

AN ABSTRACT OF THE THESIS OF

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Title. STUDENTS' PERFORMANCE IN THEORY AND PRACTICE IN OBSTETRICS AS RELATED TO STATE BOARD EXAMINATION RETURNS

Abstract approved \_\_\_\_\_

This study is concerned with nursing students' performance in theory and practice in obstetrical nursing, as related to their scores in the area of Obstetric and Gynecologic Nursing, which is one of six areas covered in examinations for the licensing of nurses given by the Oregon State Board of Examination and Registration of Graduate Nurses.

The study was made in the obstetrical department of a school of nursing in Oregon. At the time the study originated, the writer had just assumed responsibility for the program of clinical instruction in the obstetrical department of this school of nursing.

Licensure as a registered nurse in the state of Oregon depends upon passing a battery of State Board examinations and demonstrating satisfactorily an essential knowledge of the various areas of nursing. An immediate problem facing the obstetrical department of the school where this study was made in 1948 was the fact that students who had successfully completed all areas included in their basic program of nursing, had made lower scores in the area of obstetrical nursing than in any other area of the State Board Examination.

Initial appraisal of the program revealed weaknesses in theoretical instruction, clinical practice, correlation of theory and practice, and counseling and guidance.

It was assumed that a student's performance in both theory and practice during the basic nursing program should have a positive relationship to her scores on the State Board Examinations.

The program for clinical instruction in obstetrical nursing was studied over a four-year period according to standards established by the State Board of Nurse Examiners and a study of the literature in nursing education.

The following aspects of the program of the obstetrical department of the school of nursing studied were reorganized; faculty in-service education; student selection; curriculum revisions including student rotations to and in the department, and correlation of theory and practice by means of a program for ward instruction; counseling services; and evaluation tools and procedures.

Conclusions of the study were based on student performance, as determined in State Board examinations at three different times -- before the study began, during the reorganization of the program, and when the study was completed. The method of comparison used was that of averaging the results of all the areas of the State Board Examinations, other than that in obstetrics, and comparing this average with the average of the Oregon State means in these same areas. These two averages were then compared with the results of the examination in the area of obstetrical nursing, and the Oregon State mean in this same area.

Student performance in the area of obstetrical nursing in State Board Examinations, during the course of this study, improved from 8.2% lower than the average of all other areas to 1.0% above the average of achievement in all other areas.

It is recommended that the program established in this study to be continued in the obstetrical department of the school of nursing studied and further evaluation of the program be made by studying the subsequent professional competence of these same students.



STUDENTS' PERFORMANCE IN THEORY AND PRACTICE  
IN OBSTETRICS AS RELATED TO  
STATE BOARD EXAMINATION RETURNS

by

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# STUDENTS' PERFORMANCE IN THEORY AND PRACTICE IN OBSTETRICS AS RELATED TO STATE BOARD EXAMINATION RETURNS

## CHAPTER I

### INTRODUCTION TO THE PROBLEM

This study is concerned with nursing students' performance in theory and practice in obstetrical nursing, as related to their State Board scores in the area of Obstetric and Gynecologic Nursing. This is one of six areas included in examinations for the licensing of nurses given by the Oregon State Board of Examination and Registration of Graduate Nurses\*.

### IDENTIFYING THE PROBLEM

The study was made in the obstetrical department of a school of nursing in Oregon. It was begun in the fall of 1948 and concluded in the fall of 1952. At the time the study originated, the writer had just assumed responsibility for the program of clinical instruction in the obstetrical department of this school of nursing.

The hospital and personnel have not been named for professional reasons.

Licensure as a registered nurse in the state of Oregon

\*Hereafter to be referred to as the State Board of Nurse Examiners, or simply, State Board. The examinations themselves will be called State Board Examinations.



depends upon passing a battery of State Board examinations and demonstrating satisfactorily an essential knowledge of the various areas of nursing. An immediate problem facing the obstetrical department of the school where this study was made in 1948 was the fact that students who had successfully completed all areas included in their basic program of nursing, had made lower scores in the area of obstetrical nursing than in any other area of the State Board Examination.

It became the writer's responsibility to reorganize the program in obstetrical nursing so that successful completion of it would enable students to achieve satisfactory scores in the State Board Examination in Obstetric and Gynecologic Nursing.

Initial appraisal of the program revealed the following weaknesses:

1. Theoretical instruction. Subject-matter content had not been reduced to writing, though a combination course outline and course calendar for classroom teaching was available.
2. Clinical practice.
  - a. Departmental rotations and assignments were planned with major consideration given to nursing service, rather than to student-learning experience.
  - b. A definite orientation program did not exist, thus students became acquainted with the department in a haphazard and incidental way.

- c. Student experience records contained inadequate information, were carelessly maintained, and were neglected in planning maximum learning experiences in the obstetrical department.

3. Correlation of theory and practice.

- a. Long-range plans showing coordination of classroom instruction and clinical practice were not in evidence.
- b. Classroom instruction in obstetrical nursing was scheduled for students without regard for simultaneous experience in the obstetrical department.
- c. An analysis of teaching-learning opportunities was lacking.
- d. Teaching methods showed no variety.
- e. Head nurses had not been interested to participate in the teaching program.

4. Counseling and guidance.

- a. Admission records concerning students were not readily accessible.
- b. Counseling and guidance were attempted without cumulative records being kept.

### PURPOSES OF THE STUDY

At the beginning of this study several aims were selected for the program in the school of nursing:

- 1. To establish objectives for classroom instruction, ward instruction, and nursing practice.
- 2. To organize and implement an adequate orientation program.
- 3. To utilize teaching methods which would coordinate theory and practice in obstetrical nursing.

4. To utilize admission procedures in the preparation of students for the State Board Examinations.
5. To provide adequate records for student counseling and vocational guidance.

### STATEMENT OF HYPOTHESIS

Many factors influence a student nurse's performance and achievement. Among these are her ability to learn, the variety and scope of learning experiences, the adequacy of physical facilities in the learning situation, the preparation and the ability of the teaching personnel, and the soundness of the educational program pursued by the student. Variation in subjective factors in the student's personality such as her ability, social adjustment and educational goals are inevitable and healthy. Objective factors of the educational program, however, can be standardized, and need not vary from student to student.

It is assumed that a student's performance in both theory and practice during the basic nursing program should have a positive relationship to her scores on the State Board Examinations.

### METHODS OF PROCEDURE

Since student achievement is directly aided or hindered by both subjective and objective factors, a

thorough study of the literature of nursing education, was undertaken to isolate as many factors as possible that could influence student performance.

The components of adequate student performance were studied, along with a detailed analysis of each component, as related to each other and to total student performance. Thus standards for building an adequate educational program in the school of nursing were established.

By permission of the Director of Nursing of the school studied, many student records and much educational information were available for this study. Data were accumulated concerning past and present student performance in the obstetrical department.

The program of obstetrical nursing was reorganized in an effort to provide optimum learning experience for students. Data resulting from the changes which were effected in the program were organized as follows:

1. The program existing when the study began.
2. The reorganization effected in the program.
3. Results of the new program on student performance.

The final procedure involved was the correlation of the data accumulated, observations made, comparisons



noted, and latest records obtained. This was the summary which should affirm or reject the hypothesis of this study.

## CHAPTER II

### FACTORS WHICH INFLUENCE STUDENT THEORY AND PRACTICE IN OBSTETRICS

Schools of nursing in Oregon may receive suggestions and constructive criticism regarding their curricula from the State Board of Nurse Examiners which is the accrediting agency. This board must keep itself informed regarding recent trends in nursing education in order to be aware of desirable curricular revisions.

The Executive Secretary of the State Board, and her assistant, visit the schools of nursing in Oregon annually to examine their programs of nursing education. Their report is submitted to the State Board which then makes recommendations to each school of nursing for improving its program.

Shortly after this study began the school of nursing was examined by the State Board, and suggestions were made for improving the program in obstetrical nursing, since it was noted that student achievement on State Board Examinations was lower in that area. Some of the specific recommendations were:

1. An orientation program which provided more than a cursory tour of the physical plant.
2. Conference periods with students to aid in their guidance and to develop mutual understanding between students and instructional personnel.
3. A definite organization of objectives to give direction to instructional activities.

4. A ward instruction program to implement the coordination between classroom instruction and nursing practice.
5. The building of adequate ward libraries in each obstetrical unit.
6. Utilizing the out-patient department of the obstetrical division to provide for additional learning experiences for the students.
7. The keeping of more comprehensive and accurate student records.

These recommendations gave direction for beginning the improvements in the instructional program of the obstetrical department, which was essential if the level of student achievement was to be raised.

Minimum standards for the program are established by the State Board; but the development of the program to provide optimum learning experiences was the responsibility of the clinical instructor in the obstetrical department. This makes a study of the literature in nursing education essential to determine all the factors which influence nursing theory and practice, in order to substantiate the thinking of the clinical instructor and to aid her in establishing standards related to curriculum planning in the obstetrical department. The outline followed in this chapter in discussing factors influencing student performance has been selected, primarily, from the manual published by the National League of Nursing Education, "Essentials of a Good School of Nursing (11)," and from another prepared by the American

Nurses' Association, "A Guide for Supervision of State Approved Schools of Nursing (21)." The factors to be presented are organized under six general headings:

1. Faculty.
2. Students.
3. Curriculum.
4. Clinical Resources.
5. Classrooms, Offices, and School Library.
6. Students' Clinical Records.

#### FACULTY

The responsibility for planning a good nursing curriculum belongs to the administration and faculty of the school of nursing. Faculty competence and service of sufficient duration are of basic importance in curriculum planning. The members should have had a variety of experiences and specialized education to give them an adequate background for curriculum construction.

The preparation of the faculty should include: (1) a broad general education, including the bachelor, or higher academic degrees; (2) graduation from schools of nursing accredited by the states in which they are located; (3) specialized or advanced professional education and experience in the fields in which they will teach.

Nursing education has gradually become professional - changing from the former apprentice-type training.



Since schools of nursing are now considered professional schools, nurse educators must be professional specialists.

Books and equipment are necessary for a good education, but the teacher still plays an important role by vitalizing all the modern aids to learning. The qualifications of a teacher are good health, pleasing personality, and acceptable social conduct. She should have a sound philosophy of life for self-guidance and a philosophy of nursing education to direct her activities as a teacher (7, p.28).

Teacher behavior patterns should also include:

1. Recognizing and understanding student differences and needs.
2. Creating confidence in one's leadership.
3. Co-planning with students.
4. Leading and promoting group discussion.
5. Ability to relate, to describe, and to inform.
6. Activity or assignment planning.
7. Managing activities and materials.
8. Testing, grading, and evaluating.

An instructor has unlimited possibilities and responsibilities in the nurturing of her students. This has been well stated by Heidgerken (24, p.14):

The true function of the good teacher is revealed by the student's experiences, for the student is influenced and molded by the good instructor. The teacher of nursing can reach into the student's life, inspire her to love and respect nursing -- even change her interests, purposes, attitudes, habits, abilities, and skills. The instructor can help the student to learn how to think, plan and act.

## STUDENTS

Maximum effectiveness of the processes involved in educating nurses will be possible only by the acceptance of the most desirable goals by the students.

The nursing profession operates on an accepted set of ethical principles. This implies that an individual who plans to become a member of that profession should, if she is to be happy and most productive in that work, believe in the ideals established by the profession. . . . The student's attitude toward nursing, its social significance, its policies and professional ethics, have a great deal to do with the way in which the student will operate in the field (Brown, 8, p.494).

Selection of students. The committee on student admissions bears much of the weight of determining prospective students' aptitudes for nursing. Extreme care should be given to the selection of faculty members to act on the Admissions Committee of a nursing school. They must be familiar with the philosophy of the school and the principles involved in student selection.

Minimum requirements for the age and education of the prospective student have been determined by the Oregon State Board of Nurse Examiners. The student must be seventeen years old and a graduate of an accredited high school. The committee on admissions for each school of nursing must establish additional criteria for the selection of its students. The Manual of Accrediting Educational Programs in Nursing summarizes the selection of students

for nursing (12, pp.21-22):

1. The educational unit admits only those students whose educational interests, abilities, personality characteristics, and previous preparation qualify them to pursue studies in the category of nurse education offered. Students are selected without regard to marital and economic status, racial or religious origins, and sex.
2. There is definite procedure for the selection of applicants for admission.
3. Potentially successful candidates are determined by an analysis and interpretation of data from the following sources:
  - a. Previous school records.
  - b. Recommendations from former instructors.
  - c. Results of standardized tests.
  - d. Health reports.
  - e. Work record.
  - f. Personal interview.
4. Minimum educational requirements:
  - a. Basic non-collegiate
    - (1) Graduation from a state accredited secondary school.
      - (a) Consideration is given to quality of general performance rather than specific subjects.
      - (b) Consideration is given to the requirements established by state laws....
5. Health requirements:

Applicants are required to present evidence of satisfactory physical and mental health before admission.
6. Personality characteristics:

An effort is made to determine an applicant's suitability for nursing or special interest in nursing.

Mention should be made of the use of standardized tests, in determining the abilities and aptitudes of prospective

students.

Standardized tests (tests of proven value, for which norms have been established) given under standard controlled conditions should be used to procure comparable evidence of the intellectual ability or capacity of each candidate, and the relative degree of her achievement in educational and cultural subjects. The psychological examinations used should be those that are especially adapted to measure the intellectual capacity of those at the age and educational level of nursing candidates (11, pp. 21-22).

Decisions concerning the admission of students should not be quickly made. Much time and thought should be given to each applicant. Her credentials must be studied in the light of the purposes of the school, in addition to the ability of the applicant to profit from the educational program of the school.

Consideration has been given to the problem of initial student selection; since it is necessary to estimate the prospective student's probable performance in the area of obstetrical nursing before her admission.

If student achievement is to fulfill the objectives established for the obstetrical program, the students selected for admission to the school must have the ability and aptitude needed to realize these objectives even though the obstetrical experience is not that which the student first encounters.

Orientation program for students. An excellent entrance record will not guarantee satisfactory performance

as a nursing student. An orientation program which informs and supports, as well as motivates the use of a student's own resources, is a continuing need throughout the student's entire program. Though her initial orientation to the school of nursing is of vital importance, orientation to each department is just as vital.

Four reasons why an orientation program should be instituted in schools of nursing are given by Brethorst (7, p.281):

1. To avoid withdrawal of students who lack self-confidence in a new situation and do not adjust themselves easily.
2. Planned orientation will help to produce students capable of giving better nursing care.
3. Planned orientation improves the morals of the department.
4. Planned orientation saves time in the overall administration of the nursing program.

How is an orientation program for the area of obstetrical nursing to be developed? First of all, the instructor must adapt the program to the peculiarities of the department and the individuality of her students.

An orientation program should introduce the students to:

1. The objectives to be achieved in obstetrical nursing.
2. The experiences which will help to realize these objectives.
3. The part they must play in achieving the objectives.

4. Positive attitudes necessary for an optimum level of performance.
5. The bases which will be used to evaluate their progress in obstetrical nursing.

Early in the orientation program the student should be introduced to the physical facilities of the department. This is accomplished by taking the students on a tour of the obstetrical division. A manual of procedures and facilities should be provided for the students' future reference. It should include:

1. A complete floor plan showing patient rooms, wards, dressing rooms, diet kitchens, and the placement of supplies and equipment peculiar to the service.
2. A sample of a model nurse's record, with particular reference to specific departmental charting.
3. Forms which are used for doctors' orders, laboratory requisitions, medicines, and the Kardex files.
4. The dietary service in the obstetrical department--both regular and special diets.
5. Adaptations of the routine procedures peculiar to the obstetrical department.
6. Laundry and linen facilities.
7. Surgery schedules and orders.
8. Other pertinent information.

Any orientation program should be in printed form, available in the department to each student and to all personnel. This not only assures the student and helps to give her confidence in a new situation; but gives the



program a quality of uniformity which is essential if each student is to have the same opportunities for learning.

Counseling and guidance program for students. A universal need of students is that for counseling and guidance. Student nurses are no exception. The primary purpose of the nurse educator is to help the student achieve her maximum level personally and professionally. This is a continuous educational process from the time the student is admitted to the school of nursing until she is graduated. It is not enough for a school to be discerning in student selection and to have a good initial orientation program if the student is then left to her own resources in pursuing the intensive and complicated nursing program. Nor should a student be guided by regulations which allow no modification.

Every student is an individual; every individual is the composite of her own limitations and strength. Her progress through life and through each undertaking she elects is beset by problems, needs, hopes, and fears and is abetted by her particular abilities and potentialities. Her success is measured by the extent to which she learns to control the first and make use of the second. One of the prime teaching tasks is aiding the student to achieve this skill to the greatest possible degree. Only thus may the student become a self-directed person capable of meeting unpredictable situations. (60, pp.101-102).

Every nursing instructor should have an understanding of the principles of counseling. She is responsible for the educational program of the department, the clinical

assignments to the students, and the student-teacher relationships. She has been selected as an instructor on the basis of her desirable personal attributes, as well as her nursing and teaching skills and students should feel free to approach her for help in solving problems.

Some factors basic to this teacher-student relationship are:

1. An understanding of individual differences among students. A learner in the school of nursing has potential ability which is basic to her as an individual. Some, but not all, of her needs and interests will be common to all of the student nurses. She will achieve higher academically than some and lower than others; her personal and social adjustment will be better than some and poorer than others. Thus, the teacher must consider the individual characteristics of the learner if her needs and interests are to be met.
2. The influence of past experiences of students. There will be variations in the past experiences of the nursing students. This will influence the amount, the kind, and the rapidity of the learning process of the students almost as much as their ability will affect this process.

3. The effect of student activity on learning.

The term commonly used to denote the activities of the learner is student activity. It includes all types of experiences -- mental, physical and emotional -- which the student may encounter. Individuals learn through experience. Their concepts, ideas and meanings are gained and interpreted in terms of their experience. . . . Therefore, it is important that teachers and nurses plan and provide opportunities for student activity that will develop the proper attitudes and ideals of nursing, and the knowledge and the skills essential to the practice of nursing (24, pp.6-7).

4. The influence of attitudes on student progress. A

positive attitude is an essential asset for learning. An active attitude toward study, accompanied by a determination to progress in her nursing program, will likely produce a better nurse.

5. The results of immaturity in the student. The nursing student whose social progress and personality development have been retarded will be handicapped in achieving well as a student and in her eventual success as a graduate nurse.

6. Effect of non-directive counseling on the student.

Non-directive counseling has for its major characteristic the counselee, or student-centered approach. The student must be helped to accept the responsibility for solving her own problems involved in the learning situation. The counselor or teacher in this type of counseling acts as a

moderator to help the student plan her own actions, rather than to give her direct advice.

7. Use of the cumulative records of the student. A cumulative record for each student should include admission data, reports of the admission committee, and records of teacher-observations in each class, in each clinical service, and in other situations pertinent to her experiences as a nursing student. This file should be available to the teacher counselors and should be studied by them if they are to understand their students.
8. Appreciation of the personal problems of the student. Personal difficulties can prevent a student from making the most satisfactory progress in her nursing program. Problems of family relations, financial worries, social relationships, and academic difficulties can often be clarified by personal counseling. These interviews often relieve tension and help the student to understand herself and others.

Health program for students. One of the most important policies for maintaining student health is prompt and proper nursing care for every illness. Students must be convinced of the necessity of reporting any ailment promptly, regardless of how minor it may seem to be. This is not

only for their own protection, but for the safe-guarding of the patients and fellow personnel.

Because of the nature of nursing, the health hazards incurred and the health teaching involved, it is of prime importance that health positiveness be emphasized in the health program of a school of nursing (11, p.29).

Promotion of students. Basically, satisfactory achievement should determine promotion of the student. Definite objectives for measuring the student's achievement must be established in each area of the total curriculum. Periodic appraisal of her progress toward realizing these established objectives is a necessity.

A definite policy concerning the level of work which students must maintain in order to continue in the school should be in effect, and it should be clearly understood by all faculty members and also by the student body (11, p.25).

