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IMPROVING INSTRUCTION IN VOCATIONAL NURSING, ACTION-RESEARCH USING THE SMALL-GROUP METHOD. SECOND REPORT--EVALUATION.

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PUB DATE 64

EDRS PRICE MF-$1.50 HC-$14.00 348P.

DESCRIPTORS- *PRACTICAL NURSING, *HEALTH OCCUPATIONS EDUCATION, *TEACHER WORKSHOPS, SMALL GROUP INSTRUCTION, PROGRAM EVALUATION, CLINICAL EXPERIENCE,

THIRTY-FIVE FACULTY MEMBERS REPRESENTING TWO-THIRDS OF THE VOCATIONAL NURSING PROGRAMS IN CALIFORNIA ATTENDED TWO SERIES OF WORKSHOPS, EACH LIMITED TO EIGHT PARTICIPANTS, TO INVESTIGATE SOME OF THE PROBLEMS OF IMPROVING NURSING INSTRUCTION. GENERALLY, THE WORKSHOP DAY WAS DIVIDED INTO THREE PERIODS--CLINICAL EXPERIENCE, A WARD CONFERENCE, AND SEMINAR SESSIONS. THE FIRST PART OF THE TOTAL AGENDA FOCUSED UPON ACQUIRING UNDERSTANDING AND KNOWLEDGE AND THE LATTER PART ON UTILIZING THIS UNDERSTANDING AND KNOWLEDGE AS A BASIS FOR PLANNING LEARNING EXPERIENCES AND DEVELOPING CURRICULUMS. VARIATIONS IN SCHEDULES INCREASED THE OPPORTUNITY FOR FACULTY MEMBERS TO ATTEND WHILE THE SMALL-GROUP METHOD PROVIDED MAXIMUM OPPORTUNITY FOR COMMUNICATION AND STIMULATED A VARIETY OF PERSONALITIES. CLINICAL EXPERIENCE AND WARD CONFERENCES PROVIDED A FOUNDATION FOR SEMINAR SESSIONS, ESPECIALLY THOSE CONCERNED WITH CURRICULUM PLANNING. DURING THE YEAR FOLLOWING THE DELEGATES' RETURN TO THEIR PROGRAMS, SIGNIFICANT CHANGES WERE MADE IN CURRICULUMS, BUT FEW IN SELECTION AND COUNSELING. RECOMMENDATIONS WERE DIRECTED TO THE VOCATIONAL NURSING INSTRUCTOR, THE SCHOOL ADMINISTRATOR, AND THE REGISTERED NURSE AND CONCERNED IMPROVING CURRICULUMS, ESTABLISHING STANDARDS IN SPECIFIC AREAS, PROVIDING TEACHER TRAINING OPPORTUNITIES, AND ESTABLISHING COOPERATION BETWEEN THE 1-YEAR VOCATIONAL AND THE 2-YEAR ASSOCIATE DEGREE NURSING PROGRAMS. DETAILED OBSERVER REPORTS OF PARTICIPANT CONCERNS, ANALYSIS OF PARTICIPANT EVALUATIONS, A DISCUSSION OF THE WORKSHOP METHOD, A BIBLIOGRAPHY, AND RECOMMENDATIONS FROM "A STUDY OF VOCATIONAL NURSING IN CALIFORNIA" ARE INCLUDED. (JK)

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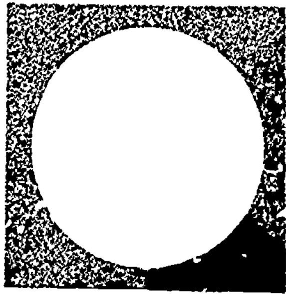

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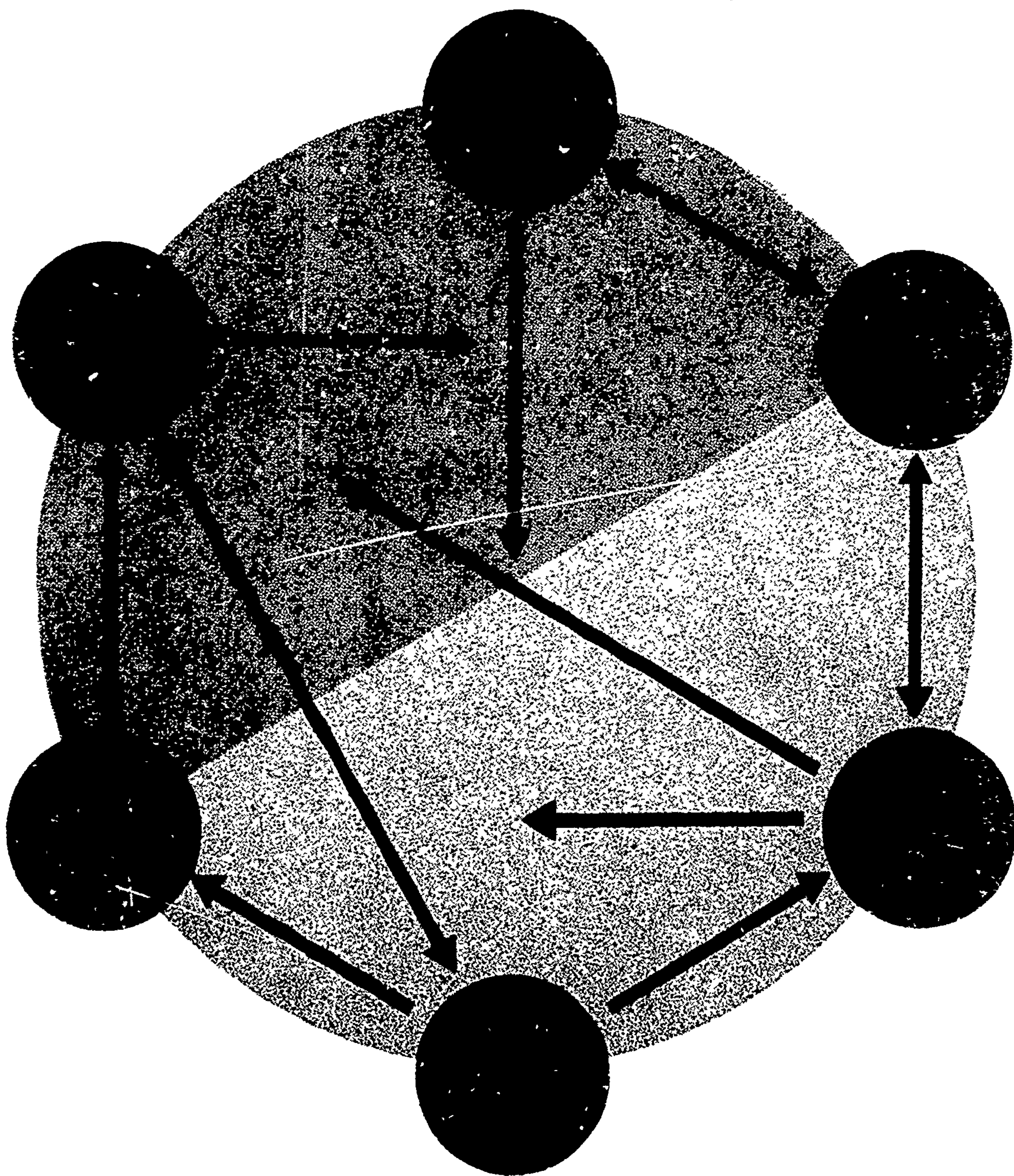
Action-Research
Using The Small-Group Workshop Method

Second Report: Evaluation



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IMPROVING INSTRUCTION IN VOCATIONAL NURSING

Action-Research Using the Small-Group Method
Second Report: Evaluation

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Conducted by the Division of Vocational Education
University of California

1964

Foreword

The instructional area of vocational nursing is an area of concern of the Bureau of Industrial Education, California State Department of Education. In 1957, the Bureau, in response to requests from junior college administrators, and in cooperation with vocational nursing instructors, began a comprehensive study of vocational nursing in California. This study has produced reports of the curriculum areas of vocational nursing, a follow-up study of vocational nursing graduates, and a report of a pilot study of means of improving instruction in vocational nursing. This report is the final report of the series and is related entirely to the problem of improving instruction.

State and Federal vocational education funds were allocated for the support of the total research project and the project was assigned to the Division of Vocational Education, University of California.

This final report provides evidence that instruction in vocational nursing can be improved. The methods and techniques are adaptable to any vocational nursing program in California. The report is commended to the vocational nursing programs for further study.

Ernest G. Kramer, Chief
Bureau of Industrial Education
California State Department of Education

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Introduction

In the report of the pilot study, 1960, Improving Instruction in Vocational Nursing, the primacy of the instructor in relation to the search for quality of instruction was discussed. Despite the obvious advantages of the many material aids to instruction, it is in the last analysis the instructor who has command of the key relationships leading toward improvement of teaching and learning. Inspired students seldom arise from class experiences with uninspired instructors. The dull routine of "learning it the hard way" fails generally to stimulate the imagination of the student. Quality instruction becomes even more difficult to obtain if the instructor is unimaginative in her approach to teaching.

Some broad assumptions proceded the experimental work on the application of the small-group method to vocational nursing instruction. First, the criteria for selecting instructors of vocational nursing to participate in the project probably selected nurses with a better-than-average competency in nursing. Second, all of the instructors had completed requirements for vocational teaching in a teacher education program which had made it possible for them to learn a great deal about the nature of instruction and learning. Third, the program of vocational nursing was growing in California and in the nation, and much attention had been focused upon this area; concern about improving the quality of instruction was a natural development of program growth.

It seemed reasonable therefore to search for additional ways of improving instruction by utilizing the competencies already known to exist among instructors of vocational nursing in a clinical situation which could reflect in full force the dynamism of nursing. With such experience fresh

in the minds of the instructors a thorough search of the clinical experiences could be made to find new and unique instructional opportunities.

One final ingredient was necessary. Each member of the group had to have the will to learn, the desire to search beyond past experiences and procedures, and the motivation to explore new possibilities of instruction. In the final analysis whether or not the group study was possible depended upon the group leader, Norberta Wilson Brown, R. N. Mrs. Brown planned and conducted the group sessions with deliberate intent to change passive learning to dynamic learning.

This evaluation report shows how instructors can develop from clinical experiences many new and imaginative approaches toward improving instruction in vocational nursing. It was not unusual for instructors to discover that they could teach much more around each clinical experience than they had thought possible. The comment, "I can teach my whole course around this one experience," is hardly true, but it does show the awakening which actually took place among the instructors. The enthusiasm which developed during the workshop had substantial and long-lasting effects, as subsequent analysis has shown.

The report is also a study of group relationships. Instructors not only learned how to work as a group but learned in addition how each person influences the other in reaching decisions. Their understanding of the kinds of reactions developed within the group and why these reactions existed was a significant outgrowth of their experience in the workshop.

Any school of vocational nursing can adapt the procedures of this report to its own environment, and with the cooperation of the nursing faculty can strengthen the instructional procedures of its department.

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Introduction

This report would not have been possible without the assistance of a number of dedicated persons. Under the direction of Norberta Wilson Brown, R.N., the staff analyzed every piece of information developed in the group sessions and gleaned from these data a consensus which would give emphasis to the major elements which appear to improve instruction.

With the exception of Chapter 2, which was prepared by Helen D. Bowman, R.N., M.A., the report was written by Mrs. Brown, and was edited by Jeanne M. Tague, R.N., and George H. Peranteau, graduate students at the University of California at Los Angeles.

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Contents

Foreword iii

Introduction v

Chapter 1. FROM PAPER TO PEOPLE

---The Plan and the Participants--- 1

Methodology of the Investigation 8

Characteristics of Participating Programs 18

Presentation 22

Chapter 2. AS THE "EYES" SEE IT

---Observers' Reports: Workshop Participants' Concerns--- 25

Problems Involving Vocational Nursing Educators 28

Problems Involving Nursing and Nurses 41

Problems Involving School Administrators 47

Summary 50

Chapter 3. THE "EYES" SEE EVEN MORE

---Observers' Reports:
Participants' Resolutions of Their Concerns--- 53

Responses to Authority 61

Responses to the Concrete Versus the Abstract 67

Concern About Patients' Potential as Learning Experience 69

Analysis of Group Interaction 71

Experience in Curriculum Building 77

Summary 134

Chapter 4. AS THE "KNOWS" SEE IT

---Delegates' Evaluations of the Workshop--- 137

Evaluation Forms: Description and Schedule of Administration 140

Analysis of the Structured Pre- and Terminal-Workshop Evaluations 142

Analysis of the Unstructured Terminal Evaluations 155

Analysis of the Unstructured Two-Month Evaluations 167

Analysis of the Unstructured One-Year Evaluations 179

Summary 199

Chapter 5. THE VERDICT

---The Value and Practicality of the Workshop Method--- 203

The Values of the Method 206

The Limitations of the Method 214

Personnel Problems Influencing the Method 222

Summary 225

Chapter 6. WHERE CAN WE GO FROM HERE?

