, 11% preparation for classes, 4% individual conferences with students, 7% faculty conferences, 3% records, 15% miscellaneous time in office. (3, pp. 11, 12)

The teaching responsibilities of head nurses and supervisors also have been recognized, and emphasis has been given to need of preparation of the head nurse for educational as well as service responsibilities. Likewise it has been recognized that nursing education has an advantage over most other branches of education in being able to provide opportunities for learning in an actual life situation where students can apply what they have learned in the classroom and can learn directly from practical experiences. Clinical instruction should be considered the core of the educational program in schools of nursing and when considered in such light "other courses are more likely to be recognized as being offered to render clinical experience richer, broader and more personally, professionally, and socially profitable." (25, p. 414)

Institutions of higher learning have established degree programs in nursing but occupy a minor role in nursing education as indicated by statistics of the National League for Nursing. In January, 1953, 12.5% of students enrolled in schools of nursing were in basic programs leading to a college degree. 1.3% were taking their major curriculum in nursing in hospital schools, leaving 11.2% in basic nursing programs for which higher education was directly and completely responsible. Approximately 89% of students now preparing for licensure as registered nurses are taking their basic training in hospital schools. (29, p. 60)
There is a gradual trend toward an increasing number of collegiate schools and decreasing number of hospital schools as is shown by comparison with 1951 statistics. At that time 9% of students enrolled in schools of nursing were in basic programs leading to a college degree with about half of them taking their major curriculum in hospital schools. Less than 5% were then in basic nursing programs for which higher education was completely responsible as compared to the present 11.2%. (28, pp. 40-41)

With all the advances which have been made in nursing education there has been essentially no change in the time spent in the clinical area since the passage of nurse practice acts by the individual states. Most of the state laws specify that the course in nursing must include not less than three years in the hospital. It is true that students no longer work twelve hours a day six days a week, and they do receive time allowance for classes with total class and duty hours not exceeding an accepted work week. Accordingly it might be considered by some that there has been a reduction in time spent in clinical practice. It is not uncommon to hear the complaint that student nurses spend so little time taking care of patients that they cannot learn how to practice nursing. However, it is generally conceded by most nurse educators that it should not be necessary to spend three years in clinical practice in a well planned, adequately supervised program, to learn the essentials for safe nursing practice. (4, pp. 118, 119)

One of the reasons for feeling that more practice is required than is actually needed is that many of the characteristics of the apprenticeship type of training still exist in even very good schools.
of nursing. Students are relied upon to a very great extent to meet hospital nursing service needs, which becomes a governing factor in assignment to clinical areas and in making daily assignments. Although various devices to insure adequate clinical experience such as clinical experience records, analyses of learning situations, and correlation plans are in use in all good schools of nursing, sometimes they are disregarded or not used as they are intended to be. The mere fact that a student spends a certain length of time on a given service is no indication that she will have all the experiences that service has to offer. Without careful planning and supervision and participation by all concerned, imbalances in experience result. When facilities are used exclusively to provide necessary clinical laboratories, and when demand for service never exceeds that which is essential for educational purposes, it has been found that the time necessary for teaching students in the clinical area can be appreciably shortened. (22, p. 1502)

Steps in Setting up Clinical Course

Instruction in clinical nursing is conducted by means of formal classes, supervised practice in nursing care of patients, and ward classes centered around selected patients on the ward. In setting up a clinical course it is necessary to decide on the objectives, which serve as the chief guides for planning and conducting the program. The second step is selecting learning experiences that will contribute toward the attainment of desired objectives. Activities students carry on through which they learn are commonly referred to as learning
experiences. In order that significant learning may take place learning experiences should be organized to reinforce one another so that developments may take place in the knowledge, habits of thought, attitudes, skills, and interests of the students.

Educational objectives are the behavior patterns the school is seeking to develop in the student, examples of which are: the knowledge he is expected to acquire, habits he is expected to develop, and the methods of thinking he is expected to adopt. (34, p. 350)

Objectives

Formal classes in clinical nursing provide instruction in theory underlying sound practice for the purpose of preparing students for effective practice. The functions of teaching in the hospital divisions may be stated as follows:

1. To supplement, to integrate, and to vitalize classroom instruction.
2. To aid the student to make correct applications of scientific principles basic to the particular nursing activities.
3. To enable the student to gain a real understanding of individual differences and subtle variations of case and circumstance, to tactfully (sic) respond and adjust to them, adapting nursing procedure and treatment without violation of basic principles.
4. To inspire the student to self development. (20, p. 817)

Formulation of specific objectives representing the goal of all instruction and practice in a particular area follows statement of general goals. The statement of objectives for the course in Medical and Surgical Nursing may be as follows: (1) To assist students in acquisition of knowledge necessary for understanding of principles and development of skills in the care of patients with medical and surgical
conditions. (2) To develop understanding of implications for nursing care, of medical and surgical aspects of disease. (3) To develop understanding of nursing care factors important in essential medical and surgical conditions. (4) To assist students to learn how to plan and carry out nursing care for selected patients. (5) To develop appreciation of influence of emotional and social factors on patients' reaction to disease. (6) To develop ability to make teaching plans for patients and their families. (7) To develop ability to recognize need for and measures used in public education. (8) To develop appreciation of role of hospital in relation to other community agencies in care of patients with medical and surgical conditions.

The Integrated Course

Medical and Surgical Nursing, formerly taught as two separate courses is now an integrated course in most schools. By means of the integrative method of teaching varieties of subject matter may be related to units of study or to problem solving situations.

"Integration of courses can be successfully accomplished only where a common approach is possible and where there is a related body of materials exemplifying a significant, meaningful whole." (18, p. 117) Clinical courses in nursing offer one of the most effective areas for integration by combination of theory and practice. Pharmacology, nutrition, and social and public health aspects may be included in the integrated medical and surgical course. The fusion of courses does not necessarily lead to integration in the learning process or in content and method. Courses in an integrated program may be shared
by specialists in the various fields, and care must be taken to see that the unifying principle is not lost. (18, p. 118) A broader understanding of one subject or subject area may be brought about by associating it with another, the two courses being given simultaneously, not being fused into one. This is correlation and makes possible a continuous cross reference which enriches both courses and helps students gain more understanding of each. Correlation has a common focus of interest and a unity of theme and is a step toward integration. In both of these teaching methods there is an attempt to unify the student's learning experiences, and their application requires experienced teachers. (19, p. 405)

Integration of Social and Health Aspects

There is a need for better integration of social and health aspects of nursing in the curriculum of many schools of nursing. As the student receives her introductory nursing preparation in the medical and surgical services it is particularly important that social and health factors be stressed in both classes and experience. Miss Katharine J. Densford, director of the University of Minnesota School of Nursing, presented in a paper read at the 46th annual convention of the National League of Nursing Education some examples of means of emphasizing health and social factors. Social aspects of nursing as applied to the particular field in question may be discussed with students by social workers in formal classes or ward classes. Integrating conferences in which doctors, dietitians, social workers, graduate and student nurses participate are a good means of pointing
up all health and social factors. Patient studies which place emphasis on the patient's plans when leaving the hospital and upon the facilities in the community to which he may turn for help are another means. The student may prepare an outline a patient may follow to assist him to live with his disease as comfortably as possible in illnesses involving changed patterns of living. (10, p. 233)

Student nurses should be helped to learn to make use of community agencies to meet patients' problems and to feel responsibility for giving instruction in home care. "A system of interagency referral between the hospital and the health and social agencies of the community has been established in some localities with excellent results." (1, p. 62) There are many conditions requiring instruction of the patient in such matters as performance of treatments to be continued at home, taking medications, medical attention, activity and rest, personal hygiene, diet and elimination, and others. Students should learn to study the needs of the individual patient and should have opportunity to plan for his instruction and carry out the plan.

If successful integration of social and health aspects of nursing is to come about it is necessary for the head nurses, instructors, and general staff nurses to appreciate the significance of cultural, religious, and economic problems of patients in relation to illness. A plan for integration should not be introduced until the group is well informed and in accord with the plan. Understanding on the part of the faculty and head nurse group is very essential for the guidance of students in recognizing and dealing with social problems of illness.
Supervised Practice in Nursing Care of Patients

The selection of content for formal courses of classwork in clinical nursing has been well understood and well planned in most instances. However, the same cannot be said for supervised practice and ward classes. The traditional concept has been that all the learning opportunities needed are provided by a good nursing service in a given length of time. There is no more dynamic and favorable learning situation nor one that provides for more integrated learning than that offered by the care of patients, but without competent educational direction the learning opportunities may be missed and the student's practice be poorly balanced.

If student nurses are to have maximum opportunity for learning through clinical experience it is necessary for those responsible for teaching to realize "(1) that the nature of educational guidance on their service and other clinical services largely determines whether classroom learnings will become functional and remain effectively dynamic or will be neglected, negated and swiftly forgotten; (2) that potentially valuable opportunities for new learnings, afforded by direct experience on a clinical service, seldom are fully realized without skilled guidance; and (3) that the same clinical experience can function equally well to vitalize, focalize, and energize classroom and library learnings and integrate them with those acquired through direct experiencing, or that it can establish slipshod, routinized, miseducative habits which enable students to get by with a minimum of effort." (25, p. 414)
"The chief purpose of teaching in the practical situation is to help the student nurse integrate and apply her knowledge in giving increasingly better nursing care to the patients whose care she has been assigned." (36, p. 305) Proper selection and use of available experience for the student must be made if it is to be educative to the fullest extent. More important than the time spent in a unit or service is the nature of the experiences in the unit. A basic experience program should be set up including nursing situations in which each student should have practice. Essential experiences in any unit include learning situations "centering around the care of patients with frequently occurring and significant disease conditions; those centering around nursing measures common to many situations, including procedures that each nurse must practice until a satisfactory degree of skill is attained; and opportunities for developing desirable behavior characteristics." (36, p. 350) A clinical practice plan should be consistent with expected clinical materials and should be recorded so it may serve as a guide for those responsible for carrying it out.