## CURRICULUM

The term curriculum, as used in this study, includes ". . . all the instructional activities and the learning experiences provided by the school (24, p. 190)." Krug (33, p.1) has further written:

Although education goes on in all aspects of human living, most societies have set up for its specific application the institutions we call schools. These institutions use a variety of means to promote what the society considers desirable learnings. To the sum total of the means so employed we apply the term "curriculum." In other words, curriculum becomes the instrumentality by which the schools seek to translate our hopes for education into concrete reality.

The development of the total nursing curriculum becomes, then, of primary importance and is basic to specific departmental planning. If one division of the curriculum is not adequately developed, the whole curriculum is in danger of failing. A well-planned curriculum will serve as a guide to faculty and students in their efforts to achieve the educational purposes of the school.

Divisions of the curriculum, or courses of study, are organized around specific areas of knowledge and the common problems of nursing in each area. This study is concerned with the area of obstetrical nursing and is related only to the problems found in that department. To separate obstetrical nursing entirely from the total nursing curriculum would be impossible, for it is an integral part of that curriculum. Categorical limits must be established for the problem of this study.

Clinical instruction is basic to the total nursing school curriculum. Brown (8, p.25) defines this professional phrase as:

. . . that instruction which is directly concerned with teaching students the care of patients. We may think of clinical instruction as having to do with several kinds of learning experiences: (1) organized classroom instruction designed to prepare students for giving the nursing care, (2) supervised practice in the nursing care of selected patients, and (3) ward classes given concurrently with experience for the purpose of enhancing the value to be derived from that experience.



Clinical experience in the education of a student nurse offers the greatest opportunity to develop desirable characteristics for her profession. Educators once thought that rote learning of the subject matter and desirable personal qualities which were the objectives of the educational process was adequate to insure the comprehension of subject matter and desirable qualities being realized in the student. Modern educators now understand that through planned activities in varying situations the learner is given opportunity to acquire desirable qualities in an effective way. As Brethorst (7, p.315) has said ". . . art cannot be acquired without practice."

For some time emphasis has been placed on a correlation of the factual material included in the related subjects of the nursing curriculum. The best nursing program demands that theory and practice in a specific area should be conducted simultaneously.

The role of theory is to make sense out of what would otherwise be meaningless. On the other hand, the role of practice is to keep theory from being speculative, and to raise problems that theory must explain. Only by a close tie-up can the maximum value of the relation between theory and practice be advanced (56, p.357).

Factual knowledge about nursing may be learned in the classroom; the art of good nursing may be appreciated by observing the good nurse care for her patient. It is only when the student herself gives the nursing care that she develops skill in nursing.

The clinical experience, however, must be planned to provide optimum learning situations for the students as well as to give adequate nursing care to the patients.

More and more, the necessity of educational direction by the head nurse, the departmental supervisor, and the clinical instructor is realized, in order to develop an effective nursing program. This requires a great deal of planning, and cooperation among these personnel; but it results in providing an enriched student-learning situation and a more effective channeling of the students' potentialities.

It is necessary that the clinical instructor have a part in arranging the schedule of classes and in planning the clinical rotations in order to provide a maximally effective instructional program.

It is also important that students not be assigned to ward practice for such short periods that they fail to have satisfying experiences. A student will lose the concept of finished nursing care if she must repeatedly report off duty to go to classes, leaving patients whose care is only partially finished (8, p.150).

Clinical rotation is best effected by the block system, an organization which enables the students to receive simultaneously their theory and practice in a given clinical area. For example, in block rotation, the student in obstetrics is learning about the patient in labor at the same time that she has opportunity to observe the

patient in labor. Any rotation plan which does not try to give formal instruction immediately preceding, or in conjunction with, the nursing student's clinical experience may be assumed to be based upon nursing service needs of the department, rather than the educational aims of the clinical area (8, pp.157-161).

Objectives for instruction. For any instructional program to be wisely planned and effectively administered, the clinical instructor must formulate definite objectives. These objectives, then, form the basis upon which learning experiences are selected and organized. Changes in behavior which the educational program seeks to bring about in students are indicated in these objectives. Dr. Furst (19, p.494) states: "The objectives for the curriculum give clues to the particular aptitudes and traits required of nursing students."

If learning is characterized by changes in behavior, then education may be defined as the process of changing the behavior pattern of the learner. The objectives of education become the patterns for behavior which the school is seeking to develop in the student.

The knowledge which the student is expected to acquire, the habits which he is expected to develop, the method of thinking he is expected to adopt are illustrations of educational objectives. They are the kinds of behavior the school tries to develop in the students (56, pp.350-351).

Scope and sequence of clinical experience. Once the objectives for clinical instruction have been formulated and the activities and basic content necessary to achieve these objectives have been established, their scope and sequence must be defined.

Scope may be simply defined as the amount of learning materials that a candidate in nursing education should master. Sequence indicates the order in which the teaching of instructional materials should be arranged so that the student goes logically from one course or learning experience which is based primarily upon the previous work, but which adds further learning materials and activities for the student to master (22, p.1516).

Teaching Methods. The clinical instructor must determine the methods she should employ to aid students in realizing the established objectives of the curriculum. Since learning is accomplished by the student through active behavior, the teacher has the responsibility for setting up an environment and making provision for situations in which the desired behaviors can be realized.

Present educational procedures minimize the ineffective lecture method to large classroom groups, and place emphasis upon individual and group conferences.

Clinics. "The clinic is a type of group conference in which the patient or patients are observed and studied. . . . it refers to the assembling of a group of students at the bedside to study a patient, to witness an examination

of a patient or to watch a treatment of a patient (24, pp.419-420). This has proved a highly successful teaching procedure, since the patient is present for observation and discussion under the direction of the instructor.

In these clinics the "insight" theory of learning functions most successfully. A student in a single clinical situation will suddenly grasp or comprehend all of the previous instruction she has had and be able to apply it to a specific problem (7, p.309).

Conferences. This is a form of ward instruction similar to the clinic, except that the patients are not present. These classes may consist of group discussions which have their origin in the clinics; but which cannot be discussed in the patient's presence. Demonstrations and discussions of procedures pertinent to specific learning situations may be presented. since the term "ward class" is accepted to mean a class based upon current clinical experience of the students for whom the class is planned (8, p.93).

Nursing care studies. The nursing care study is made on a single patient, for whose nursing care the student is responsible. The clinical instructor helps the nursing student select the patient for her study. The student must understand the symptoms, cause, and treatment of the disease affecting the patient. She must also understand his personality, his emotional reactions, and

his needs by securing information about his social, economic, and family background. She will then have a guide to the care best suited to his needs and will have preparation to give health instruction to her patient, to his family, and to the visitors on the ward.

The nursing care study serves as an excellent means for the student to demonstrate her nursing skill, her scientific knowledge, her sociologic and psychological insight into the problems of the patient and her skill in interpersonal relations with the patient as a nurse (24, p.439).

It is also hoped that by completing a nursing care study the student will learn how to collect, analyze and interpret data in investigating nursing problems, and will develop a greater interest in all patients.

Ward library. A good ward library, available to students and personnel, is valuable in providing reference material. If such a library is not available, the teaching program is curtailed. Certain material will be needed frequently enough that it should be a permanent part of such a library, and literature peculiar to the needs of the clinical department should be available.

Evaluation of Student Achievement. Too many times, evaluation of student achievement is undertaken only at the end of a student's rotation to a clinical service, or at the completion of a course of study. However, this is only a part of the evaluation program. Appraisal of the capacities, tendencies, interests, attitudes, needs,



aptitudes, and purposes of each student must be determined periodically if s he is to be directed to attain optimum achievement as a nurse.

Checks are constantly necessary so that instructors may evaluate. . . student methods and habits of work, student ability to apply the principles learned, student growth in ability to make generalizations, and attitudes developed toward nursing situations by students (41, p.616).

Another purpose of evaluation is to determine the effectiveness of the nursing curriculum in attaining its determined objectives. This will help locate places where improvements can be made.

There are various tools to aid the clinical instructor in this process of evaluation. Some of these are written and oral examinations, progress records -- including anecdotal notes -- standardized tests, check sheets for nursing procedures and conditions, and individual conferences. Each makes its own contribution in measuring student achievement and curriculum effectiveness.

Student evaluation results are generally used in giving grades and granting student promotions. A more important use for this information is the effective guidance of the student.

If the teacher assumes responsibility for helping the student achieve certain aims and objectives of education, she also assumes responsibility for determining the extent to which they have achieved these goals at the various stages (24, p.536).

Progress record. The advent of the term 'progress

records' in lieu of the older term 'efficiency reports' for rating student achievement has been most timely. "The new term indicates a desirable change in emphasis and indicates that we are now trying to appraise the progress each student is making toward the various objectives of practice (8, p.531)." These records are used in nursing education for measuring skill in performance and for appraising personality traits.

A type of record which is being used with much success for reporting the day-by-day performance of the student is the anecdotal note. The head nurse, departmental supervisor, and the clinical instructors find these notes pertinent for recording student performance in the classroom and on the ward. Later these notes are made a part of the students' progress records, and can be further used in counseling the students.

Class grades. Grades in classroom instruction are a part of the total evaluation of the students' achievement. The purpose of the grading system of the school must be well defined. Students should become acquainted with the system in order to understand the basis of faculty appraisal of their work and to realize that these grades are as much ratings of attitude and effort as they are of their academic achievement.

Prognostic and achievement tests. The National League for Nursing, Department of Measurement and Guidance, has developed standardized prognostic and achievement tests in specific nursing areas. These tests give the clinical instructor an opportunity for comparing her students' achievement with that of students throughout the country. The test applicable to this study is the National League for Nursing Education Examination in Obstetrics and Gynecologic Nursing.

Classroom Examinations. Tests and quizzes given students in the classroom are of value in measuring instructional effectiveness, as well as the students' progress; and, also, in providing a learning tool for the students' further study.

State Board Examinations. The evaluation procedures mentioned previously are performed during the student's basic educational program. A terminal form of evaluation of student performance is the State Board Examination. These examinations do not test nursing ability, but attempt, through objective questions, to determine whether a nurse has sufficient knowledge and basic understanding of the concepts of nursing to be given licensure as a nurse who can practice nursing in a safe and reliable manner.

The NLNE [National League of Nursing Education]  
Department of Measurement and Guidance, . . .

cooperates with the members of the test pool [The Oregon State Board is a member] in constructing the test questions, . . . scores the answer sheets, and reports the test scores to each jurisdiction. Since July 1950, all test results have been reported in terms of a national standard score scale in which the mean is 500 . . . This makes it possible for each jurisdiction to compare the performance of its candidates directly with that of candidates in all other member jurisdictions (52, p.613).

The results of these examinations are kept on file in the State Board office; each graduate nurse receives her individual performance in the examination. A comparative report of these examination results is compiled for each school of nursing in the State of Oregon. This State report shows:

1. The individual score for each nurse in the nursing school receiving the State report.
2. An indication of any score earned in a particular subject which was the highest in the State.
3. The average rating of examination scores received in each subject area, compared with the average rating from other schools of nursing in the State.
4. The standing of each student's score in each subject area in relation to the established passing score.

#### CLINICAL RESOURCES

If maximum learning opportunities are to be provided for the student nurse the clinical facilities must be adequate.

The physical facilities in the hospital in-patient and out-patient divisions are extremely

important in the carrying out of the clinical program. Actually they provide the laboratories where students learn nursing.

A good teaching set-up presupposes: (1) essential space for patients, (2) essential accessory rooms, (3) essential equipment, fixed and movable, and supplies, and (4) essential provisions for educational activities (11, p.346).

The daily average patient census, the variety of patient diagnoses, and, in the obstetrical division, the daily average number of births are factors to consider in determining the adequacy of resources which facilitate learning.

The maximum number of students for which experience is available at any one time, and the maximum number of students which can be rotated through the department each year are dependent upon the personnel and clinical resources in each division.

Consideration must also be given with regard to nursing care. The standard number of hours of nursing care required per patient in each division during twenty-four hours must be related to the ratio of graduate, student, and non-professional personnel to determine the number of patient-care hours given by each. In the obstetrical department 3.0 hours of nursing care should be given per patient, per day (10, p.30).

Any out-patient department which is a part of the clinical resources providing learning situations must have: (1) a sufficient number of patient visits (2) adequate supervisory personnel, and (3) physical



facilities conducive to good teaching procedures.

### CLASSROOMS, OFFICES, AND SCHOOL LIBRARY

Classrooms, offices, and a library are essential to the satisfactory operation of a curriculum. These must be properly located, well constructed, and adequately equipped.

Classrooms. Characteristics which mark a good classroom are:

1. Quiet and easily accessible location.
2. Proper lighting, heating and ventilation.
3. Desks, chairs, and tables constructed so as to encourage good posture.
4. Audio-visual aid equipment readily available, with proper facilities for their use.

Offices. The offices of the instructors should be conveniently located near their respective teaching units. The office furniture should provide plenty of storage for books, mimeographed materials, and records; with provision made for those materials and records which are confidential. The office arrangements should also provide for private conferences and counseling with students.

Library. "The library should provide the reading and reference facilities necessary to make the educational program effective (12, p.37)." Such facilities include:

(1) a good librarian, (2) books and periodicals for technical and cultural purposes, (3) adequate library

service and materials for proper maintenance, and (4) a sufficient budget for maintenance and growth.

### STUDENTS' CLINICAL RECORDS

Any well-administered school of nursing has a satisfactory system of records. Desirable features of records are simplicity, clarity and a requirement of minimum effort in maintaining them.

The usefulness of records is in direct relation to the care with which they are kept, their accuracy, neatness and legibility, the efficiency of the filing system, and the accessibility of records to the members of the faculty who need them for counseling purposes. (11, p.59).

Clinical records of the activities occurring in a department are kept on standardized forms. Some of the most important of these forms are the weekly clinic and conference assignment form, the student's records of the procedures they have completed, and the conditions of patients for which they have cared. Records should show the experience which the student has had and whether the objective of the nursing program has been accomplished.

Serious study should be given to the type of record of clinical experience which is needed and the effect the type of record selected has upon the planning of the experience and the value received by the patient (8,p.539).

### CONCLUSION

The ultimate standard by which to measure the efficiency of the program of a school of nursing is the

quality of the nursing care given to patients.

. . .the acid test of whether or not any clinical field in any hospital is a suitable place for students to learn nursing is the kind of nursing care given to patients. Good nursing implies the intelligent application of principles, the practice of good techniques, the use of opportunities to teach health to patients, and a fine regard for the mental and emotional as well as the physical needs of patients. To learn good nursing, whether the field of learning is an in-patient or an out-patient department, the student must see good nursing and must have the opportunity to practice it (11, p.49).

### CHAPTER III

#### THE REORGANIZATION OF THE OBSTETRICAL PROGRAM

Student performance is dependent on, and influenced by, many factors. These were outlined in the preceding chapter to establish a basis for the procedures used to evaluate and revise the effectiveness of the program of instruction in obstetrical nursing in the school of nursing studied. One of the most obvious manifestations of the success or failure of the realization of objectives of student performance lies in the returns from State Board Examinations.

The students in the obstetrical department of the school in which this study was made received low returns in the area of Obstetric and Gynecologic Nursing on the State Board Examinations, compared with these same students' scores in other areas of the examinations. It appeared that the students' basic educational program was deficient in the area of obstetrical nursing. Thus, it was evident that the objectives inherent in the basic program of clinical instruction in the obstetrical department of the nursing school were not being achieved, or were not sufficiently comprehensive.

It was the particular responsibility of the new clinical instructor to remedy this situation. The first step toward a solution was a study of the qualification of the

nursing school personnel, its teaching facilities, and an evaluation of the curriculum in effect at the time the study began, in addition to studying the ability and achievement of the students.

#### FACULTY COMPETENCE

The new instructor in the obstetrical department had acquired an educational background rich in subjects related to obstetrical nursing, such as vertebrate embryology, heredity and genetics, and advanced obstetrical nursing; but she had had no professional preparation in teaching and supervision. Such an educational deficiency added to the problems already existing in the program for obstetrical nursing, and did not help the students to make their optimum achievement in this department. The instructor had assumed that a degree with a major in nursing science was sufficient preparation for her new position as a clinical instructor. She soon discovered that though familiarity with nursing sciences was important, it was also necessary to understand the techniques involved in successful teaching and the development of qualities and characteristics of ideal teacher-behavior patterns.

The clinical instructor would not have been employed in that capacity by the nursing school with such limitations, had it been possible to have obtained faculty with



specialized and advanced education and teaching experience. Until 1947, the Oregon State System of Higher Education had not provided an area specifically designed for nursing education. As a result, Oregon nurses were not prepared to assume educational responsibilities, unless they could arrange to go to another state for such professional study.

In order to meet the new responsibilities the clinical instructor sought to increase her professional competence by enrolling in general and professional educational classes; by participating in professional organizations; and by studying professional literature. These activities were in addition to her full-time responsibilities in the school of nursing. As new concepts, new understandings, and new knowledge were acquired, she was able to analyze the problems of the school and establish a sound clinical program in the obstetrical department.

Students soon responded to the instructor's newfound confidence, and nursing personnel in the obstetrical department gradually conformed to the new concepts of learning experiences, new methods of teaching, and the new policies which were instituted.

#### STUDENT SELECTION

The majority of the students in the obstetrical

department when this study began had been admitted to the school of nursing two years before. The instructor noted profound effects in the achievement of her students as a result of the previous admission policies.

Former admission committees had not established definite criteria for the selection of students, nor had they adhered to the general policies which had been formulated. Frequent changes in faculty and administrative personnel had resulted in an admissions committee which was seriously handicapped by its own instability and lack of experience.

Though desirable candidates had been admitted to the nursing school in the past, and there were good students in the obstetrical ward at the time the study began, there were also many poor students who should never have been allowed to begin a nursing program. In studying this situation, the clinical instructor reviewed the students' admission records and found that many adverse behavior patterns were being demonstrated by her students which could have been predicted from data contained in their admission records, had sufficient study based on sound objectives for student selection been applied at the time of their admission.

Besides the haphazard selection of students, desirable applicants to the school of nursing were limited.

Too many other careers had become available to women which required a shorter and less difficult period of preparation, and offered more free time and larger remuneration while studying. Consequently, the total number of applicants to the nursing school had often been no more than the number of students it would like to have enrolled and was able to accommodate. Because the school had not been able to operate on a scale which would permit the selection of the small percentage of applicants who were most desirable, the accepting of less desirable applicants had become a necessity. This situation is common in most schools of nursing today.

Since the problem of student selection was felt in every area of the nursing school, a study program designed to acquaint the faculty with commendable criteria for student selection was conducted by the director of nursing education at the regular faculty meetings. This made it possible for the director of nursing education to make faculty appointments to the Admissions Committee from a group who understood and appreciated the problems involved in wisely selecting students. Though a high rate of faculty turnover continued throughout the time of the study, it was still possible for new members appointed to the Admissions Committee to work intelligently with those who were already serving.

The members of this committee established definite criteria to direct the selection of students:

1. A completed application which gave personal information. This was evaluated by the Admissions Committee, not only on the basis of the facts listed, but consideration was given to spelling, grammar, neatness, and adequacy of answers.
2. Graduation from an accredited high school.
3. An age range from 17 to 35.
4. A previous scholastic record of "C/" or better. Some attention was given by the Admissions Committee to the mathematics and science courses which the student had completed.
5. Results from standardized tests administered by a person trained in the giving of such tests. These tests were given to indicate the student's academic ability, her personality, and her interests.
6. Recommendations obtained from those familiar with the student's character and academic ability.
7. A personal interview with the nursing candidate and a member of the Admissions Committee in order to help evaluate her suitability for nursing.
8. Extra-curricular activities in which the student had participated.
9. The prospective student's previous employment record, if any.
10. Her plans for financing her nursing education.
11. Any responsibilities which might interrupt the anticipated three-year program.

With these new policies influencing the selection of students the enrollment did decrease, but the number of withdrawals and failures also decreased, and the student body became more stable.