---Summary: Findings and Recommendations--- 227

Significant Findings and Implications 230

Recommendations 233

Appendix A. Delegates' Definitions of Four Nursing Terms 239

Appendix B. Statistical Tables: Characteristics of Participants 245

Appendix C. Sample Evaluation Forms 265

Appendix D. Statistical Tables: Analysis of Evaluations 299

Appendix E. Recommendations from
A Study of Vocational Nursing in California 351

Bibliography 357

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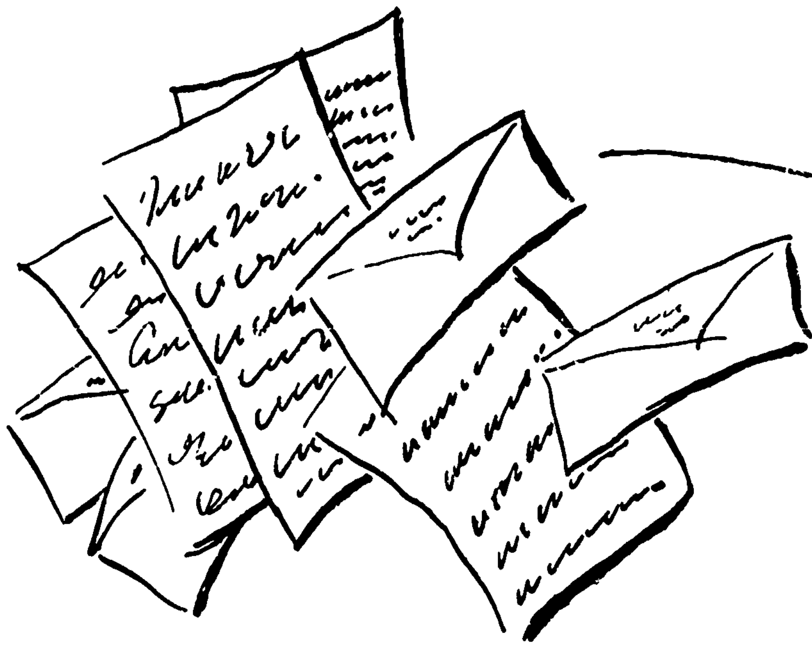
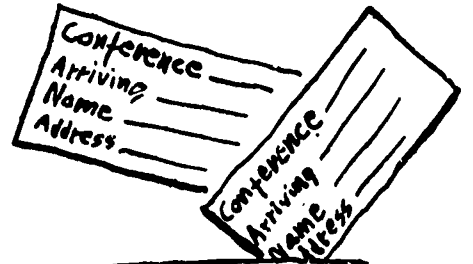
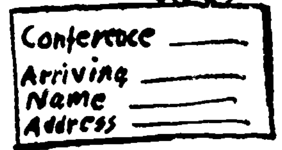


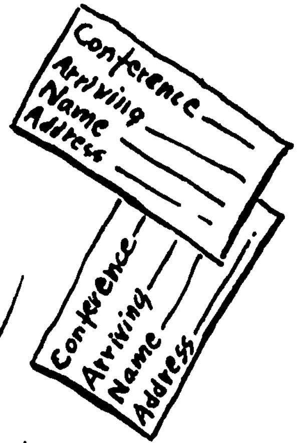


Chapter 1

From Paper to People

The Plan and the Participants





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Chapter 1

From Paper to People

The Plan and the Participants

The need for improving instruction in Vocational Nursing in California was implied in A Study of Vocational Nursing,[1] in the revised regulations of the Board of Vocational Nurse Examiners,[2] and in the Guides for Developing Curricula for the Education of Practical Nurses.[3] The second phase of the California vocational nursing research project was initiated in the fall of 1959 to investigate some of the problems involved in attempting to improve such instruction. The investigation employed the small group process, in conjunction with clinical nursing experience, as the teaching method.

This report, the second and final report of the investigation,[4] attempts to answer the question, "Does the small-group workshop method offer a practical and valuable means of improving instruction in vocational nursing?"

The extent to which curriculum study is inextricably involved in

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[1] Los Angeles, 1959.

[2] California Board of Vocational Nurse Examiners, Professional and Vocational Regulations, Title 16, Chapter 25 (Register 60, No. 16), Sacramento, 1960, p. 187, section 2554.4.

[3] Dorothea E. Orem, U.S. Office of Education, Vocational Division, Washington, 1959.

[4] For the first report, see: Norberta W. Brown, Improving Instruction in Vocational Nursing: A Small Group Workshop Method, Pilot Study, Los Angeles, 1959. The first report contains more complete information than does the present one about the problem, design, methodology, approach, and philosophy of the investigation. In the following text the first report is referred to as the "Pilot Study."

any attempt to study improvement of instruction has been dealt with in the Pilot Study. Participants in the 1960 workshops especially were concerned about implementing the revised regulations of the Board of Vocational Nurse Examiners, because of the September 1961 deadline. And both 1960 and 1961 participants were interested in acting upon the recommendations in the Study of Vocational Nursing and in the Guides for Developing Curricula mentioned above.

The fundamental philosophy of the workshop method is contained in the statement of Leland Bradford: "Basically, the problem of education is not to create psychological closure at the end of a learning experience, but to train the individual in the process of continuous learning and growth."[5] The application of this philosophy of education can be a difficult experience for both student and instructor. It seems natural to want specific answers rather than a training process in learning and growth; this was certainly true of the majority of vocational nursing instructors participating in the workshops.

Basic to the investigation are the following assumptions: (1) People learn primarily as a result of new experiences: doing, feeling, and adjusting to social demands and meaningful environmental problems; (2) Individuals have the potential for growth and some degree of motivation for self-direction and continuous learning; (3) An eight-to-ten-day period in which four to eight people work together intensively has the potential for maximizing learning; (4) The integration of content

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[5] Leland Bradford, "Toward a Philosophy of Adult Education," Adult Education, VII (Winter 1957), 88.

from several areas and the application of this to nursing practice can provide experience necessary to the improvement of teaching and curriculum development

Objectives

The workshop was intended to assist the instructor to:

1. Develop criteria for the effective nurse-teacher and apply these criteria in evaluating her teacher-role and in identifying specific needs for continued professional and personal improvement.
2. Develop ability to recognize behavioral cues and identify defense mechanisms in a teacher-student and nurse-patient action situation and to modify teaching methods and nursing procedures accordingly.
3. Make predictions and evaluations about effective behavior for modifying an action situation in light of specific teaching or nursing objectives.
4. Develop some ability to knowingly modify her own behavior in relation to changing situations involving students, patients, and colleagues.
5. Develop understanding of the psychology of learning and the psychology of human differences and analyze specific concepts such as reinforcement, transfer of training, motivation, academic intelligence and vocational aptitude, as they apply to teaching vocational nursing.
6. Develop skill and ability in promoting effective interpersonal relationships with students, patients, and others through communication skills such as listening, speaking, writing, and sympathetic physical care.

7. Acquire knowledge of problem-solving techniques and skill in thinking independently and analytically through inductive and deductive reasoning.
8. Compare and analyze the relative effectiveness of various teaching methods for specific learning experiences in the clinical area, the ward conference, and the classroom.
9. Understand and interpret the prinicples underlying selected clinical and classroom learning experiences and develop criteria for selecting, organizing, and evaluating desirable learning experiences for vocational nurse students.
10. Recognize and interpret the significance of the current regulations of the Board of Vocational Nurse Examiners and examine means of implementing these within the limits of existing facilities of a particular vocational nursing program.
11. Become familiar with the significant findings in <u>A Study of Vocational Nursing in California</u> and draw implications pertinent for a particular vocational nursing program.
12. Recognize the actual and potential role of the vocational nurse in a patient situation and acquire the basis for clarifying and interpreting this function to other educational, administrative, and nursing personnel.

<u>The Setting</u>

The pilot phase of the project for improving instruction in vocational nursing consisted of three two-week resident workshops during the spring of 1960. A second series of similar workshops was held in

the spring of 1961. It included two eight-and-one-half-day and one two-week workshops. Attendance at each workshop was limited to eight instructors from vocational nursing programs in public schools in California. The facilities of the Division of Vocational Education, University of California, the UCLA Medical Center, and the Claremont Hotel were used for the workshop. In 1960 local lodgings were available, although a few delegates commuted daily; in 1961 all delegates were required to reside at the Claremont Hotel where the seminar sessions were held.

Unique aspects of the financing were (1) reimbursement of instructors for travel and subsistence expenses incurred while attending the workshops and (2) partial reimbursement for a substitute teacher's salary to those schools which qualified for vocational education funds. Although the financial assistance appeared to aid individual delegates in attending, it did not seem to be a sufficient incentive for representation from almost two-fifths of the eligible vocational nursing programs. The financial reimbursement seemed to influence the quality of participation as much as it did the quantity; the exemption from the additional financial burden seemed to free the delegates to exploit the workshop learning and living situation.

<u>The Research Staff</u>

The research staff consisted of the director, the workshop coordinator, an observer, and two or more resource people.[6] During 1960

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[6] The coordinator was an R.N. with preparation in education, research, and the use of the small group process.

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the observer was either a health educator with experience in vocational nursing research or a nurse educator with experience in nursing and small group work. During 1961 a new staff member, an experienced nurse educator, served as observer for all workshops and assisted in preparing the report. Only two of the resource people involved during 1960 were involved in the 1961 workshops; these were representatives of the Board of Vocational Nurse Examiners and of vocational education and shool administration. The additional resources in 1960 were consultants on vocational nursing research, hospital in-service education, physical rehabilitation, and educational television. The nursing staff of the UCLA Medical Center assisted with the clinical experiences of delegates in all workshops 1960 and 1961.

THE METHODOLOGY OF THE INVESTIGATION

Planning

Four months in the fall of 1959 were devoted to planning the pilot project. New staff members were oriented, administrators and faculty of vocational nursing programs in California were contacted, and current data concerning faculty members was collected. The workshop coordinator visited a sample of the vocational nursing programs in California to observe students in clinical and classroom settings and methods of instruction in current use. In addition, there were visits and conferences with agencies and personnel closly associated with vocational nursing education and the proposed workshops for improving instruction.

Following the Spring 1960 workshops and analysis of the data obtained from them, modifications were made in the workshop schedule

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and design. Planning for the Spring 1961 workshops included contacting administrators and faculty of vocational nursing programs and bring faculty records up to date.

Selection of the Sample

Invitations to send a delegate to each of the 1960 workshops were sent to a stratified representative sample of the accredited vocational nursing programs in the California public education system. Stratification was on the basis of location, size of community, size of faculty, number of students, and school rank on average student performance on the licensure examination. Each of the programs received an invitation to one of the workshops. In preparation for the 1961 workshops, administrators of vocational nursing programs were again invited to send representatives to one of the forthcoming workshops. A choice of dates and type of workshop was given and reservations were subsequently made to insure as representative a sample as possible at each workshop. Priority was given to those schools who had not been able to participate in the first series of workshops.

The school administrator was to select a full-time R.N. faculty member involved in teaching vocational nurse student. The person selected was to be either the director of an instructor, but presumably someone able to profit from such a workshop and to use it subsequently in her faculty role.

The Design of the Workshop Experience

The two-week workshop involved two forty-hour weeks. The eight

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and one-half day workshop involved approximately seventy hours on consecutive days with six evening sessions (the Sunday, Wednesday, and second Saturday evenings were free). The workshop agenda consisted of two parts: The first half focused on acquiring understanding and knowledge and the second utilized this understanding and knowledge as a basis for planning learning experiences and developing curriculum. The workshop day was divided into three periods: the clinical experience, a ward conference, and seminar sessions -- a typical schedule and agenda will be found in Chapter 3, pages 57 and 58.

Except for slight modifications, the pattern was similar for all 1960 workshops, and the 1961 two-week workshop followed the pattern developed in 1960. The eight and one-half day workshop was a modified version of the same pattern, with the agenda concentrated into five clinical experiences and ward conferences rather than ten days. In the shorter workshop the amount of time allocated to planning learning experiences and curriculum study was approximately the same as to the longer workshops; the differences were the much shorter orientation period, the slightly shorter clinical experience, and the minimum of time available for individual study.

Clinical Experience. The clinical experience was scheduled for approximately two hours each morning for five or six days. It included giving some nursing care to one patient -- not administering medications or treatments -- and charting as a functioning member of the staff

nursing team. The clinical experiences were planned to direct delegates (1) to attend to the patient rather than on the task to be done, (2) to allow sufficient time to plan patient-centered care(to meet patient needs), and (3) to recognize the usefulness of personal contact in patient care as a vehicle for educational and supervisory activities.

All clinical experiences were supervised by the workshop coordinator with the assistance of the head nurses and nursing team leaders. The coordinator conferred daily with each delegate, to provide assistance and support when necessary, and to stimulate the identifications of possible areas of learning in the specific nursing situation and possible applications to a "back-home" teaching situation.

Delegates were assigned to a clinical area depending on past experience and special interests. The types of assignment, underlying purposes, and typical examples are given in detail in the Pilot Report. In general, the first assignment (for three or four days) was to a relatively unfamiliar specialty area to maximize the adjustment problems and to parallel the typical experiences of V.N. students. The same patient was contacted for several days to illustrate the influence of continuing contact on both the patient and the nurse. The second assignment (for two or three days) was to a clinical area of special interest to each delegate to facilitate the application of new learning to plans for experiences of V.N. students and to reinforce the delegates' awareness of adjustment problems. At this time patients were contacted for only one

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day each, but overlapping assignments to known and new patients provided opportunities for the delegates to compare their perceptions of patients, nursing care, and patterns of nurse-patient relationships.

Ward Conference. A one and one-half hour ward conference followed each clinical experience. A classroom in the Medical Center was used and chairs were arranged in a circle to maximize eye contact and to minimize status differences. Relatively non-directive leadership was used to promote unstructured small-group interaction and self-direction. The focus of the discussions was on interpersonal relationships among nurse-patient-staff and among participants in the ward conference. The subject matter consisted of the nursing care problems in the clinical experience, the delegate-students' reactions to the problems, and the effect of these reactions in turn upon patient care and the delegates' learning. Typical examples of the ward conferences and the types of learning which took place are given in the 1960 Pilot Study, Chapters III and IV.

Seminar Session. A three-hour seminar session was held each afternoon, with an additional two-hour evening session for the eight and one-half day workshops. The setting was either a classroom or conference room with participants seated around a square conference table. An observer and tape recorder were to one side, out of participants' direct line of vision. The leadership was somewhat more directive than during the ward conferences, but free discussion was encouraged and a permissive atmosphere seemed to prevail. During some of the sessions the

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group was divided into smaller problem-solving groups; the efforts of these smaller groups were shared and served as the basis for subsequent discussions and activities.

The content areas discussed in seminar sessions paralleled the clinical experiences and ward conferences. Whenever possible, concepts and principles were illustrated by actual examples form clinical experiences or previous ward conferences. See Figure 5 in Chapter 3, page 58, for topics discussed in seminar sessions: the student, the L.V.N., learning experiences, curriculum construction, and evaluation. Resource materials used throughout the workshops included A Study of Vocational Nursing in California, A Study of Graduates of Nursing Programs in California,[6] Guides for Developing Curricula for the Education of Practical Nurses, The California State Board of Vocational Nurse Examiners Regulations, Title 16, and a reference library including selections on small groups, psychology, curriculum, and nursing education. Two or more resource consultants attended each workshop.

Collection of Data

Four means of collecting information were used throughout the 1960 and 1961 workshops: (1) observer recordings of the ward conferences and seminar sessions, (2) tape recordings of the seminar sessions, (3) recordings of daily post-session conferences between coordinator-leader and observer, and (4) written evaluations completed by the delegates at specific intervals.

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[6] Paz G. Ramos and Jeanne Tague, Los Angeles, 1960.

Observations. The purposes of the observations were to analyze the individual and group interaction patterns, the leader's role as it affected the interaction and problem-solving ability of the group, and the learning which participants manifested in this atmosphere. There were some variations in the types of forms used, the time periods of the observations, and observers involved. These variations in procedure occurred primarily during the pilot phase of the project. Although a new staff member served as observer for the 1961 workshops, the observation forms, schedules, and methods of obtaining data were those developed during the pilot study. Among the types of records used were standardized forms for observations of behavior and related content, for interaction process analysis,[7] and for sociograms. Anecdotal records and process recordings were also used.