During the time the students are having their medical-surgical nursing classes they should be taking care of patients whose diagnoses are closely related to the classroom material. If clinical experience is planned to supplement classroom instruction the head nurse, who usually makes assignment of students to the care of patients, must be familiar with the course outlines. She must accept the objectives for the area of clinical instruction and be familiar with the principles and technics of nursing procedures students are taught. Everyone cooperating in the program of study and experience for students should
be informed as to the contributions of the other participants. (3, pp. 20, 21) There should be a written plan for the practice program outlining the essential experience considered the minimum that each student should have. This does not mean that the plan should be used to limit the student's experience but as a means of insuring her getting experience in care of patients with essential conditions during the time the unit of theory is in progress. (14, p. 1243)

The plan should be flexible enough to allow for adjustment to meet individual needs of students and the changing clinical materials available. In conjunction with the practice plan a cumulative clinical experience record kept by the student should be used to aid in planning assignments based on student's educational needs. In order to put into effect a clinical practice plan there must be recognition and utilization of available learning experiences on the unit. Records may be kept of diagnoses on a unit for a year's time in order to get the range of cases and to determine what experience may be provided for students. "One of the important trends in the planning of clinical experiences is away from an encyclopedic coverage of all the conditions which might be covered and toward the selection of certain conditions because of their importance." (3, p. 208) In addition to the record of diagnoses a record of procedures commonly done on the division can be used as a basis for determining which should be taught in conjunction with the clinical assignment. (3, pp. 33-39)

"It is just as important for those in charge of a curriculum in nursing to carefully (sic) study the activities and learning experiences which develop skills and competencies and to place them in
proper sequence as it is for them to place in proper sequence and learning order, those courses which give basic information for activities and problem solving later on." (15, p. 1517) Nursing practice represents the laboratory portion of courses in clinical nursing and should be as carefully organized and executed as the laboratory exercises in anatomy and physiology and chemistry, as suggested by Miss McManus in her article "Acceleration of Clinical Learning." (28, p. 72) Some schools have been organizing clinical practice as a laboratory experience, which means it is offered for the sole purpose of teaching students. A plan has been developed at the Vanderbilt University School of Nursing in which eight hours of class and twenty four hours of nursing practice are scheduled during the week, Monday through Friday. Twelve hours a week of work experience is provided, eight hours of which is scheduled on Saturday or Sunday and the other four hours from 7:00 to 11:00 P.M. one evening during the week. The student is paid an hourly rate for part-time work which amounts to approximately enough to pay for her board. The plan of dividing clinical experience into a laboratory and a work experience clarifies many of the issues between nursing education and nursing service. (16, p. 799)

A new basic nursing program established at the University of Wyoming in 1951 selects "professional laboratory experiences" on the basis of the student's educational needs. Assignments to clinical practice are made only to help the student to achieve some educational objective, and the laboratory sections in the clinical facilities are small so instruction can be individualized. The patient centered
clinical conference which promotes problem-solving in studying society's health and nursing needs is one of the major teaching methods. Written agreements are made with several hospitals and agencies in the state for making their facilities available for use in the various aspects of the program. All instruction is under the guidance of the university faculty members who are responsible for the teaching program and the selection, supervision and evaluation of the educational experiences. (21, p. 835)

An experimental two year "Demonstration School of Nursing" began operation in January, 1948, in Windsor, Ontario, Canada. During the experiment practice was carried out under constant and thorough supervision, was planned so all students received about the same total amount and variety, and was so closely integrated with theory that the two were not more than a day or two apart. It was shown that when clinical practice, which is the most important part of a nurse's education, is controlled and directed by the school in order to meet educational objectives the program can be completed in two year's time as well as in three. (22, pp. 1501, 1502)

Placement of emphasis on selection of learning experiences rather than on assignment of students to hours of duty will result in more thoughtful consideration to selection, planning, and progression of suitable student experiences. (32, p. 193) As previously mentioned the person responsible for making the student's clinical assignments will use as a basis for selecting and organizing experiences the following guides: course outlines including time schedules of classes with topics, student's cumulative experience record, and the clinical
experience plan based upon anticipated clinical material. By comparing the plan and the record a tentative plan for each student can be made. Assignments should be within the student's ability and should develop desired abilities by progressing from simple to complex. Only the time necessary for learning purposes should be spent in learning experiences which are always available, and care should be taken to see that limited experience is utilized to the best advantage. The nursing care of patients with conditions occurring infrequently but of educational value may sometimes be shared by several students without detriment to the patient's welfare. The clinical assignment should include complete care of patients to the extent that the student is able to give care. All pertinent aspects of the nursing situation should be included—planning the care, diet, medications, treatments, teaching needs, and care during all stages of the illness. Care should be taken to see that students are not required to provide a large part of the auxiliary services of the hospital. Student nurses' names should not appear on the service time slips of hospitals. (12, p. 49)

Consideration should be given to the time necessary for satisfactory completion of what is assigned. Speed, pressure, monotonous routine and other influences that tend to interfere with correct and thoughtful practice should not hamper the learner. The orientation of the student to the unit should be planned, and her initial practice should be supervised. "By proper selection of learning experiences, gradation of these according to difficulty, and arrangement in a sequence that provides for continuous progress in the unit, the student not only can participate in most of the nursing activities for which she will be
responsible in her later professional life but also can gain the knowledge, skills, attitudes, and interests she will need as a professional nurse." (36, p. 328)

Ward Classes

Ward classes are based on clinical experience of students on the unit and are centered around the discussion of actual patients to whom they are giving nursing care. "In this area classroom instruction and clinical experience converge." (33, p. 371) Through the clinical teaching program coordination of classwork and nursing practice takes place. Basic scientific facts and principles relating to the care of patients are taught in the classroom and should be supplemented and extended as new problems not discussed in the classroom are met and the student attempts to apply her knowledge in practice. Therefore the clinical teaching program should

1. Develop the student's understanding of how to apply what has been learned in classes to the particular patients to whom care is being given.
2. Provide for filling in gaps in knowledge, preferably by stimulating the student to learn for herself.
3. Help the student to identify and satisfactorily solve the nursing problems peculiar to the patients cared for, associated with the condition or other aspects of practice.
4. Help student to gain skill in nursing, management, and making social adjustments; and to improve in emotional stability and other desirable personality traits. (36, p. 361)

In order to accomplish good clinical teaching it is necessary that there be planning of content and method. Planning will be preceded by statement of objectives both in terms of the teacher and in terms of the student. Teacher objectives are desirable educational
outcomes she hopes the student will achieve, and student objectives are the immediate results she wishes to attain—what she wants to know and be able to do as a result of her experience. Effective teaching results when the teacher guides learning experience so desirable educational results are achieved while the student is achieving her objectives. (5, p. 268)

The general content for medical and surgical ward classes should be as carefully planned as the content for formal classes. The order in which it is arranged will vary from one rotation group to another. The master list of conditions from the "Curriculum Guide for Schools of Nursing" (7, pp. 572-580) with changes to bring it up to date may be used as an aid in planning. In addition, the record of patient diagnoses on the medical and surgical units may be used, and conditions to be presented in the ward teaching program concurrently with classroom work may be decided upon. Certain conditions because of their common occurrence should be considered essential and should be included in every student's experience during the time that unit of theory is in progress. Supplementary conditions may be included in the plan and offered only when a patient with the condition is on the ward. (14, p. 1243) The student's cumulative clinical experience record should include a ward teaching record for each clinical service, which shows the date, time spent, topic, method, and instructor for each ward class. This record enables the instructor to take into consideration the student's previous ward teaching and to choose for teaching those situations of greatest value to the student at the particular stage of her development. (24, p. 114)
The teaching method is determined by the clinical material which is available. Types of ward classes which may be conducted are clinics, conferences, teaching rounds. The weekly schedule for ward teaching including references to be used by students should be prepared in advance and posted on the ward. (33, p. 371)

The clinic is a class in which a patient is present for all or part of the time. Patients selected should illustrate principles and techniques of nursing care, symptoms to be observed, or relationship between social factors and problems of nursing care. Usually there is preliminary discussion before the students see the patient and time is allowed after his return to his room for discussion of factors which should not be mentioned in his presence.

Ward conferences are group discussions for the purpose of helping students plan and carry out better nursing care. Consideration is given to history, physical and laboratory findings, symptoms, observations to be made, treatment, diet, drugs, and health teaching, as each relates to nursing care. The conference may also be devoted to solving some problem related to nursing techniques or problems of patients to whom care is being given, such as post hospitalization plans.

Teaching rounds are conducted if interesting nursing care problems are presented by a group of patients. Nursing rounds may be used (1) to demonstrate symptoms important in nursing care, (2) to clarify terminology studied, (3) to compare patients' reactions to disease, (4) to demonstrate effects of drugs, (5) to illustrate skillful nursing care, (6) to compare methods of meeting nursing situations. Rounds
should be preceded by explanation of the purpose and should be concluded in the conference room with summary and further explanation. When there exists a series of things to be observed in the clinical field which lend themselves to brief demonstration and explanation nursing rounds might be used as the method of instruction. (3, pp. 105, 106)

Informal conferences which are not planned also contribute to the ward teaching program, and the skillful teacher makes use of teaching opportunities as they present themselves. Demonstrations and special reports are further teaching methods useful in clinical teaching. Nursing care studies are sometimes a part of the ward teaching. The student making a nursing care study is assigned to give care to the patient to be studied for the entire period of hospitalization. The study may be presented at a ward class. (31, p. 1391)

The clinical instructor directs ward classes and leads discussions or arranges for someone else to do so. Provision should be made for as much student participation as possible. Junior or senior students may be asked to lead discussions. The assistance of the head nurse should be enlisted in selecting topics for discussion and planning for classes, and she should participate in classes. Doctors, dietitians, physical therapists, laboratory technicians, social workers and others may participate in conferences and have much to contribute.

Orientation to the clinical service is an important preliminary to ward classes on a given service. One class hour may be devoted to this before the student begins her clinical assignment. This provides opportunity for discussing the purposes of the experiences the students
are to have and the kinds of experiences which will be selected for achieving those purposes, the reasons for ward classes and how they will be conducted. The students may be assisted in setting up their own objectives and setting new goals for themselves. Ward routines may be explained and a tour of the unit be taken to point out the physical layout and location of equipment. Demonstration of procedures which will be needed can be given. Learning aids which are available on the ward should be pointed out and students encouraged to use them. The organization of the staff on the unit and the students' relationship to it is explained. Students should have a clear understanding of their responsibilities while on the unit.

Evaluation

The success of the clinical education plan, teaching program, and student's learning in medical and surgical nursing may be appraised in terms of student progress and attainment of educational objectives. Two terms are used in connection with determining what has been learned and how well it has been learned: measurement and evaluation. Measurement refers to determination of quantitative data by use of objective tests, and evaluation refers to estimation of qualitative data by use of behavior records, inventories, scales, or check lists. Emphasis formerly placed on fact and skill outcomes is now placed on testing such outcomes as understandings, appreciations, attitudes, values, special abilities, and other personal-social-moral traits. The use of both objective and subjective methods and data is required by newer developments in measurement and evaluation. Subjective
judgments should be controlled by agreed upon standards and based upon all the objective data which can be secured and should be made by trained and competent people. Overemphasis on objectivity should be avoided because it is confined to limited, immediately measurable types of learning outcomes and neglects more important non-precise outcomes. (5, pp. 410-414)

In developing a program of evaluation testing should be thought of as one phase of learning. The first step to be taken is formulation of statement of objectives for students to achieve followed by definition of behavior desired after achievement of each objective. Next is identification of situations in which students can be expected to display the type of behavior designated. A properly made test reveals weaknesses, and test results should be used as basis for revisions in curriculum and for rendering individual student assistance as needed. (3, pp. 392-398)

Examinations in clinical subjects should test all abilities necessary in the particular area and should not be confined to doctors' lectures and nursing instructors' classes.