The clinical instructor in the obstetrical department noted that the academic ability of students admitted under the new policy of the Admissions Committee was appreciably higher. She found that she had to give less and less time to individual tutoring of "borderline" students, hence she was able to devote herself to developing the abilities of the more capable students rotated to the department. Now progress reports showed that most of the students were developing fine professional attitudes and were achieving the skills required for giving good nursing care.

#### ORIENTATION

Considerable emphasis was placed on orienting students at the time of their admission to the school of nursing. Several days were devoted to an introduction to group living in the nurses' residence, to becoming acquainted with fellow students and faculty, and to touring the community centers of interest. There was also a brief orientation at the beginning of each new clinical experience.

When students were rotated for their obstetrical nursing, however, they were largely left to their own resources in learning the new adaptations of procedures necessary to the peculiarities of the department. The one planned orientation procedure consisted of an initial tour



of the obstetrical department. The situation was further aggravated by the lack of a consistent system of rotation to the department; and the fact that inter-department rotations were based primarily upon service needs to the department, rather than the learning needs of the students. This resulted in frequent repetition of orientation procedures.

The development of a better orientation program necessitated much preparatory planning. The head nurses of the obstetrical department, the administrative supervisor, and the clinical instructor met to discuss aspects of orientation. Factors considered were:

1. The objectives of the experience which students were to have.
2. The type of experiences for achieving these objectives once they were formulated.
3. The method of nursing-care assignment.
4. The resources available for students' use, and steps they might take to facilitate the planning and execution of their nursing responsibilities.
5. The development of desirable student attitudes toward their nursing experiences.
6. Devices appropriate for evaluating student achievement.
7. The procedural aspects of orienting students.

At first these new ideas regarding student orientation appeared to be too time-consuming to the head nurses. To prove that the time and effort involved at the outset

resulted in a saving of time and effort in the future, the clinical instructor conducted the orientation herself for several months. With a demonstration of the efficiency of the orientation program, and with a definite written procedure as a guide, the head nurses gradually accepted responsibility for student orientation.

Continuous cooperative planning was necessary before the program of orientation functioned smoothly. Mimeographed copies (Appendix A) of the orientation program were provided each head nurse, and were incorporated into the manual of obstetrical procedures and policies for her unit. This facilitated the orientation of new employees, as well as new students.

Several accomplishments were realized through the improved orientation program:

1. With an understanding of the over-all program in the obstetrical department the students displayed initiative in requesting specific clinical experiences which would insure their realizing the objectives they were to attain.
2. Since the students had been introduced to the physical facilities -- the location of supplies, medications, utilities -- there was an appreciable increase in student efficiency by the elimination of time previously lost in locating and using materials.
3. In conferences with the instructor the students expressed the fact that since they were aware of the learning materials and what was required of them in the department, they could work with a sense of direction and could pursue individual assignments with confidence.

4. Since the students understood the basis upon which the clinical instructor and the head nurses evaluated their progress they accepted instruction and criticism regarding their work, in contrast to the resentment which they had previously demonstrated when they had had little understanding of evaluative criteria.
5. The students realized that the program was designed to provide optimum learning experiences as well as optimum nursing care for the patients. This was demonstrated by freedom from hesitancy in planning and executing their nursing responsibilities.

#### STUDENT COUNSELING AND GUIDANCE

The counseling and guidance program of the school of nursing was loosely organized and had not been formulated in writing. Students were without assistance in solving their problems or developing their potential abilities. Personnel were not sufficiently informed about the principles of guidance to give any service other than advice.

Data collected for the student's cumulative file were used chiefly for establishing a permanent record, seldom for purposes of counseling and guidance. Informational data to be used in vocational guidance had not been collected.

To help solve this problem the clinical instructor in the obstetrical division was one of several faculty members who acquired a professional understanding of counseling and guidance through completing courses in the field. The instructor then conducted study classes for the faculty in

the principles of guidance. Directive and non-directive counseling were discussed and were demonstrated by 'role playing.'

Cumulative records on the students were established to include:

1. Admission data, including the autobiography written by the student during orientation week.
2. A list of the student's activities and achievements.
3. An anecdotal account of interviews held and counseling procedures used during the student's nursing program.
4. A description of the student's health history (Appendix B).

A faculty committee on counseling and guidance was appointed to establish the mechanical details of a new program for the school, to work with the students in organizing teacher-counselors and counselees, and to inform the student body of the new resource available to its members.

Following the preparation and initial activation of the guidance program, the clinical instructor in obstetrics carried out her responsibilities with regard to the cumulative records and the introduction of the program to her students.

However, the program of student counseling and guidance for the school of nursing was not continued as it was originally organized. In studying the reasons for

discontinuing it, the clinical instructor in obstetrics realized that too much time had been necessary to initiate such a program for the entire student body. With no clerical help, the building of cumulative records for each student in the school became too great a burden to the instructor-counselors. The clinical instructor now realizes that a less cumbersome program, beginning with the records of first-year students and gradually expanding with each new class might have insured the establishing of an adequate counseling and guidance program. Once the keeping of records was discontinued it became most difficult to interest the faculty in any modified plan which would eventuate in well-kept guidance information on each student.

Though adequate records for a good program of student counseling and guidance were never established, there were positive results realized from the attempt to build such a program for the school:

1. The faculty learned the vast difference between giving "advice" to students with problems and giving them intelligent counseling services. Instructor-counselors now made a real effort to understand the problems which were the cause of a student's lack of achievement in any specific area of nursing. These might be a physical handicap; a lack of interest in that area; or emotional conflicts with the student's family, with other students, or with departmental personnel. Such problems required an understanding of the techniques of educational guidance beyond the mere advice to devote more time to study.

2. Instructor-counselors comprehended the importance of recording information obtained from interviews with students, in establishing a basis for subsequent intelligent guidance.
3. When the students learned that the faculty had gained an understanding of guidance techniques they showed an increased willingness to bring problems to staff members, realizing they would receive real help in solving those problems.

### STUDENT HEALTH PROGRAM

Students were permitted seven days of sick-leave during the twelve weeks rotation in the obstetrical department. They were reluctant, however, to report ailments, because excessive leave of absence for sickness had to be made up before graduation. As a result, students often reported on duty with illnesses whose symptoms they tried to conceal.

Administrative personnel, alert for the service needs of the department, hesitated and often failed to report students who came on duty with minor ailments because their absence would cripple nursing service.

Establishing a concept of positive health with the students and hospital personnel was an arduous task requiring many months of intensive health education. The policy of granting a seven-day sick-leave is still a part of the program of the department; now the students no longer hesitate to take advantage of it.



## STUDENT PROMOTION

The school of nursing in this study had no definite policy regarding the promotion of its students. Questionable promotions were presented to the faculty for its decision. Since the faculty were not in agreement as to what achievement should qualify a student for passing, some students in question were withdrawn from school without the agreement of the entire faculty. Others were permitted to remain in the school sufficiently long to be rotated to the obstetrical department -- an upper division clinical service -- though they had constantly failed to perform at satisfactory levels.

In an attempt to correct such an unwholesome situation, the faculty Committee on Promotions was re-organized. This committee met at regular intervals for the purpose of reviewing the students' monthly-progress records, their mid-term grade standings and their final term grades. At the nursing school a student could not receive a grade below 70 in a course of study or a departmental-experience-rating scale without repeating the course, or the period represented by the rating scale.

Students with grade-point averages of (C) or above, were considered to be sufficiently prepared to accept the next term's obligations. Any student reported as unsatisfactory in course work at the mid-term was referred to

the Counseling and Guidance Committee of the faculty. In the event this occurred in the obstetrical department, the clinical instructor assumed the role of counselor, suggested remedial measures, and gave support when necessary.

Since the nursing school has become more selective in choosing its students, the faculty has assumed more responsibility for their progress; helping them to achieve at a level which warrants promotion. Also, students are no longer permitted to remain in the school when their grade-point average remains consistently below the passing standards. At the present time the greatest percentage of the students measure up to levels of satisfactory achievement and performance and a failing grade is rarely given in the obstetrical department.

This reorganization of policies of promotion did much to eliminate the personal tutoring which had been required for the very poor students, and gave the instructor more time to develop the potentialities of the entire class which appreciably raised the level of the performance of the students.

#### CURRICULUM

In reorganizing the curriculum in the obstetrical department, the clinical instructor followed the basic organization established by the school of nursing and the

State Board. This was generally helpful in programming the clinical experiences but some irregularities hindered in this reorganization.

Students were not rotated to the department on a consistent time schedule. This confused inter-departmental rotations. No specific plan had been effected which enabled the student to obtain her obstetrical theory and experience simultaneously, although that is the most effective learning situation. Other subjects were scheduled during the obstetrical rotation, resulting in conflicts of time and subject-matter comprehension. Such problems as these restricted the planning for correlation of classroom instruction with assignment to clinical practice in the department.

Schedules and rotations. Students were not rotated to the obstetrical department on a consistent time schedule. Some were assigned to the service nearly every week, though occasionally students would be assigned before opportunity for classroom instruction could be provided.

Once the students came to obstetrical nursing, it was the responsibility of the administrative supervisor to rotate them through each of three subdivisions, or units: (1) labor and delivery, (2) post partum, and (3) nursery. No established pattern for interdepartment rotation among these three subdivisions was apparent at the beginning of the study; the students were assigned to

the unit whose nursing service was most in need of additional personnel. Students were always rotated through all three units, but not often in the manner prescribed for optimum clinical experience.

Twelve weeks had been established as the minimum time allowed each student in the obstetrical department, four weeks being allocated to each of the three units. At the time the clinical instructor entered the department there was an average of ten students rotated, but usually twenty students attended the obstetrical nursing classes. It was apparent that not every student was receiving her theory and practice simultaneously. The limited number of students in the department at one time enabled the instructor to give much individual instruction and supervision; however, when the lag between theory and practice lengthened, much of this personal instruction and supervision had to be sacrificed in lieu of review needed to re-establish familiarity with the principles of obstetrical nursing.

The clinical instructor discussed the problem at length with the director of education of the school of nursing, who was largely responsible for the scheduling of classes and rotations. The instructor and the director determined that the principles of obstetrical nursing should be taught quarterly, in order to accommodate the constant rotation of students to the department. The clinical

instructor requested that a quarterly rotation of students to the clinical experience also be effected, but this was not granted. She then requested that those students scheduled for classroom instruction be the ones who were rotated to the department during the term. This, in general, was permitted; thereafter students being rotated at monthly intervals to the department.

The block system of rotation was never introduced into the department and classes in other clinical areas continued to be scheduled for students during their obstetrical nursing experience, but the situation did lend itself to adaptation for a degree of correlation between theory and practice. Inter-departmental rotations are now co-planned by the administrative supervisor and the clinical instructor and students are rotated according to the sequence of the maternity patient's confinement in the hospital.

The scheduling of ward classes, such as clinics and conferences, was largely the joint responsibility of the head nurses and the clinical instructor, though provision was made for the necessary time for such classes in the total class schedule of the school. These classes were frequently cancelled if nursing service appeared to warrant it. Group and individual consultations with the head nurses soon enabled them to rearrange their nursing-service schedule to stabilize this phase of nursing education. The

clinical instructor felt that more progress might have been made toward solving the problems presented by student rotation had there not been several shifts in the administrative personnel of the school.

Objectives. In the obstetrical department, no specific objectives for instruction and experience had been formulated. Furthermore, the activities essential for achieving desirable objectives in obstetrical nursing had not been defined. Anticipated changes in student behavior patterns to be realized through achieved objectives were not indicated. There was no planned program of ward instruction, all efforts having been directed toward subject-centered teaching in the classroom.

Objectives for the obstetrical department of the school of nursing were clearly established for the three related areas of instruction (1) classroom instruction, (2) ward instruction, and (3) nursing practice.

I. Class room instruction:

To assist the learner:

1. To recognize the scope of maternity nursing.
2. To develop a concept of
  - a. Pregnancy as a normal physiological function.
  - b. The value of health teaching and prophylactic measures in maintaining pregnancy as a normal physiological function.



3. To develop an appreciation of community resources available to obstetric patient, their babies and their families.
4. To acquire knowledge concerning
  - a. Conception, embryonic development and fetal growth.
  - b. The physiology of pregnancy.
  - c. The process of labor and delivery.
  - d. The physiology of the puerperium.
  - e. The characteristics and physiology of the newborn.
  - f. Abnormal physiology of the patient during the antepartal, intrapartal and postpartal periods.
  - g. The deviations from the normal in the infant.
5. To develop understanding of the influence of socio-economic, hereditary, psychological, emotional and environmental factors on the mother and baby as members of a family.
6. To develop understanding of the principles involved in giving total nursing care to obstetrical patients and their newborn.
7. To attain a realization of the importance of obstetrics to her as a nurse and as a future wife and mother.

## II. Ward instruction:

To assist the learner:

1. To develop skill in technical procedures.
2. To acquire the ability to instruct mothers by demonstration how to bathe their babies.

3. To acquire the ability to instruct mothers in other problems besides bathing the baby in the care of their babies.
4. To develop skill in planning health teaching programs for mothers.
5. To gain skill and confidence in her ability.
6. To modify nursing care as taught in the classroom to meet the needs of the individual patient.

In terms of the instructor:

1. To increase the interest in and ability of the student to give total nursing care.
2. To insure maximum and comprehensive learning experiences for each student in obstetrical department.

### III. Nursing practice:

To assist the learner:

1. To acquire the ability
  - a. To recognize symptoms and their significance in patient from conception until the end of puerperal period.
  - b. To recognize symptoms and their significance in conditions and disorders characteristic of the newborn.
  - c. To report and record observations accurately and wisely.
  - d. To organize a program of total nursing care for an obstetrical patient with/and child.
  - e. To give health information in a way that it can be used.

- f. To master new nursing techniques and develop skill in their use.
  - g. To project confidence in mothers in the home care of their newborn.
2. To develop an appreciation of
- a. The value of explanation and reassurance in preventing and alleviating fear especially during the first two stages of labor.
  - b. The patients' reaction to the personal appearance of the nurse and to other environmental factors.
  - c. The varied emotional expressions of the obstetrical department.
  - d. The apprehension on the part of the family.

These objectives were further clarified by the selection of specific situations and activities necessary for their realization. The changes anticipated in the students' behavior patterns, as a result of achieving these objectives are enumerated in Appendix D.

With objectives established in all three phases of instruction, the greatest emphasis was no longer placed on classroom teaching. An organized program for ward instruction was successfully introduced and effected, when it was given its rightful place of importance in the learning situation.

The formation of objectives for the three areas of instruction also proved to be an essential key in gaining the support, cooperation, and ultimate participation of

head nurses and other personnel in the total clinical program in obstetrical nursing.

Scope and sequence of clinical experience. At the time this study was begun most of the learning materials essential to obstetrical nursing were presented in the classroom. The rotation of students did not lend itself to a program based on sequential teaching. Students might be rotated to the nursery, for instance, before they had received instruction concerning the newborn. In the nursery, these students were given assignments similar to those of other students who had been taught the care of the newborn. Ward instruction had not been available to acquaint them, even briefly, with the fundamentals involved in the nursing care they were to give. In such events, students had to give most of their time to service routines and had little opportunity to acquire an understanding of the concepts of neonatal nursing they were experiencing.

Though students in any obstetrical unit may have had their theory and practice simultaneously, there was no organized correlation between the two. The chief consideration in making ward assignments was to give nursing care to the patient, not to provide the best learning situation for the student as a concomitant learning with that patient care.

Further observation revealed that students had not been assigned responsibility for the care of patients with serious or unusual complications, under the assumption that the students could not give the specialized nursing care which was deemed necessary. Nor had the effort been made to see that the students received experience in as many different nursing procedures as were available.

As the clinical instructor brought these deficiencies to the attention of the head nurses, they helped to improve the educational program in obstetrical nursing. A patient requiring special nursing care was still assigned to a graduate nurse; but she, in turn, planned with a student who gradually assumed the responsibility for the special nursing techniques herself. The method of assignments was further altered to permit experience in a variety of procedures.

Head nurses realized their students could perform specialized nursing care when given the opportunity and the guidance. Students displayed initiative in requesting responsibility for certain procedures in obstetrical nursing to gain the experience of performing them, even though the procedures had not been a part of their regular, daily assignments. Other departmental personnel, when they became aware of learning opportunities attempted to do their part in bringing these situations into meaningful experiences for the students.

The clinical instructor felt that if the weaknesses described in the clinical program were not to recur, a master plan for clinical experience (Appendix E) in the obstetrical department should be devised. Since the students received four weeks' experience in each unit of the obstetrical department, the master plan was organized on a weekly basis and illustrated proper scope and sequence of clinical experience in each unit. Classroom instruction, ward instruction, and assignment for clinical practice was outlined in three adjacent columns on the master chart, in order to establish relationships among the three phases of the program.

This outline provided a guide whereby the students could logically proceed from one learning experience to another. If students were not scheduled for clinical experience and classroom instruction simultaneously, they were now provided with instructional facilities which correlated their classroom instruction with their clinical practice. When such an outlined program was conscientiously followed, the inclusion and correlation of all materials and activities necessary for a consistent and adequate program of clinical instruction was assured. Thus, another major revision in the nursing program for the obstetrical department was accomplished in an effort to convert a deficient program, with its resulting minimum



student performance, into a program providing the experiences necessary for the realization of optimum student achievement.

Teaching methods. The clinical instructor observed that the program for instruction in obstetrical nursing at the time she assumed responsibility for the department was conducted with little variety in teaching methods used. Lectures and discussion, with an occasional demonstration, were the usual procedures used in the classroom. Inward instruction, the clinic was the teaching device most commonly used, though there was little recognition of the worth of the clinic, since it was often cancelled to facilitate nursing service. Moreover, there was no utilization of resource personnel, other than intern and resident doctors. Demonstrations were rarely conducted for students, and none was held for other departmental personnel, as a part of the program of clinical instruction. Employed personnel felt no obligation toward the educational program for nursing students.

Students had been required for some time to write a "case study" which seemed to be nothing more than a mechanical procedure involving long hours devoted to collecting information and copying charts. Emphasis had been placed on the case, or diagnosis, rather than on the actual nursing care of the patient.

To establish new teaching methods in the clinical service, the instructor with the head nurses set the standard of nursing practice to be carried out on the division. They attempted to sensitize departmental personnel to the:

1. Performance of their responsibilities as an important part of the educational program for student nurses.
2. Occasions for directing the attention of student nurses to new learning situations and opportunities for health teaching.

The students' assignments were pre-planned according to their level of experience and the materials and practice yet to be included in their clinical rotation. They were also provided an opportunity to learn in an environment which was established to give adequate nursing care to patients, and at the same time to provide optimum learning situations.

Several new teaching methods were introduced, in addition to revising those already in use. In the classroom, audio-visual aids were initiated and reports were given by students. Detailed tours were conducted to community organizations associated with the care of mothers and their babies.

More new instructional methods were initiated in the program for ward teaching than for instruction in the classroom. Informal demonstrations provided the greatest innovation, and were found to be sufficiently effective

to warrant incorporation in the master plan (Appendix E). At these demonstrations students and ward personnel were assembled to see procedures performed according to correct techniques, with a restatement of their purposes, expected results, and opportunities for health teaching. Periodically these demonstrations required practice periods for those who had been observing. These were accommodated in the nursing arts laboratory, or in the appropriate setting in the obstetrical division.

This demonstration method proved to be valuable in securing uniformity of techniques of procedures, and familiarity with new concepts of nursing care.

The clinic as a form of ward instruction continued, but underwent major revisions, primarily with regard to its importance as a means of ward instruction. This was accomplished in several ways:

1. Planning the clinics sufficiently ahead of time to assure optimum learning situations.
2. Incorporating the clinics into the master plan (Appendix E) for instruction in obstetrical nursing. Since clinics were conducted weekly during each twelve-week rotation period, twelve conditions believed to be most representative of the scope of obstetrical nursing were selected and included in the master plan as a method of correlating classroom instruction and clinical practice.
3. Resource personnel were frequently used to contribute information for discussion of a specialized nature.