Tape recordings. Tapes of the seminar sessions provided material for analysis of "content threads" interwoven throughout the workshop and "problems" of the delegates. They were also used for reliability checks of the observation records of the interaction process. A secondary but important use of the tape recordings was in the orientation of new staff to the workshop procedure and climate. In addition to these functions, the tapes were sometimes played back by participants to clarify or illustrate specific points in the discussion -- although valuable, playback was limited by the crowded time schedule.

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[7] Robert F. Bales, Interaction Process Analysis, Cambridge, Mass., p. 9, and see Figure 1, p. 17 of this report.

Records of post-session conferences. The post-session conferences between observer and leader were used to check the completeness and accuracy of the observer records. The conferences had the additional advantage, perhaps most important, of offering the leader the opportunity to check her perceptions, to review critically the teacher-leader role behavior, and to become more aware of individual and group needs which might suggest modifications in teaching methods or learning experiences.

Evaluations. The delegates completed various kinds of evaluations of the workshop at the beginning, mid-point, and termination and also after a lapse of two months and again after one year. See Appendix C for sample evaluation forms. All 1960 and 1961 delegates wrote an unstructured terminal workshop evaluation and self-evaluation; in addition, they completed a structured terminal-workshop evaluation, an instruction rating scale, and a two-months post-workshop evaluation. There were, in addition, three evaluation forms not completed by all delegates; a structured evaluation used only in 1960, a structured pre-workshop test used for the first time in 1961, and un-structured one-year post-workshop evaluation completed only by the first year's delegates. A discussion of the general content of the evaluation forms is included in Chapter 4.

The structured evaluation pre-test was administered during the first hour of the orientation session.

Analysis of Data

The data of this investigation consisted of two distinct kinds, observation records and tape recordings, and the various evaluations

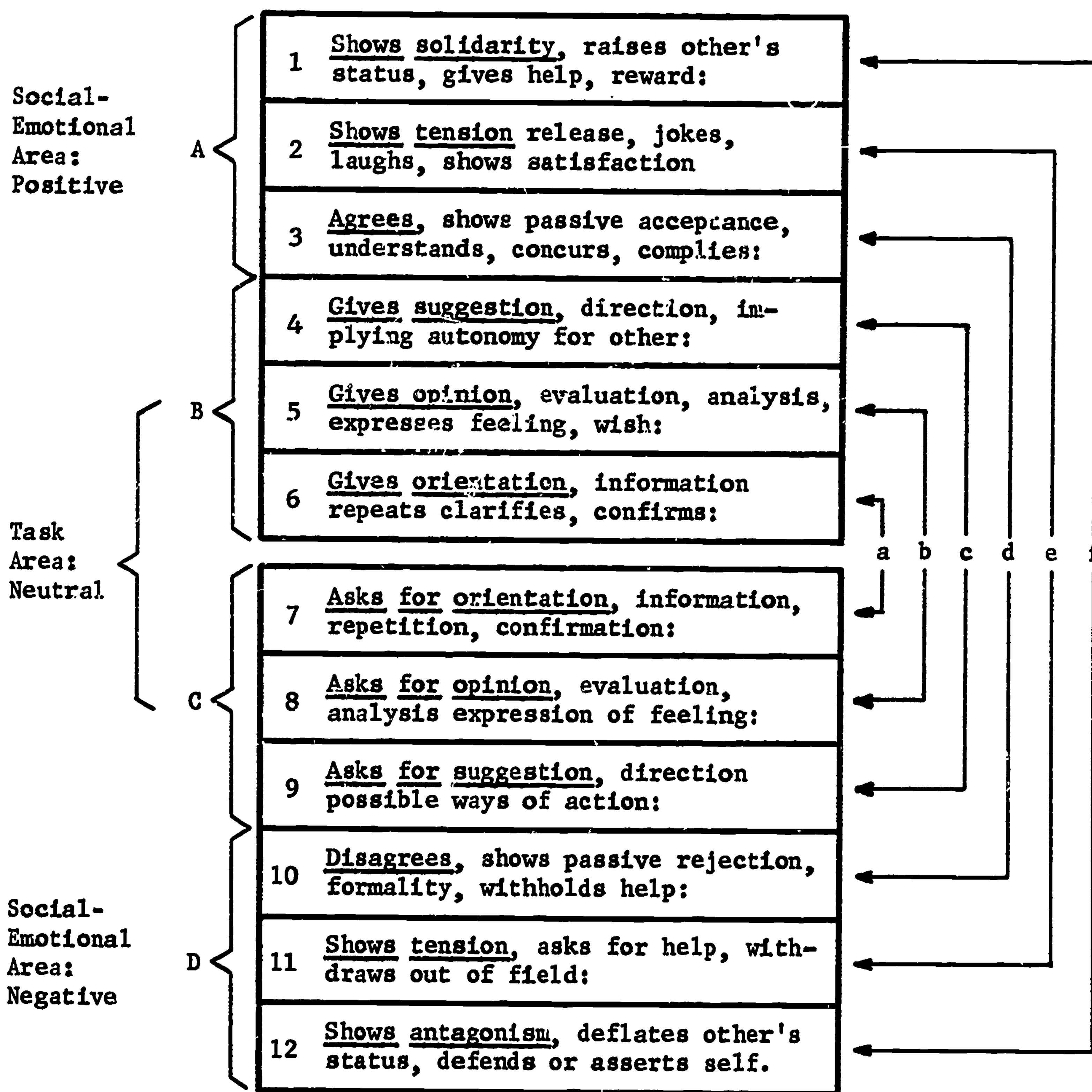
completed by the delegates.

Staff's Records. The observation records and tape recordings were analyzed in terms of content and the interaction process. Bales' system of categories was used for the analysis of interaction (see Figure 1). Impressions based on these analyses are presented in Chapters 2 and 3. Although data from each workshop was analyzed separately and then compared, details of the analyses and variations among groups will not be presented because of the limited sample and the need to preserve anonymity.

Delegates' Evaluations. Little difficulty was encountered in the simple statistical analysis of the structured evaluations. However, the freedom allowed in completing the unstructured evaluations resulted in such a wide variety of comments that analysis was difficult. Responses often contained strong positive or negative feelings about a particular method or experience which only indirectly were related to the specific question being answered; such feelings were often expressed several times throughout the evaluation. A fairly rigid set of criteria was developed by which each comment could be examined and placed in an appropriate category. In general the comment-unit tabulated was a single idea expressed in a phrase or sentence. The four categories employed were: (1) positive comments about the workshop -- Satisfaction; (2) suggestions for improvements and negative comments -- Dissatisfactions; (3) specific learnings which took place -- Learnings; and (4) plans and subsequent activities which involved modifications in teaching or curriculum -- Plans and Activities. Each of these four

Figure 1. INTERACTION PROCESS CATEGORIES[8]

The system of categories used in observation and analysis of interaction:



KEY:

- a Problems of Communication
- b Problems of Evaluation
- c Problems of Control
- d Problems of Decision
- e Problems of Tension Reduction
- f Problems of Reintegration

- A Positive Reactions
- B Attempted Answers
- C Questions
- D Negative Reactions

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8 Reproduced by permission from Robert F. Bales.

general categories was subdivided into the areas of: teaching methods, human relations, curriculum study, nursing education, and (for Satisfactions and Dissatisfactions only) Medical Center and workshop.

CHARACTERISTICS OF PARTICIPATING PROGRAMS

Although the sample was contaminated by many factors, including individual personality variables, no consistent bias appeared to operate to alter radically the representative nature of the delegates who attended the workshop.[9] Almost two-thirds of the eligible public school programs in California were represented at the workshops. Delegates included over one-fourth of the full-time vocational nursing faculty members. The delegates were a fairly representative sample of vocational nursing programs and faculty in the following dimensions: (1) geographic distribution, (2) type of school, (3) year of accreditation, (4) rankings on California State Board Licensure examination, (5) size of faculty, (6) administrative status, (7) educational preparation, (8) professional nursing experience, and (9) teaching experience. Some slight bias did exist in some of these variables. These and other pertinent data concerning delegates are summarized in the statistical tables in Appendix B.

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[9] Approximately one-third of the programs participating in 1960 sent a second delegate to a 1961 workshop. Because of vacancies resulting from cancelled reservations, three special requests to participate in 1961 were honored: a third delegate from one program, a representative from a private school in California, and a vocational nursing educator from Utah.

Geographic

Almost two-thirds of the vocational nursing programs in both Northern and Southern California were represented at one of the workshops during 1960 or 1961. However, in both the San Francisco Bay Region and Los Angeles County only half of the programs were represented, compared to approximately three-fourths of those in the other areas. (See map in Figure 2 and Appendix B, Tables 1 and 2.)

Average Rank on State Board Licensure Examination

Slightly more of the vocational nursing programs whose average graduate ranked above the mean on the 1959 or 1960 State Board Licensure Examination were represented at the workshop than those whose average graduate ranked below the mean. It is difficult to estimate representativeness because of the extreme fluctuations in relative percentile rank in 1958, 1959, and 1960 by most of the programs represented at the workshop.[10] Interest in the workshops seemed to be shared by schools representing all ranks from highest to lowest. Approximately one-fifth ranked above the 75th percentile and below the 26th percentile on the examination each year. There was a slight tendency for the earlier delegates to be from the higher ranking schools, and almost all of the programs sending a second delegate ranked well above the mean the majority of the time (see Appendix B, Table 5).

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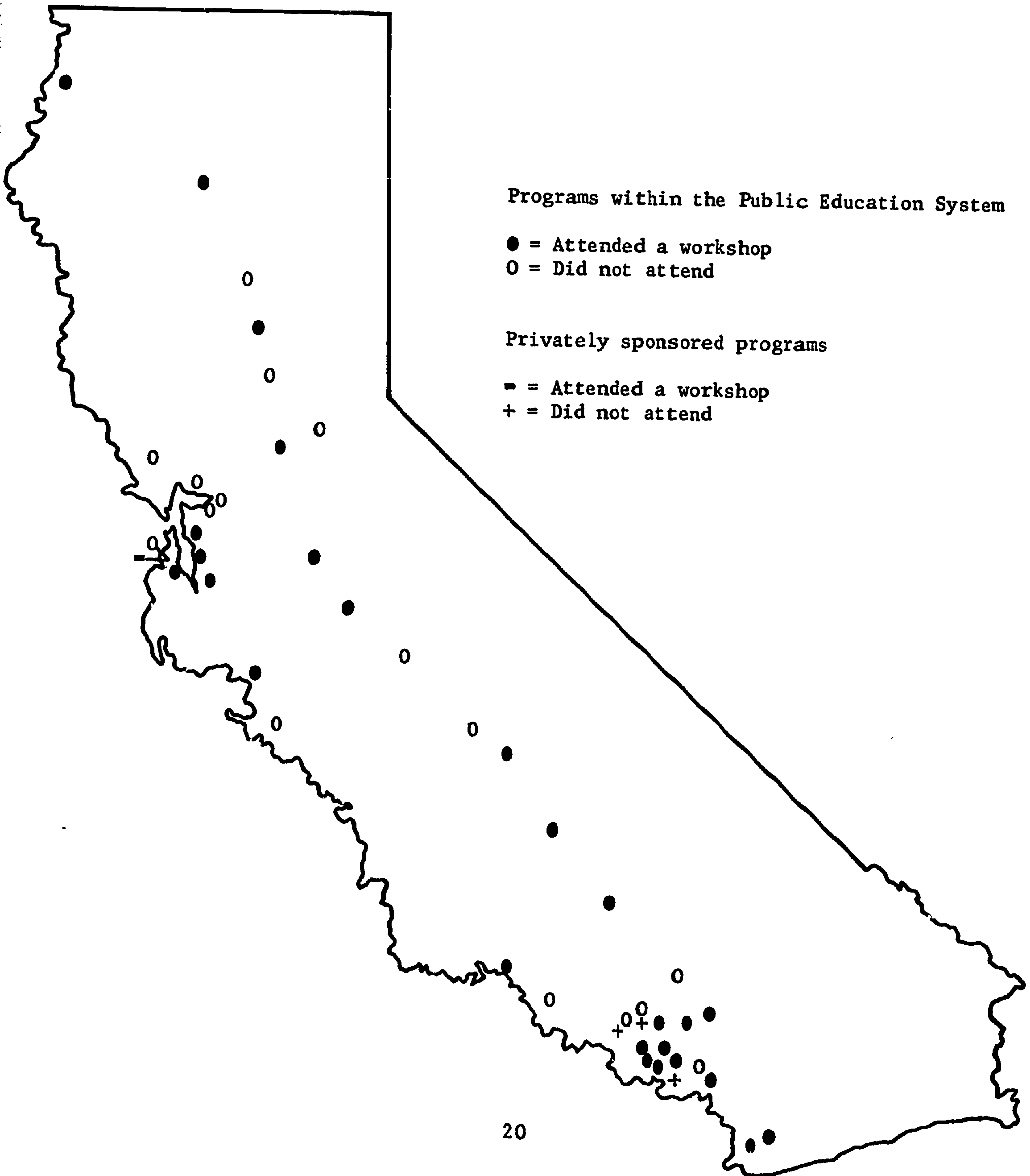
[10] Of the 27 programs represented at the workshop, only four ranked in the same quarter in 1958, 1959, and 1960. Fourteen ranked in the same quarter two years; six ranked in different quarter each year; three were new programs with no more than one graduating class.

Figure 2

GEOGRAPHIC DISTRIBUTION OF VOCATIONAL NURSING PROGRAMS IN CALIFORNIA REPRESENTED AT ONE OR MORE WORKSHOPS, SPRING 1960 AND 1961



Size of Faculty

Approximately two-thirds of the programs with more than two faculty members were represented at the workshop while less than half of those with only one or two faculty members sent a representative (see Appendix B, Tables 6 and 7). Since there are more small programs, it is worth noting that they evidently found it more difficult to attend in either 1960 or 1961 than did those with larger faculties.

Administrative Status

Of the vocational nursing faculty members attending a workshop, approximately one out of three was a director of a program (see Appendix B, Table 8). Approximately one-fourth of all directors and full-time instructors in California attended (26 percent and 23 percent respectively. However, none of the nine part-time directors of a vocational nursing program in the public education system attended a workshop; one-third of the full-time directors did attend.

Education and Experience

Compared with all vocational nursing faculty members in California, the educational preparation and teaching experience of workshop delegates were better than average. See Appendix B, Tables 9, 10, 11, and 12 for a detailed comparison of 1960 and 1961 delegates with instructors and directors in California as of the Fall, 1960. Data is presented on credentials, degrees, nursing practice experience, and teaching experience in both vocational and professional nursing programs.

Ages of Delegates

The average age of the workshop delegates was 42 years; this varied slightly among groups with the tendency for the 1961 delegates to be older (1960 average age was 40, 1961 average was 45 years, see Appendix B, Table 13). Although the distribution of ages ranged from 22 to 60 for the total group, only one group had this great a variation; the others were more homogenous, with a spread of approximately 15 years.