Any comprehensive examination in a clinical subject should include measurement of the student's abilities in the following phases:
1. Basic principles from the physical, biological, social, and medical sciences pertinent to this clinical area.
2. Medical facts and principles in this particular clinical area.
3. Scientific vocabulary in this subject.
4. Nursing skill in:
   a. Observing, interpreting, and recording patients' condition, progress, and reaction to medicines and treatment.
   b. Recognizing and interpreting all the patients' needs and knowing how to meet these needs effectively.
c. Maintaining a proper physical environment in so far as the nurse can control this.
d. Carrying out curative and preventive nursing procedures.
e. Meeting the patients' dietary needs and cooperating with dietary treatments.
f. Giving medicines.
g. Assisting the doctor with diagnostic tests and treatments.

5. The development of attitudes necessary for the successful professional nursing. (17, p. 206)

The means employed to appraise the student's progress must be suited to the phase of achievement to be appraised and may range from observation of nursing practice to a comprehensive written examination. Until recently factual type questions which test only memory of learnings as acquired were used to test learner progress at all levels. Written reports and studies may be used to determine student's understanding and ability to use information in practical situations. Oral quizzing focusing attention on important factors in the situation and demanding use of knowledge in reflective thinking and problem solving rather than memorized facts is useful in connection with nursing care on the unit. Written tests using the objective problem-situation type of question are among the most effective types of paper and pencil tests.

Appraisal of nursing skill can be made only by observing demonstration of skill. Technics which facilitate evaluation through observation include check lists, rating scales, score cards, anecdotal records. Check lists improve the appraiser's ability to evaluate by providing criteria to be applied such as desirable characteristics and qualities to be attained. The graphic rating scale for rating skill in performance describes behavior typifying each degree of
achievement from low to high. The level to which a student's behavior is most similar may be found by comparing the descriptions of her observed behavior with the descriptive behavior scale. Score cards have little significance in evaluation of achievement.

An anecdotal record is a description of a student's exact behavior. Its value depends on the appraiser's ability to recognize incidents which furnish concrete evidence on which to base evaluational judgments. Anecdotal records should include a series of instances of significant behavior as observed from day to day in order to reveal tendencies to behave in certain ways.

Certain desirable changes in students' attitudes, interests, and personality traits are expected to be brought about in the clinical education program. In appraisal of personal qualities the particular qualities or characteristics desirable in a professional nurse should be kept in mind, and evidence of those traits should be observed in students' behavior. Nursing school faculties should formulate their own list of behavior traits that they consider should be among the objectives of their program. Anecdotal records and rating scales are useful for procuring evidence of behavior characteristics.

Modern evaluation provides for pupil participation in order to improve evaluation and to achieve desirable learning outcomes.

Student nurses should cooperate actively with instructors and supervisors in each step of the learning process and should participate increasingly in (1) setting of desired outcomes of each subject matter unit or area of clinical experience, (2) determination of appropriate learning activities for realization of the learning goals set, and (3) selection of effective types of evaluation. (25, p. 362)

Students should be encouraged to formulate check lists for self
evaluation in connection with various aspects of the educative process and to apply the check lists to bring about improvement. Students should be encouraged to keep diary records or anecdotal records of all significant aspects of professional experience to be taken to conferences with head nurses or clinical instructors and compared with their records. Students should be provided with copies of evaluational forms in use to furnish a basis for effective learner self evaluation and should be kept constantly aware of learning progress and alert to learnings which should come next. "Pupils can learn to discriminate, to judge, and to evaluate all highly important life activities, only by discriminating, judging, and evaluating constantly." (5, p. 412)

The grade given in a course in clinical nursing should include the grade for all written work, tests, projects and nursing care studies; all oral reports given at any time at conference, symposium, clinic, or class; any practical tests given; and the grade received on the rating scale or achievement record. The proportion going to each will vary in different schools. All students should be given equal amounts and types of testing so all may have equal opportunity to demonstrate their abilities.

Summary

The clinical course in Medical and Surgical Nursing consists of three phases: formal classroom instruction, supervised practice in nursing care of patients, and patient centered ward classes, all three aspects being so closely interrelated that it is impossible to consider any one separately. All phases need to be carefully planned
in order to avoid overlapping or omissions. Class schedules, course outlines, clinical practice plans, and ward class outlines should be provided for head nurses on the medical and surgical units and for all others who assist in the clinical instruction program as well as for those directly responsible. Students' clinical assignments and ward teaching should be planned around the subjects being taught. Demonstrations, conferences, and clinics should coordinate with and supplement the doctors' lectures and nursing classes. Evaluation and measurement should be considered an integral part of the educational process and should be continuous. Various means should be employed to determine whether or not educational objectives have been achieved. Successive appraisals denote the student's progress or lack of it and can be used to guide her toward her ultimate goal—developing ability to practice as a professional nurse.

Criteria for Evaluation

1. Three phases are included in the clinical course: (1) organized classroom instruction, (2) supervised practice in the nursing care of patients, (3) ward classes.

2. Objectives are stated as general goals followed by formulation of specific objectives for instruction and practice in medical and surgical nursing.

3. Learning experiences that will contribute toward attainment of desired objectives are selected.

4. Medical and Surgical Nursing is taught as an integrated course and may include Pharmacology, Nutrition, and Social and
Public Health Aspects of Disease.

5. Social and health factors are stressed in classes and experience. Students study the needs of individual patients, plan for instruction, and learn to make use of community agencies to meet patients' problems.

6. A clinical practice plan is essential in order to determine basic experiences in which each student should have practice and to serve as a guide for those responsible for assigning student nursing experience.

7. A cumulative experience record is kept by the student to be used to aid in planning assignments.

8. Patients assigned to students for nursing care are those whose diagnoses are closely related to conditions being studied in the classroom.

9. Course outlines are in the hands of all concerned with planning for students' learning experiences.

10. Emphasis is placed on learning experiences rather than on assignment of students to hours of duty.

11. Clinical experience assignments progress from simple to complex.

12. Students are responsible for the complete care of patients assigned to them to the extent of their ability to give care.

13. Student nursing hours are not included in planning for adequate staffing.

14. There is a written plan of content for ward classes.

15. A ward teaching record for each clinical service is included.
in the student's clinical experience record to be used as an aid in choosing situations of greatest value for teaching.

16. Methods of teaching ward classes include conference, clinic, teaching rounds, demonstration.

17. There is active student participation in planning and presenting ward classes.

18. Head nurses assist in selection of topics for discussion and in planning for ward classes. They also participate in classes.

19. Orientation precedes clinical assignment and is preliminary to ward classes on a given service.

20. Teacher made objective tests and standardized tests are used to measure quantitative data.

21. Estimation of qualitative data is accomplished by means of behavior records, rating scales, or check lists.

22. Emphasis is placed on such outcomes as understandings, appreciations, attitudes, and special abilities, instead of fact and skill outcomes.

23. Subjective judgments are controlled by agreed upon standards and based upon all the objective data that can be prepared.

24. Examinations in clinical subjects test all abilities necessary in the particular area and are not confined to doctors' lectures and nursing instructors' classes.

25. Provision is made for student participation in evaluation.
Chapter III

FINDINGS

Organized Classroom Instruction

Classroom instruction in Medical and Surgical Nursing was organized to include Diet Therapy and Public Health Nursing. The first six units were taught during the spring quarter including what is considered general medical and surgical conditions. The course outline designated nursing in conditions of the musculo-skeletal system as the sixth unit. Instead of being taught as a unit it was taught concurrently with the first five units throughout the quarter. The next five units of Medical and Surgical Nursing were taught in the fall quarter.

The course description stated that "the purpose of this course is to assist the student nurse to acquire the essential knowledges and to develop understandings and skills required to give total nursing care to patients with medical and surgical conditions. Emphasis is placed upon: (1) the emotional components in illness, (2) the patient-family relationship, (3) economic and social problems, (4) provisions for continuing care and rehabilitation of the patient after discharge."

Objectives were stated as follows:

"To assist the learner:
1. To acquire knowledges and understandings which will enable her to give intelligent nursing care to medical and surgical patients. These knowledges and understandings can be interpreted as the scientific facts concerning the causes, symptoms, treatment, complications, methods of prevention, and diagnostic procedures to be used;
the clinical principles of nursing basic to comprehensive nursing; the psychological, social-economic, and legal aspects of nursing; the community resources which can be utilized.

2. To develop skills and abilities to modify nursing techniques to meet the individual needs without altering the principles; to analyze and solve nursing care problems and make intelligent observations of the condition of patients; to establish and maintain rapport with patients and their families; to organize nursing activities and plan for patient care; to plan and carry out a worthwhile teaching program of health for the patient and his family; to make appropriate reports concerning patients' medication, care, symptoms, complaints, and other essential data on their charts; to maintain smooth interpersonal relationships and cooperate as a member of the health team.

3. To develop concepts and appreciations of what constitutes high quality nursing; the patient as an individual with spiritual, emotional, and mental needs as well as physical; the importance of intelligent observation and the ability to make appropriate reports; the role of the nurse as a health instructor in helping to awaken health consciousness and in establishing a positive health ideal; the importance of sympathy, understanding, and kindness in the care of the sick.

Those cooperating in the teaching of the course were three clinical instructors, one for medical nursing and two for surgical nursing; one dietitian; physicians and surgeons of the medical staff of the hospital, and medical and surgical members of the resident staff. Resource personnel from community health agencies were also utilized. The clinical instructors planned and organized the course.

Classes were scheduled daily from 11:00 A.M. to 12:00 noon Monday through Friday and from 1:00 P.M. to 2:30 P.M. Monday through Thursday. Total clock hours for the term were 120 plus 26 for the musculo-skeletal unit.
Content of the course included consideration of all essential medical and surgical conditions as outlined in the "Curriculum Guide for Schools of Nursing." (7, pp. 411-428) The disease entities were presented by doctors' lectures. Nursing care and public health aspects were presented by clinical instructors and the dietary aspects by a hospital dietitian. Clinical instructors taught 54½ hours, doctors 39½ hours, dietitian 20 hours, physiotherapist 1½ hours, and 4½ hours were used for end of unit tests.

A variety of teaching methods was used. Doctors used the lecture method exclusively. A combination of lecture and discussion predominated in classes taught by clinical instructors. Demonstration was effectively used. A few well chosen films were included. Student participation in the form of round table discussion, role playing, and demonstration added variety and interest. On the whole, class presentations by students were well prepared, informative, interesting, and well received. Throughout the course different students were responsible for weekly bulletin board displays relating to subjects being studied. Some evidenced much thoughtful preparation and originality and presented key material in a pleasing, impressive manner.

Students were provided with carefully prepared study guides and reading lists at the beginning of each unit. The study guide usually required a written paper in answer to questions or problems presented, which was due on a stated date. Students took notes on all lectures. Oral questioning of students was used in classes conducted by nurse instructors, and opportunity was given for discussion.
At the beginning of the quarter the students were given a list of topics from which they made selection for development of group projects which were presented throughout the quarter. Three which were particularly well done will be described. The first was a round table discussion of the case of a young adolescent who had rheumatic fever. The presentation included consideration of signs and symptoms of his illness, nursing care, emotional needs, problems of convalescence, and community resources available for patients with rheumatic fever. The aspects included were very complete; the presentation was dynamic and interesting; the discussion was spontaneous and enthusiastic. There were four student participants.