4. Departmental personnel, as well as students, were invited to attend and contribute to the discussions.

These clinics came to be recognized as a valuable form of ward teaching, since they gave first-hand opportunity for the study and observation of the obstetrical patient and the newborn infant.

In planning the conferences which were to become a part of the new program in obstetrical nursing, the clinical instructor worked with the head nurses; she also gave assistance in conducting the conferences when necessary. A half-hour of instruction semi-weekly was the minimum time allotted for this form of instruction. These conferences were also included in the master plan for clinical instruction (Appendix E) to insure correlation and sequence of materials represented.

Students were often sufficiently motivated, as a result of these conferences to initiate inquiries when giving nursing care of an unusual or particularly interesting type. This often resulted in general ward discussions or informal conferences. The clinical instructor evaluated the worth of the case study, with its emphasis on diagnosis, and decided to utilize the newer "nursing care studies," which emphasized the actual nursing care of the patient, in the new program. The students were required to write two studies on patients -- a "Mother Care Study"

and a "Baby Care Study" -- in the anticipation that they will be helped to see each mother and baby as a unique personality needing modifications of nursing care to meet individual needs.

Outlines for these care studies (Appendices E and F) were developed to guide the students in the collection of data on the study and care of her patient.

A list of the purposes to be realized by making these studies (Appendix G) was mimeographed. These were given to the students to direct them in the self-appraisal of their care studies. They were also used by the instructor in giving the final evaluation of the written reports.

By requiring the students to write careful and comprehensive discussions of the nursing care they gave to a mother and a baby assigned to them, each student received direction in giving more accurate, efficient, and individual nursing care to all of her patients in the obstetrical department.

Evaluation of student achievement. Evaluation based on pre-established objectives was extremely limited in the situation being studied. Consequently, three methods of measuring student performance will be considered in this discussion: (1) progress ratings of clinical practice, (2) course grades, and (3) comprehensive examinations

covering all three areas of instruction in obstetrical nursing. Each of these will be considered according to its use when this study began; the changes made pertaining to each method, and the results of the changes.

Progress ratings of clinical practice. Percentage grades were given on "efficiency reports," which were not necessarily based on student progress, but on the skill the student demonstrated in meeting the service needs of the department. The efficiency report forms in use were scales containing descriptions of performance and behavior, which could be rated in terms of Poor, Fair, Good, and Excellent performance. Twenty-five descriptions were listed, with a total of 100 points being a perfect score. Students could not receive a grade below 70 without repeating the clinical rotation; and they were not considered to be doing satisfactory performance unless the grade was 78 or above. The efficiency reports were generally made by the head nurse and were based on their subjective impressions and general recollections. Variations in the descriptions were rarely made and, since the scales were designed for use in all the departments of the school of nursing, descriptions of the students' performance and behavior with relation to the peculiarities of the clinical service were definitely lacking. Anecdotal notes had never been used, though the efficiency reports were submitted



to the nursing school office monthly, at the completion of the students' four weeks' rotation in each obstetrical unit.

These reports were not well accepted by the students who were vocal in their criticisms for the following reasons:

1. No one informed the students at the beginning of a service what was expected of them by way of behavior and achievement.
2. The so-called "efficiency scales" indicated the efficiency with which the students had met their service assignments but did not indicate their degree of progress toward competency in obstetrical nursing.
3. The students rarely received criticism regarding their performance and behavior until the efficiency reports were completed at the end of the rotation to a unit, when it was too late to do anything about improving them.
4. Students were not given a chance to participate in mutual evaluation of their achievement.

A consideration of these complaints by the instructor made it clear that a new plan for rating clinical practice was needed. The head nurses and the clinical instructor of the obstetrical department met to discuss this problem which had markedly affected student performance and arrived at the following conclusions:

1. Constructive criticism of the student should be given during the four weeks' rotation to the unit, not withheld until the final efficiency reports were made.
2. The students should be directed to formulate their own objectives for the department, in

order that there would be established a mutual understanding between students and instructional personnel.

3. The students' skills and performance at the time they are rotated to each unit of the obstetrical department must be appraised in order to establish a level from which their progressive achievement could be noted.

Anecdotal notes on student behavior and performance were introduced to the head nurses as a quick and easy way for recording student behavior and nursing performance and provided a more objective basis for final evaluation at the end of each four weeks.

Head nurses responded enthusiastically to the idea of anecdotal notes, but did not make recorded observations regularly enough to accomplish the purpose for which they were intended.

The efficiency reports were completely revised for inclusion in the new program. Since they were designed to evaluate student progress a new name "progress reports" or "progress ratings," was given to them. These progress reports made an attempt to stipulate behavior changes which indicated the degree of progress the student was making toward the achievement of the objectives of the program. Provision was made for recording the particular performance and behavior desired, with relation to the peculiarities of the obstetrical department.

Since it was felt that the head nurses could not accurately indicate the progress in the students'

performance and behavior with percentage grades, letter grades were used in the new progress ratings.

These progress ratings were used by the clinical instructor as the basis for a conference with each student at the end of the four-week periods. She discussed the ratings with the student and encouraged her to add a self-appraisal to the report.

With the introduction of the new progress ratings:

1. Students were cognizant of the evaluation given them by the head nurses and the clinical instructor in both their clinical efficiency and their progress in overall competency in obstetrical nursing. This was possible because definite changes in behavior and performance were indicated in the completed progress ratings.
2. Students were promptly informed of improvements which would enhance their nursing performance. Their adjustment to these suggestions became a part of their final ratings; and they were given an opportunity to change behavior patterns or raise their level of performance before the final evaluation of their rotation to the obstetrical department.
3. Students were more satisfied with the evaluation given on the progress ratings, since they had been aware of what was required of them and understood where they had not reached expected levels of achievement. Evidence of this was noted in the student's self-appraisal which was added to the progress rating during the conference with the instructor in regard to her final grade. Statements such as these were common: "I expected this rating," or "I deserve this final grade."

Grades in theory or classroom instruction. Students had been given final grades in classroom courses primarily

based upon the results of two examinations, one administered at mid-term, and the other at the end of the term. The clinical instructor did not believe this to be sufficient basis for arriving at the students' final grades.

Though the grading system of the school of nursing in this study had been patterned after the Oregon State Board grading scale, each instructor had her own interpretation of the system; so that a mark from one instructor did not necessarily have the same meaning as a mark from another instructor. The clinical instructor felt that such variations in grading and interpretations of marks confused the students and inhibited their optimum performance and achievement. For instance, the grades which students had received in their classroom instruction in obstetrical nursing at the time they began their instruction were generally higher than their grades earned on their State Board Examinations. Perhaps the satisfactory marks received in obstetrical theory gave students false confidence in their ability to do as well in this area of the State Board Examinations, as in other areas.

In the new program mid-term and final examinations were still required by the school of nursing studies. In addition, weekly quizzes were scheduled to encourage regular study habits and to facilitate periodic appraisal of the progress made by the teacher and the students toward

the realization of objectives for instruction in the classroom.

Class grades are now determined through an average of grades made on reports, weekly quizzes, mid-term, and final examinations, and discussion in the classroom. The student's general attitude and the amount of effort she demonstrated in an attempt to achieve objectives of classroom instruction enter into the computation of her final grade for the course.

In an attempt to evaluate more accurately the theoretical knowledge of the students, the clinical instructor required a higher level of academic performance than had the previous instructor. The immediate effect of this more exacting standard was that student grades in obstetrical theory dropped sharply; but the final result was noted when students consistently achieved well on State Board Examinations if they had made "C" or better in their obstetrical nursing course.

Comprehensive examinations. A comprehensive, "end-of-service" examination had been designed and administered by the former instructor of obstetrical nursing; but the scores earned by the students held little meaning for the new instructor, since high scores made could not be related to a similar achievement on their State Board Examinations. As it was one of the responsibilities of the new

instructor to raise the students' scores on the State Board Examinations in the area of obstetrics, by improving the total program of the obstetrical department, she wanted an "end-of-service" examination whose results could be significantly related to the students' later achievement on the State Board Examinations.

Since the National League of Nursing Education Test in Obstetric and Gynecologic Nursing was designed to determine a nursing student's comprehension of the area, this examination was given at the end of her experience in the obstetrical department.

The scores made on the League Test indicated an average level of student performance in the upper quartile range of national scores made on the test. There was a high positive correlation between the students' achievement in the League Test and their subsequent achievement in the State Board Examinations.

Instructional facilities. The clinical instructor had many facilities with which to conduct a program of clinical instruction, except for a variety of audio-visual aids and adequate ward libraries.

An opaque projector, which was used by the entire school for showing still pictures was in good repair, but the movie projector for the school was worn out, and the screen used with it was too small. The nursing school



purchased a new movie projector and a screen of sufficient proportions to insure adequate vision by everyone.

The only audio-visual aid in the clinical department was a mounted bony pelvis with an infant skull attached. Additional materials were added to the department upon the request of the clinical instructor. Some of these were x-rays of pelvises and fetuses, supplied by the x-ray department of the hospital; and specimens of fetuses, provided by the pathology department. The Birth Atlas and six life-size semi-diagrammatic sketches were purchased from the Maternity Center in New York City to provide illustrative material for instructional activities. Anatomical sketches, suitable for projection on a screen if the class for instruction was large, were obtained.

The ward library in each obstetrical unit contained very few up-to-date publications. The out-dated materials were removed and the latest editions of authoritative obstetrical and pediatric reference books, plus a medical dictionary, were added to each ward library. The central ward library was maintained in the office of the clinical instructor, and included additional reference books, periodicals, and current literature in the field of obstetrical nursing.

## CLINICAL RESOURCES

The new clinical instructor felt that there was an urgent need for a careful analysis of clinical resources and comprehensive student assignments during the clinical experience. This need was most clearly indicated by the students' records which they had made pertaining to the different diagnoses of patients for which they had cared, and the procedures in which they had participated. Students had indicated such a limited variety of diagnoses and participation in so few nursing procedures that the new instructor questioned their attainment of a comprehensive clinical experience.

A study of the variety of patient diagnoses in the obstetrical department, and the nursing procedures required in their care showed: (1) patients representing a wide variety of diagnoses were available for nursing care and observation, and (2) a large selection of procedures peculiar to obstetrical nursing were frequently enough prescribed to provide experience for more than the average number of students who had been currently rotated for their obstetrical experience.

A further analysis of the nursing care given by the personnel in the obstetrical department indicated that the maximum number of students for which experience was available at any one time, and the maximum number of

students which could be rotated through the obstetrical service each year had never been reached.

Out-patient Department. Another clinical resource which had not been organized to provide learning experience for the student was the out-patient clinic for obstetrical patients. Nurses to assist the resident doctors in this clinic had been picked at random by the administrative supervisor, without an awareness that by so doing an opportunity for providing experience for the nursing student was being sacrificed.

A new program for clinical experience in the out-patient department (Appendix D) was inaugurated to improve this situation. In addition to the student's assignments in the obstetrical department, she was given the responsibility of assisting the resident in the out-patient department for one week as an integral part of her total clinical experience. The clinical instructor supervised each student during her out-patient experience, since this clinical resource was not under the direct supervision of any of the head nurses. Patients were seen during appointed hours two days each week. The experience provided for the student was comparable to the kind of nursing assistance given in an obstetricians' office by a registered nurse.

Participation in the program of the out-patient clinic strengthened the student's ability to:

1. Recognize deviations from the normal prenatal process, as evidenced in the more comprehensive notations she made on the patient's chart.
2. Develop skills in assisting with examinations and treatments of the maternity patient, as was observed by the clinical instructor.
3. Utilize opportunities for health teaching. The instructor observed this increased ability by noting the student's conversation with the patients.

#### CLASSROOMS, OFFICES, AND SCHOOL LIBRARIES

Most of the essential requirements for good classroom facilities had been provided in the school of nursing studied. Overheating was an acute problem, however, and blackboard facilities were inadequate.

The engineers for the hospital attempted to do something about the heating problem, but it recurs periodically. New blackboards were built in the classrooms and essential equipment for their use, including pointers, were obtained.

The office of the obstetrical clinical instructor was conveniently located in the obstetrical department. Its library contents have been previously discussed. Adequate desk facilities were lacking, but the office desk was soon rebuilt in order to accommodate supplies, instructional materials, and confidential records. The room provided excellent facilities for conferences with students and other personnel.

The school library was under the direction of a capable librarian. Necessary technical and cultural books and periodicals were almost always available, and efforts were made to obtain those materials which were not catalogued in the nursing school library. A fund was provided for maintenance and growth of library contents. The librarian established a fine subject index to assist the students in their study and research.

### CLINICAL RECORDS

When the program of the obstetrical department was first studied the records kept by the students of their clinical experiences were carelessly completed. They seemed to have little awareness of the value of accurately kept accounts, and sometimes made them from memory during their hours off duty. Also, the head nurses did not use the students' clinical records as tools for determining the assignments yet needed for the students. Neither the head nurses nor the students seemed cognizant of the fact that accurate records could be useful devices in facilitating learning experiences.

The record forms which listed the various patient conditions for which the student might have opportunity to give nursing care and the procedures which should be included in her experience in obstetrical nursing, were

completely revised. The new forms (Appendix H) were simple in structure, and easy to complete. They accommodated quick perusal in evaluating student performance and they served as a basis for determining additional assignments to assure the student's optimum experience.

Another addition to the obstetrical program which stimulated careful and regular recording of the students' clinical experiences was the initiation of weekly conferences with the clinical instructor, during which time she discussed with each student the data contained in her records. This provided an opportunity for determining progress made toward realizing the objectives which had been established by the instructor and the student at the beginning of the obstetrical experience.

Simplifying student record forms enhanced the possibility of their being accurately completed by the students and increased their value as instruments in directing the student's clinical practice. The weekly conferences did much to motivate students to keep their records up to date and complete in detail. Furthermore, students gained insight into the value of records as indicators of achievement and progress, as evidenced by their eagerness to complete their records to show a variety of experience.



## CHAPTER IV

### SUMMARY OF FINDINGS

Justification of the evaluative standards. The soundest evaluation of this reorganized program in obstetrical nursing is based upon the stated objectives. Since the purpose of the reorganized program was to raise the average performance of students in obstetrical theory and practice to, or above, the level of achievement in other areas, it was necessary to use a common basis for evaluation of the results. This required a comparison of test performance on State Board Examinations before this study began and when the study ended. The method of comparison used was that of averaging the results of all the areas of the State Board Examinations, other than that in obstetrics, and comparing this average with the average of the Oregon State means in these same areas. These two averages were then compared with the results of the examination in the area of obstetrical nursing, and the Oregon State mean in this same area.

The clinical instructor conducting the study chose to compare the average of the students' performance:

1. Before the reorganized program described in this study was instituted.
2. During the time the new program was being developed.
3. After reorganization of the program was completed.

Since the aim of this new program was to improve the students' average performance, the arithmetic mean, or average, was the only statistical device which served the purpose of making the desired comparisons. To show the comparisons, the levels of performance of the students were reduced to percentages of the Oregon State mean. This obviated the necessity of weighing the relative merits of the changing testing media.

Results of the new program in obstetrical nursing instituted at the school of nursing represented in this study have been illustrated by graphs.\*

Table I. The graph in this table shows the average level of student performance in the area of obstetrical nursing, compared with the average of student performance in all other areas in the State Board Examinations. It was compiled from State Board data for the 1947-1948 fiscal year, to demonstrate the levels of student performance at the school of nursing before the study began.

At this time, though student achievement in the nursing school in obstetrical nursing was 1.4% above the Oregon State mean, achievement in all other areas of the examination averaged 9.6% above the average of Oregon State means in these areas. This indicated that the nursing students

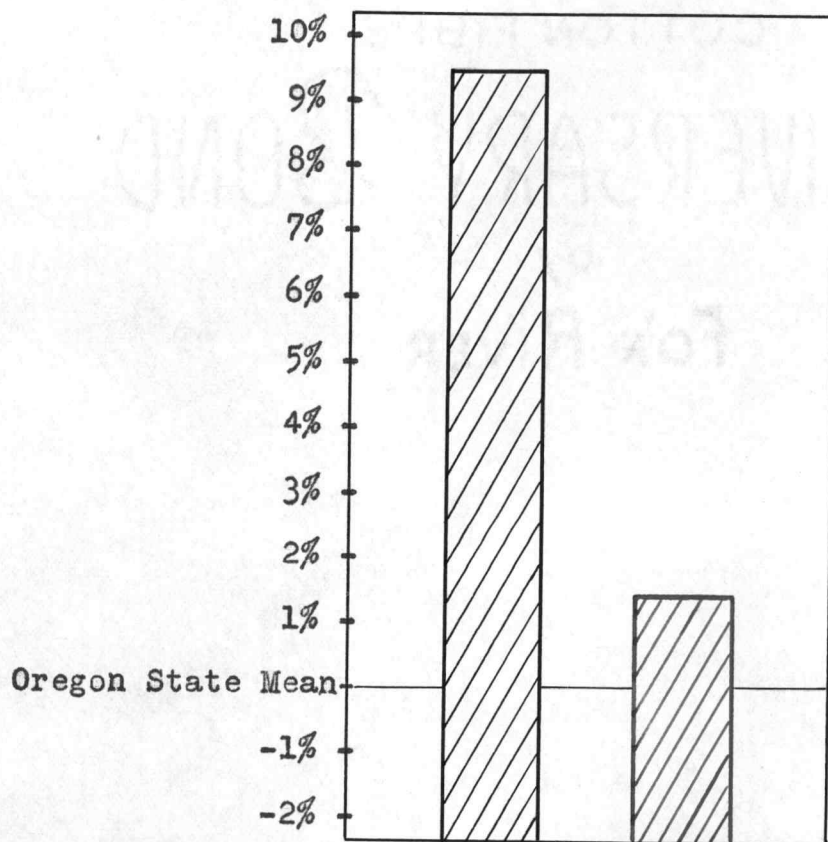
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\*All graphs were compiled from data obtained from the State Board File in the school of nursing studied. Permission to use this State Board Examination data was obtained from the Oregon State Board of Nurse Examiners and the Director of Nursing at the hospital studied.

in the school studied had not been receiving a total educational experience which would enable them to achieve more or less uniformly in all areas, which is a desirable objective for the basic nursing program.

TABLE I

THE AVERAGE LEVEL OF STUDENT PERFORMANCE IN OBSTETRICAL NURSING COMPARED WITH THE AVERAGE PERFORMANCE IN ALL OTHER AREAS IN STATE BOARD EXAMINATIONS FOR THE 1947-1948 FISCAL YEAR



Red - indicates the area of obstetrical nursing

Black - indicates all other examination areas

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Table II. The graph in this table shows the average level of student performance in the area of obstetrical nursing, compared with the average of student performance in all other areas in the State Board Examinations. It was compiled from State Board data for the 1950-1951 fiscal year, to demonstrate progress in student performance in the area of obstetrical nursing -- influenced by the initial reorganization of the program -- compared with the average of student performance in all other areas.

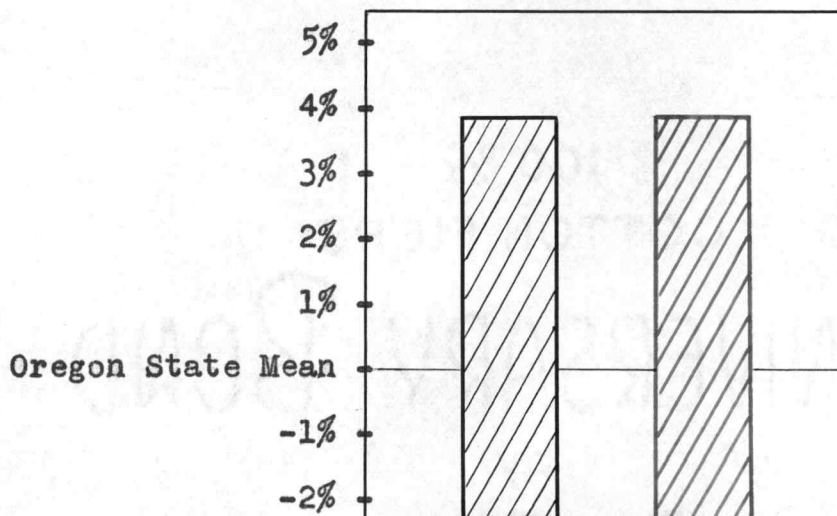
It is noted that achievement in all other areas was lower for the 1950-1951 fiscal year than it was for the 1947-1948 fiscal year. This could have been due to two factors:

1. The students represented in this graph may have been of lower general ability.
2. The rate of faculty turnover had become quite high which probably reduced the overall efficiency of the entire curriculum.