Miscellaneous Information about Programs

Data concerning the number of classes admitted per year, the number of hospitals used for student affiliations, and the teacher-student ratio are included in Appendix B, Tables 14, 15, and 16. This information is relevant to some of the problems and concerns evidenced during the workshop, the changes and plans made by delegates afterwards, and the implications and recommendations derived from the study.

PRESENTATION

This report is based on a composite impression derived from the combined recordings, observations, and evaluations of all the workshops held in 1960 and 1961. Since the Pilot Study attempted to clarify the actual workshop experience and the underlying philosophies and concepts, this report will not repeat the discussion of those aspects. It will present the findings and implications (1) of the systematic observations and recordings made during the workshops, and (2) of the delegates' evaluations of the workshops at several points in time.

Chapters 2 and 3 present the observers' reports of the workshops. Participants' concerns are identified and the nature of the concerns

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and the degree and type of resolutions reached are examined for possible relationships. Pre-workshop tests of nursing education terminology, sociograms of workshop sessions, and records and curriculum worksheets actually completed by delegates during the workshop are presented to illustrate the observer's report. To relate these records to the anecdotal story of the workshop in the 1960 report, the same fictitious cast of "typical" instructor-delegates is used.

Chapter 4 is a report of the delegates' written evaluations of the workshop at its beginning, termination, and two months and one year later. Almost without exception the delegates seemed markedly candid in expressing their opinions and in specifying what they had learned, what changes had taken place, and what plans they had for the future. Statistical data pertaining to the evaluations are presented in Appendix D.

Using the evidence which has been presented, Chapter 5 attempts to answer the question which was the basis for the project: "Does the small-group workshop method offer a practical and valuable means of improving instruction in vocational nursing?" The chapter discusses the values and limitations of the method as it was applied to Vocational Nursing Education.

Chapter 6 contains a summary of the findings, the major implications, and some recommendations for future action. The recommendations concern the instructors themselves, the programs, the administrators, and the nursing profession.

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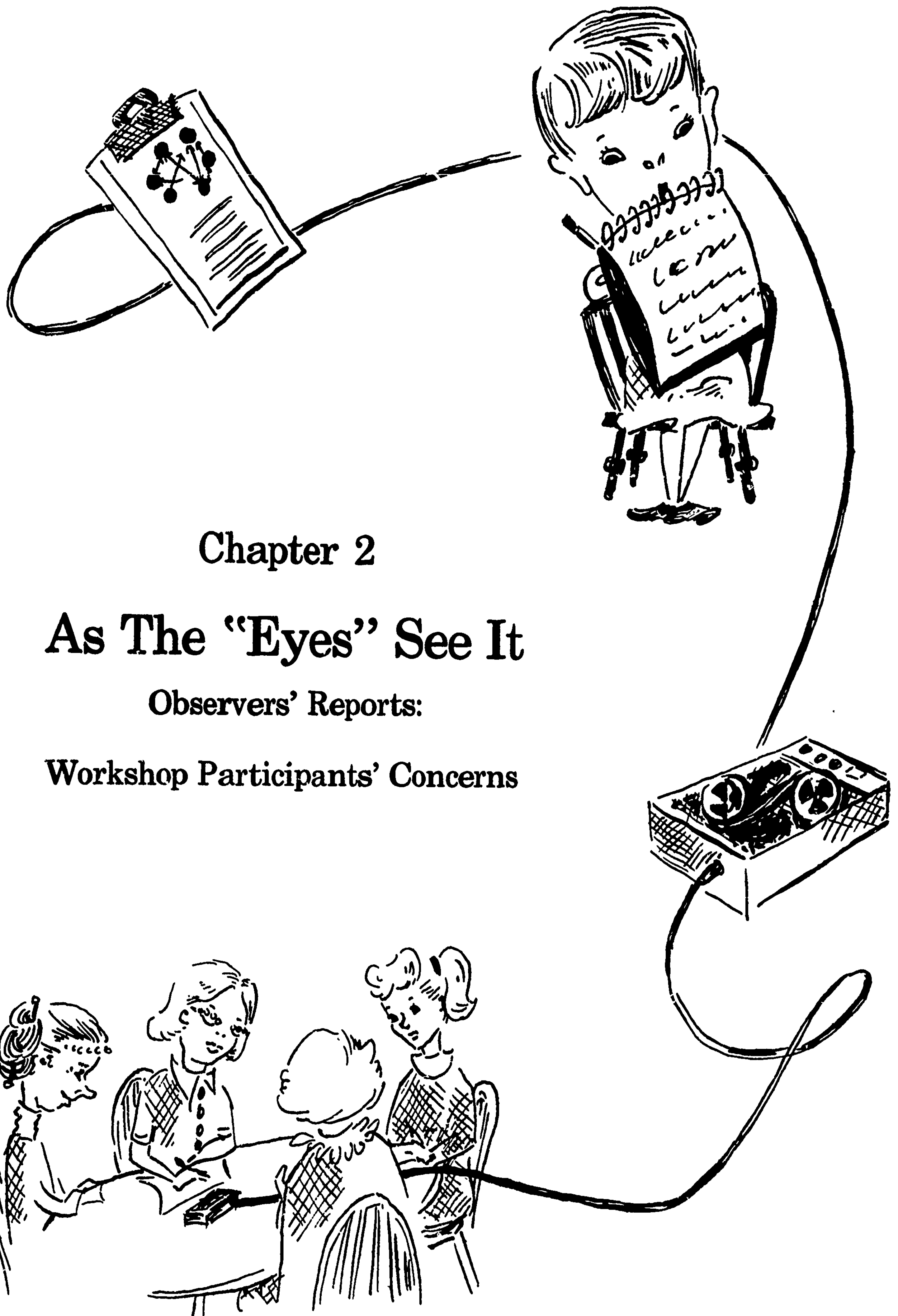

Chapter 2

As The "Eyes" See It

Observers' Reports:

Workshop Participants' Concerns

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Chapter 2

As The "Eyes" See It

Observers' Reports: Workshop Participants' Concerns

Both "progress" and "problems" appear to be the lot of every program represented at the Project's workshops. From analysis of the workshop records it appears that some programs achieve progress in one way while others achieve the same end in another way. Problems already solved by some programs remain problems for others. But wherever mechanisms have been used which allow problem-sharing between appropriate persons, solutions have been found or are being found. For example, certain schools have discovered that joint planning by nursing faculty and general education faculty is rewarding. Again, extensive use of advisory committees has proved fruitful for other programs. In still others, administrators are coping with the persistent difficulty in understanding the nature of the laboratory experience: they are visiting the clinical areas and seeing for themselves. Beyond the basic curriculum requirements of the California Board of Vocational Nurse Examiners, vocational nursing programs differ from each other in many respects.

Within this diversity however, analysis of the records from the 1960 and 1961 workshops reveals certain common areas of concern among vocational nursing educators. These areas include (1) those involving the vocational nursing educators themselves; (2) those related to nursing and nurses in general; and (3) those having to do with vocational

nursing program administration. This chapter attempts, through the eyes of the workshop observers, to look at the details of these three areas of concern.

PROBLEMS INVOLVING VOCATIONAL NURSING EDUCATORS

Preparation for the Job

Nurse participants characteristically demonstrated interest in their own professional growth and development. Some--not all--professed to disquietude about their adequacy. Lack of teaching experience was one source of unease. Need for further preparation in both general education and professional fields was another: it was felt that further work in psychology and sociology was indicated, as well as courses in nursing trends, counseling and guidance, mental health concepts, and the like. Other need-areas mentioned were health education, communications, and interpersonal relations. There were references to the impracticality of some courses undertaken by the participants in the past. In the process of meeting teaching credential requirements, for example, certain courses were said to lack pertinence for vocational nursing educators. And the observer noted in a fair number of instances an inability, for whatever the reason, to apply general education courses (tests and measurements, to cite a case in point) to the nursing situation. An unfamiliarity with recent studies, surveys and reports, bibliographies, and other source materials in nursing was noted. The participants were not commonly members of professional nursing organizations, nor did they commonly subscribe to one or more of the professional nursing magazines.

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All workshop participants desired to improve their skill and techniques in classroom and clinical teaching. But directors and instructors alike listed certain factors which limited their plans for professional improvement, such as finances, teaching loads, time allowances, family responsibilities, and the timing, nature, and availability of course offerings.

Terminology

A lack of understanding of the terminology commonly used in nursing education was noted at the workshop. Words and phrases such as "integration," "fundamentals of nursing," "total patient care," "comprehensive care," "continuity of care," and "patient-centered teaching" were frequently heard during discussions, but attempts to define them revealed uncertainty about their meaning. This lack of understanding constantly hampered the delegates in attempts to communicate. Clarification of many of these terms during the workshop discussions made the instructors much more critical of casually using "labels" without first defining the underlying ideas.

Additional evidence of the lack of understanding of terminology was obtained in a questionnaire administered to all 1961 delegates at the orientation session prior to any workshop discussions. The question posed was: "What do the following terms mean to you? Patient-centered teaching, continuity of patient care, total patient care, and comprehensive care." These specific terms were selected because of their recurrence in previous workshop discussions, in recent nursing

ERIC

curriculum literature,[1] and in the new Board of Vocational Nurse Regulations with thich the instructors are currently involved. Tables 1 through 4 indicate the types of responses given to these various terms and the confusion, vagueness, and lack of understanding existing as the vocational nursing instructors attempted to pinpoint their ideas concerning the rather commonly-used phrases.

Of the total group about two-thirds (63 percent) of the delegates seemed to have some degree of understanding of what the term patient-centered teaching meant, and these varied widely in their interpretation.[2] Some emphasized using the patient as a starting point for teaching and others focused on using the patient to illustrate the nursing content being taught. Over one-third (38 percent) of the delegates gave inappropriate or ambiguous responses which seemed to indicate either no understanding or confusion of the term patient-centered teaching with the terms continuity of care or comprehensive patient care.

[1]For example, see Faye G. Abdellah, et. al., Patient-Centered Approaches to Nursing Care, (New York, 1960). The reader is referred to the text, however a few excerpts which illustrate the terms are in succeeding footnotes.

[2]Ibid., "...a patient-centered curriculum with the patient as the fundamental core..." "...if we are to learn about the needs of patients, we must begin at the patient level." "...teaching is patient-centered rather than disease-centered..." "The use of nursing problems presented by patients as a core procedure in the curriculum results in a removal of the duality between theory and practice because the analysis of clinical practice not only provides the basis for appraisal of past learning but also indicates the directions that the next exploration must take." pp. 27, 28, 30, 95-96.

TABLE 1

DEFINITIONS OF PATIENT-CENTERED TEACHING GIVEN BY 16 VOCATIONAL NURSING INSTRUCTORS IN A PRE-WORKSHOP TEST

Type of Response	No.	Percent (N=16)
Teaching which uses the patients' needs as the focus	6	37.5
Teaching which uses the patient to illustrate nursing content	4	25
Ambiguous or inappropriate definitions	6	37.5
No reply	0	0

Attempts to define continuity of patient care indicated that approximately two-thirds (63 percent) of the instructors seemed to grasp some aspect of the concept[3]: Some emphasized the over-all care of the patient from beginning to end of illness, some emphasized continuity in patient care with different attending nursing personnel through a nursing "plan," and others emphasized continuity in student assignments to the same patient, or the patient's having continuity of care from the same nurse. Once again over one-third (37 percent) of the delegates

[3] Ibid., "As the patient's care is evaluated each day he must be assured of continuity of care and prepared both physically and emotionally to move to the next phase of progressive patient care." "The A.M. and P.M. reports can be used constructively to communicate the patient's needs..." "The patient's needs for nursing care should be evaluated every 24 hours to modify the nursing care plan or include steps to meet needs which arise," pp. 34, 40, 52.

gave ambiguous or inappropriate responses, or none at all. This term seemed to be confused with "progressive patient care,"[4] which was not included in the test question, although it is a related concept.

TABLE 2

DEFINITION OF CONTINUITY OF PATIENT CARE GIVEN BY 16 VOCATIONAL NURSING INSTRUCTORS IN A PRE-WORKSHOP TEST

Type of Response	No.	Percent (N=16)
Nursing care of patient from beginning to end of illness	3	18.8
Planned patient care to ensure continuity with different nursing personnel	3	18.8
Nurse cares for same patient repeatedly	4	25.0
Ambiguous or inappropriate definitions	4	25.0
No reply	2	12.4

"What is meant by total patient care?" evoked responses which appear to indicate that over one-third (38 percent) of the instructors interpret this to mean only task-centered care, or the physical things done for the

[4]Ibid. "...progressive patient care, which is the organization of facilities, services, and staff around the medical and nursing needs of patients." "Five elements are usually associated with the concept of progressive patient care (PPC)--intensive care, intermediate care, self care, long-term care, and the extension of hospital services through an organized home care program that is hospital-based," p. 32.

ERIC

patient, including medication and treatment.[5] Over one-third (38 percent) of the instructors included more than the physical aspects of nursing care; one-fourth mentioned physical, mental or emotional and spiritual, or social needs of patients; only two instructors included social needs along with physical and mental or emotional needs. One-fifth of the delegates gave either ambiguous or inappropriate definitions.

TABLE 3

DEFINITION OF TOTAL PATIENT CARE GIVEN BY 16 VOCATIONAL NURSING INSTRUCTORS IN A PRE-WORKSHOP TEST

Type of Response	No.	Percent (N=16)
Nursing care of patients' physical mental, and social needs	2	12.5
Nursing care of patients' physical, mental, and spiritual (or emotional needs	4	25.0
Nursing care emphasizing physical things done for the patient	6	37.5
Ambiguous or inappropriate definitions	4	25.0
No reply	0	0

[5]"...adjusting of the total nursing care plan to meet the individual needs of patients." "Physical, sociological, and emotional needs of the patient;" "...nursing personnel must plan for total nursing care, rather than for medical or surgical care. ...supervisors, head nurses, and team leaders need to work more closely together in planning for total patient care." pp. 24, 11, 50.

In attempting to define the term <u>comprehensive patient care</u> the instructors appeared to have the greatest amount of uncertainty or perhaps unfamiliarity with the concept.[6] Over four-fifths of the responses were either inappropriate, vague, or omitted entirely. The remaining three delegates defined it in much the same way as they had <u>total patient care</u>; no one included all aspects, but two referred to more than the physical needs of the patient by including mental and emotional needs. No one mentioned the sociological aspects of patient care. The similarity between the concepts <u>comprehensive patient care</u> and <u>total patient care</u> was missed by all but one of the instructors who succeeded in giving even a partial definition of <u>total patient care</u>.