Another project was concerned with teaching a diabetic patient how to administer insulin utilizing the equipment he would use at home. The method of teaching the patient was demonstrated by role playing, two of the students playing the role of nurses, one the role of patient, and another a member of the patient's family. This project also was well prepared and presented. The patient's problems were brought out by his questions, and explanation and demonstration by the nurses were used as means of solving the problems. The students handled the situation skillfully and wisely.

The third project dealt with nursing care of the patient with a colostomy and preparing him to leave the hospital. In preparing for the presentation surgical supply houses were visited to obtain samples of equipment used for irrigating the colostomy and for after care. The office of the Oregon Cancer Society was visited to obtain information relative to assistance available for these patients.
Introductory material describing the surgical condition and discussing the important aspects of nursing care was presented by two students. This was followed by demonstration of dressing the colostomy, irrigation, and patient teaching by two other students. This project was well handled, but the knowledge and experience of the students was not sufficient to enable them to cope adequately with all the problems.

The weekly bulletin board displays provided worthwhile learning activity for those responsible for preparation and for those observing the content.

Moving pictures and other visual aids in the form of graphic illustrations and examples of equipment with demonstration of use added to variety of learning activities planned for students.

Written examinations using teacher made objective type questions were given at the end of each of the five units of the first quarter. A final examination covering all five units was given at the end of the quarter.

A standardized achievement test in Medical and Surgical Nursing published by the National League for Nursing was administered upon completion of the course.

Tabulation of types of questions used in the teacher made tests showed an even distribution of multiple choice, short answer completion, true-false, and matching types. There were very few problem-situation and new type essay questions. A table of specifications revealed that much greater emphasis was placed on medical aspects than on those factors relating to nursing.
Table I.—Types of questions used in teacher made tests for end of unit and final examinations.

<table>
<thead>
<tr>
<th>Types of questions</th>
<th>Examinations given</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I &amp; II</td>
</tr>
<tr>
<td>Definitions</td>
<td>10</td>
</tr>
<tr>
<td>Essay (discussion)</td>
<td>1</td>
</tr>
<tr>
<td>Matching</td>
<td></td>
</tr>
<tr>
<td>Multiple choice</td>
<td>5</td>
</tr>
<tr>
<td>Problem-situation</td>
<td>4</td>
</tr>
<tr>
<td>Short answer completion</td>
<td>3</td>
</tr>
<tr>
<td>True-false (explain why false)</td>
<td>13</td>
</tr>
</tbody>
</table>

*Straight true-false without explanation

Table II.—Table of specifications showing types of learning outcomes tested by test items used in examinations.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>V</th>
<th>VI</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scientific principles</td>
<td>51</td>
<td>18</td>
<td>67</td>
<td>69</td>
<td></td>
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<td></td>
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<td>Medical aspects</td>
<td>80</td>
<td>22</td>
<td>102</td>
<td></td>
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</tr>
<tr>
<td>Psycho-social factors</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>6</td>
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<tr>
<td>Legal aspects</td>
<td>6</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Community resources</td>
<td>12</td>
<td>6</td>
<td></td>
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<td></td>
<td></td>
<td>18</td>
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<tr>
<td>Nursing techniques</td>
<td>16</td>
<td>19</td>
<td></td>
<td></td>
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<td>35</td>
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<td>Solving nursing care problems</td>
<td>4</td>
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<td></td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Observation and report</td>
<td>10</td>
<td>3</td>
<td></td>
<td></td>
<td>1</td>
<td>14</td>
<td></td>
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<td>Health instruction</td>
<td>5</td>
<td>5</td>
<td></td>
<td></td>
<td>1</td>
<td>11</td>
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<td>Planning patient care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Sympathy, understanding, kindness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Interpersonal relations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual, emotional, mental needs</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total</td>
<td>185</td>
<td>78</td>
<td>4</td>
<td>267</td>
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</tr>
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</table>

*I Factual knowledge
II Understanding
III Skill
IV Ability
V Concept
VI Appreciation
Clinical Practice

Students were assigned to clinical practice in medical and surgical nursing following the preclinical period. During the preclinical period instruction was received in the basic sciences and elementary nursing arts. Enough practice in the hospital to enable students to learn nursing procedures involved in general care of patients was provided. Medical and Surgical Nursing was the first course in clinical nursing, and the length of time spent in clinical practice was six months. The time spent by students in the classroom and on the hospital wards totaled 40 hours per week.

The hospital facilities which were used for general medical and surgical nursing purposes included two 30 bed medical units, two 29 bed surgical units, and one 31 bed mixed medical and surgical unit. The rotation plan provided for equal time on both medical and surgical units (three months each) for all students. The clinical practice in medical and surgical nursing was completed as an uninterrupted unit by one block of students.

Some of the students were assigned to the orthopedic unit before completing general medical and surgical nursing practice. Orthopedic Nursing was taught concurrently with Medical and Surgical Nursing rather than as one unit of the course, so for those who were thus assigned it was possible to correlate theory and practice.

Some of the students were assigned to the diet laboratory during the medical and surgical nursing experience block. Diet therapy was taught as an integral part of general Medical and Surgical Nursing.
Some students were assigned to the urological unit prior to classroom instruction in urological nursing. It was included in the second quarter along with other medical and surgical specialties.

A case method of assigning patients to students for nursing care was used. In this method the nurse is responsible for the complete nursing care of her patients. She gives all general care, takes temperatures, gives medications, carries out treatments and all orders for patients assigned to her. A functional method of assignment was in general use for other nursing personnel throughout the hospital. By the latter method one nurse is responsible for medications for all patients on the unit; one or two may be responsible for treatments; one may take all temperatures; individual tasks are assigned rather than complete care of individual patients. The assignment was made by the head nurse who was responsible for administration of nursing service on her unit.

There was no definite plan of assignment based on an analysis of types of cases usually available on a given service and correlated with the classroom teaching plan. Head nurses were not included in overall planning for Medical and Surgical Nursing nor did they have copies of course plans. They were not aware of conditions about which students on their units were studying in the classroom. It was not the usual practice for head nurses and clinical instructors to plan clinical assignments together. One head nurse planned for students on her unit to rotate through the various wards, feeling this was a means of assuring varied experience. It was pretty general practice to assign students to care for four patients a day regardless of other
Factors to be taken into consideration. Occasionally an adjustment in assignment was made at the request of the clinical instructor in order to provide better learning opportunities for students.

Each student kept a clinical experience record (see Appendix) in which was recorded the number and diagnoses of patients given care each day. The experience record book also included the standard list of nursing procedures for the various clinical services published by the National League for Nursing and provision for record of ward classes attended. The nursing procedure lists indicated techniques in which initial instruction had been received including demonstration and supervised practice. Provision was made for indicating the number of times practiced in clinical experience and by whom supervised. The ward class record included the subject, type of class, length of time, instructor, and date. All of the records in the clinical experience book were kept by the students and approved by clinical instructors. Students were required to keep the clinical experience record books on the hospital wards so head nurses might refer to them in making student assignments. Head nurses provided a place for clinical experience records but in most instances were not aware of whether or not they were being kept there. Needless to say the records were not serving their intended purpose.

There was no separate statement of objectives for clinical practice. The overall objectives for Medical and Surgical Nursing, which were previously quoted, included development of skill and abilities as one. The skills and abilities enumerated all apply to a real life situation and require clinical practice for accomplishment.
For the most part clinical instructors were on duty on the hospital wards at 7:00 A.M. when students reported on duty. They made note of students' assignments, helped students make nursing care plans and organize their work, and gave assistance where needed. They made direct observation of student performance. Clinical instructors were on duty until 3:30 P.M. Monday through Friday; one was on duty until noon on Saturday; all clinical instructors were off duty on Sunday. Student nurses taking Medical and Surgical Nursing were assigned to clinical practice daily between 3:30 and 7:00 P.M., and also were on duty Saturday and Sunday.

Head nurses made general patient rounds which gave opportunity for casual observation of students taking care of patients. They also made rounds with doctors giving them further opportunity to observe student performance. Actually, very little time was spent by head nurses for the sole purpose of supervision of students at the bedside. Head nurses were very willing to give assistance to students when called upon to do so. There seemed to be a strong feeling that a certain amount of work should be accomplished by students. They were willing to see that students obtained needed learning experiences if such assignment did not interfere with the needs of nursing service.

The working relationship between the clinical instructors and head nurses was not close. There was a wide gap of separation between the two groups, and they did not appear to share the same objectives for student nurses' clinical practice. Two representatives from the head nurse group attended faculty meetings, but clinical instructors did not attend head nurse meetings unless for some special reason. Some
head nurses seemed to feel that clinical instructors wasted time by going over students' assignments and discussing nursing care plans with them. They also indicated that students were having it too easy and were not learning as effectively as did students of an earlier era. Their judgment was based on the amount of work completed by students. Some clinical instructors felt it was very difficult to accomplish desired objectives in clinical practice for students because of lack of cooperation from head nurses.

The clinical evaluation record used was dependent on observed behavior of student nurses while taking care of medical and surgical patients. It listed five points and provided space for comments relative to each. The points listed were: technical competence, observation and dependability, knowledge and application of nursing principles, professional attitude, interest and progress. A guide was provided to assist in determining degree of achievement from low to high. The evaluation record was completed by the head nurse with the assistance of the clinical instructor. A conference was held with each student sometime prior to completion of a service, and a final conference was held upon completion.