The level of achievement above the Oregon State mean in the area of obstetrical nursing was 3.9%, the same as for all other areas. This indicated that the program was helping to achieve the objective of comparable student performance in all nursing areas.

TABLE II

THE AVERAGE LEVEL OF STUDENT PERFORMANCE IN OBSTETRICAL NURSING COMPARED WITH THE AVERAGE PERFORMANCE IN ALL OTHER AREAS IN STATE BOARD EXAMINATIONS FOR THE 1950-1951 FISCAL YEAR



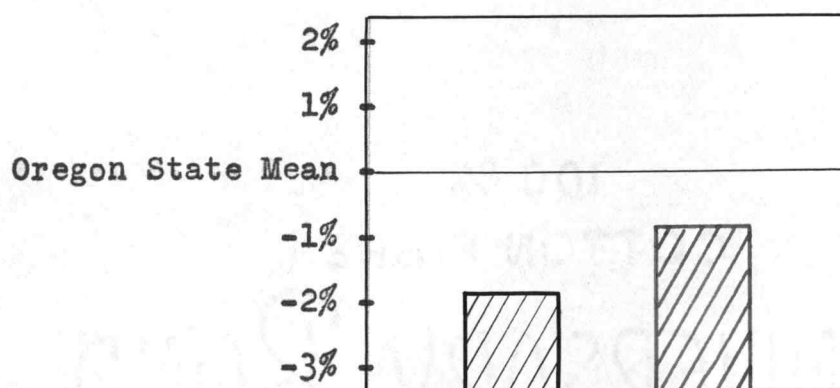
Red - indicates the area of obstetrical nursing

Black - indicates all other examination areas

Table III. The graph in this table shows the average level of student performance in the area of obstetrical nursing, compared with the average of student performance in all other areas in State Board Examinations. It was compiled from State Board data for the 1952-1953 fiscal year, to demonstrate continued progress in student performance in the area of obstetrical nursing -- influenced by the program whose reorganization was now complete -- compared with the average student performance in all other areas.

TABLE III

THE AVERAGE LEVEL OF STUDENT PERFORMANCE IN OBSTETRICAL NURSING COMPARED WITH THE AVERAGE PERFORMANCE IN ALL OTHER AREAS IN STATE BOARD EXAMINATIONS FOR THE 1952-1953 FISCAL YEAR



Red - indicates the area of obstetrical nursing

Black - indicates all other examination areas

Students represented in this table completed their obstetrical experience shortly before this study ended, but the returns of their performance on the State Board Examinations were not reported until the 1952-1953 fiscal year.

This graph illustrates a drop in achievement in all areas for students during the 1952-1953 fiscal year.

This, also, might be due to:

1. General student ability of a lower level.
2. Faculty turnover. During the four year period of this study, there had been a complete change



in faculty personnel, except for the clinical instructor in obstetrical nursing. Some positions were held by as many as four different nurses during this time.

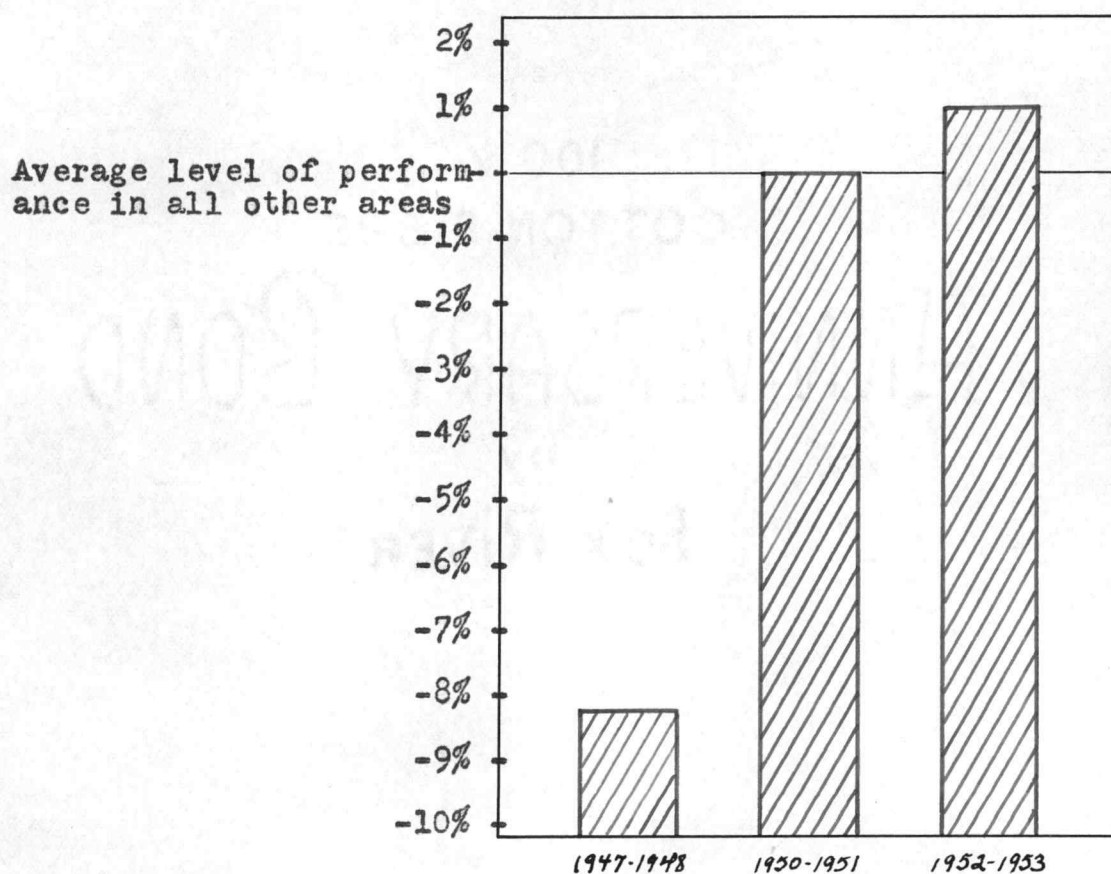
It is evident from the graph in Table III that levels of student performance for the school studied dropped below the state mean, but the average of performance in the obstetrical area was only .8% below this mean, whereas the average of all other areas was 1.8% below the state mean. Though the total achievement of the students taking the State Board Examinations for 1952-1953 was below the state mean, improvement within the obstetrical area of the nursing school studied was still apparent.

Table IV. The graph in this table shows the average level of student performance in the area of obstetrical nursing, in the school of nursing studied, compared with the average of student performance in all other areas in the State Board Examination for the three periods represented in Tables I, II, and III.

This graph demonstrates the progress of student achievement in obstetrical nursing from below to above the average level of performance in all other areas during this time.

TABLE IV

THE AVERAGE LEVEL OF STUDENT PERFORMANCE IN  
OBSTETRICAL NURSING IN THE SCHOOL STUDIED,  
COMPARED WITH THE AVERAGE PERFORMANCE IN ALL  
OTHER AREAS IN STATE BOARD EXAMINATIONS  
INCLUDED IN THE STUDY



Red - indicates the area of obstetrical nursing

## CONCLUSIONS FROM THE STUDY

1. The average mean in each area of the State Board Examinations for schools of nursing in Oregon was higher than the established national mean for each area of the examination.

The national mean is 42.9% above the suggested national passing mark. The mean for Oregon in any area has been from 20% to 25% higher than the established national mean.

2. Though there was a slight drop below the Oregon State mean in the 1952-1953 returns, the average of the means on State Board Examination returns for the school of nursing studied, during the five-year testing period, was higher than the average state mean for the same period.
3. In a group of lower general achievement, as indicated by the 1952-1953 State Board Examination returns, the reorganized program produced relatively improved performance in the area of obstetrical nursing.
4. The new program in obstetrical nursing effected a change of emphasis from subject-centered to patient and student-centered instruction.

## RECOMMENDATIONS

1. In the light of its achievement, it is recommended that the program established in this study be continued in the obstetrical department of the school of nursing.
2. The primary purpose of this study -- to improve the level of student performance in obstetrical nursing, as indicated by State Board Examination returns -- was realized; although a complete evaluation of any program in nursing education can only be made by a long-range study of the graduate nursing performance of the students.

In this study the best form of immediate evaluation of the reorganized program was a study of students' returns from State Board Examinations. It may be assumed by doing this that if the level of the students' performance is raised, as indicated by higher State Board Examination returns, there will be the possibility of their achieving a higher degree of professional competence as graduate nurses.

Several phases of the new program which have been particularly beneficial in realizing the purpose of this study were:

1. The advent of definitely established criteria for student selection.
2. Functioning orientation procedures.
3. A variety of teaching methods.
4. The formulation and operation of a plan for ward instruction designed to correlate obstetrical nursing theory with obstetrical nursing practice into a meaningful relationship for students.

Additional improvements recommended for the program in the school of nursing.

1. The school of nursing should have a well organized, functional counseling and guidance program, in order to insure adequate counseling and guidance services for all students.
2. A block system of rotation, with provision for simultaneous classroom instruction and clinical experience in obstetrical nursing, to provide maximum opportunity for correlation between theory and practice.
3. The development of the use of anecdotal notes in order that evaluation of students can be more objectively made.

Retention of hypothesis. The students' performance in theory and practice in obstetrical nursing during their basic nursing program has a definite relationship to their scores earned on the State Board Examinations.

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## APPENDIXES

## APPENDIX A

SCHOOL OF NURSING  
LABOR AND DELIVERY ORIENTATION

When the student reports on duty the first day of her obstetrical rotation, she is given the form book pertinent to the department to read. This is necessary not only as a basis for departmental policy orientation but as a basis for the future organization of individual assignments and responsibility to the department as a whole.

A complete tour of the department is taken with the student to acquaint her with the physical plan of the unit. Such things especially brought to her attention are:

1. Rooms and units
  - a. Numbers from 301 to 333
  - b. Single and two bed labor rooms
  - c. Three delivery rooms and a section room
  - d. The standard equipment in each room
  - e. The care of the rooms
2. The service rooms
  - a. The utility room for the labor unit
    1. Location of bed pan warmer and sterilizer
    2. Medication and thermometer trays
  - b. The two utility rooms for the delivery rooms and the section room.
  - c. Kitchen
    1. Explanation of tray service
    2. Location of induction medications
    3. Explanation of diet intake for labor patients
  - d. Supply cupboards
    1. Location of key which locks up the small supplies
    2. Location of supplies in large containers such as boxes of cotton balls
    3. Location of sterile supply cupboard with an explanation of its arrangement and the supplies that are kept there.
  - e. Linen cupboards
    1. Linen kept for the post partum floors and how it is dispensed



2. Linen kept for the labor unit
3. Linen kept for the delivery and section room unit
- f. Patients admittance room
  1. What to do with patient's clothes
  2. Where to obtain chart forms and how to fill them in completely
  3. The admittance procedure is reviewed
  4. Where to get equipment necessary for admitting the patient
  5. After-care of the room
- g. Father's waiting room
  1. Visiting hours
  2. Limitation on visitors
- h. Rest rooms
  1. For patients
  2. For visitors
- i. Work room for making supplies and wrapping packs
  1. Attendant's responsibilities
  2. Nurse's responsibilities
  3. Regulations (written) for operating autoclaves
  4. Book containing list of supplies included in each pack
- j. Doctor's room
- k. Doctor's laboratory
- l. Anesthetists closet for anesthetics, inhalators and standards
- m. Nurse's cloak room and rest room
- n. Treatment rooms
- o. Isolation delivery room
- p. Janitor's room with incinerator for disposition of afterbirths.

## II. Nurse's station

- A. Charts and charting
- B. Kardex - both for patients and diets
- C. Assignment and hours
  1. Time of making out hours
  2. Policy regarding requests
  3. Policy regarding class hours
- D. What should and should not be done at the desk
- E. Standing orders and doctor's standing orders
- F. Telephone etiquette
- G. Narcotic cupboards
  1. Who keeps the keys
  2. Where located
    - a. All medications given during labor are kept in a locked drawer in the labor department

- b. All medications given following delivery are kept in a drawer near the delivery rooms
    - 3. How to keep records of narcotics given and charting
  - H. Ward library
    - 1. Use of procedure book, current literature
    - 2. Explanations are given as to how to keep the student's experience record, her scrub record and case records which are issued at this time
  - I. Delivery room record book
    - 1. Where kept
    - 2. How kept
  - J. Fire rules
- III. Charting - written example
  - A. Where it is done
  - B. How to obtain and record T.P.R.'s, F.H.T.'s, and B/P's
- IV. Routine of the day in the labor unit (written form)
  - A. Morning report
  - B. Care of patients during labor
  - C. The answering of lights
- V. Routine of the day in delivery and section rooms
  - A. Care of patients during delivery
  - B. Scrub technique with duties of the scrub nurse
  - C. Duties of the utility nurse
  - D. Demonstrations of the delivery pack with return demonstration

## SCHOOL OF NURSING POST PARTUM ORIENTATION

When a student reports on duty the first day of her post partum rotation, she is given the form book pertinent to the department to read. This is necessary not only as a basis for departmental policy orientation but as a basis for the future organization of individual assignments and responsibility to the department as a whole.

A complete tour of the department is taken with the student to acquaint her with the physical plan of the unit. Such things especially brought to her attention are:

1. Patients rooms
  - a. Numbers from 101 to 126 and 201 to 227
  - b. Four bed wards, two bed rooms, and private rooms
  - c. The standard equipment in each room
  - d. The care of the rooms
2. The service rooms
  - a. The utility room for the private and two bed rooms
  - b. The utility rooms for the wards
  - c. Dressing room
    1. Location of dressing trays
    2. Location of catheterization setups
    3. General supplies
    4. Medication trays
    5. Thermometer trays and cupboards
    6. Infra-red perineal lamps
    7. Narcotic cupboards
      - a. Who keeps the keys
      - b. How to keep records of narcotics given and their charting
  - d. Kitchens
    1. For patient tray service
    2. For employees and patient's nourishments
  - e. Linen cupboard
    1. Where located
    2. Where replenished
  - f. Central Clothes Closets
    1. For clothes bags
    2. For suit cases
  - g. Rest rooms

- h. Work room for making supplies
  - 1. Attendant's responsibilities
  - 2. Nurse's responsibilities
- i. Nurse's cloak room and rest room
- j. Janitor's room

## II. Nurse's Station

- A. Charts and charting
- B. Kardex - both for patients and diets
- C. Assignments and hours
  - 1. Time of making out hours
  - 2. Policy regarding requests
  - 3. Policy regarding class hours
- D. What should and should not be done at the desk
- E. Hospital and doctor's standing orders
- F. Telephone etiquette
- G. Ward Library
  - 1. Use of procedure book
  - 2. Explanations are given as to how to keep the student's experience record and case records for this department
- H. Fire rules

## III. Charting - written example

- A. Where it is done
- B. How to obtain and record T.P.R.'s
- C. Intake and output

## IV. Policies peculiar to the floor

- A. Care of the patients (a day's assignment is worked out with the student to help her learn organization of patient care)
- B. The answering of lights
- C. Telephone calls
  - 1. Who takes them
  - 2. How much information may be given
- D. Duties of the attendants
- E. Visiting hours

## V. Routine of the day - (written form)

## VI. Patients

- A. Morning report (should include room, name, doctor, and diagnosis)
- B. Specific report on own patients - (take notes)

## VII. Procedures:

These are demonstrated and a return demonstration observed as soon as the opportunity arises. This includes all the procedures listed on the student's obstetrical experience record.

## SCHOOL OF NURSING NURSERY ORIENTATION

When a student reports on duty the first day of her nursery rotation, she is given the form book pertinent to the department to read. This is necessary not only as a basis for departmental policy orientation but as a basis for the future organization of individual assignments and responsibility to the department as a whole.

A complete tour of the department is taken with the student to acquaint her with the physical plan of the unit. Such things especially brought to her attention are:

1. Rooms and units
  - a. Main nursery
  - b. Premature nursery
  - c. Isolation nursery
  - d. Standard equipment in each room
  - e. Care of the rooms
2. Service rooms
  - a. The work room
    1. Different features are noted such as the bottle sterilizer and warmer, sterile water tanks, linen cupboards, and supply cupboards
    2. Location of solutions and equipment
  - b. Little room with refrigerator for storage of formula
    1. How it is marked
    2. How it is heated
  - c. Examining room
    1. Location of supplies
    2. Sterile equipment
    3. Handling of baby
3. Nurse's station
  - a. Charts
  - b. Kardex - type of information located there
  - c. Assignment and hours
    1. Time of making out hours
    2. Policy regarding requests
    3. Policy regarding class hours
  - d. What should and should not be done at the desk
  - e. Medications
  - f. Floor library
    1. Where located
    2. Use of procedure book
  - g. Location of records

4. Charting - written example
5. Policies peculiar to the nursery
  - a. Care of the babies
    1. Routine admission care
    2. Routine daily care
  - b. Telephone calls
    1. Who takes them
    2. What information may be given
  - c. Duties of the attendants
  - d. When to show babies
6. Routine of the day - written form
7. Babies
  - a. Morning report
  - b. Rounds to see each baby at change of shifts
8. Procedures

These are demonstrated and a return demonstration observed as soon as the opportunity arises. This includes all the procedures listed on the student's obstetrical experience record.



## APPENDIX B

STUDENT BIOGRAPHY: To be filled in by the student.

NAME \_\_\_\_\_ CLASS \_\_\_\_\_ DATE \_\_\_\_\_

AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ HUSBAND DECEASED \_\_\_\_\_ DIVORCED \_\_\_\_\_

CHILDREN \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

EDUCATION \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

LIVING OR DEAD \_\_\_\_\_ CAUSE OF DEATH \_\_\_\_\_

OCCUPATION \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

EDUCATION \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

LIVING OR DEAD \_\_\_\_\_ CAUSE OF DEATH \_\_\_\_\_

OCCUPATION \_\_\_\_\_

BROTHERS \_\_\_\_\_

NAMES	EDUCATION	AGE

SISTERS \_\_\_\_\_

NAMES	EDUCATION	AGE

YOUR PLACE IN THE FAMILY? \_\_\_\_\_

PARENTS: LIVING TOGETHER \_\_\_\_\_ SEPARATED \_\_\_\_\_ DIVORCED \_\_\_\_\_

YOUR EDUCATION

GRADE SCHOOL \_\_\_\_\_ Years 19\_\_ to 19\_\_

HIGH SCHOOL \_\_\_\_\_ Years 19\_\_ to 19\_\_

COLLEGE \_\_\_\_\_ Years 19\_\_ to 19\_\_

HIGH SCHOOL RECORD

FAVORITE SUBJECT \_\_\_\_\_ LEAST LIKED SUBJECT \_\_\_\_\_

ACTIVITIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HONORS \_\_\_\_\_

GRADE AVERAGE \_\_\_\_\_

OUTSIDE ACTIVITIES

SPORTS \_\_\_\_\_

OTHERS \_\_\_\_\_

\_\_\_\_\_

CHURCH AFFILIATION \_\_\_\_\_

WORK EXPERIENCE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(State where employed, Positions held, Salary received,  
and reasons for leaving)

SUPPORT

Degree of necessary self-maintenance prior to admis-  
sion \_\_\_\_\_



QUALIFICATIONS AND BACKGROUND: To be filled in by members of the faculty for the counselor.