TABLE 4

DEFINITION OF <u>COMPREHENSIVE PATIENT CARE</u> GIVEN BY 16 VOCATIONAL NURSING INSTRUCTORS IN A PRE-WORKSHOP TEST

Type of Responses	No.	Percent (N=16)
Nursing care of patients' physical, mental, and emotional or spiritual needs	2	12.5
Same as total patient care (stress on physical needs)	1	6.3
Ambiguous or inappropriate definitions	9	56.2
No reply	4	25.0

[6]<u>Ibid.</u> "The need to meet the total health needs of people and the growing emphasis that is being placed upon comprehensive nursing care, which includes the patient's physical, emotional, and sociological nursing needs as well as consideration of the psychosomatic origin of illness, have begun to have their impact upon nursing education," p. 6.

Individual instructors were not consistent in the degree of understanding exhibited in their attempts to define the four nursing concepts. The same individuals did not always give appropriate definitions for all terms. In fact, only three instructors (19 percent) gave more than two fairly adequate definitions--only one gave four fairly appropriate definitions. Over one-third of the instructors (38 percent) could not give even one completely adequate definition, and one of these failed to give even a partially correct definition.

This lack of ability on the part of vocational nursing instructors to indicate understanding of commonly used, pertinent nursing education concepts seems important in considering any improvement of instruction in vocational nursing programs. One instructor frankly added, "This is one of the things I really want to know about" after every attempt to partially define the terms. Too many instructors seemed to be satisfied with vague generalizations about patients, nursing care, and teaching which could mean almost anything, negative or positive. Examples of phrases given as definitions for specific terms are: "Meeting all the patients' needs," "Involving all aspects of care," "Recognizing needs and how to meet them," "Signifies the depth of nursing."

Job Satisfaction

Job satisfaction for the vocational nursing educators involved their status as members of a college faculty. Can the question be asked, "Are they second-class teaching citizens?" It was a matter of concern for them that the vocational nursing teacher's credential and degree requirements differ from those laid down for employment of other

ERIC

faculty members, including those for registered nurses teaching in associate degree nursing programs on the same campus. Requirements are often of a lower order--a state of affairs which seems to contradict the education theory which sees merit in placing the best qualified and strongest teachers with the neediest learners.[7] Many vocational nursing students can be described as "neediest learners," in light of the facts that (1) many vocational nursing students are persons returning to school after a long lapse of time, (2) some are without any secondary school experience,[8] and (3) others have had only home-making experience since completing their high school education. Such facts support the contention that vocational nursing students need careful and expert teaching.

Workshop participants felt that the vocational nursing educator is not afforded the same privileges as are other faculty personnel in time and salary allowances to attend workshops, institutes, inter-school program planning sessions, and the like. Vocational nursing faculty are frequently

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[7] James W. Thornton, Jr., The Community Junior College (New York, 1960), p. 41.

[8] In reference to requirements for licensure, which reasonably influence policies regarding qualifications for admissions to programs of vocational nursing, Article 2, Section 2866 (c) of the Vocational Nursing Practice Act, State Board of Vocational Nurse Examiners reads as follows:

> [Must] Have successfully completed at least an approved course of study through the tenth grade or the equivalent thereof as specified by the board; provided, that persons applying for a license prior to July 1, 1955, and who qualify for a license under Section 2873 of this code, shall be required to have such general education qualifications as shall be deemed sufficient by the board.

expected to use week-end and vacation time for such purposes. Furthermore, a roster of teachers of nursing is not commonplace. As a consequence, substitutions which would free the vocational nursing educator to attend nursing and educational activities important to her growth are difficult, if not impossible, to arrange.

There was general concern about the teaching assignment of instructors in vocational nursing programs. Present time allowance for class preparation, travel, attendance at regularly scheduled nursing faculty and general faculty meetings, and for administrative responsibilities warrants further study. Greater opportunity for closer identification with the campus and its general faculty was seen as desirable by participants. This measure, it was thought, would serve to reduce the isolation they now experience as a result of serving long hours in hospital laboratories.[9] It appeared to be common practice for instructors to be continuously with their students eight hours a day. "I go to faculty meetings at five o'clock and am always late, but otherwise I have to release my students early to get to the meeting on time," was one comment. Another comment heard: "Nobody knows us on campus. Why, even the librarians don't know us, and they know everybody!"

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[9] Division of Vocational Education, A Study of Vocational Nursing in California (Los Angeles, 1959), p. 108. Table 28 shows the highest number of instructors (40 percent of sample) devoted 40 to 51 hours weekly to professional services and 59 percent of the sample 40 to 71 hours. The term "professional services" is stated as including (1) instruction and/or student-practice supervision, (2) required office hours, (3) required extra-curricular activities.

Vocational Nursing Program Leadership

Job satisfaction for vocational nursing faculty is related to on-the-job support. Leadership is a prime source of such support. To workshop participants it appeared vital that directors of vocational nursing programs be themselves registered nurses in order to provide sound leadership. Most thought it essential that directors be well qualified for their positions by virtue of professional nursing experience and academic preparation, and that they hold credentials and degrees comparable to those held by individuals with similar faculty appointments.

The delegates seemed to recognize the value of leadership by directors who understand the problems, patterns, and special nature of vocational nursing education. Where a director of nursing has the responsibility for the administration of an associate degree program in nursing as well as a vocational nursing program, it was considered important that she be equally well acquainted with both programs. She should be able to interpret without bias both programs and be capable of fostering communication among the two types of nursing students, their teachers, and the community.

In light of this expressed need for able leadership, it is pertinent that approximately one-third of the delegates were directors of programs. However, only one-fourth of the directors of vocational nursing programs in the public education system attended a workshop; not one of the nine part-time directors attended. This is noteworthy in view of the frequent complaint that nurse-directors with joint responsibility for professional and vocational nurse education do not understand vocational nurse education.

Consultant Aid

Many references to the necessity for more frequent and sustained support from the Board of Vocational Nurse Examiners were heard. Often qualified or muted, these comments seemed to reflect both an existing need and a tension: "How much can we expect of the Board?" "There are so few consultants that I don't feel free to ask for the help I need. They seem so pressed for time." "How much does my consultant really know about setting up a curriculum? How much can I expect of her?"

Resource Centers

Also heard were frequent expressions of the need for a means of exchange of information among programs, for an agency through which sharing of experiences might be promoted. Such an agency could foster curriculum discussion, exchange of information about textbooks, audio-visual aids, teaching methods, resource persons and materials, library holdings and the like.

Curriculum Construction

Another concern involving vocational nursing educators themselves was that of curriculum construction. While some programs were seen as already operating under the changes scheduled for September 1961,[10] others seemed to be moving more slowly toward the new curriculum. The absence of a clearly defined conception of what the vocational

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[10] California Board of Vocational Nurse Examiners, Vocational Nursing Practice Act and Regulations of the Board of Vocational Nurse Examiners (Sacramento: California State Printing Office, 1957), pp. 187-189.

nurse should be prepared to do hampers the development and implementation of the required course of study. "How much goes into a course?" they asked. "How can I know everything I should be teaching?" "Should I feel guilty because I can't find the time to teach everything I know?" "How can we prepare students when we don't know what will be expected of them?" And the situation was not eased by the fact that the role of registered nurse is ambiguous.[11]

Concern with curriculum changes scheduled for 1961 by the Board of Vocational Nurse Examiners seemed more evident during the 1959-60 workshops than during the 1960-61 series; uneasiness apparently lessened as instructors became more familiar with the general idea. At times the anxiety about curriculum seemed attributable to unfamiliarity with methods of curriculum construction; and occasionally, a participant was heard to voice a need for counsel and assistance in recognizing and stating program and course objectives, basic to any sound curriculum planning. Understandably, the problem was most acute in those instances in which

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[11]E. C. Hughes, et al., Twenty Thousand Nurses Tell Their Story, p. 5. See also Leonard Reissman and John H. Rohrer, Change and Dilemma in the Nursing Profession (New York, 1957), pp. 11-17. "The name 'nurse' itself is historic, as are the uniform and the badge. But almost at the moment when, through licensing laws, the Registered Nurse came to have clear and commonly recognized meaning, changes in medical technology and organization of hospitals led to redistribution of the nurse's work such that it is no longer clear exactly who may be called Nurse. Laymen don't wait to read in the fine print on the badge whether it says R.N. or P.N. before addressing the 'Nurse.' Certainly the boundaries of the work are far from clear and agreed upon; one can scarcely think of an occupation in which changes in both content and boundary of work are so great and so numerous."

instructors had no help from their program directors or from general college faculty. On the other hand, some instructors attending the workshops appeared to be unaware of existing curriculum problems, while yet others seemed to be actually free of many of the most commonly found problems.

Mental Health Emphasis

A particular concern appeared to be the increased emphasis on mental health in the 1961 curriculum requirements. "What do they mean by mental health aspects?" "What is this mental health? --Is it clinical psychiatric illness?" "How can teachers teach what they don't really know or understand?"

PROBLEMS INVOLVING NURSING AND NURSES

Questions which were repeatedly posed during the course of the workshops supplied the observer with clues to the details of the participants' concerns in this area. Not unexpectedly, much of what was involved in their self-concern turned up again in their concerns with nursing and nurses in general. The latter set of problems includes (1) multiplication of programs, (2) traditional nursing attitudes, (3) the clinical setting, and (4) continuing education.

Rapid Changes and Multiplication of Programs

"Why must there continue to be such lack of understanding about nursing among lay people and in nursing's own ranks?" "Does the legal definition of nursing practice approved by the American Nurses' Association describe California nursing today?[12] Are we all talking

[12]American Nurses' Association, Definition of Nursing Practice (New York, 1959).

the same language?" "Can professional nursing be defined when the nature of patient care changes so fast and drastically?" "Why can't there be better communication about the different kinds of nurses graduating today? Can't there be clarification and interpretation of education objectives? What can be expected of the new graduates at the employment-performance level?"

The variety of programs offering basic preparation for licensure to practice as registered nurses in California was one cause for confusion and question. The differences between the two-year associate degree nursing program graduate, the three-year diploma school graduate, and the basic baccalaureate program graduate (four to five years) provoked considerable discussion. Some of the participants lacked understanding of the philosophy and goals of the associate degree nursing programs. This seemed to account for the failure of the participants to understand the differences between the "not less than two year" programs and their own (a minimum of 12 months and not less than 1,530 hours). This lack of understanding was revealed in questions such as the following: "How can we integrate the one-year program with the two-year?" "Will all the three-year programs be converted to two-year programs in California?" "Do the A.A. degree programs give nursing credit to the L.V.N.?" Confusion in the area of professional nursing education was recognized as vitally affecting vocational nurse education, employment, and job-satisfaction.

Traditional Nursing Attitudes

"We don't seem to be able to admit who is doing most of the bed-side care today. Why can't we face up to reality?" With vocational nurses

increasingly at the patient's side,[13] it seemed essential to the educators that registered nurses recognize that their traditional rites are no longer their sole rights.

Attitudes of registered nurses toward vocational nurses and allied personnel concerned the participants. They indicated that hostility was directed at them as instructors of vocational nurses, at their students, and at practicing licensed vocational nurses. Many references were made to the resistance and blocking encountered by some vocational nursing instructors;[14] these references were reinforced by delegates' comments, in their post-workshop evaluations, about

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[13]Peter Kong-Ming New, et al., Nursing Service and Patient Care: A Staffing Experiment (Kansas City, 1959), see Chapter 4. Studies appear to substantiate this point. For example, one Kansas City study reported in 1959 that on four hospital units studied the head nurses (R.N.'s) spent five percent to twenty-seven percent of duty time in direct patient care and staff nurses (R.N.'s) 20 percent to 49 percent; whereas auxiliary personnel spent a minimum of 23 percent and a maximum of 57 percent. Also see Dorothea E. Orem, Guides for Developing Curricula for the Education of Practical Nurses, "Practical nurses are always needed in increasingly greater numbers whenever there is a prolonged period of new developments in nursing, accompanied by growth in nursing practice," p. 9.

[14]Their experience is not unique. See, for example, Genevieve Rogge Meyer, Tenderness and Technique: Nursing Values in Transition (Los Angeles, 1960), pp. 81-82. "While the stereotype count was being made, the writer was impressed by the fact that there was one word that appeared time and again in the responses [as made by R.N.'s] to the practical nurse items: place. (The practical nurse 'has her place,' 'should know her place,' 'has a definite place in nursing,' and so on.) A similar phenomenon occurred in the aide items, and there the word was help or helpful. (The aide 'is a big help,' 'helps the nurse,' 'is helpful,' etc.)... These results tie in with findings of other researchers...that practical nurses, as compared to aides, are in closer 'competition' with the registered nurse and therefore constitute a greater 'threat' to her."

their "back home" environment.

Even among the delegates there were differences of opinion in the matter of relinquishing to the vocational nurse responsibilities traditionally belonging to the registered nurse. Especially in the areas of medication and charting, evidence of lingering reluctance, if not outright dissent, was noticed. This appeared to support findings in the 1959 Study of Vocational Nurses in California as to the lack of agreement between instructors' reports of current and ideal curriculums:

> There is a considerable disparity in the percentage reports of instructors concerning current and ideal preparation for 35 functions. Most of these functions are concerned with administration of medications and performance of treatments which were complex or critical, in terms of potential effect.
>
> Table 19 reveals that some instructors are providing learning experiences they do not think are ideal for one-year programs. For example, Table 19 shows that 82 percent of the instructors reported that currently the student is being prepared to "administer sedative medications orally." However, only 49 percent of instructors confirmed their curricular selection by reporting this preparation to be ideal basic content. In addition, reference to Appendix Table VIII reveals that only 63 percent reported that the L.V.N. ideally should perform this function.
>
> Table 20 reveals the lack of agreement among instructors about providing some learning experiences in the one-year programs. For example, Table 20 shows that only 59 percent of instructors reported that the students currently are being prepared to "administer narcotic medications by hypodermic," and that 34 percent of the instructors reported that the students currently are not being prepared for this function. In addition, Table 21 reveals that although 59 percent of the instructors reported preparation currently is offered, only 44 percent report this function ideally appropriate for the L.V.N. to perform, regardless of the placement of the preparation (p. 59).

The Clinical Setting

"Is patient care being upgraded as a result of the upgrading of the registered nurse?" "Does the vocational nurse always have supervision? Or are we saying one thing and doing another?" "How can there be team nursing when nobody understands it?" "How can instructors ask nursing service people to sit in and share student conferences when everyone is so busy?" "Is nursing service lagging behind nursing education in promoting, even insisting on, growth of staff personnel?" "Some service people have held their jobs a long time and need help in understanding the vocational nurse. Wouldn't a good in-service education program help here?" "But who is prepared to conduct in-service education? And what is it exactly?"