Examination of eleven student records of supervised experience in carrying out medical and surgical nursing procedures revealed considerable variation in experiences obtained. Only three had administered oxygen by means of tent, two by mask, and all had administered oxygen by nasal catheter. All but two had administered carbon dioxide and oxygen mixture. All but two had had experience with colostomy dressings. Only one had given a colostomy irrigation.
Table III.—Medical and surgical nursing procedure record for eleven students. A check appears opposite each procedure which has been performed satisfactorily under supervision.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Students</th>
<th>Procedure</th>
<th>Students</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respiratory System</strong></td>
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<td></td>
</tr>
<tr>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Blow bottles</td>
<td></td>
<td>E.K.G.</td>
<td></td>
</tr>
<tr>
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<td></td>
<td>Venesection</td>
<td></td>
</tr>
<tr>
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<td></td>
<td>Circulation time</td>
<td></td>
</tr>
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<td>Empyema</td>
<td></td>
<td>Venous pressure</td>
<td></td>
</tr>
<tr>
<td>Inhalation</td>
<td></td>
<td>Bone marrow aspiration</td>
<td></td>
</tr>
<tr>
<td>Carbon dioxide &amp; oxygen</td>
<td></td>
<td>Tourniquet</td>
<td></td>
</tr>
<tr>
<td>Oxygen mask</td>
<td></td>
<td>Instruct patient</td>
<td></td>
</tr>
<tr>
<td>Nasal oxygen</td>
<td></td>
<td>Buerger's exercises</td>
<td></td>
</tr>
<tr>
<td>Oxygen tent</td>
<td></td>
<td>Cardiac care</td>
<td></td>
</tr>
<tr>
<td>Steam</td>
<td></td>
<td>Diet</td>
<td></td>
</tr>
<tr>
<td>Special mouth care</td>
<td></td>
<td>Intake and output</td>
<td></td>
</tr>
<tr>
<td>Nasal treatment</td>
<td></td>
<td>Liver therapy</td>
<td></td>
</tr>
<tr>
<td>Atomizer</td>
<td></td>
<td>Varicose ulcer</td>
<td></td>
</tr>
<tr>
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<td></td>
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<td>Colonic irrigation</td>
<td></td>
</tr>
<tr>
<td>Respirator patient</td>
<td></td>
<td>Colostomy irrigation</td>
<td></td>
</tr>
<tr>
<td>Suction</td>
<td></td>
<td>Diet</td>
<td></td>
</tr>
<tr>
<td>Assist with</td>
<td></td>
<td>Drainage</td>
<td></td>
</tr>
<tr>
<td>Intubation</td>
<td></td>
<td>Duodenal</td>
<td></td>
</tr>
<tr>
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<td></td>
<td>Miller-Abbott</td>
<td></td>
</tr>
<tr>
<td>Thoracentesis</td>
<td></td>
<td>Wangenstein</td>
<td></td>
</tr>
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<td>Throat treatment</td>
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<td><strong>Dressing</strong></td>
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<td>Cholecystectomy</td>
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<td>Irrigation</td>
<td></td>
<td>Colostomy</td>
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</tr>
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<td></td>
<td>Gastrostomy tube</td>
<td></td>
</tr>
<tr>
<td>Swab</td>
<td></td>
<td>feeding</td>
<td></td>
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<tr>
<td>Tracheotomy tube</td>
<td></td>
<td>Special mouth care</td>
<td></td>
</tr>
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<td>Proctolysis</td>
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<td></td>
</tr>
<tr>
<td>Tracheotomy tube</td>
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<td>Barium enema</td>
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<tr>
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<td>Gastric analysis</td>
<td></td>
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<td>Buerger's exercises</td>
<td></td>
<td>G-I series</td>
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<tr>
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<td></td>
<td>Gavage</td>
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<td>Glucose tolerance</td>
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<td>Graham dye</td>
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Table III.—Continued

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<tr>
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<td>Removal foreign body</td>
<td>□ □ □ □ □</td>
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<td>Vision determination</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
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<td>□ □ □ □ □</td>
<td>Instruct patient</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
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<td>□ □ □ □ □</td>
<td>Compresses</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
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<td>Irrigation</td>
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<td>Lighting</td>
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<td>Use and care of glasses</td>
<td>□ □ □ □ □</td>
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<td>Ear</td>
<td>□ □ □ □ □</td>
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<td>□ □ □ □ □</td>
<td>Drops</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Instruct patient</td>
<td>□ □ □ □ □</td>
<td>Hearing determination</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Care of skin</td>
<td>□ □ □ □ □</td>
<td>Irrigation</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
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<td>Mastoidectomy</td>
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</tr>
<tr>
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<td>dressing, assist</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Nutrition</td>
<td>□ □ □ □ □</td>
<td>Preoperative preparation</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>□ □ □ □ □</td>
<td>Assist with</td>
<td>□ □ □ □ □</td>
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<td>Myringotomy</td>
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<tr>
<td>Physical therapy</td>
<td>□ □ □ □ □</td>
<td>Removal foreign body</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Eye</td>
<td></td>
<td>Basal metabolism, assist</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Bandaging</td>
<td>□ □ □ □ □</td>
<td>Diabetic foot care</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Compresses</td>
<td>□ □ □ □ □</td>
<td>Diet</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Cold</td>
<td>□ □ □ □ □</td>
<td>Diabetic</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Hot</td>
<td>□ □ □ □ □</td>
<td>Malnutrition</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Dressing, assist</td>
<td>□ □ □ □ □</td>
<td>Obesity</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Cataract</td>
<td>□ □ □ □ □</td>
<td>Dressing, thyroid</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Drops</td>
<td>□ □ □ □ □</td>
<td>Insulin injection</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Irrigation</td>
<td>□ □ □ □ □</td>
<td>Urinalysis</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Ointment</td>
<td>□ □ □ □ □</td>
<td>Acetone</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td>Preoperative preparation</td>
<td>□ □ □ □ □</td>
<td>Diacetic acid</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sugar</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Instruct patient</td>
<td>□ □ □ □ □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Basal metabolism</td>
<td>□ □ □ □ □</td>
</tr>
</tbody>
</table>
All had given care to incontinent patients. Only one had assisted with any neurological tests or treatments. Three had not administered insulin; two had not tested urine for sugar; and seven had not given patient instruction in the care of diabetes. The records showed that students had limited experience changing all types of surgical dressings. Five had not had opportunity to carry out nursing responsibility for patients having gastrointestinal series. Further examples could be cited to show that all students did not gain experience in all medical and surgical nursing techniques.

Examination of students' individual daily assignment sheets showed that daily repetition of simple nursing techniques constituting general patient care accounted for the major portion of students' time on duty. It was observed that often when there were more valuable learning experiences available, they were not utilized for student assignment. Graduate nurses were asked to be responsible for such
situations as assisting with specialized procedures or teaching the diabetic patient.

An analysis was made of distribution of experience to ten students for a three month period. In order to determine the available patient days, record was kept of diagnoses of all patients on the units to which these students were assigned. The diagnoses were then grouped and tabulated according to the table. Patient days of practice for the ten students were obtained by tabulating the number of diagnoses and the number of days spent taking care of patients with each. By comparison of patient days of practice for individual students it was possible to show the equalization of distribution of experience.

Relationship between experience obtained by students and that available was also pointed out. The findings showed that there was considerable variation in the number of patient days of practice for students under all classifications. Almost all of the students received some experience in the care of the less available conditions. The greatest excess of experience occurred in medical conditions of the gastro-intestinal tract, heart and circulatory system. Surgical conditions for which there were large numbers of patient days available did not show a correspondingly high number of patient days of practice for students, although the distribution of days was not even. The areas in which some students had not had experience upon completion of medical and surgical nursing practice were surgical conditions of the heart, gastro-intestinal, respiratory, and neurological systems; hernia repair, thyroidectomy, medical conditions of the biliary tract, and blood dyscrasias.
Table IV.—Analysis of distribution of experience to ten students for April, May, and June

<table>
<thead>
<tr>
<th>Classification</th>
<th>Available patient days</th>
<th>Patient days of student practice</th>
<th>Patient days of student practice</th>
<th>Total experience obtained by each student*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Allergy</td>
<td>M**</td>
<td>7</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>S***</td>
<td>9</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Appendicitis</td>
<td>M</td>
<td>150</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>25</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Biliary</td>
<td>M</td>
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<td>7</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>18</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Blood dyscrasia</td>
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<td>4</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>29</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Circulatory</td>
<td>M</td>
<td>15</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>S</td>
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<td>Endocrine</td>
<td>M</td>
<td>37</td>
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<td>6</td>
</tr>
<tr>
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<td>136</td>
<td>26</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>149</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
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<td>119</td>
<td>23</td>
<td>8</td>
</tr>
<tr>
<td>Heart</td>
<td>M</td>
<td>45</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>14</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Hernia</td>
<td>M</td>
<td>5</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>47</td>
<td>5</td>
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</tr>
<tr>
<td>Integumentary</td>
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<td>2</td>
</tr>
<tr>
<td>Neurological</td>
<td>M</td>
<td>23</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Orthopedic</td>
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<td>5</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>14</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
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<td>4</td>
<td>90</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>121</td>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td>Respiratory</td>
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<td>5</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>11</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Urological</td>
<td>M</td>
<td>37</td>
<td>3</td>
<td>9</td>
</tr>
</tbody>
</table>

*Because three months represents just one half of time spent on medical and surgical services total practice days on completion of that phase of experience is also shown.

**Medical

***Surgical

Patient days are the number of hospital days for each patient. Patient days of experience for students are the number of days spent caring for patients with a particular diagnosis. If a student takes care of four patients with conditions of the circulatory system for 10 days she will have 40 patient days for these types of conditions.
<table>
<thead>
<tr>
<th>Classification</th>
<th>Available patient days</th>
<th>Patient days of student practice</th>
<th>Total experience obtained by each student</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>M S M</td>
<td>7 1 1 1</td>
<td>1 2 4 2</td>
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<tr>
<td>Allergy</td>
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<td></td>
</tr>
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<td>9 2 2 7</td>
<td>2 2 7 2</td>
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<tr>
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<td>S M M</td>
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<td>13 14 13 13</td>
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<td>Blood dyscrasia</td>
<td>M S M</td>
<td>25 1 1</td>
<td>6 14 6 6</td>
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<td>Circulatory</td>
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<td>Endocrine</td>
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<td>7 1 11 2</td>
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<td>Gastro-intestinal</td>
<td>S M M</td>
<td>179 24 19 17</td>
<td>17 19 14 14</td>
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<td>Gynecological</td>
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<td>Heart</td>
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<tr>
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<td>S M M</td>
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<td>3 14 24 14</td>
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</table>

Ward Teaching

There was no written plan for ward classes nor statement of objectives of the ward teaching program. The aims previously stated which relate to development of skills, abilities, concepts, and appreciations might be considered to be applicable. The class
schedule provided for one hour per week.

Ward classes were patient-centered, and the instructors attempted to select cases related to the unit currently studied in the classroom. Records of eleven students were examined to ascertain coordination of ward teaching and classroom instruction. During the months of March, April, and May the units on the respiratory system, circulatory system and gastro-intestinal system respectively were considered.

During the month of March, when the respiratory unit was studied, ten of the eleven students had a ward class dealing with a poliomyelitis respirator case, one concerning a patient with leukemia, and one concerning a patient with congestive heart failure. One student had a class on pneumonia, mastoidectomy, and planning nursing care. Conditions of the ear, nose and throat were included in the respiratory unit, so coordination was better for the latter student than for the others.

During the month of April, when the circulatory system was studied, ten students had a ward class centered around a patient with a spontaneous pneumothorax and one concerning a patient with diabetes. One student had classes centered around patients with the following surgical conditions: appendectomy, thyroideectomy, hysterectomy, and herniorrhaphy. Apparently there was no attempt to coordinate between classroom instruction and ward teaching.