PSYCHOMETRIC TESTING:

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SCHOLASTIC RECORD:

High School and/or college Grade Ave.\_\_\_\_Number  
in Graduating Class\_\_\_\_. Quartile or placement  
of student in Graduating Class\_\_\_\_.Major course  
plan\_\_\_\_\_

Honors\_\_\_\_\_

Extra Curricular Activities\_\_\_\_\_

Reference material concerning scholastic work\_\_\_\_\_

---

HEALTH RECORD:

Pertinent illness or injuries\_\_\_\_\_

Frequency and regularity of treatment (any form  
of)\_\_\_\_\_

PARENTAL HISTORY:

Relationship of student with parents\_\_\_\_\_

Home and local environment\_\_\_\_\_

---

EMPLOYMENT RECORD:

Evaluation of work by employer (if possible)\_\_\_\_\_

---

REFERENCE MATERIAL (League Evaluation Forms) other than scholastic references.

Favorable \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Unfavorable \_\_\_\_\_

\_\_\_\_\_

OTHER COMMENTS:

\_\_\_\_\_

#### HEALTH RECORD

Admission Physical \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1st Year \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2nd Year \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3rd Year \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NURSING SERVICE RECORDS: (Rotations with General Summary).

Pre-Clinical \_\_\_\_\_

\_\_\_\_\_

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1st Year

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2nd Year

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3rd Year

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CUMULATIVE RECORD: To be filled in by counselor.  
(Extra space on reverse side).

SOCIAL CHARACTERISTICS:

Pre-clinical period: Personality\_\_\_\_. Appearance\_\_\_\_. General Impression\_\_\_\_\_

Clinical Period:\_\_\_\_\_

COUNSELORS SELECTED:\_\_\_\_\_

SCHOLASTIC HISTORY: (G.P.A. Slips are to be attached  
here)

General Comments:\_\_\_\_\_

## ACTIVITIES INFORMATION:

Offices held, elected or appointed, in class or student body organization. (Give term or terms of office).

\_\_\_\_\_

\_\_\_\_\_

Extra curricular activities and interest shown in them:

\_\_\_\_\_

\_\_\_\_\_

Hobbies and recreational activities:

\_\_\_\_\_

\_\_\_\_\_

ANECDOTAL RECORD AND INTERVIEWS WITH COUNSELOR: (Give date, time, and context of interview).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ANECDOTAL REPORT

NAME \_\_\_\_\_ CLASS \_\_\_\_\_

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DATE	CONFERENCE OR REPORT	SIGNATURE
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## APPENDIX C

SITUATIONS AND ACTIVITIES ESSENTIAL  
FOR ACHIEVING THE STATED OBJECTIVESandTHE ANTICIPATED CHANGES IN BEHAVIOR

<u>Objectives</u>	<u>Situations and Activities</u>	<u>Anticipated Changes in Behavior</u>
<u>Classroom in-</u> <u>struction:</u> To assist the learner:		
1. To recognize the scope of maternity nursing.	1. Classroom in- struction. 2. Guest doctor lec- turing on evolu- tion of obstet- rics. 3. Mimeographed mat- erial, course our- line, objectives, bibliography, re- quirements. 4. Pre-test on pre- conceived ideas about maternity. 5. Film on "Midwife- ry" and "New Methods in Ob- stetrics". 6. Tour of the obs- tetrical depart- ment.	1. Shows inter- est in class. 2. Participates in class dis- cussion. 3. Asks perti- nent ques- tions about maternity superstitions.
2. To develop a con- cept of	1. Classroom instruc- tion.	1. Makes comments in class.
a. Pregnancy as a normal physio- logical func- tion.	2. Discussion of the maternity situation as a normal one.	2. Asks questions. 3. Shows interest.
b. The value of health teach- ing and prophylactic measures in maintaining	3. Discussion of defi- nitions of health teach- ing and prophylactic measures.	

Objectives	Situations and Activities	Anticipated Changes in Behavior
pregnancy as a normal physiological function.	4. Review of public health rules for maternity departments and laws concerning pre-natal care.	
3. To develop an appreciation of community resources available to obstetric patients, their babies and their families.	1. Mimeographed copy of main community resources with addresses and phone numbers. 2. Reports by students on a. V.D. clinics. b. Chest x-ray center c. Boys and Girls Aid Soc. d. State Board of Health e. Well baby clinics. f. Laboratories for free blood work.	1. Gives reports with completeness of material. 2. Shows interest in reports. 3. Asks questions. 4. Discusses other resources. 5. Shows evidence of stimulated thought and resourcefulness in reports by research done.
4. To acquire knowledge concerning a. Conception, embryonic development and fetal growth.	1. Guest speaker (doctor). 2. Specimens of embryo and fetus for observation. 3. Use of semi-diagrammatic sketches, birth atlas, and other illustrative material.	1. Answers satisfactory to testing. 2. Discusses questions. 3. Uses reference books on reserve shelf in library.
b. The physiology of pregnancy.	1. Dietitian to discuss pre-natal diet. 2. Guest speaker (doctor)	1. Discusses in class. 2. Shows comprehension in reports on field trip.

Objectives	Situations and Activities	Anticipated Changes in Behavior
	3. Field trip to Red Cross Home Nursing department to observe parents' classes in maternity care.	3. Shows ability to satisfactorily answer technical questions in class.
	4. Report on maternity clothes and baby layettes.	4. Asks questions concerning pre-natal clinics.
	5. Observation of pre-natal clinic.	
	6. Charts, pelvis model, pelvimeters	
c. The process of labor and delivery.	1. Guest speaker (doctor).	1. Expresses eagerness to learn about procedures.
	2. Observation of a delivery.	
	3. Discussion of procedures, F.H.T., B/P, contraction timing, enemas, draping, surgical technique, etc.	2. Discusses fluently which shows evidence of having learned material.
	4. Use of pelvis and baby head model as demonstration of mechanism of labor.	3. Shows new concepts of thinking as shown in report on observation of delivery from pre-test given.
	5. Discussion of natural childbirth.	4. Participates in setting up a rooming-in plan on the 'black-board'.
	6. Discussion and assigned reading on rooming-in.	
	7. Observation of placenta and afterbirth.	
d. The physiology of puerperium.	1. Guest speaker (doctor)	1. Discusses fluently.



Objectives	Situations and Activities	Anticipated Changes in Behavior
	2. Discussion and study of nursing care during the puerperium.	2. Makes remarks pertinent to the correlation of the nursing care during the puerperium to events which transpired earlier.
	3. Discussion of techniques of breast care, perineal care, exercise, rest, and establishment of good elimination.	3. Discusses the pro's and con's of breast feeding.
e. the characteristics and physiology of the newborn.	1. Lecture by pediatrician.	1. Discusses in class.
	2. Discussion of the nursing care of the newborn.	2. Offers pertinent suggestions for mother teaching.
	3. Discussion of methods for teaching mothers baby care.	3. Demonstrates learning by suggestions of baby publications.
		4. Gives descriptions of needs which mothers express according to experiences of others student has known.
		5. Shows satisfactory examination results.
f. abnormal physiology of the patient during the antepartal, intrapartal and postpartal periods.	1. Guest lecturer (doctor).	1. Demonstrates ability to solve hypothetical problems involving patients with emergencies.
	2. Discussion of the signs and symptoms denoting abnormalities and the importance of recognizing them.	2. Asks pertinent questions.
	3. Discussion and review of hemorrhage and shock.	3. Participates actively in class.

Objectives	Situations and Activities	Anticipated Changes in Behavior
g. the deviations from the normal in the infant.	1. Lecture by guest pediatrician. 2. Discussion of nursing care of abnormalities and diseases of newborn. 3. Discussion concerning socio-psychological problems involved with these babies and their families.	1. Demonstrates ability to solve problems involved in the care of babies with abnormalities and/or diseases. 2. Discusses in class. 3. Asks pertinent questions. 4. Performs satisfactorily in oral testing.
5. To appreciate the influences of socio-economic, hereditary, psychological, emotional and environmental factors on the mother and baby as members of a family.	1. Discussion of the factors mentioned in the objective. 2. Use of case records as illustrations. 3. Variations of behavior as a result of these factors as seen in the hospital and in the home.	1. Gives illustrations which might be given from personal observation. 2. Shows ability to discuss such problems and influences. 3. Asks pertinent questions.
6. To develop understanding of the principles involved in giving total nursing care to obstetrical patients and their newborn.	1. Discussion of the principles of nursing care pertinent to obstetrical patients. 2. Discussion of what constitutes complete nursing care to the mother and her newborn.	1. Expresses understanding in class discussion and in questions asked.

Objectives	Situations and Activities	Anticipated Changes in Behavior
7. To attain a realization of the importance of obstetrics to her as a future wife and mother.	1. Discussion of class members as future wives and mothers and what the study of obstetrics can mean to them.	1. Asks questions eagerly. 2. Gives personal opinions readily. 3. Expresses attitudes toward child-bearing.

Ward Instruction:

To assist the learner:

- |   |   |  |
|---|---|--|
| 1. In developing skills in technical procedures.  | 1. Demonstrations and return demonstrations.<br>2. Careful clinical assignment where-<br>by students may have opportunity to learn various techniques and practice them.<br>3. Dependable supervision.<br>4. Adequate physical set-up.<br>5. Procedure book.<br>6. Orientation to department. | 1. Shows greater dexterity in doing procedures.<br>2. Demonstrates familiarity with technical procedures.<br>3. Discusses complete nursing care in conferences and classes more adeptly. |
| 2. To acquire the ability to instruct mothers by demonstration how to bathe their babies. | 1. Demonstration by clinical instructor to a group of mothers of how to bathe a baby with students observing.<br>2. Discussion with mothers concerning pertinent points in the bathing.<br>3. Children's Bureau publications.   | 1. Demonstrates ability to bathe a baby to a group of mothers.<br>2. Discusses with mothers, plans for bathing their babies at home, and answers any questions the mothers might ask.    |

Objectives	Situations and Activities	Anticipated Changes in Behavior
3. To acquire the ability to instruct mothers in other problems besides bathing the baby in the care of their babies.	1. Demonstrations on <ol style="list-style-type: none"> <li>Care of cord</li> <li>Care of genitalia.</li> <li>Care of circumcision.</li> <li>Dressing infants.</li> <li>Giving formula instructions.</li> <li>Care of fingernails and toenails.</li> </ol> 2. Children's Bureau publications and other helps in baby books.	1. Refers mothers to good baby books such as 'Infant Care' if they want a reference for home. 2. Shows ability to demonstrate <ol style="list-style-type: none"> <li>Care of cord</li> <li>Care of genitalia.</li> <li>Care of circumcision.</li> <li>Dressing infants.</li> <li>Giving formula instructions.</li> <li>Care of fingernails and toenails.</li> </ol>
4. To develop skill in planning health teaching programs for mothers.	1. Ward rounds pertaining to nursing care. Plans made at this time with the mother for rest, exercise, breast care, perineal care, elimination, and other health measures. 2. Health program conferences. 3. Ward library.	1. Demonstrates ability to help the mothers plan health programs. 2. Participates in conferences on health programs. 3. Demonstrates insight into the needs for health teaching - seeing the opportunity to teach.
5. To gain skill and confidence in her ability	1. Careful planning of assignments gradually increasing responsibility under close supervision.	1. Shows increased confidence in assuming responsibilities in caring for her patients.

Objectives	Situations and Activities	Anticipated Changes in Behavior
	2. Evaluation of student's work bringing to the fore her special abilities and aptitudes and offering constructive help on those weaker points.	2. Demonstrates calm but alert manner in emergencies or unusual occurrences.
	3. Procedure book.	3. Shows pride in work well done.
		4. Shows interest in doing more complicated procedures.
6. To modify nursing care as taught in the classroom to meet the needs of the individual patient.	1. Ward clinics and conferences.	1. Participates in clinics, conferences and ward rounds.
	2. Ward rounds.	
	3. Care study and observation study assignments.	2. Gives examples of justifiable modified nursing care as given in care studies and observation studies.
	4. Careful supervision of clinical assignment.	
	5. Ward library.	3. Demonstrates above in the performance of a given patient assignment.

In terms of the instructor:

- |   |  |   |
|---|--|---|
| 1. To increase the interest in and ability of the student to give total nursing care. | 1. Detailed planning with the head nurse regarding assignment and responsibility.    | 1. Student shows more apparent interest.  |
|   | 2. Conferences with the student to discuss her clinical experience.                  | 2. Student gives patients more thorough nursing care.                               |
|   | 3. To encourage through individual attention the interest and ability already shown. | 3. Increases quality of organization and adaptation of nursing care by the student. |

Objectives	Situations and Activities	Anticipated Changes in Behavior
	4. Ward library.	4. Shows interest in all patients - not just assignment.
	5. Procedure book.	
2. To insure maximum and comprehensive learning experience for each student in the obstetrical department.	1. Analyzing the learning experiences available.	1. Each student receives maximum and comprehensive learning experiences.
	2. Organizing maximum physical facilities.	2. Evidences of a keen cooperation between personnel and students in the provision of sound and adequate learning experiences.
	3. Preparation of ward personnel for a ward teaching program.	3. Each student receives learning experiences - not just an occasional student.
	4. Preparation of the head nurses and supervisors for their part in the ward teaching program.	
	5. Organizing a well planned but flexible ward teaching program which is correlated with the classroom teaching.	
	6. Ward library, Conference room.	
	7. Procedure and policy books.	

### Nursing Practice:

To assist the learner:

- |  |  |   |
|--|--|---|
| 1. To acquire the ability  | 1. Bedside nursing.                      | 1. The learner gives evidence of observation and recognition of symptoms by conversation, reports to those in charge, |
| a. to recognize symptoms and their significance in patients from | 2. Patient observation.                  |   |
|  | 3. Ward rounds.                          |   |
|  | 4. Personal instruction and supervision. |   |



Objectives	Situations and Activities	Anticipated Changes in Behavior
conception until the end of the puerperal period.	5. Assisting with physical examinations by doctors and interns.	and the charting of symptoms.
b. To recognize symptoms and their significance in conditions and disorders characteristic of the newborn		2. She shows her ability to recognize the significance of symptoms by what she does about them when they appear.
		3. Student notes symptoms and reports accurately changes in her patients' conditions.
c. To report and record observations accurately and wisely.	1. Posted list of recognized charting abbreviations.	1. Charts accurate as to form and observations.
	2. Supervision in charting when doing so at first.	2. Reports accurately of observations to those in charge.
	3. Careful instructions as to charting in general with some sample charting if needed.	3. The student recognizes and charts symptoms and characteristics denoting abnormalities.
d. To organize a program of total nursing care for an obstetrical patient with/and child	1. Careful assignment of patients.	1. Prevents many emergencies by foresight.
	2. Detailed planning of assignment with student to help her to be able to organize on her own.	2. Organizes better nursing care plans.
	3. Case method of assignment.	3. Each patient receives better care in total aspects.

Objectives	Situations and Activities	Anticipated Changes in Behavior
		4. Student gives more than essentials for patient. 5. Each patient uses call lights less.
e. To give health information in a way that it can be used.	1. Observation of other ward personnel giving health information. 2. Having health publications available to help the student and possibly for giving to the patient. 3. Provision of learning experiences which will illustrate needs for health information.	1. Student gives health information. 2. Gives practical health information since she observes the needs of patients in a practical way.
f. To master new nursing techniques and develop skill in their use.	1. Provision of learning experiences for gaining practice in new nursing techniques and skills. 2. Procedure book. 3. Close supervision to encourage and to correct details.	1. Performs nursing techniques and skills well. 2. Gives good care to patients. 3. Portrays more confidence as a result of added abilities.
g. To project confidence in mothers in the home care of their newborn.	1. Providing opportunities for mothers to have their babies for more than just feeding.	1. Each patient portrays confidence in the way they handle babies.

Objectives	Situations and Activities	Anticipated Changes in Behavior
	2. Provide teaching in holding the baby, handling the baby, feeding him, dressing him, etc.	2. Patient feels free to ask questions about home care and home furnishings for the baby. 3. Nurse reassures mother in her behavior with mother and baby.
2. To develop an appreciation of:	1. Observation of reactions of patients who are afraid.	1. Student gives care to patients so that they are quieter and happier.
a. The value of explanation and reassurance in preventing and alleviating fear especially during the first two stages of labor.	2. Observation of the affect of explanation and reassurance.	2. Patients receive more explanation and reassurance.
	3. Observation of the value of analgesia and anesthesia, presence of husband, relative, or friend, and gracious, kindly and sympathetic nurse.	3. Students give more explanations and reassurance and watch for opportunity to do so. 4. Patient and family show gratitude who receive explanation and reassurance.
b. The patient's reaction to the personal appearance of the nurse and to other environmental factors.	1. Observation of those factors mentioned by patient.	1. Nurse appears neater, more professional.
	2. Comparisons of others seen whose appearance is/is not especially becoming.	2. Patient appears calmer, more serene.
	3. Self examination of desired environmental factors.	

Objectives	Situations and Activities	Anticipated Changes in Behavior
c. the varied emotional expressions of the obstetrical patient.	1. Observation with explanation of expressed emotion. 2. Literature on influence of fear on pain and emotions.	1. Learner sympathizes with and encourages the patient without becoming emotionally involved. 2. Assumes responsibility to care for emotional needs as well as physical needs of patient.
d. The apprehension on the part of the family.	1. Learning experiences which portray family apprehension and possible causes. 2. Study of how to alleviate this apprehension by explanation and reassurance.	1. Family evidences apprehension. 2. Student never neglects or shuns families or their questions. 3. Learner appears gracious and sympathetic with family without emotional involvement but with sincerity.



## APPENDIX D

OUTLINE OF THE PROPOSED PROGRAM BY WEEKS SHOWING CORRELATION

<u>Topics and Methods of Classroom Instruction</u>	<u>Topics and Methods in Ward Instruction</u>	<u>Assignment on Clinical Service</u>
<u>FIRST WEEK</u>		
(5 hours)		
<u>First period:</u>	<u>Conference and tour</u>	<u>Orientation of</u>
1. Introduction to obstetrical course.	regarding orienta- tion.	Group I* to Labor and De- livery Rooms:
2. Mimeographed mat- erial.	<u>Demonstrations and</u> recording of:	1. Department records.
a. Objectives of course.	1. Admission routine:	a. Objectives
b. Course outline and assignment.	a. B/P and T.P.R.	b. Master list of proced- ures and experiences
c. Bibliography.	b. Timing contrac- tions.	c. Outline for observation study
d. Course require- ments.	c. Enema, perineal prep.	d. For clinic and confer- ence study.
3. Introduction to vocabulary.	d. Fetal heart tones.	e. Evaluation
4. Pre-test on pre- conceived ideas about maternity.	2. Setting up and scrubbing for a delivery.	2. Personnel and their duties.
5. Discussion of the maternity situation as a normal one.	<u>Clinic:</u> Tour of some facili- ties associated with the care of obstet- rical patients.	3. Physical set-up. (See Exhibit A)
6. Discussion of defi- nition of health teaching and pro- phylactic measures.	1. Place and pro- cedure for making reservation.	<u>Initial Super- vised Practice</u> in:
7. Discussion of class members as future wives and mothers and what the study of obstetrics can mean to them.	2. Prenatal clinic room and its equipment.	1. Admission routine:
	3. Laboratory for prenatal blood work.	a. B/P and T.P.R.
	4. X-ray division.	b. Timing con- tractions.
	<u>Conferences:</u>	c. Enema.
	1. Admission of pat- ients for:	d. Fetal heart tones.
	a. Routine labor.	e. P.P.
	b. Treatment.	2. General nurs- ing care to patients in labor.
	c. Induction of labor.	

Topics and Methods of Classroom Instruction	Topics and Methods in Ward Instruction	Assignment on Clinical Service
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- mimeographed lists of major ones.
3. Film on 'Midwifery' and 'New Methods in Obstetrics'.
2. General care of the patient in labor:
- Primipara.
  - Multipara.

Patient Assignment and experience.