Anxiety was evident in participants' comments about experiences in their respective hospital areas: "When I arrived, no one, but no one, asked, 'may I help you?'" "Everyone's too busy or too unconcerned to ask questions." "nobody seems to care who you are or what your are doing." "Students learn good techniques in theory and then see poor practice on the floors." "We're often too involved with nursing service to give attention to our students." "The patient sees the L.V.N. more than anyone else; the R.N. just isn't with the patient anyomre no matter how much she says she regrets not being there."[15]

[15]The comment calls to mind the New, Nite, Callahan staffing experiment in Kansas, Peter Kong-Ming New, et al. One situation studied dealt with the relationship between numbers of nursing

Continuing Education: The Professional's Dilemma

Of interest to the vocational nursing educators at the workshop was the increase in educational opportunities for registered nurses to continue professional and personal development. However, it was emphasized that they were valuable only in terms of (1) geographic accessibility, (2) motivation, (3) pertinency; and (4) expense. The following quoted questions reveal some aspects of this concern:

"Where can graduate nurses go for counseling about getting a degree?" "Do colleges and universities agree on evaluations? How much credit do they give for an R.N.?" "Can credit courses be offered closer to home? I can't travel 70 miles for two hours in class!" "Team nursing, in-service education--why not credit courses in these subjects? Could they be open to licensed vocational nurses, too?" "Are workshops like this one (the research project workshops) available for nursing service personnel?"

"Vocational education courses for the credential are not very useful to nursing instructors. Can't something be done about this?"

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personnel in an area and the amount of time spent with patients. "On Situation 8, more than any of the other situations, there was an excess both of nursing personnel and of graduate nurses. It was the one situation in which nursing personnel had an opportunity to be creative and imaginative with practically unlimited personnel placed at their resources. ...."When there were sufficient graduate nurses on the units to carry out various types of nursing functions, the time spent with the patients on direct care did not increase noticeably. If the staff nurse did engage in certain types of direct care, she did not seem overly enthused. At the same time, the auxiliary personnel seemed to be embarassed at seeing a graduate nurse perform tasks which are usually associated with 'aide-type' work." p. 76.

And toward the close of the workshop, the observer noted more questions like the following: "What about courses in communication and interpersonal relations?"

Observations related to the concern with continuing education seemed to disclose a need for across the board counseling about educational opportunities. Considerable lack of information about what has been standard in nursing education (evaluation of credits, extension courses, et cetera) was also disclosed.

PROBLEMS INVOLVING SCHOOL ADMINISTRATORS

The concerns of school administrators are inevitably bound up with those of their faculties, and certainly many implications for school administrators are to be found in the previous portion of this chapter. Quality of program direction, for example, and sound curriculum planning are prime interests of administration. This is also true of faculty job satisfaction. To avoid belaboring the obvious, these points do not reappear in the following section. However, two further details of delegates' concerns are added, since they appear to be singularly within administration's province: the first has to do with the problem of student selection policies; the second, with communication between school administration and vocational nursing educators.

Student Selection Policies

In the opinion of many delegates at the workshops, waste due to student attrition, in terms of loss of time, effort, and money was a

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matter for serious consideration. Improved relations between vocational nursing faculty and school counselors in order to reduce attrition was desired. There appeared to be a need to know more about testing procedures and interpretations of scores, particularly as they relate to the admission of vocational nursing students. It was noted that several educators (directors and instructors) did not know the names of the tests used by their respective schools. In other instances the names of the tests were known but nothing was known of their purpose, reliability, validity, or usefulness. Some participants recognized that closer working relations with those involved in student selection were essential to the solution of the problem of costly drop-outs.

While recognizing that student selection practices directly affected attrition rates, several delegates also noted that counseling of enrolled students affected drop-out rates. Provision for on-going student counseling was thought to be as important as selective admission policies. Many references were made to the desirability of knowing more the counselor's role with vocational nursing students. In addition, instructors indicated a need to know more about their students' progress in other classes through closer communication with the other instructors.

The participants generally wished to be better informed about the National League for Nursing's Pre-Admission and Classification Examination (PACE),[16] a testing tool which might be used profitably in screening

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[16]For further information write Evaluation Service, National League for Nursing, 10 Columbus Circle, New York 19, N.Y.

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and selection procedures, and which would provide standardized testing information about vocational nursing students. Importance attached to this testing tool appeared to be based on the delegates' awareness of the PACE 1960 Validation Study[17] and of the accumulation of data on the tool's efficiency in predicting potential and in measuring performance on licensing examinations.[18]

Communication

Occasional evidence of breakdown in or absence of communication between some of the vocational nursing educators and their school administrators was revealed in comments such as: "The workshop has been wonderful but it won't change anything at home. I know. I've tried before." "Everything's perfect as it is now, they think." "How can I make it clear that our labs are not like the chem lab?" "I have only two hands, two feet, and 24 hours a day, and all those students!" "Nobody would believe me if I told them we get no help from our director."

Among the main points made by workshop participants as being of immediate concern was the need to be better informed about budgetary matters. Some resentment was expressed at not being advised about program costs, character and amounts of federal and state support, whether or not programs were "in the red," and the like. Also, pressure associated with financing based on average daily attendance (ADA)

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[17]National League for Nursing Evaluation Service, PACE Validation Study (New York: The League, 1960), (Mimeographed).

[18]See A Study of Vocational Nursing in California, op. cit., pp. 131-155.

appeared to be a problem, through its influence on selection, evaluation, and instruction of students. Other major points of concern involved freedom and support to attempt new ideas and to apply learning, status recognition on campus of both vocational nursing student and vocational nursing faculty, and closer identification of the vocational nursing program with the totality of the school.

It seemed to the observer that the concerns associated with administration are not particularly unique to vocational nursing. Indeed, they can be heard in many education and industrial circles. However, the very fact that a number of delegates were concerned with these problems seems to indicate that lack of uniqueness does not necessarily minimize problems or provide easy solutions. The vocational nursing educators felt that the key lay in clearer, fuller, and more frequent communication between themselves and school administrators, associated faculty members, and the community.

SUMMARY

Three major areas of concern were revealed by analysis of observation records from the 1960 and 1961 workshops. The first of these areas included problems involving the vocational nursing educators themselves: preparation for the job, terminology, job satisfaction, vocational nursing program leadership, consultant aid, resource centers, curriculum construction, and mental health emphasis. The second included problems involving nursing and nurses in general: communication gaps, traditional nursing attitudes, clinical setting, and continuing education. The

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third involved problems having to do with the administration of vocational nursing programs: student selection policies and communication.

Analysis of observation records revealed not only these major areas of concern, but also methods and techniques used by participants at the workshop in attempting to cope with them. In addition, these records disclosed the interrelationship between the nature of the concern and the degree and type of resolution reached. The following chapter will deal with this latter aspect.

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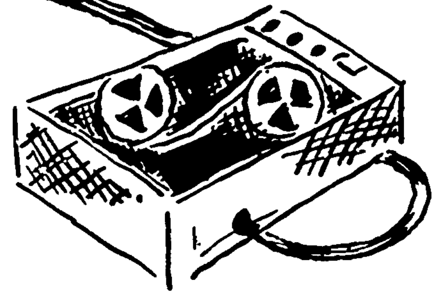
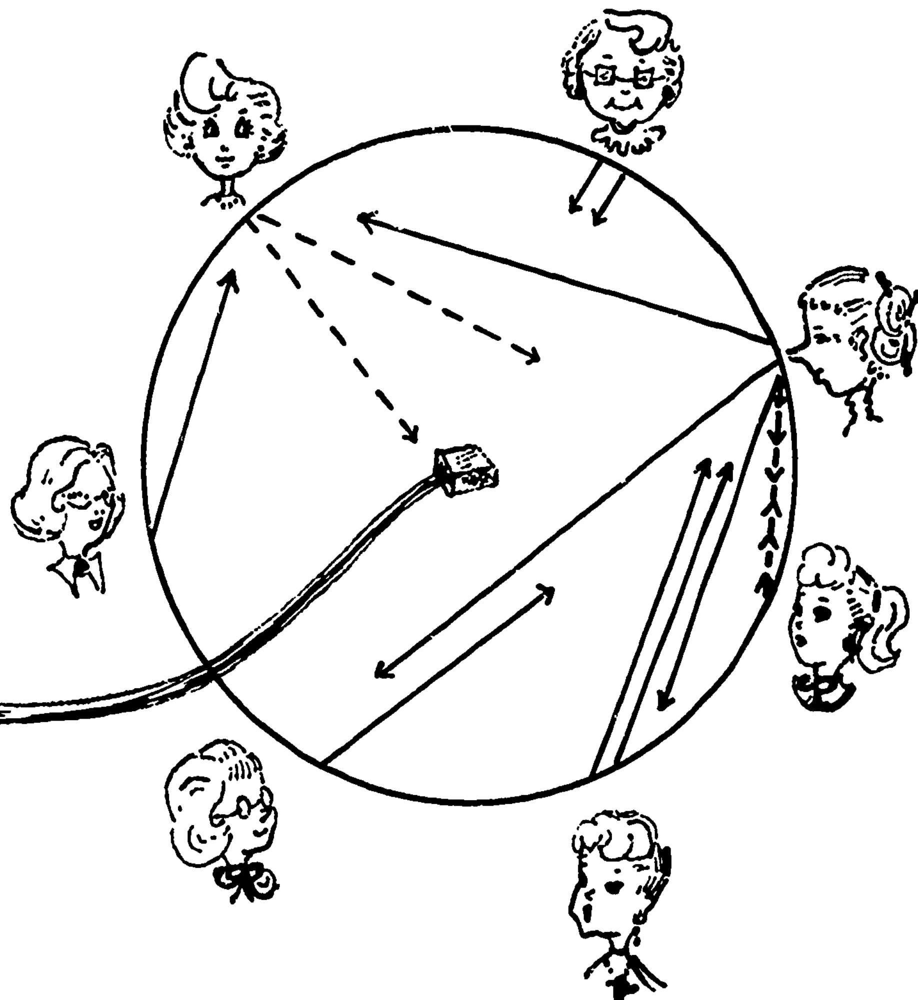


Chapter 3

The "Eyes" See Even More

Observers' Reports:

Participants' Resolutions of Their Concerns



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Chapter 3

The "Eyes" See Even More

Observers' Reports: Participants Resolutions of Their Concerns

The workshop participants' three major areas of concern were discussed in the preceding chapter. During the workshop the participants were introduced to various techniques in the attempt to resolve these concerns. Further analysis of observation records indicates that there was a relationship between the nature of the concern and the degree and type of resolution reached. During the workshop individual delegates revealed patterns of behavior, attitudes, and abilities which seemed to determine their identification and resolution of problems. Their resolutions seemed to be most related to their relative commitment to the traditional and to their ability to accept change. In the course of the workshop, the delegates learned to modify their habitual reactions.

An attempt will be made in this chapter to describe some of the behavior, attitudes, and abilities observed during the workshops. To illustrate these observations, actual records from the workshops will be used. To protect the identity of delegates and to relate this report to the 1960 Pilot Study, the same fictitious cast of "typical" instructor-delegates will be used in presenting the records. See Figure 3 for a description of the cast, and Figures 4 and 5 for the workshop schedule and agenda. For convenience the records are keyed to the two-week workshop schedule, regardless of the actual length of the workshop in which they were obtained.

Figure 3. CAST OF WORKSHOP CHARACTERS

Workshop Staff

CORLEE: The Coordinator and Leader (keeps everyone "busy" and "stirs" things up).

BEA STIL: The Observer (just sits, watches, and takes "notes").

DR. P. QUE: The Project Director (actively interested in vocational nursing education, problems and research, is friendly and helpful).

MRS. BOVNE: Board of Vocational Nurse Examiners' Representative.

Delegates

MARTHA: A Motherly and Mature Instructor (loves "her" students but feels "behind the times" as a nurse-educator, is in her early forties).

ELSIE: An Efficient and Experienced Director (operates as a "big wheel," is somewhat "old-guard" in spite of much education, is around fifty).

NOREEN: A "Natural-born" Nurse and New Teacher (is an "old" R.N. with a "new" B.S., is idealistic and highly motivated, appears about thirty-five).

BONNIE: A Pretty Young Nurse Beginning to Teach (likes nursing and teaching is mentally alert and acts "alive" is in her late twenties).

SUSAN: A Sunny, Soft-Spoken, Satisfied Instructor (somewhat conservative, tendency to be a "leaner" and respond slowly to new ideas, is around thirty).

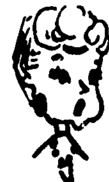
LAURA:  A "Natural" Leader and Laudable Director (tendency to "lord" over others; not oriented to new concepts, but real ability and potential for change, is about forty).

Figure 4. TYPICAL WORKSHOP SCHEDULE

<u>FIRST DAY</u> (Two-Week Workshop)

9:00 - 10:00 a.m.	Introduction and orientation
10:00 - 12:00 a.m.	Seminar session
12:00 - 1:15 p.m.	Lunch and travel time
1:15 - 2:45 p.m.	Medical Center Hospital tour
3:00 - 4:00 p.m.	Seminar session

<u>FIRST DAY</u> (Eight-Day Workshop)

6:00 - 7:15 p.m.	Dinner
7:30 - 9:30 p.m.	Orientation

<u>DAILY</u> (Two-Week Workshop)

8:30 - 10:15 a.m.	Clinical experience (or seminar session--last three days)
10:30 - 12:00 a.m.	Ward conference (or seminar session--last three days
12:00 - 1:15 p.m.	Lunch and travel time
1:15 - 2:45 p.m.	Seminar session (and/or problem-solving groups)
3:00 - 4:00 p.m.	Seminar session (and/or problem-solving groups)
4:00 - 5:00 p.m.	Individual study (adjourned at 3:30 on last day)

<u>DAILY</u> (Eight-Day Workshop)

8:30 - 4:00 p.m.	Same as two-week workshop schedule and ward conference
4:00 - 7:30 p.m.	Free time (adjourned at 5 on last day)
7:30 - 9:30 p.m.	Seminar session

FIGURE 5. TYPICAL AGENDA FOR TWO-WEEK WORKSHOP

MONDAY

A.M.	Seminar Session:	Introduction and orientation to Workshop. "What are your expectations?" "Workshop objectives"
P.M.	Tour:	Orientation to Medical Center Hospital
P.M.	Seminar Session:	"Overview of the Research Project"

TUESDAY

Clinical Experience:	Assignment to unfamiliar clinical area and patient.
Ward Conference:	"Adjusting to New Situations"
Seminar Session:	"The Student Vocational Nurse"

WEDNESDAY

Clinical Experience:	Same clinical area and patient assignment.
Ward Conference:	"The Nurse and Patient Care"
Seminar Session:	"Vocational Nursing Practice and Preparation"

THURSDAY

Clinical Experience:	Same clinical area and patient assignment.
Ward Conference:	"Interpersonal and Cultural Factors Influencing Nurse-Patient Relationships"
Seminar Session:	"Complex Environment: Educational & Nursing Situations"

FRIDAY

Clinical Experience:	Same clinical area, but new patient assignment.
Ward Conference:	"Increased Sensitivity & Behavioral Flexibility"
Seminar Session:	"The Board of Vocational Nurse Examiners Representative"

MONDAY

Clinical Experience:	New clinical assignment to special interest area.
Ward Conference:	"Adjustment Communication, Patient-Centered Nursing Care"
Seminar Session:	"The Employer and the L.V.N.; Team Nursing"

TUESDAY

Clinical Experience:	Same special interest area, but new patient assignment.
Ward Conference:	"Implications for Teaching Vocational Nurses"
Seminar Session:	"Analysis of Patient Situations"

WEDNESDAY

A.M.	Seminar Session:	"Patient-Centered Teaching"
P.M.	Seminar Session:	"Areas of Learning"

THURSDAY

A.M.	Seminar Session:	"Curriculum Planning"
P.M.	Seminar Session:	"Curriculum Planning and Problem-Solving"

FRIDAY

A.M.	Seminar Session:	"Evaluation of Workshop"
P.M.	Seminar Session:	"Summary and Implications for 'Back-Home'"

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Though the picture changed during the workshops, at the beginning the vocational nursing educators appeared more at ease with procedure than with theory, with the task-centered approach to patient care than with the patient-centered approach. They were generally more at home with the practical than with the conceptual, that is, with the concrete than with the abstract. They were more secure with strong directive leadership than with democratic or non-directive leadership. Since almost all of the participants were graduates of traditional hospital schools of nursing--although over half (56 percent) held baccalaureate or higher degrees[1]--their initial attitudes were not surprising. The influence of the characteristic hospital setting where "deference, a chain of command, the home guard and other spheres of influence" exist among nursing personnel has been described by Hughes and Hughes.[2] Add to this the pressure exerted "by the overwhelming authority and prestige of the doctor"[3] and the delegates' attitudes seem "normal."