During the month of May, when the gastro-intestinal system was studied, eleven students had ward classes centered around patients with appendectomy, peptic ulcer, colostomy; ten, rectal surgery,
Table V.—Coordination between formal classes and ward teaching for eleven students

<table>
<thead>
<tr>
<th>Ward class topics</th>
<th>Classroom teaching units</th>
<th>March</th>
<th>April</th>
<th>May</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>preoperative and postoperative care</td>
<td>Circulatory conditions,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory conditions</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Ear, nose and throat conditions</td>
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<td></td>
</tr>
<tr>
<td>Appendectomy</td>
<td></td>
<td></td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Colectomy</td>
<td></td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>10</td>
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<td></td>
<td></td>
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<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td>10</td>
<td></td>
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<tr>
<td>Hernia</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Hysterectomy</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
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<tr>
<td>Leukemia</td>
<td></td>
<td></td>
<td>10</td>
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<tr>
<td>Lung surgery</td>
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<td>1</td>
<td></td>
</tr>
<tr>
<td>Mastectomy</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Mitral commissurotomy</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Peptic ulcer</td>
<td></td>
<td></td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Planning nursing care</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Poliomyelitis (respirator)</td>
<td></td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Preoperative and postoperative care</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Rectal surgery</td>
<td></td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Spontaneous pneumothorax</td>
<td></td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Thyroid conditions</td>
<td></td>
<td></td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
</table>

The units of study being considered in the classroom are listed for each month. The numbers designate the number of students having ward classes on the topics indicated during the month heading the column in which the numbers appear.
thyroidectomy; and two, mitral commissurotomy. In this unit occurred the best demonstration of coordination attempted this term.

Examination of the data shows that for the most part subject matter for ward classes in March preceded consideration of the same in the classroom. In April one of the classes related to the unit just completed, while all of the others preceded classroom consideration of the subjects selected. In May there was close relationship between classroom and ward teaching. The mitral commissurotomy is a type of case which is less likely to be available for study at the time the condition is considered in the classroom than some of the more common conditions, so it is justifiably included when available. In this particular instance its consideration closely followed the classroom unit of study in which it is included.

The conference method of teaching was used almost exclusively. Assignments were posted a few days in advance of classes and included statement of topic, presentation, time and place, and suggested reading. The assignment to individual students of various aspects of the condition being studied was made under presentation. It usually included social, economic, and psychological aspects to be considered in giving care to the patient selected; medical aspects of the disease condition as related to the particular patient; medical treatment and laboratory findings; nursing care and solution of nursing care problems arising in the care of the patient; patient teaching in conditions where particularly important; and consideration of the work of such organizations as the American Cancer Society, the National Foundation for Infantile Paralysis, and the American Heart Association. Often
students spent little time in preparation of their reports as indicated by the material presented and remarks made prior to class time relative to obtaining information from the patients' charts. Some students did an excellent job of preparation and presentation. Occasionally the medical aspects and medical history were presented by one of the resident doctors. The physiotherapist or dietitian participated in ward classes once in a while. Junior or senior students sometimes led discussions. Head nurses were not present.

One clinic was held during the three month observation period. All students taking Medical and Surgical Nursing were included. There was greater evidence of student interest in this class than in any of the other ward classes attended by the writer. It was not usual for all students to attend the same ward class inasmuch as such classes were centered around nursing care of patients the students knew, so were conducted on the various hospital units for small groups of students. In the clinic just mentioned a patient with a well regulated colostomy was presented for the purpose of illustrating important aspects of nursing care of a colostomy from the viewpoint of the patient. She was a registered nurse who had the surgery several years previously and was presently employed by the Veterans Administration, so was able to speak both as a patient and a nurse. Inasmuch as the colostomy is one of the less common surgical conditions but common enough that nurses should be well informed on its care this was a valuable class for all the students.

Ward classes were scheduled on the regular class schedule for one hour a week and were usually conducted in a conference room on the
hospital ward. The first ward class on a clinical service for a group of students new to the service was for the purpose of orientation. Learning activities included preparation and presentation of reports, discussion, reading, observation and nursing care of patients, listening to reports, making plans for nursing care, solving nursing care problems.

Evaluation of performance in ward classes was based on participation in class and written nursing care studies. Students were required to write two medical and two surgical nursing care studies. Students did not receive a grade for ward classes as such, but that grade was included in the clinical practice grade. No discussion was held with students regarding means to be used for evaluating work done in ward classes.

A tabulation of ward classes according to the appropriate units of study was made for eleven students upon completion of medical and surgical clinical practice in order to show distribution. All students had one class on a respiratory condition. Three had two classes on circulatory conditions; three had four, three had five; and one had no ward classes dealing with circulatory conditions. Three students had four classes on gastro-intestinal conditions; three had five classes; two had seven; one had eight; and one had fifteen; there was repetition of topics for four students. The student who had fifteen classes on gastro-intestinal conditions had repetition of topics as follows: three classes dealing with appendectomy, three colostomy, two rectal surgery and two gastrectomy. Three students had two classes concerned with diseases of the endocrine system; three had three; three had four;
Table VI.—Distribution of topics for ward classes for eleven students who had completed medical and surgical clinical practice

<table>
<thead>
<tr>
<th>Unit of study grouping of ward class topics</th>
<th>Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circulatory system</td>
<td>4 4 2 2 2 2 5* 5* 4 5</td>
</tr>
<tr>
<td>Eye conditions</td>
<td>1 1</td>
</tr>
<tr>
<td>Endocrine system</td>
<td>4* 4* 3* 5* 3* 3* 2 2 4* 2* 5*</td>
</tr>
<tr>
<td>Gastro-intestinal system</td>
<td>5 6* 5* 4 4 4 6 15* 7 7*</td>
</tr>
<tr>
<td>Genito-urinary system</td>
<td>1 2 6* 7* 7* 5* 7* 4 1</td>
</tr>
<tr>
<td>Integumentary system</td>
<td>1 1 1 1 1</td>
</tr>
<tr>
<td>Medical review</td>
<td>1</td>
</tr>
<tr>
<td>Medications</td>
<td>2</td>
</tr>
<tr>
<td>Musculo-skeletal system</td>
<td>2 2 2 1 1 1 2 2 2 1</td>
</tr>
<tr>
<td>Nervous system</td>
<td>2 2</td>
</tr>
<tr>
<td>Preoperative and postoperative care</td>
<td>1 1</td>
</tr>
<tr>
<td>Respiratory system</td>
<td>1 1 1 1 1 1 1 1 1 1</td>
</tr>
<tr>
<td>Total</td>
<td>17 22 22 23 20 18 22 24 26 18 25</td>
</tr>
</tbody>
</table>

* Two classes on same topic
# Two classes on each of two different topics within group
1 Three classes on same topic
+ Four classes on same topic
" The following repetition of topics occurred in this group:
3 appendectomy, 3 colostomy, 2 rectal surgery, and 2 gastrectomy.

and two had five; there was repetition of topics for nine students.

Only five students had one class each on conditions of the integumentary system. Four students had one class dealing with the nervous system, and six had two classes. One student had one class on an orthopedic condition; three had two, and one had three.
Genito-urinary conditions were distributed as follows: one student had one class; one had two; one had four; one had five; one had six; four had seven; and all but three had repetition of topics. Two students had one class each on eye conditions. The total number of classes per individual student ranged from seventeen to twenty five.

Inasmuch as the hospital had segregated urological and orthopedic services, and the rotation plan included assignment of all students to these units, those students not having had ward classes covering topics related to these units of study would get them when rotated to the services. A six weeks tuberculosis affiliation was included on the rotation, which provided for experience in care of lung conditions and communicable disease nursing with related teaching.
Chapter IV

EVALUATION

The course in Medical and Surgical Nursing being evaluated followed the usual pattern in that it was conducted by means of formal classes, supervised practice in nursing care of patients, and ward classes centered around selected cases on the ward. Consideration will first be given to the formal class phase of the course.

The stated objectives were in terms of assisting the learner in acquisition of knowledges and understandings, development of skills and abilities, and development of concepts and appreciations. All are desirable behavior patterns for the school to seek to develop in the student. Course planning indicated that objectives had not been lost sight of, and throughout the syllabus they were discernable. Actual realization of development of the skills and abilities outlined was dependent on integration and application of classroom learnings in the clinical situation.

The first hour of the course was conducted by a nursing instructor and was devoted to description of the course including consideration of objectives and general plan and requirements. Objectives were recognized, understood and accepted by the learners. Objectives were achievable for learning situations covered by the course and led to the achievement of longtime objectives. No differentiation was made between teacher's objectives and student's objectives.

Subject matter was well covered. The material was authentic, wisely selected, and well presented. Although nurse instructors
taught more hours than doctors the proportionate number of hours for
doctors was still high, and whether or not nurses need so much
pertaining to medical and surgical aspects of disease might be
questioned. Nurses are not expected to diagnose and treat so need
only sufficient knowledge of causes, symptoms, diagnosis, and
treatment of disease to enable them to give intelligent nursing care.
In a course in clinical nursing the greatest emphasis should be placed
on subject matter material which is vital for the life experience of a
nurse. It is important for nurses to understand changes brought about
by disease in the body and the nature of surgical procedures performed
in order to appreciate the implications for nursing. In some instances
it seemed that the implications for nursing could have been given
greater emphasis.

The organization of subject matter material was logical with the
exception of the placement of the units having to do with nursing in
conditions of the integumentary system and nursing in conditions of
the musculo-skeletal system. Students assigned to general medical and
surgical units have occasion to take care of patients with conditions
of the integumentary system. On the other hand, in a hospital with a
segregated orthopedic service it is unlikely that they will be required
to take care of patients with orthopedic conditions on the general
medical and surgical units. Therefore, it does not seem necessary to
teach the orthopedic unit with general medical and surgical conditions.
Teaching it concurrently rather than as an integral unit served to
isolate it in the minds of the students, and many of them thought of
it as a separate course rather than as a part of Medical and Surgical
Nursing.

Good connection was made with previous learnings in Nursing Arts, Anatomy and Physiology, Microbiology, and Nutrition. Integration of social and public health aspects and dietary aspects was very satisfactorily accomplished. Students were made well aware of existing community health agencies and services available.

The teaching-learning situations were organized in subject matter units, which was suitable for the desired learning outcomes and the maturity of the learners. The conduct of classes in teaching subject matter units necessarily relies on formal methods. (5, p. 247) As was previously mentioned the lecture method and combination of lecture and discussion predominated, both appropriate for mature learners. Presentation of material was interesting, and teaching aids were utilized to advantage.

Unit assignments were made and were specific, motivating, and appropriate. Challenging study guides and adequate resource material was provided. Projects were closely related to typical activities and needs of students in practice of medical and surgical nursing. Students seemed to feel a need for knowing daily topics further in advance than they did. This could have been accomplished by giving them study guides and assignment sheets or posting a copy of the day by day plan for covering material at the beginning of each unit, which was done for the gastro-intestinal system.

The learning experiences were predominantly those typical of the formal classroom—reading, listening, writing, answering questions. Interest was increased by provision for diversity of activities
through student responsibility for an up-to-date bulletin board and student projects. The projects were varied and provided for many types of individual and group activity. Good use was made of moving pictures. Those selected were appropriate and used effectively.