1. Normal labor patients with routine care.
2. Admission of patients.
3. Return demonstration of setting and scrubbing for a delivery. (15 'scrubs' are required by the Oregon State Board).
4. Treatment cases as they are available with careful selection and instruction as to each detail of care.

Third period:

Lecture by guest obstetrician on 'Anatomy of Female Reproduction':

1. Reproductive system.
2. Bony pelvis.
3. Soft parts of pelvis.
4. Reproductive organs:
  - a. Male - briefly.
  - b. Female - detailed.

Fourth period:

Lecture by guest obstetrician on Physiology of Reproduction:

1. Puberty.
2. Adolescence.
3. Reproduction.
4. Termination of reproductive cycle.

Fifth period:

1. Tour of obstetrical department.
2. Review of Public Health rules for maternity departments.



Topics and Methods of Classroom Instruction	Topics and Methods in Ward Instruction	Assignment on Clinical Service
<u>SECOND WEEK</u>		
(5 hours)		
<u>First period:</u>	<u>Demonstrations and recording of:</u>	<u>Initial Supervised Practice in:</u>
Lecture by guest obstetrician on 'Development of the Ovum, Embryo, and Fetus'.	1. Assisting with the prenatal clinic patient:	1. Assisting with the prenatal clinic patients.
1. Conception	a. Initial examination.	a. Initial examination:
2. Fetal development.	1. Physical	1. Physical
3. Fetal circulation.	2. Pelvic measurements.	2. Pelvic measurements.
Specimens of embryo and feti for display.	3. Lab work.	3. Lab work
Use of semi-diagrammatic sketches, birth atlas, and other illustrative material.	b. Regular examinations:	b. Regular examination
	1. Weight.	1. Weight
	2. B/P	2. B/P
	3. Urinalysis	3. Urinalysis.
	2. Assisting with sterile vaginal examinations.	2. Assisting with sterile vaginal exams.
	3. Rectal examinations.	3. Rectal exams.
	4. Sedation.	4. Sedation.
	5. Catheterization.	5. Catheterization.
	6. Palpation of fetal parts.	6. Palpation of fetal parts.
	<u>Clinic:</u>	<u>Patient Assignment and Experience:</u>
	1. Correlation of:	1. Normal patients in labor with responsibility for complete care.
	a. F.H.T.	
	b. Contractions	
	c. B/P	
	d. Rectal examinations.	
	2. Discussion of the care of prenatal clinic patients.	
	3. Personal conference regarding student's progress and experience.	
<u>Second period:</u>		
Lecture by guest obstetrician on 'Normal Pregnancy'.		
1. Maternal changes due to pregnancy.		
2. Symptoms, signs, and diagnosis of pregnancy.		
3. Physical examination.		
4. Laws concerning pre-natal care.		
5. Hygiene concerning pregnancy.		
6. Use of charts and pelvimeters.		
<u>Third period:</u>		
Lecture and discussion of:		
1. Presentation of a patient in pre-natal clinic.		

Topics and Methods of Classroom Instruction	Topics and Methods in Ward Instruction	Assignment on Clinical Service
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2. Assistance at the examination of a patient.

Plans for care during labor and puerperium.

under very close supervision.

2. Delivery scrubs.

3. Treatment cases as they are available with careful instruction as to each detail of care.

4. Observation of patients with dystocia and pre-section patients.

5. Assisting with examinations of:

a. The clinic patient.

b. The patient in labor.

Fourth Period:

1. Written quiz on material covered so far.

2. Discussion and reports on

a. Maternity clothing.

b. Infant's layette.

c. Nursery equipment in the home.

Fifth Period:

Tour of Red Cross facilities for teaching the course, "Mother and Baby Care and Family Health".

THIRD WEEK

(5 hours)

First period:

Lecture by guest obstetrician on 'Prenatal Care'.

1. Calculation of date of confinement.

2. Medical supervision.

Demonstrations and recordings of:

1. Assisting with artificial rupture of membranes.

2. Assisting with bag insertion.

3. Giving castor oil and hot enemas for inductions.

4. Giving oxytocic medications for inductions of labor.

Initial Supervised Practice in:

1. Assisting with artificial rupture of membranes.

2. Assisting with bag insertion.

3. Giving castor oil and hot enemas for induction.

4. Giving oxytocic

Second period:

Discussion of Prenatal care.

1. B/P.

<u>Topics and Methods of Classroom Instruction</u>	<u>Topics and Methods in Ward Instruction</u>	<u>Assignment on Clinical Service</u>
2. Urinalysis. 3. Weight. 4. Adjusting and fitting brassieres. Lecture by dietitian on pre-natal diet.	5. Assisting with circumcisions. 6. Assisting with caesarean sections.	medications for induction of labor. 5. Assisting with circumcisions.
<u>Third period:</u> Lecture by guest obstetrician on 'Minor Disturbances of Pregnancy'.	<u>Clinic:</u> Study of a patient whose labor is being artificially induced.	6. Assisting with caesarean sections.
1. Morning sickness. 2. Constipation. 3. Peripheral edema. 4. Varicosities. 5. Pruritis vulvae. 6. Leucorrhea. 7. Pendulous abdomen. 8. Muscular cramps. 9. Headache. 10. Neuralgic pains. 11. Bache. (sic) 12. Dyspnea. 13. Heartburn.	<u>Conferences:</u> 1. Discussion of artificial stimulation of labor. a. Medical. b. Surgical. 2. Discussion of immediate post partum and neonatal care and accompanying records. 3. Personal conference regarding student's progress and experience.	<u>Patient assignment and experience:</u> 1. Complete nursing care for any patient in labor. 2. Finish required delivery scrubs. 3. Treatment cases as they are available with close supervision. 4. Scrub for Caesarean Section. 5. Patients being induced in labor. 6. Circumcisions.
<u>Fourth period:</u> Discussion concluding pre-natal care.		
<u>Fifth period:</u> Demonstration of: <ol style="list-style-type: none"> <li>Hearing and counting F.H.T.</li> <li>Abdominal examination.</li> <li>Determining and timing contractions.</li> </ol>		

<u>Topics and Methods of Classroom Instruction</u>	<u>Topics and Methods in Ward Instruction</u>	<u>Assignment on Clinical Service</u>
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FOURTH WEEK

(5 hours)

First period:

- Lecture by guest obstetrician on 'Examination Preliminary to Labor'.
1. Pelvic measurements.
  2. Baby's head measurements.
  3. Presentations.
  4. Positions.

Second period:

- Lecture by guest obstetrician on 'Physiology of Labor'.
1. Onset of labor.
  2. Three stages of labor.
  3. Discussion of natural childbirth.

Third period:

- Discussion of the routine admission and preparation of patients:
1. Timing contractions.
  2. Perineal shave.
  3. Initial observation of symptoms.

Fourth period:

- Lecture and discussion of 'Nursing Care During Labor'.

Demonstrations and recording of:

1. Immediate post partum care:
  - a. Ergotrate administration.
  - b. Palpation of fundus.
  - c. Returning patient to bed.
2. Immediate neonatal care:
  - a. Care of eyes.
  - b. Identification
  - c. Measurements
  - d. Resuscitation

Clinic:

- Nursing rounds discussing each patient in labor as to admission, history, labor progress and total nursing care.

Conferences:

1. Care of abnormal patients:
  - a. Toxemia.
  - b. Premature labor.
  - c. Diabetes.
  - d. Prenatal bleeding.
  - e. Immediate post-natal bleeding.
2. Discussion of observation relative to foreseeing emergencies and emergency nursing needs.

Initial supervised practice in:

1. Immediate post partum care:
  - a. Ergotrate administration.
  - b. Palpation of fundus.
  - c. Returning patient to bed.
2. Immediate neonatal care:
  - a. Care of eyes
  - b. Identification.
  - c. Measurements
  - d. Resuscitation.

Patient Assignment and experience:

1. Room nurse (circulating, utilizing) for deliveries, with responsibility for mother - baby care and records.
2. Treatment cases.
3. Any patient in labor or delivery.



<u>Topics and Methods of Classroom Instruction</u>	<u>Topics and Methods of Ward Instruction</u>	<u>Assignment on Clinical Service</u>
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1. Checking bladder and bowels.
2. Timing contractions.
3. Rectal examinations.
4. Diet - fluid intake.
5. Mental-emotional comforts.
6. Physical comforts.

3. Discussion of methods for meeting the total needs of:
  - a. The patient in labor.
  - b. The patient's family during this period.
4. Personal conference regarding student's progress and experience.

Fifth period:

(Observation of at least one delivery during this week).

1. Observation and demonstration of delivery room set-up.
2. Discussion and assigned reading on rooming-in.

FIFTH WEEK

(5 hours)

First period:

Lecture by guest obstetrician on 'Physiology of Labor' continued:

1. Mechanism of labor.
2. Conduct of labor.
3. Analgesia.
4. Anesthesia.

Use of pelvis and baby head model as demonstration of mechanism of labor.

Observation of placenta and afterbirth.

Conference and

Tour regarding orientation.

Demonstrations and recording of:

1. Admission procedure:
  - a. B/P.
  - b. Checking and massaging fundus.
  - c. Checking bleeding.
2. Routine daily observations:
  - a. Breasts

Orientation of

Group 1\* to Post Partum Floor:

1. Department records:
  - a. objectives.
  - b. master list of procedures and ward experiences.
  - c. Outline for observation study.
  - d. for clinic and conference study.

<u>Topics and Methods of Classroom Instruction</u>	<u>Topics and Methods of Ward Instruction</u>	<u>Assignment on Clinical Service</u>
<u>Second period:</u> Discussion of: 1. Responsibilities of the scrub nurse in the delivery room. 2. Responsibility of the circulation nurse. 3. Responsibility of the anesthetist. 4. Immediate care of the newborn.	<u>Conference and Tour</u> regarding orientation.  <u>Demonstrations and recording of:</u> 1. Admission procedure: a. B/P b. Checking and massaging fundus. c. Checking bleeding. 2. Routine daily observations: a. Breasts b. Fundus. c. Lochia. d. Involution of uterus. 3. Breast binders. 4. Bed exercise. 5. Hot packs to perineum. 6. Infra red lamp. 7. Perineal care.	e. Evaluation. 2. Personnel and their duties. 3. Physical set-up. (See Exhibit B)  <u>Initial supervised practice in:</u> 1. Admission procedure: a. B/P. b. Checking and massaging fundus. c. Checking bleeding. 2. Routine daily observations: a. Breasts. b. Fundus. c. Lochia. d. Involution of uterus. 3. Breast binders. 4. Bed exercise. 5. Hot packs to perineum. 6. Infra red lamp 7. Perineal care
<u>Third period:</u> Lecture by guest obstetrician on 'Normal Puerperium'. 1. Treatment. 2. Involution. 3. Lactation. The influences of socio-economic, hereditary, psychological, emotional and environmental factors on the mother and baby.	<u>Clinic:</u> Observation and discussion of patient having had a normal labor, delivery and puerperium.	
<u>Fourth period:</u> Lecture and discussion of 'Nursing Care During the Normal Puerperium'. 1. Care of breasts. 2. Care of bowels and bladder. 3. Checking fundus, changes in lochia, perineum. 4. Mental and emotional comforts. 5. Physical comforts.	<u>Conferences:</u> 1. Perineal care: Enemas: a. Packs. b. Infra red lamp c. Hemorrhoids. d. Sprays. 2. Ambulation: a. Dangle	<u>Patient assignment and experience:</u> 1. Admission of patients from the delivery room to the post partum floor.



Topics and Methods of Classroom Instruction	Topics and Methods in Ward Instruction	Assignment on Clinical Service
6. Diet - fluid intake.	b. Chair c. Baths 1) Bed 2) Showers 3) Hair	2. Total nursing care of a patient with normal puerperium, having had a normal labor and delivery
<u>Fifth period:</u> Demonstration of perineal care. Demonstration of breast examination and care including binders. Demonstration of examination and charting of lochia and fundus.	3. Personal conference with student regarding progress and experience.	3. Assist with examinations

### SIXTH WEEK

(5 hours)		
<u>First period:</u> Lecture by guest pediatrician on 'Normal Newborn'. 1. Description of characteristics. 2. Treatment. 3. Changes in stools. 4. Weight gain and loss. 5. Feedings.	<u>Demonstration and recordings of:</u> 1. Hot packs to breasts 2. Cold packs to breasts 3. Care of engorged breasts 4. Catheterization  <u>Clinic:</u> A study and discussion of a typical normal newborn and its needs.  <u>Conferences:</u> 1. Lactation: a. Binders b. Hot packs c. Cold packs d. Medication 2. Hemorrhage: a. Packing and removal of. b. Medications for. 3. Personal conference with student concerning progress and experience.	<u>Initial Supervised Practice in:</u> 1. Hot packs to breasts 2. Cold packs to breasts 3. Care of engorged breast 4. Catheterization.  <u>Patient assignment and experience:</u> 1. Total nursing care of patient with engorged breasts and those needing hot or cold packs 2. Obs. and care of patients post caesarean section. 3. Obs. and care of patient with P. P. bleeding.
<u>Second period:</u> Lecture and discussion of the nursing care of the normal newborn. 1. Infant bath 2. Care of eyes, ears, nose, mouth, cord, genitalia and skin 3. Weight, temperature 4. Feedings, breast, complimentary, supplementary. 5. Isolation precautions and hygienic conditions.		

Topics and Methods of Classroom Instruction	Topics and Methods in Ward Instruction	Assignments on Clinical Service
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6. Breast care of mother.

4. Observation and care of selected treatment cases.

Third period:

Baby bath demonstration as given to mothers.

Discussion of instruction concerning baby care given to mothers.

Discussion concerning socio-psychological problems involved with babies and their families.

Fourth period:

Mid-term examination covering normal obstetrics.

Fifth period:

Mid-term examination covering normal obstetrical nursing.

SEVENTH WEEK

(5 hours)

First period:

Lecture by guest obstetrician on Chronic Disease, Inter-current Diseases and Complicating Conditions:

1. Syphilis.
2. Gonorrhea.
3. Tuberculosis.
4. Cardiac disease.
5. Chronic nephritis
6. Anomalies of the uterus
7. Displacement of uterus.

Demonstrations and recording of:

1. Instruction to mothers on:
  - a. Breast care
  - b. Exercise and rest.
  - c. Perineal care

Initial supervised practice in:

1. Instruction to mothers on:
  - a. Breast care
  - b. Exercise and rest.
  - c. Perineal care

Clinic:

Study of a patient with toxemia or coincidental diseases of pregnancy. (Patient will be chosen from

Patient Assignment and Experience:

1. Any post partum patient.
2. Any treatment case.

Topics and Methods of Classroom Instruction	Topics and Methods in Ward Instruction	Assignments on Clinical Service
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8.Pseudocyesis.	- those available	3.Total nurs-
9.Psychosis.	at that time).	ing care for
10.Pyelitis.		any patient.
11.Cystitis.	<u>Conferences:</u>	
12.Multiple pregnan-	1.Toxemias:	
cy.	a.Hyperemesis gra-	
13.Hyperthyroidism	vidarum.	
14.Diabetes	b.Hypertensive and	
15.Communicable dis-	renal studies.	
eases.	c.Postpartum.	
16.Glandular diseases	d.Medications.	

Second period:

Lecture and discuss-  
ion:

- 1.Admittance proced-  
ure for treatment  
cases.
- 2.Nursing care of  
chronic disease,  
intercurrent dis-  
eases and com-  
plicating condi-  
tions requiring  
hospitalization.

- 2.Discussion of:
  - a.Prophylaxis.
  - b.Morbidity.
  - c.Isolation.
- 3.Personal confer-  
ence with student  
regarding progress  
and experience.

Third period:

Lecture by guest ob-  
stetrician on 'Tox-  
emias of Pregnancy'.

- 1.Classification
  - a.Early
  - b.Late
- 2.Treatment
  - a.Antepartum
  - b.Postpartum

Fourth period:

- 1.Written quiz
- 2.Lecture and discus-  
sion of nursing care  
of toxemias of preg-  
nancy.

<u>Topics and Methods of Classroom Instruction</u>	<u>Topics and Methods in Ward Instruction</u>	<u>Assignments on Clinical Service</u>
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- a. Antepartum.
  - (1) Pernicious vomiting.
  - (2) Pre-eclampsia and eclampsia
  - (3) Other types.
- b. Post partum
  - (1) Pre-eclampsia and eclampsia.
  - (2) Other types

Fifth period:

1. Demonstration of uses of a toxemia tray.
2. Demonstration on preparation of room for pre-eclamptic or eclamptic patient.

EIGHTH WEEK

(5 hours)

First period:

- Lecture by guest obstetrician on Hemorrhages of Early Pregnancy.
1. Abortion -types
  2. Ectopic pregnancy
  3. Hydatid mole

Second period:

1. Written quiz.
2. Lecture and discussion of nursing care in:
  - a. Hemorrhages of pregnancy
  - b. Abortions
3. Observation of set-up for D. and C.

Clinic:

- A study of a patient with hemorrhage of early or late pregnancy.

Conferences:

1. Emotional needs:
  - a. During hospital stay.
  - b. At home
 Home instructions.
2. Mother care study
3. Personal conference with student regarding progress and experience.

Patient assignment and experience:

1. Care of any post partum patient.
2. Assistant head nurse duties.



Topics and Methods of Classroom Instruction	Topics and Methods in Ward Instruction	Assignment on Clinical Service
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Third period:

Lectures by guest obstetrician on:

1. Hemorrhages of late pregnancy.
  - a. Placenta praevia
  - b. Abruptio placenta
  - c. Premature separation of the placenta.
2. Premature labor

Fourth period:

Lecture and discussion of Emergency Nursing care in:

1. Placenta praevia
2. Abruptio placenta
3. Premature separation of the placenta.
4. Premature labor.

Fifth period:

Observation study of any patient who evidenced hemorrhagic conditions.

NINTH WEEK

(5 hours)

First period:

Lecture by guest obstetrician on Abnormalities and Complications of Labor.

1. Faulty pains
2. Faults of passenger
3. Faults of passage
4. Hydramnios and oligo-hydramnios

Conference and tour regarding orientation.

Demonstration and recording of:

1. Admissions care
  - a. Initial bath
  - b. Position
  - c. Regulation of temperature.
  - d. Birth weight.

Orientation of Group 1\* to the nursery:

1. Department records:
  - a. Objectives
  - b. Master list of procedures and ward experiences.

Topics and Methods of Classroom Instruction	Topics and Methods in Ward Instruction	Assignment on Clinical Service
5. Prolapsed cord.	2. Daily care:	c. Outline for observation study.
6. Precipitate delivery.	a. Buttocks	d. Records for clinic and conference study.
	b. Cord	e. Evaluation
<u>Second period:</u>	c. Daily bath	2. Personnel and their duties.
Lecture and discussion of the nursing care in:	d. Female genitalia.	3. Physical set-up.
1. Uterine inertia.	e. Foreskin, before and after circumcision.	(See Exhibit C)
2. Tetanic contractions.	f. Routine vernix care.	<u>Initial Supervised Practice</u>
3. Hydramnios.	g. Temperature	in:
4. Oligohydramnios.	h. Weighing.	
5. Precipitate delivery:	3. Putting baby to breast.	
a. Nurse's duties.	a. Nipple shields	
b. Emergency delivery pack.	b. Positions	
6. Prolapsed cord.	c. Time	
	d. Weighing before and after feeding.	
<u>Third period:</u>	4. Bottle feedings:	
Lecture by guest obstetrician on Stimulations or Inductions of Labor and Abortions.	a. Complementary	<u>Patient Assignment and experience:</u>
1. Medical	b. Supplementary	1. Routine daily care of normal babies.
2. Surgical	5. Care of equipment:	2. Admission of normal babies to nursery.
a. Bag inductions.	a. Feeding	3. Feeding babies:
b. Rupturing membranes.	b. Heat box	a. Breast feedings
	<u>Clinic:</u>	b. Complementary and supplementary.
<u>Fourth period:</u>	A study of a patient with complications of abnormal presentations and deliveries.	
1. Written quiz.	<u>Conferences:</u>	
2. The Wilcox routine for medical stimulation.	1. Nursery techniques:	
3. Demonstration of set-up for rupturing membranes.	a. Prevention of cross contamination.	
4. Discussion of nursing care during induction of labor.	b. Handling babies.	
	c. Nursery gowns.	