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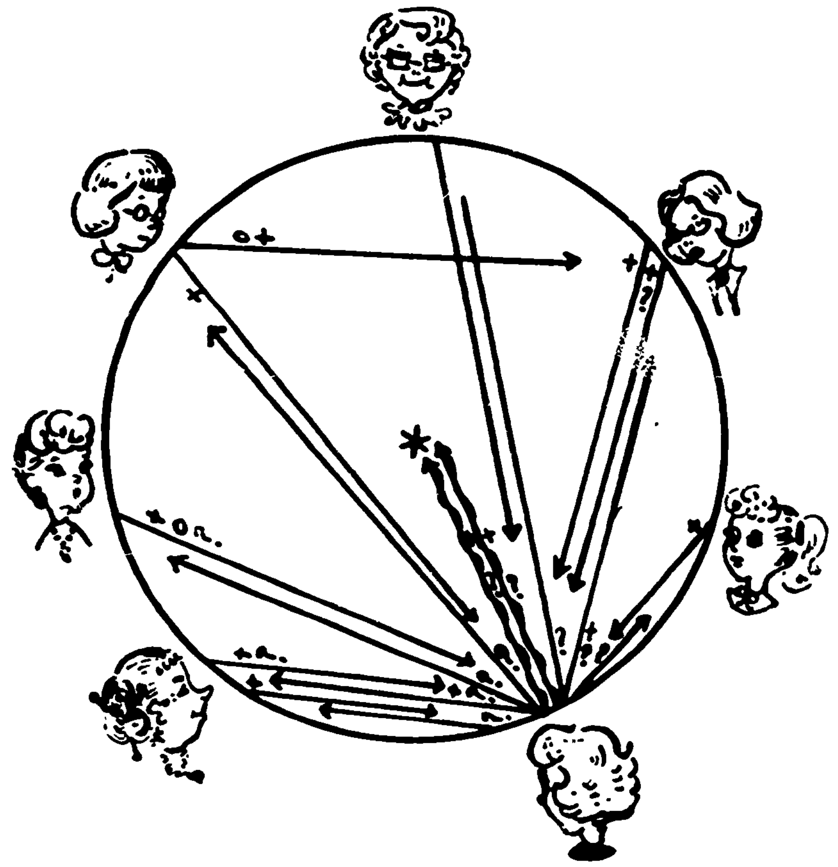
1 "...in 1956 fewer than ten percent of the active registered nurses in the United States held baccalaureate degrees. Although comparable data are not available for the West, the proportion of college graduates may be slightly higher since collegiate programs represent 23.5 percent of the 1955-56 graduations in the West and only nine percent of the graduations in the nation as a whole." Western Interstate Commission for Higher Education, Nurses for the West, (Boulder Colorado, 1959).p. 23.

2 Twenty Thousand Nurses Tell Their Story, pp. 62-73.

3 Albert F. Wessen, "Hospital Ideology and Communication Between Ward Personnel," Patients, Physicians and Illness, ed. E. Gartley Jaco, (Glencoe, Illinois, 1958), p. 463.

Figure 6

SOCIOGRAM OF ORIENTATION SEMINAR INDICATING DELEGATES' DEPENDENCE UPON DIRECTIVE LEADERSHIP



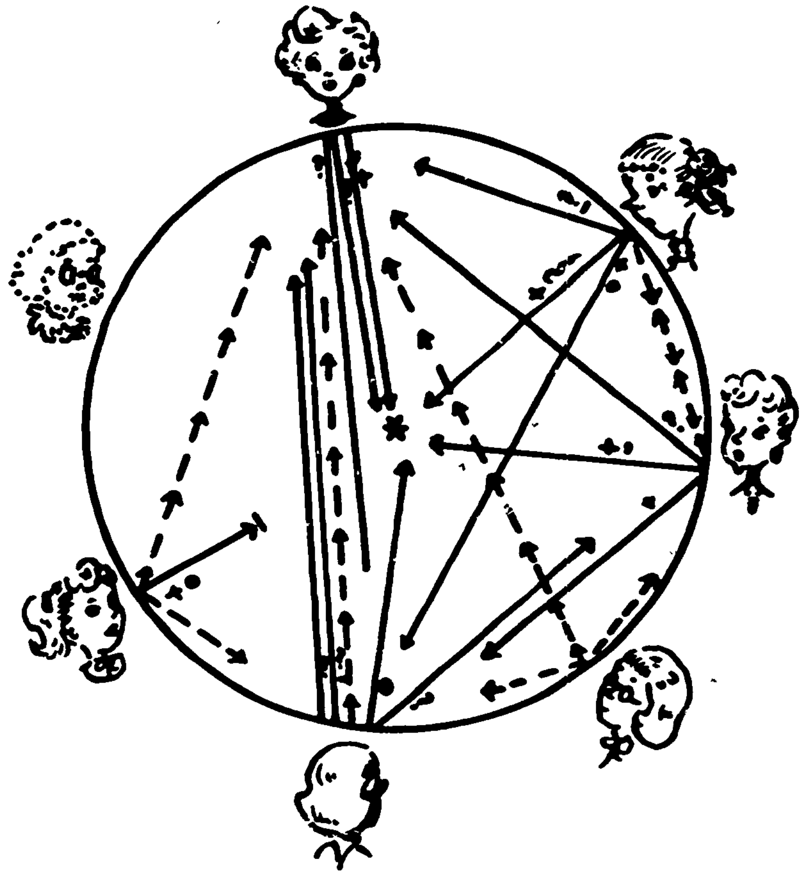
Summary

Time: 10 minutes
Monday (First Day): Orientation Seminar
No. Exchanges: 18 (Leader 9)
Leader: Lead questions regarding what the delegates hope to get from workshop; encourages them to give some background information; permissive.
Group: Expect to be called upon, some floundering when this is not done. All responses except one addressed to leader. Wide variations in verbalness and eagerness to speak, but all participate.

CODE:
- ——→* To Total Group
- ——→ Direct Address
- ∿∿→ Talks at Length
- - - -→ Glances, Stares
- ——⊣ Interrupts Self
- \+ Positive Comment
- − Negative Comment
- ? Ask or Imply Question
- o Supportive Remarks

Figure 7

SOCIOGRAM OF FIRST WARD CONFERENCE REVEALING DELEGATES' FRUSTRATION AT NON-DIRECTIVE LEADERSHIP



Summary

Time: 10 minutes
Tuesday (Second Day): Ward Conference
No. Exchanges: 10 (Leader 3)
Leader: Non-directive; waits for delegates to start discussion about clinical experiences; previously oriented delegates to purpose of ward conference.
Group: Much silence, restlessness, random flight actions when Leader refused to be directive. Elsie tried to assume Leadership, others continued to look to Corlee, gave advice, asked directions, unable to discuss patients. Martha late.

RESPONSES TO AUTHORITY

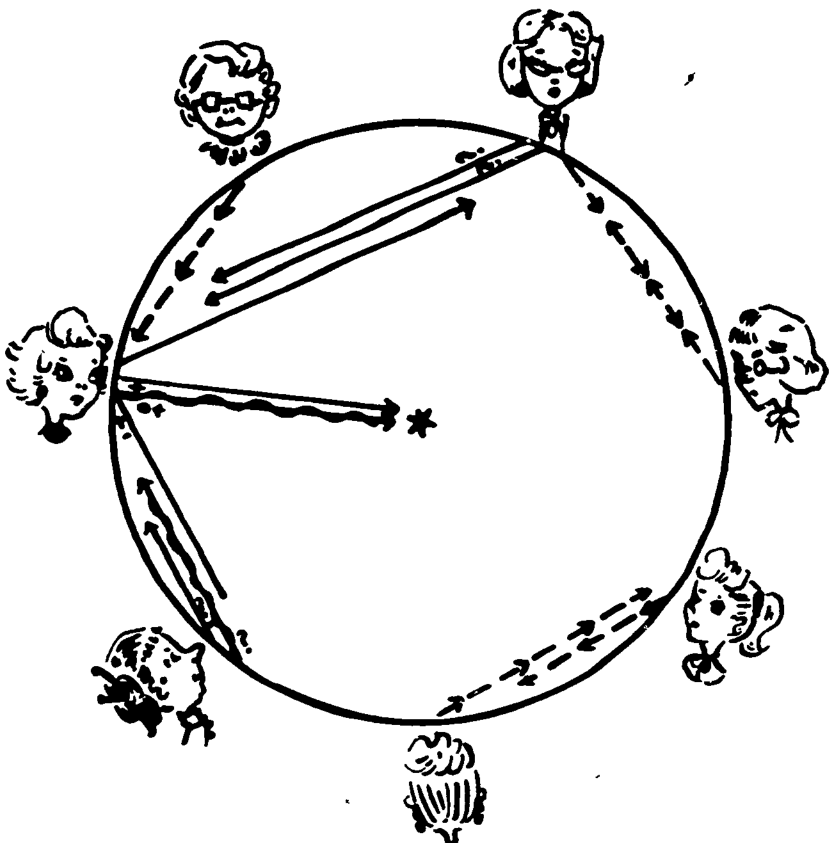
Typical individual and group responses to authority were discernable. In the presence of familiar authority-patterns, attitudes of noticeable deference, dependency, restraint, courtesy, and the like were commonplace. In the absence of conventional authority-patterns a tendency to flounder was frequently noted, as was a certain uneasiness or outright discomfort. As the workshop experience progressed, there was less uncertainty: delegates developed new self-awareness and assurance both as individuals and as a group.

Almost invariably during the early unstructured ward sessions there were periods of acute tension for participants when the workshop coordinator deliberately avoided the role of director-leader. These periods were marked by signs of physical discomfort, restiveness, watchfulness, and frequent expressions of frustration. "If I only knew what you wanted me to <u>do</u>!" "If you'd only tell us what you expect us to discuss!"

Figure 6 demonstrates diagramatically the commonly observed "genteel" reaction to authority. The sociogram of group interaction during a ten-minute period on orientation day reveals the delegates' initial dependency on the assigned leader. Almost all comments are addressed to her and there is little interchange among delegates of their own initiative. Figure 7 reveals the initial reactions of delegates to non-directive leadership in the ward conference. The absence of a familiar leadership pattern causes much frustration and restlessness among the delegates, and they seem unable to discuss their morning

Figure 8

SOCIOGRAM OF SEMINAR FOLLOWING FIRST NON-STRUCTURED WARD CONFERENCE WHEN GROUP ATTACKED LEADER

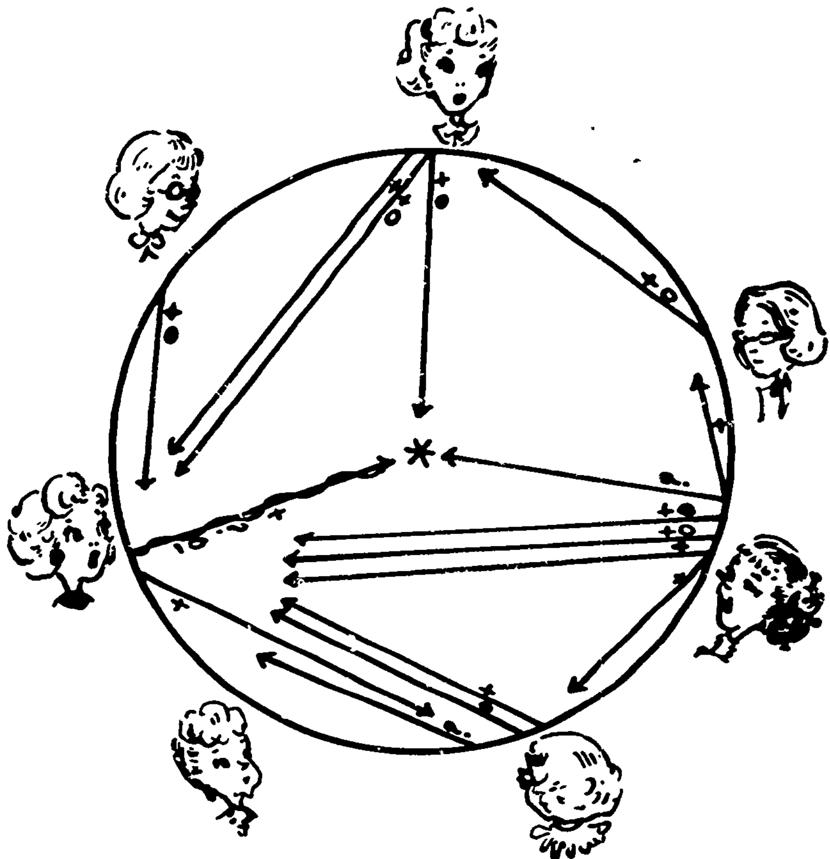


Summary
Time span: 16 minutes
No. Exchanges: 18 (Leader 2)
Leader: Meets attack by answering frankly; actually repeats much information given first day and evidently not heard. Associates attack with frustration from ward conference.
Group: Gang-up in a pre-planned attack on Leader. Two carry burden but all support. Exchange many glances and smirks; some uneasyness. Seem surprised & satisfied at answers. First signs of group joining together.