Classroom learnings were related to ward experiences and frequently students referred to examples of specific cases in the hospital. Sometimes the instructor was not familiar with the particular cases mentioned. Occasionally instructors made reference to cases known to some of the students. When students are assigned to several different hospital areas this kind of reference is most meaningful to only a few students but can be utilized for the benefit of all.

There was evidence of good teacher-student rapport. Students felt free to raise questions for discussion in class, and student response in class was good. Students were given opportunity for problem solving by participation in the group projects. In most instances they had the essential knowledge and skills for coping wisely with the problems. It was noted that student projects were carried out with very little teacher direction. The superior students were most thorough in utilization of available sources of information, organization of material, and presentation. Most of the students appeared to be interested, and they worked together harmoniously.

The teacher made objective tests used for evaluation included six of the commonly used types of questions. Such tests, when properly constructed, will test understanding, judgment and other mental skills. (5, p. 425) Problem-situation tests measure ability to apply
scientific principles and canons of logic to new situations. Memory
is best tested by objective tests. Understandings and problem solving
skills can be tested by means of the improved essay type questions,
particularly in high school and college. (5, pp. 423-429)

The table of specifications compiled for the testing used shows
that only factual knowledge and understanding was tested. The
questions used with very few exceptions gave no basis for evaluating
skills, abilities, concepts, and appreciations. This was to be
expected, because nursing skills and abilities cannot be tested by
paper and pencil tests. The problem-situation and improved essay
types of questions could be used as basis for evaluating concepts and
appreciations. Very few of both of these types were used. It should
be borne in mind, however, that considerable training in the technique
of constructing these types of questions is necessary, and they are
difficult to construct.

Knowledge and understanding of medical aspects and scientific
principles was tested to a much greater extent than nursing aspects.
This again raises the question of how much a nurse needs to know about
the disease entities in order to give intelligent nursing care. She
needs to know enough to give reason and understanding to what is
required of her in the care of patients. Some of the stated objectives
were not tested. Those which were not included were knowledge and
understanding of legal aspects, ability to maintain smooth
interpersonal relations, and appreciation of spiritual, emotional and
mental needs of patients. Knowledge and understanding of legal aspects
could have been tested adequately by the method used. Ability to
maintain smooth interpersonal relations could have been tested
theoretically by a paper and pencil test but not actually. The best
means of evaluating such a learning outcome would be some type of
behavior record. Appreciation of spiritual, emotional, and mental needs
of patients could be evaluated by observation of the students in the
practice situation. The findings indicate advisability of more careful
consideration of desired learning outcomes in selecting test items.

The placement of time spent in clinical practice in medical and
surgical nursing met both the recommendation of the National League
for Nursing and the Oregon State Board of Nurse Examiners. The forty
hour week including classes also met the national and state
recommendations. The daily patient average in the hospital was well
above the minimum requirement of the State Board of Nurse Examiners.

The inclusion of diet therapy experience in the medical and
surgical block is good practice when the classroom teaching is
integrated as was done in this instance. Assignment to any experience
prior to classroom instruction is considered undesirable. It is
preferable that the two be concurrent, but usually it is not possible
to make such arrangement for all students, so some will have experience
following classroom instruction.

The only justification for using the urological unit for
experience for students taking General Medical and Surgical Nursing
would be if there were sufficient general patients there to provide
experience for them. Sometimes a specialized division in a hospital
is not filled to capacity with that type of patient, so other types of
patients are admitted if the beds are needed. Under such circumstances
the variety of general conditions would be limited.

It would appear that the use of the orthopedic and urological units so early in the students' clinical experience was determined by hospital demands for nursing service rather than the most desirable placement to accomplish educational ends.

The case method of assignment of patients is the most desirable for teaching students. Some of the advantages of this method are:
(1) the patient receives better care in that more individualized nursing care is possible, and the parts of the care are more carefully integrated. Mistakes are less likely to occur. (2) When nursing care is patient centered the student gains a better knowledge of medical and surgical conditions and their effects on individuals, and has an opportunity to plan nursing care and observe the results. (3) The satisfaction to the nurse is greatly increased, because she knows the patient better and sees his nursing care in relation to the entire plan of medical treatment. (13, p. 144)

If student nursing practice is to be an educative experience it should be unified around the purpose of the learner; it should be continuous and interactive; and it should contribute to the natural integration of the learner. If there are not consciously selected goals it is doubtful if the learner will find purposes in the activities provided for him. William Burton states that

"The setting and achievement of educative purposes would seem to demand the following:
1. A careful analysis of the situation in which the purpose is to be fulfilled.
   a. Observation of the persons and materials with which interaction will take place."
b. Recall of any previous experience which might bear on the present one.
c. Judgment as to the possible consequences of any contemplated action within the given situation.

2. A plan of action through which the purpose is to be achieved. (This is tentative and provisional. Planning continues as the experience develops.)

3. A series of evaluation constantly under way.
   a. To determine, as the plan develops, whether the activities and materials are well chosen.
   b. To determine to what extent the purpose has been successfully achieved."

(6, p. 68)

Clinical instructors and head nurses should work together closely in planning for clinical practice of student nurses. When objectives have been set up an analysis of available learning experiences usually present on each unit should be made. It should be decided what minimum experiences are to be provided for all students, and a tentative plan should be set up. Head nurses will not find purpose in such planning if they do not have part in it.

The clinical experience records kept by the students followed good form and were complete, but they were not serving the purpose for which intended. If the people who make assignment of patients to students do not understand and appreciate the reasons for referring to clinical experience records it naturally follows they will not be used. Clinical instructors and head nurses should share the responsibility for seeing that student experience records are kept up to date and put to good use.

Supervision of student practice in medical and surgical nursing was good from 7:00 A.M. to 11:00 A.M. Students had classes from 11:00 A.M. to 3:30 P.M., so their practice hours were in the morning and between 3:30 P.M. and 7:00 P.M. After 3:30 P.M. there were no clinical
instructors on duty, and head nurses were off duty. With the exception of Saturday morning clinical instructors were off duty on Saturday and Sunday. Head nurses or their assistants were on duty on the weekends. Students were under the supervision of staff nurses in charge after 3:30 P.M. Evening assignments were determined by nursing service needs and usually were made by the charge nurse working that shift. Students often took care of different patients in the evening than they had in the morning. In light of the circumstances the late afternoon and early evening experience can hardly be considered to have educational purpose.

Something should be done to familiarize head nurses with the content of classroom material, the objectives for the area of clinical instruction, and the principles and techniques of the nursing procedures students are taught. They should be aware of the contribution in the program of study and experience for students which belongs to them and should also know what contributions other participants are making.

Had there been careful planning there would not have been so many imbalances in nursing procedure experience. It would have been possible to prevent the wide variations in distribution of experience in care of disease conditions. Planning for progression of suitable student experiences would have eliminated the daily repetition of simple nursing techniques beyond the point of learning and would have made better use of the learning opportunities which are limited by the infrequency of their occurrence.

The inclusion of student nursing hours with nursing service time
indicates dependence on students for supplying nursing service. As long as this is true, it is to be expected that hospital service needs will influence the assignments of students. Unless it is understood that all student experience should be for the purpose of achieving educational objectives, or there is a differentiation between time spent for that purpose and for the purpose of work experience, it is difficult to maintain desirable educational standards in clinical practice.

The rating scale used for evaluation of clinical practice listed very generalized traits to be marked in general terms. The key which served as a guide in scaling the traits by levels prevented the rating from being purely subjective. This type of scale has been developed to include more complete listing of traits which are identified by brief description of behavior indicative of each trait.

It is just as important that there be stated objectives and a written plan of content for ward classes as it is for formal classes, even though the order of arrangement may of necessity vary from the plan. By this means all students will be assured of equal distribution of topics, and there will be better coordination between classwork and nursing practice. Although it may not always be possible to have perfect coordination unit by unit, as the quarter progresses all topics which had been planned for ward classes will be covered.

The amount of time allowed for planned ward instruction seems low. It is generally felt that two to three hours per week is more desirable than one. (7, p. 49)

The ward teaching record which was included in the students'
clinical experience record apparently was not always used as a guide for selection of teaching situations which would be of greatest value to the student. Otherwise there would not have been as many repetitions of topics as was revealed in the tabulation of ward classes for a group of students who had finished general medical and surgical clinical nursing experience.

The conference method of teaching probably is one of the easiest to use and is most often suited to the available clinical material, but variety, interest, and more effective teaching can be provided by utilization of other methods. Commonly it is felt that private patients cannot be used for clinics, teaching rounds, and demonstrations. It has been the writer's experience that many times private patients are very willing to cooperate and are pleased to feel that they are contributing to the educational program.

The orientation conference was well planned and carried out on each unit.

Good individual teaching by clinical instructors at the bedside and in informal conference was observed.

More emphasis on evaluation of students' work in ward classes is indicated in order to determine to what extent desired learning outcomes are accomplished. Before it is possible to do this, however, there must be a clear definition of what is to be evaluated. Desired changes in behavior which serve as evidence of proof of learning should be determined and listed. Then the best device for evaluation should be constructed. Students should be given opportunity to participate in setting up desired outcomes, selecting appropriate
learning activities and evaluational devices.
Chapter V

SUMMARY, CONCLUSIONS, RECOMMENDATIONS

The strengths of the course in Medical and Surgical Nursing which was evaluated lie chiefly in the formal class phase. It included recommended subject matter, sufficient hours, and was well placed in the curriculum. Teaching methods used were suitable to the maturity of the learners. Classes were well conducted. There was adequate provision for student participation, and learning activities were varied. Evaluation techniques were appropriate, although provision was not made for testing all learning outcomes which had been stated as desirable.

Strengths which were observed in the clinical practice phase of the course were: availability of clinical instructors for guidance of students during the morning hours, case method of assignment for student nurses, and orientation of the students to the unit. The time spent and the hours per week were within accepted standards. Clinical facilities were adequate for good experience in medical and surgical nursing.

Ward classes were scheduled at a regular time, and attendance was handled the same as for other classes. Assignments were typewritten, following good form, and were posted on the bulletin board several days in advance of classes. They were specific, motivating, and appropriate. Teaching was patient centered.

The areas of the course in Medical and Surgical Nursing in which needed improvement was indicated were clinical practice and ward
teaching. Imbalances which were shown to exist in student experience in caring for disease conditions and in carrying out nursing techniques could have been prevented by more careful planning. If student nurses were not considered such an essential part of the nursing service it would facilitate planning for educative experiences. Because there was no supervision of students by nursing school faculty after 3:30 P.M. on week days and after Saturday noon on weekends, it seems more fitting to classify experience during those times as work experience rather than educative experience.

Better coordination between classroom, clinical practice and ward teaching was needed. Unless those who are responsible for assignment of student experience are included in overall planning or are made aware of the importance of selecting learning experiences for students which will help in integration and application of previous learnings in giving nursing care, most effective use of learning opportunities cannot be expected. Without planning and awareness of all those involved in teaching student nurses of the contributions of each one to the total teaching program there cannot be adequate coordination between clinical experience and classroom teaching.