Topics and Methods of Classroom Instruction	Topics and Methods in Ward Instruction	Assignment on Clinical Service
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Fifth period:

Demonstration and discussion:

1. Care of episiotomies and perineal lacerations.
2. Witch hazel and hot packs to perineum.

2. Observation pertinent to babies:

- a. Rashes - types
- b. Anomalies
- c. Voiding and bowel movements.
- (1) Obstruction and symptoms.
- (2) Types of stools
- d. Cyanosis - causes - treatments.
- e. Hangnails - treatment.
- f. Discharging eyes - treatments.
- g. Jaundice - types.
- h. Muscle tone.
- i. Cry.
- j. Skin Dryness.
- k. Weight loss.

3. Personal conference with student concerning her progress and experience.

TENTH WEEK

(5 hours)

First period:

Lecture by guest obstetrician on Obstetric Injuries.

1. Rupture of uterus
2. Perineal and cervical lacerations

Demonstrations and recordings of:

1. Care of fissured nipples.
2. Expression of milk:
  - a. Electric pump
  - b. Hand pump
  - c. Manual expression

Initial supervised Practice in:

1. Care of fissured nipples.
2. Expression of milk:
  - a. Electric pump
  - b. Hand pump
  - c. Manual expression
3. Demonstration baby bath to mothers.

Second period:

1. Lecture and discussion of emergency nursing care of patients with obstetric injuries.
2. Written quiz.

3. Demonstration baby bath to mothers.

Clinic:

A study of a patient whose delivery was

<u>Topics and Methods of Classroom Instruction</u>	<u>Topics and Methods In Ward Instruction</u>	<u>Assignment on Clinical Service</u>
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Third period:

Lecture by guest obstetrician on Operative Obstetrics.

1. Episiotomies.
2. Forceps delivery
  - a. Indications.
  - b. Types
3. Version
4. Breech extractions
5. Caesarean Section
  - a. Indications.
  - b. Types
6. Mutilating operations.

accomplished with forceps or who evidenced an obstetrical accident.

Conferences:

1. Breast care and feedings.
  - a. Observation (condition of breasts).
  - b. Engorgement - packs.
  - c. Care of nipples.
  - d. Breast shields.
  - e. Breast pumps.
  - f. Positions for nursing.
  - g. Necessity of screening patients.

Patient Assignment and Experience:

1. Daily care of normal babies.
2. Breast pumping.
3. Demonstration baby baths to mothers.
4. Responsibility for formula orders.
5. Assist doctors with routine examination of well babies.

Fourth period:

Lecture and discussion on:

1. Resuscitation of newborn infant.
2. Nursing care post-caesarean section.
3. Nursing care post-operatively.

2. Formulas and formula feedings:

- a. Preparation and care of formulas
- b. Technique of feeding bottle babies.

- c. Formula sheets - formula orders.

3. Personal conference with student concerning her progress and experience.

Fifth period:

Demonstration of how to handle:

1. Obstetrical forceps
2. Resuscitation equipment
3. Incubator equipment

ELEVENTH WEEK

(5 hours)

First period:

Lecture of guest obstetrician on Complications of the Puerperium.

Demonstrations and recording of:

1. Supplementary feedings with:

Initial supervised practice

- a. Breck feeder

Topics and Methods of Classroom Instruction	Topics and Methods in Ward Instruction	Assignment on Clinical Service
1.Uterine complications. a.Post-partum hemorrhage. b.After pains. c.Subinvolution. 2.Puerperal infection. 3.Breast complication. 4.Phlebitis. 5.Other complication conditions. 6.Cause, symptoms, and treatment of each.	a.Breck feeder. b.Gavage. c.Medicine dropper. 2.Special care: a.Fetal deaths. b.Isolation care. c.Lavage. d.Prematures. 3.Care of equipment: a.Incubator. b.Oxygen.	b.Gavage. c.Medicine dropper. 2.Special care: a.Fetal deaths. b.Isolation care. c.Lavage. d.Prematures 3.Care of equipment. a.Incubator b.Oxygen
<u>Second period:</u> Lecture and discussion on the nursing care in complications of: 1.Post partum hemorrhage. a.Emergency nursing care. b.After care. 2.Other uterine complications. 3.Puerperal infection. 4.Thrombophlebitis. 5.Breast complications. 6.Other complications.	<u>Clinic:</u> A study of patient with post partum hemorrhage or puerperal morbidity.  <u>Conferences:</u> 1.Prematures: a.Care in handling. b.Temperatures. c.Regulation of incubator. d.Regulation of oxygen. e.Feeding: (1)Gavage (2)Medicine dropper. (3)Bottle 2.Incubators - Oxygen - Heat boxes and heat lamps: a.How to operate. b.When indicated. c.Difference in size of globes for uses of lamps.	<u>Patient Assignment and Experience:</u> 1.Care of prematures and other carefully chosen 'sick' babies who need incubator and oxygen care. 2.Assist doctor with examinations of abnormal and 'sick' babies.
<u>Third period:</u> Lecture by guest pediatrician on Diseases and Abnormalities of the Newborn.(to cover briefly the following as pertinent to care in the nursery) 1.Prematurity 2.Congenital defects 3.Birth injuries 4.Congenital diseases 5.Disorder of early neo-natal period.		



Topics and Methods of Classroom Instruction	Topics and Methods In Ward Instruction	Assignment on Clinical Service
a. Important symptoms.	3. Personal conference with student concerning her progress and experience.	
b. Resulting conditions.		

Fourth period:

Lecture and discussion of:

1. The principles of premature care.
2. Erythroblastosis and exchange transfusions.

Fifth period:

Demonstration of:

1. Hot packs and cold packs in breast care.
2. Premature care:
  - a. Incubator care.
  - b. Gavage.
  - c. Set-up for subcu's and blood transfusions.

TWELFTH WEEK

(5 hours)

First period:

Lecture and discussion on Diseases and abnormalities of the Newborn as to:

1. Nursing care in the nursery.
2. Isolation care.

Demonstrations and recording of:

1. Medications:
  - a. Intramuscular.
  - b. Oral.
  - c. Subcutaneous.
  - d. Transfusions.

Initial Supervised Practice in:

1. Medications
  - a. Intramuscular.
  - b. Oral.
  - c. Subcutaneous.
  - d. Transfusions.

Second period:

Review for final examination covering normal and abnormal obstetrics.

Clinic:

Pediatric rounds in the nurseries reviewing:

- a. Diseases of the newborn.

Patient Assignment and experience:

Topics and Methods of Classroom Instruction	Topics and Methods Assignment on Ward Instruction Clinical Service
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Third period:

Review for final examination in obstetrical nursing care.

Fourth period:

Final examination covering normal and abnormal obstetrics

Fifth period:

Final examination covering obstetrical nursing care.

b. Care of the premature.

c. Abnormalities and anomalies of the newborn.

d. Erythroblastosis.

## Conferences:

1. Infant records:

a. Charge slips - medicine and oxygen.

b. Adoption slips.

c. Post mortem slips.

d. Use of cards in nursery.

(1) Circumcised babies.

(2) "Do not show" babies.

(3) "Not to go out" babies and reason.

2. Isolation:

a. An isolated unit.

b. Gown technique.

c. Care of baby in isolated unit.

d. Clean areas - scrubbing technique.

e. Care of equipment.

3. Personal conference with student concerning her progress and experience.

1. Assist head nurse.

2. Care of isolated babies, if any.

3. Practice in giving and assisting with medications.

4. Care of any baby with abnormality or disease.

\*Accordingly with this proposed program, a certain number of students would be rotated to the obstetrical clinical service approximately every three months. These students would be divided into three groups whose group rotation

would be:

Group I - Labor and Delivery Rooms - Post Partum Floor - Nursery.

Group II - Post partum Floor - Nursery - Labor and Delivery Rooms.

Group III - Nursery - Labor and Delivery Rooms - Post Partum Floor.

Group I has been rotated in this proposed program but any of the three four-week rotations may be changed accordingly, with ward teaching designed to correlate classroom teaching and clinical service experiences.



## APPENDIX E

MOTHER CARE STUDYI. Title Page:

- A. Patient's initials.
- B. Age.
- C. Date and hour of admission.
- D. Date and hour of discharge.
- E. Patient's chart number.
- F. Name of student.
- G. Date study began.
- H. Date study ended.

II. History and progress of the obstetrical patient.A. Social and family history:

- 1. Age, nationality, occupation, occupation of husband, health habits, home environment, mental attitude of patient.
- 2. Note any family illnesses or history of complicated deliveries among members of the family which may have a bearing on this case.
- 3. Examples - difficult labors, hemorrhages, infections, diseases, etc.

B. Medical history:

- 1. Any childhood diseases and any sequelae that might complicate pregnancy.
- 2. Any chronic diseases.
- 3. History of menstrual periods.
- 4. History of previous pregnancies and labors.
  - a. Health before pregnancy.
  - b. Character of labor.
  - c. Any complications.
- 5. History of present pregnancy:
  - a. Prenatal care - diet, rest, exercise, attendance at prenatal clinics.
  - b. Weight gain.
  - c. Dates of quickening, lightening, and week of gestation.
  - d. History of false labor.
  - e. Compare all physical findings

with the normal and explain any abnormal physical condition that may complicate delivery.

- f. Any complication during first, second, or third trimester.

C. Additional physical findings on admission to the hospital.

1. Temperature, pulse, and blood pressure.
2. Urinalysis.
3. Heart and lungs.
4. Type of pelvis.

D. History of labor:

(Indicate opportunities for teaching the patient whenever possible).

1. Time the contractions began.
2. Progress of labor up to the time of admission.
3. Condition on admission to the hospital.
4. Preparation of the patient for labor and delivery.
5. Any medications or treatments given and their purpose and result.
6. Describe the diet, giving the intake and output.
7. Care of bowels and bladder.
8. Amount of exercise during labor and hygienic and mental care.
9. Sequence of contractions as to intensity and duration, noting frequency, duration, severity, location, and any tendency toward "bearing down" pains.
10. Report of:
  - a. Fetal heart tones.
  - b. Amount and character of the "show".
  - c. Time the membranes ruptured and whether spontaneously or artificially.
  - d. The fetal heart tones following the rupture of the membranes.
  - e. The amount and color of amniotic fluid.
  - f. Posture, appearance and cry of patient.
11. Discuss any complication that may have arisen during labor. Give the symptoms and explain how the complication was treated.

12. If labor was induced, what was the indication, what method was used, and what were the results.
13. List the symptoms which necessitated the patient's transfer to the delivery room.
14. Record the length of the first stage of labor and compare with the average and normal time range.

E. Delivery:

1. Normal or operative.
2. Aseptic preparation of patient for delivery.
3. Anesthesia used and why and the reaction of the patient.
4. Length of second stage with comparison to the average and normal time range. Explain any complications and how treated.
5. Sex, weight, and condition of the baby at birth.
6. If operative delivery, give the indications for operation and explain procedure.
7. Method of delivery of the placenta and secundines.
8. Approximate amount of bleeding during second and third stages of labor.
9. Length of third stage as compared to the average and normal time range.
10. Explain any complication that may have arisen during the third stage and give the treatment.
11. Explain the purpose and result of any medication given.
12. What has been the nurses' responsibilities in the delivery room.

F. Immediate care after delivery:

1. Condition of the uterus.
2. Condition of the patient.
3. Treatments or medications - purpose and results.
4. What nursing care was given to this patient at this time and in the transfer to her own bed.

G. Care during the first 24 hours:

1. Condition of the uterus.
2. Care of nausea.

3. Medications and treatments - purpose and result.
4. Lochia and care of the genital area.
5. Intake and output.
6. Any complications.
7. Rest obtained.
8. Diet.

H. Care during puerperium: (Indicate opportunities for teaching the patient whenever possible.)

1. Care of the breasts.
2. Care of bladder and bowels.
3. T.P.R. summary.
4. Diet.
5. General progress as to the uterus, lochia, perineum, breasts, engorgement, lactation, medications, and any complications.

III. What were you able to teach this patient about caring for herself and her baby in their home environment?

IV. Last page - Bibliography:

- A. List in order and alphabetize each section according to author:
  1. Books, medical and nursing.
  2. Magazine references.
  3. Pamphlets.
  4. Other sources.
- B. Refer to sample bibliographies included with general care study directions.



## APPENDIX F

## CARE STUDY FOR A BABY

I. Title Page:

1. Initials of patient.
2. Chart Number.
3. Date of admission and discharge
4. Students name.

II. Parental History

1. Paternal
  - a. Age
  - b. Hereditary traits.
  - c. General health.
  - d. Financial circumstances.
2. Maternal
  - a. Age.
  - b. Hereditary traits
  - c. General health.
  - d. Health during pregnancy

III. Labor History:

1. Presentation.
2. Month of gestation.
3. Length of labor.
4. Fetal condition.
  - a. Fetal heart tones.
  - b. Fetal distress.
  - c. Activity.
5. Delivery.
  - a. Spontaneous.
  - b. Forceps.
  - c. Section.
6. Complications.

IV. Immediate Post-Natal Care:

1. Mouth and throat.
2. Resuscitation.
3. Umbilical cord.
4. Eyes.
5. Identification.

V. Physical Findings on Infant:

1. Size:
  - a. Weight.
  - b. Length.
  - c. Other measurements.

## 2. Condition at birth.

- a. Cry.
- b. Color.
- c. Injuries.

## 3. Congenital defects.

VI. Daily Care:

1. Bath.
  - a. Initial.
  - b. Subsequent.
2. Taking of temperature.
3. Clothing.
  - a. Kind.
  - b. Amount.
  - c. Frequency of change (diapers).

VII. Excretory Functions:

1. Kidneys.
2. Bowels.
  - a. Number of stools.
  - b. Appearance of stools.

VIII. Feeding:

1. Breast. Reasons for breast feeding.
  - a. Frequency of feeding.
  - b. Amount of milk obtained.
  - c. Care of mother's breast.
2. Artificial.
  - a. Frequency.
  - b. Amount.
3. Water.

IX. Habits:

1. Sleeping
2. Eating.
3. Reactions to:
  - a. Clothing.
  - b. Noises.
  - c. Room temperature.
  - d. Lights.
  - e. Handling.

X. Nursing Problems, such as:

1. Teaching baby to nurse.
2. Teaching baby to take water between feedings.
3. Keeping baby from chilling or from overheating.
4. Keeping buttocks from becoming excoriated.
5. Individual isolation of each infant.
6. Problems with abnormal babies.



- XI. What I have learned from this case study.
- XII. References studied.

## APPENDIX G

## PURPOSES TO BE REALIZED BY A NURSING CARE STUDY

An Ideal Nursing Care Study Should Show:

1. That you see a complete picture of the course of illness to date of writing.
2. That you understand the general plan and effectiveness of the program outlined by the physician.
3. That you see a complete picture of the patient's nursing needs and of the care that most effectively ministers to those needs in the hospital and in the home.
4. That you recognize the social factors that have affected the patient.
5. That you understand the scientific principles (anatomical, physiological, and psychological), that underlie the care.
6. That you know the significance of laboratory findings.
7. That you see the possibilities of preventing complications in this case.
8. That you recognize the patient's health problem and that you perform your function as a teacher.
9. That you have clearly organized the material into a nursing care study.
10. That you have developed a scientific attitude, are able to make accurate observation, being cautious not to draw conclusions from inadequate evidence.
11. That you have developed a spirit of self-evaluation.

APPENDIX H  
SCHOOL OF NURSING  
Procedures in Obstetrical Nursing

Date			
	Procedures	Class	Obs. Exp.
	<u>Prenatal care</u>		
	Pelvic measurements and examination, assist		
	Routine examination, assist		
	<u>The Patient in Labor</u>		
	Admission routine		
	Blood pressure & TPR		
	Contractions, timing		
	Enema		
	Fetal heart rate		
	Perineal prep		
	Catheterization		
	Palpation of fetal parts		
	Rectal examinations		
	Sedation		
	Sterile vaginal examination		
	Induction of labor		
	Artificial rupture of membranes, assist		
	Bag insertion		
	Castor oil and hot enemas		
	Oxytocic injections		
	<u>Delivery</u>		
	Preparation of delivery room		
	The mother		
	Ergotrate or pituitrin after delivery		
	Palpation of fundus		
	Returning patient to bed		
	The baby		
	Care of eyes		
	Identification		
	Measurements		
	Resuscitation		
	<u>Post Partum Care</u>		
	Breasts		
	Breast binder		
	Cold applications		
	Engorged, care of		
	Hot applications		



Procedures	Class	Obs.	Exp.
Exercise, bed_____			
Fundus, height_____			
Hot packs to perineum_____			
Infra red lamp_____			
Perineal care_____			
Routine daily observations, breasts, fundus, lochia_____			
Instruction			
Breast care_____			
Exercise and rest_____			
Perineal care_____			
<u>Nursery care</u>			
<u>Routine admission</u>			
Initial bath_____			
Position_____			
Regulation of temperature_____			
Weight, birth_____			
<u>Daily Care</u>			
Buttocks, care of_____			
Cord_____			
Daily bath_____			
Female genitalia, care of_____			
Foreskin			
Before circumcision_____			
After circumcision_____			
Routine vernix care_____			
Temperature_____			
Weighing_____			
<u>Breast care</u>			
Putting baby to breast			
Nipple shields_____			
Positions_____			
Time_____			
Expression of milk			
Electric pump_____			
Hand pump_____			
Manual expression_____			
Fissured nipples_____			
<u>Feedings</u>			
<u>Complimentary</u>			
Weighing before and after feedings_____			
<u>Supplementary</u>			
Breck Feeder_____			
Gavage_____			

<u>Procedures</u>	<u>Class Obs. Exp.</u>
Medicine dropper	
Regular bottle	
<u>Medications</u>	
Intramuscular	
Oral	
Subcutaneous	
Transfusion	
<u>Special care</u>	
Fetal deaths, care of	
Isolation technique	
Lavage	
Prematures, care of	
<u>Care of Equipment</u>	
Feeding equipment	
Heat box	
Incubator	
Oxygen	
Demonstration bath to mothers	

Condition	No. of Cases	No. of NSG.	of Days
<u>Ante Partum</u>			
Abnormal positions and presentations			
Abnormality of pelvis			
Cord, prolapse			
Diabetis mellitus			
Gonorrhea			
Heart disease			
Hemorrhoids			
Normal labor, care during			
Phlebitis			
Placenta previa			
Premature detachment of placenta			
Psychosis, Pregnancy			
Pyelitis			
Syphilis			
Toxemia			
Early toxemia			
Eclampsia			
Hyperemesis gravidarum			
Nephritis			
Tuberculosis			
Varicose veins			
<u>Post Partum</u>			
Agalactia			
Caesarean Section			
Cystitis			
Diabetis mellitus			
Displacement of uterus			
Endometritis			
Engorged breasts			
Episiotomy			
Gonorrhea			
Hemorrhoids			
Hysterectomy due to:			
_____			
Lacerations			



Condition	No. of Cases	No. of NSG.	of Days
Mastitis			
Normal, care during			
Pelvic inflammation			
Phlebitis			
Psychosis, Puerperium			
Post partum hemorrhage			
Puerperal sepsis			
Pyelitis			
Salpingotomy due to:			
<u>Nursery</u>			
Atelectasis			
Circumcision			
Cleft palate or/and Harelip			
Congenital heart anomalies			
Erythroblastosis			
Feeding problems:			
Fractures:			
Icterus neonatorum			
Normal babies			
Prematures			
Secondary anemias			
Syphilis			
Talipes			
Other anomalies:			

\_\_\_\_\_ to \_\_\_\_\_  
 Dates of experience

\_\_\_\_\_  
 Signature of clinical instructor