If the portion of the clinical teaching program which is conducted by means of ward classes is to be the means of converging classroom instruction and clinical experience it should have specifically stated objectives and should provide for learning experiences which will make possible the attainment of the objectives. (3, pp. 213-225) Patient centered ward teaching should include the patient as often as possible. One of the most effective ways of presenting facts related to the
occurrence of disease conditions and to show influence of emotional and social factors is to let patients who represent typical cases tell the story in class of how the condition occurred, symptoms present, his reactions, home problems resulting. Presentation of patients in class is also an effective way of teaching students how to observe. The students' reaction to the one clinic included in the Spring quarter was tangible evidence of the effectiveness of this method of teaching.

Ward classes offer a wonderful opportunity for a selection of varied and dynamic learning experiences.

The following conclusions are made from the evaluation of the course in Medical and Surgical Nursing:

1. Subject matter is presented adequately with sufficient time allowance for the various units of instruction.

2. The organization of the course and the types of examinations given indicate that the emphasis is largely on the mastery of facts.

3. Too much emphasis is placed on formal classes and not enough on ward teaching.

4. The student nurse's clinical experience is not a planned laboratory practice organized and directed as any other laboratory in an educational institution.

5. Coordination of classroom and ward teaching and practice needs to be improved.

6. There seems to be a good relationship between those responsible for administration of nursing service and those responsible for nursing education, but there is a need for better understanding and closer cooperation to accomplish educational objectives.
Recommendations are made as follows:

1. It is recommended that there be a clear statement of objectives for students' clinical experience and for ward classes as well as for formal classes. It is further suggested that students be given an opportunity to participate in formulation of objectives.

2. It is suggested that only those units pertaining to general Medical and Surgical Nursing be included in the first quarter and that all specialties be included in the second quarter.

3. Further study is recommended to determine whether or not it is advisable to decrease the number of hours taught by doctors and increase the number of hours taught by nurse instructors.

4. Recommendation is made that testing and measurement place more emphasis on nursing aspects and less on medical and scientific facts. Also it is suggested that there be more careful selection of test items to test desired learning outcomes. Further study of techniques for evaluation and measurement is recommended.

5. It is recommended that consideration be given to limiting clinical experience for students to general medical and surgical wards and diet laboratory during the first quarter of Medical and Surgical Nursing.

6. Recommendation is made that clinical instructors and head nurses plan together for students' clinical practice. Determine what minimum experiences can be provided on each unit and decide on means of checking. See that students' clinical experience records are used as an aid in making clinical assignments.

7. It is recommended that means be used to arrive at a better
understanding with those responsible for nursing service regarding the status of student nurses and the purpose of their clinical experience.

Consideration might be given to designating which hours are for the purpose of laboratory practice and which hours are for work experience.

8. Recommendation is made to consider means of providing for clinical instruction after 3:30 P.M. and on weekends.

9. In regard to ward classes further study is recommended to determine what portion of Medical and Surgical Nursing can better be taught in the ward situation than in the formal classroom. Such a study would necessitate an analysis of the objectives for each unit to determine the behaviors which might be expected of students who had attained the objectives. Following such an analysis it will be possible to select learning experiences which will provide opportunity to practice the expected behaviors. This will lead to the selection of the best method by which students may acquire facts or develop desired abilities, understandings, and appreciations. As a result it may be found that some teaching which is now being done in the formal classroom may be done better on the hospital ward.

10. More complete overall planning for the course in Medical and Surgical Nursing is recommended in order to bring about better coordination between classroom and ward teaching and practice. The overall plan should show the content; types of classes, i.e. doctor's lecture, formal class conducted by nurse instructor, ward class; provision for integration of related subjects; and related nursing experience.

11. It is recommended that consideration be given to integration of
Pharmacology with Medical and Surgical Nursing.

On the basis of previous experience and reading it is the opinion of the writer that the findings in this school probably are typical of Group II schools. The philosophy of the school and the leadership and facilities are such that the potentialities for improvement are surely present.


Appendix A

INSTRUCTION SHEET FOR EXPERIENCE RECORD FOLDER

THE EXPERIENCE RECORD FOLDER IS DESIGNED TO SHOW:

1. The case content of clinical material available for students on medical, surgical, urological, and orthopedic services.
2. The daily account of student’s experience according to patient assignment.
3. The patient assignment the student needs in order for her to have a more complete experience on a given service.
4. The nursing procedures in which the student has had experience.
5. The ward conferences the student has attended.

PURPOSE:

1. To give each student an equal opportunity to gain nursing experience in all types of cases.
2. To serve as an aid to the head nurse in assigning cases to the student resulting in an equal distribution of case experience to all students.

HOW TO USE THE RECORD:

1. Fill in dates for each week of assignment on diagonal lines following “week of.” If necessary, more than one column may be used.
2. In the squares below week indicated, record number of patients cared for in that week according to diagnosis.
3. Diagnosis not listed may be recorded in the blank spaces left for this purpose.

NURSING PROCEDURES:

1. Nursing procedures are initialed by the instructor giving the demonstration and by the clinical instructor or head nurse who observes the return demonstration on the wards.

WARD CONFERENCES AND CLINICS:

1. Record all ward conferences and clinics.
STUDENT'S RESPONSIBILITY IN REGARD TO THIS FOLDER:

1. Each student is responsible for keeping the records in this folder up to date.

2. Each student is responsible for transferring her folder from service to service.

3. The folder is to be kept in the chart room while on a service.

4. While on affiliation, turn folder in to the Educational Director.
**BASIC PROCEDURES IN NURSING**

(Sample page)

School of Nursing __________________________ Date of entrance ____________

Name ____________________________________________________________________

<table>
<thead>
<tr>
<th>Initial Instruction</th>
<th>Clinical Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Demonstration</td>
</tr>
<tr>
<td>Admitting patient</td>
<td></td>
</tr>
<tr>
<td>Arm soak</td>
<td></td>
</tr>
<tr>
<td>Bandaging</td>
<td></td>
</tr>
<tr>
<td>Ace</td>
<td></td>
</tr>
<tr>
<td>Roller</td>
<td></td>
</tr>
<tr>
<td>Sling</td>
<td></td>
</tr>
<tr>
<td>Splint</td>
<td></td>
</tr>
<tr>
<td>Triangular</td>
<td></td>
</tr>
<tr>
<td>Bath</td>
<td>Alcohol sponge</td>
</tr>
<tr>
<td>Bed</td>
<td></td>
</tr>
<tr>
<td>Tub</td>
<td></td>
</tr>
<tr>
<td>Bed</td>
<td>Closed</td>
</tr>
<tr>
<td></td>
<td>Cradle</td>
</tr>
<tr>
<td></td>
<td>Occupied</td>
</tr>
<tr>
<td></td>
<td>Open</td>
</tr>
<tr>
<td></td>
<td>Surgical</td>
</tr>
<tr>
<td>Bedpan, giving</td>
<td></td>
</tr>
<tr>
<td>Bedside unit,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>preparation</td>
</tr>
<tr>
<td>Binder</td>
<td>Abdominal straight</td>
</tr>
<tr>
<td></td>
<td>Chest</td>
</tr>
<tr>
<td></td>
<td>Scultetus</td>
</tr>
<tr>
<td>Blood pressure</td>
<td></td>
</tr>
<tr>
<td>Cardinal symptoms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Temperature, oral</td>
</tr>
<tr>
<td></td>
<td>Temperature, rectal</td>
</tr>
<tr>
<td></td>
<td>Pulse, radial</td>
</tr>
<tr>
<td></td>
<td>Pulse, spical</td>
</tr>
<tr>
<td></td>
<td>Respirations</td>
</tr>
<tr>
<td></td>
<td>Catheterization</td>
</tr>
</tbody>
</table>
## PROCEDURES IN MEDICAL AND SURGICAL NURSING

(Sample page)

<table>
<thead>
<tr>
<th>School of Nursing</th>
<th>Date of entrance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Class of</td>
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</tbody>
</table>

### Initial Instruction

<table>
<thead>
<tr>
<th>Demonstration</th>
<th>Supervised practice</th>
<th>Clinical Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of times</td>
<td>Supervised</td>
<td>By</td>
</tr>
</tbody>
</table>

### Musculo-skeletal System
- Application of heat
  - Body pack, poliomyelitis
  - Electric light
  - Cradle
  - Hot wet pack

### Bandaging
- Compression, stump
- Spiral reverse

### Brace, application
- Clubfoot brace
- Taylor back brace
- Corset
- Care and cleaning

### Cast
- Assist application
- Care of wet cast
- Prevention of sores
- Prevention congestion
- Protect from soiling
- Turning body or
  - Hip spica

### Crutch-walking, assist

### Frame, care on
- Balkan
- Bradford
- Whitman

### Assist with
- Diathermy
- Heliotherapy
## NURSING CARE OF PATIENTS WITH SURGICAL CONDITIONS

<table>
<thead>
<tr>
<th>Nursing Days</th>
<th>(Sample page)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Week of</strong></td>
<td></td>
</tr>
<tr>
<td>Perineorrhaphy</td>
<td></td>
</tr>
<tr>
<td>Rectocele</td>
<td></td>
</tr>
<tr>
<td>Salpingectomy</td>
<td></td>
</tr>
<tr>
<td>Vulvectomy</td>
<td></td>
</tr>
</tbody>
</table>

### UROLOGICAL SYSTEM
- Calculi
  - Bladder
  - Kidney
- Carcinoma
  - Bladder
  - Kidney
- Prostate
- Cystectomy
- Cystotomy
- Cystoscopy
- Epididymitis
- Hydrocele
- Nephrectomy
- Nephrolithotomy
- Nephritis
- Nephrosis
- Neophroptosis
- Orchidectomy
- Prostatectomy
- Perineal
- Retropubic
### Nursing Care of Patients with Medical Conditions

<table>
<thead>
<tr>
<th>Week of</th>
<th>Rheumatic fever</th>
<th>Rheumatic heart</th>
<th>Septicemia</th>
<th>Buerger's dis.</th>
<th>Integumentary System</th>
<th>Acne</th>
<th>Allergy</th>
<th>Cellulitis</th>
<th>Dermatitis</th>
<th>Neuro scaling</th>
<th>Fungus Infections</th>
<th>Furunculosis</th>
<th>Herpes</th>
<th>Simplex</th>
<th>Zoster</th>
<th>Impetigo</th>
<th>Scabies</th>
<th>Endocrine System</th>
<th>Addison's disease</th>
<th>Diabetes mellitus</th>
<th>Thyrotoxicosis</th>
<th>Toxic thyroid</th>
</tr>
</thead>
</table>

- **Sample page**
WARD INSTRUCTION RECORD

<table>
<thead>
<tr>
<th>Name</th>
<th>Service</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Method</th>
<th>Instructor</th>
<th>Student participation</th>
<th>Min.</th>
<th>Date checked</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>