CODE:
→* To Total Group
→ Direct Address
〰→ Talks at Length
-----> Glances, Stares
+ Positive Comment
– Negative Comment
? Ask or Imply Question
o Supportive Remarks

Figure 9

SOCIOGRAM OF SEMINAR, EIGHTH DAY, INDICATING DELEGATES' ABILITY TO RESPOND TO NON-DIRECTIVE LEADERSHIP



Summary
Time span: 10 minutes
No. Exchanges: 16 (Leader 2)
Leader: Lead questions; relative non-directive; gives support through facial expressions, especially to less verbal ones.
Group: Able to build discussion from lead questions with minimum guidance. General participation except from one isolate. Group able to tolerate deviant behavior.

clinical experiences with patients in the face of this more immediate problem--lack of a directive leader.

(It might be suggested that the anxiety and helplessness expressed by some vocational nursing educators throughout the state over the 1961 changes in the vocational nursing curriculum regulations are further reflections of the uncertainty manifested when one is forced to abandon the familiar for the unfamiliar. The new curriculum calls for independent thinking and much creativity on the part of faculty. The deeper the commitment to the traditional in nursing, the more threatening this type of freedom might be.)

As might be expected there was frequent rebellion against the unfamiliar and hence common enemy. Figure 8 reveals one group's attack on the leader following the first unstructured ward conference; they demanded to know her qualifications, background, credentials, and so forth for conducting such an unorthodox type of conference. But the delegates learned even in (and possibly because of) threatening and uncomfortable situations: their ability to support this same unorthodox leader several days later is revealed in Figure 9. Gone are the early needs to rebel and the extreme dependency on a directive leader. The discussion concerns integration of certain aspects of the curriculum, and one or two questions from the leader elicit many contributions to enrich the curriculum prototype on which they are working.

The groups' use of resource persons is another instance of how

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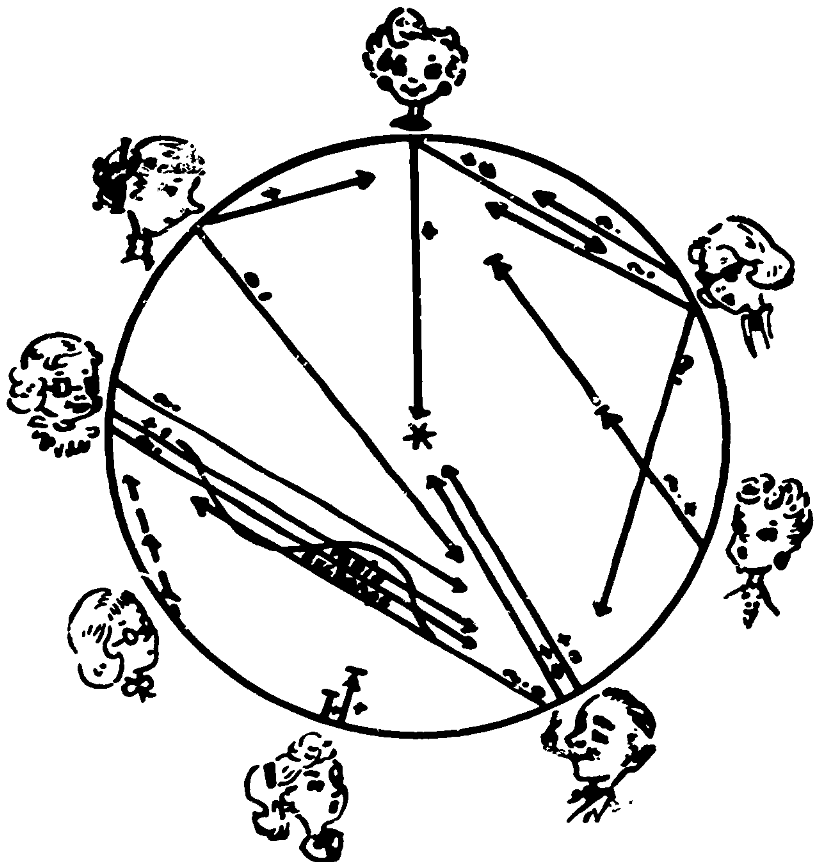
Figure 10

SOCIOGRAM OF SEMINAR WITH FIRST RESOURCE PERSON AND ASSIGNED DELEGATE CHAIRMAN (MARTHA)



Summary

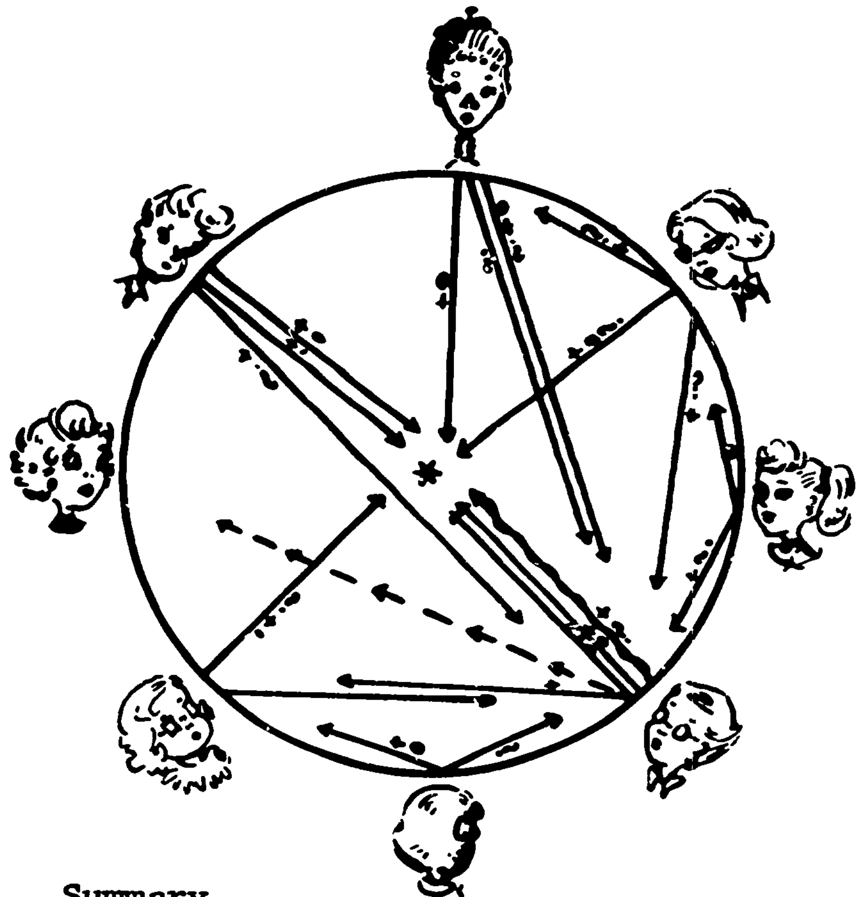
Time span: 5 minutes
Thursday (Fourth Day): Seminar Session
No. Exchanges 16 (Leader 2)
Leader: Turned meeting over to assigned chairman prior to guest's arrival; non-participative except to suggest supplement to agenda from prior visit.
Group: Chairman, Martha, prepared with questions; did not attempt to include group; group constantly looks to leader for guidance; little interaction with resource person & no preparation prior to visit; some negative criticism involved, two isolates.

CODE:

- ——→✱ To Total Group
- ——→ Direct Address
- ∿∿→ Talks at Length
- - - -→ Glances, Stares
- ≋≋→ Overlap, Unison
- \+ Positive Comment
- − Negative Comment
- ? Ask or Imply Question
- o Supportive Remarks

Figure 11

SOCIOGRAM OF SEMINAR WITH SECOND RESOURCE PERSON AND ASSIGNED DELEGATE CHAIRMAN (NOREEN)



Summary

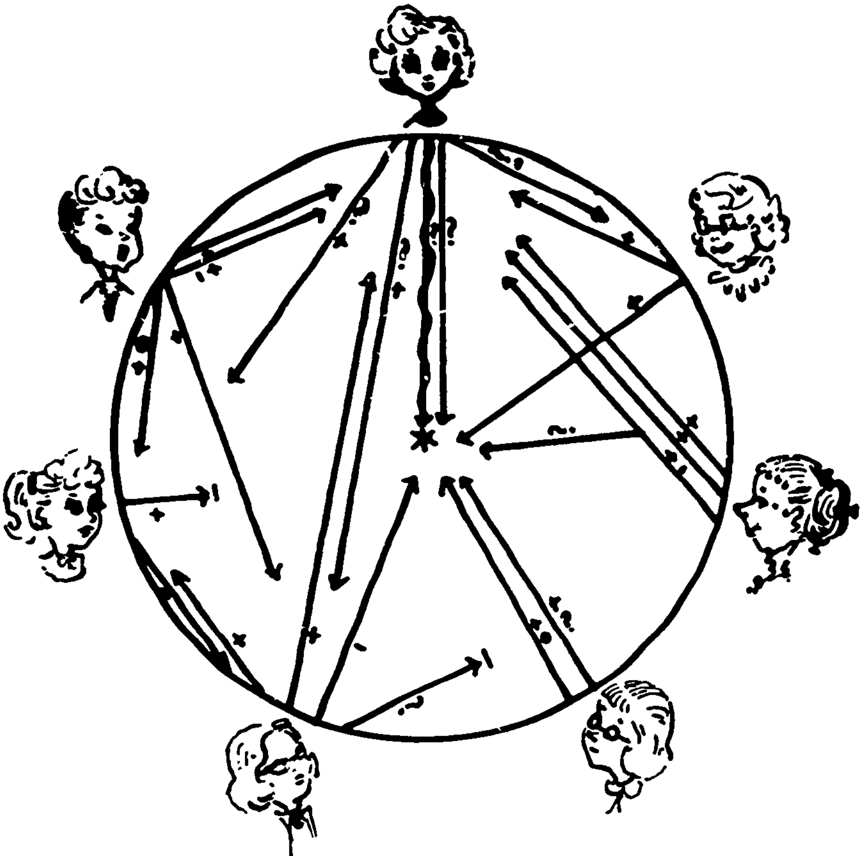
Time span: 10 minutes
Friday (Fifth Day): Seminar Session
No. Exchanges 19 (Leader 0)
Leader: Non-participative; allows group freedom to control meeting; responds only to resource person that she is covering desired information.
Group: Chairman prepared with questions from group; typed copies for everyone; assumed leadership but involved group. Group active, interested, no isolates, shared responsibility; not dependent on Leader. Seems uninhibited and friendly

they learned to modify their response to authority. Figures 10 and 11 reveal a typical picture of group interaction with the first and second resource visitors.

In both instances a delegate volunteered to be chairman; she was told she would be responsible for the meeting and for obtaining from the resource person information meaningful to the group. Invariably the first chariman assumed an authoritarian leadership role and did not include the group in the planning or in the subsequent discussion with the resource person. Discussion in which the coordinator focused on these points always followed this first experience with a resource person; the second chairman invariably incorporated some of the suggestions into her mode of operation. She included the group in the planning and expected them to assume some responsibility for the discussion. Indeed, the second chairman assumed more of a facilitating or democratic role than an authoritarian one. The group responded by preparing for and participating actively in the discussion.

Figure 12

SOCIOGRAM OF AN EARLY SEMINAR DISCUSSING THE ADMINISTRATION OF MEDICATIONS BY THE V.N.

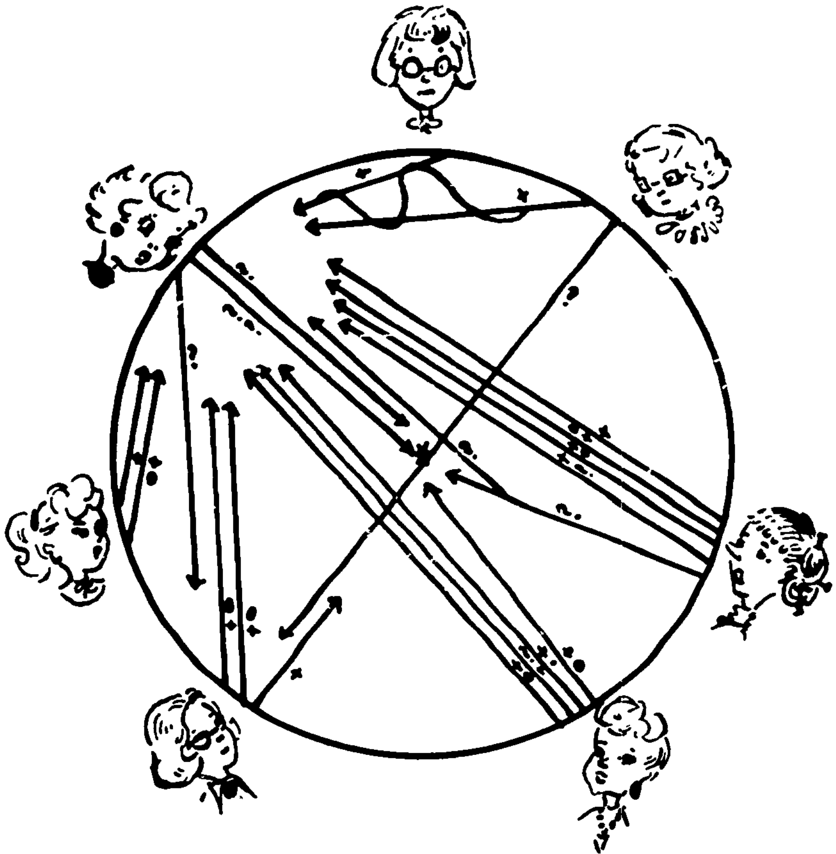


Summary
Time span: 5 minutes
Wednesday (Third Day): Seminar Session
No. Exchanges: 23 (Leader 5)
Leader: Stimulates with questions, tries to control verbal members by non-response & draw-out quiet members.
Group: No isolates; general participation; responding regarding own experiences; heated, lively, energetic in spite of late hour; appear deeply involved in a familiar and vital problem

CODE:
- ——→* To Total Group
- ——→ Direct Address
- ∿∿→ Talks at Length
- ——⊣ Interrupts Self
- ≈≈→ Overlap, Unison
- \+ Positive Comment
- \- Negative Comment
- ? Ask or Imply Question
- o Supportive Remarks

Figure 13

SOCIOGRAM OF A LATER SEMINAR DISCUSSING & IDENTIFYING TEACHING MATERIAL IN PATIENT SITUATION



Summary
Time span: 5 minutes
Wednesday (Eighth Day): Seminar Session
No. Exchanges: 20 (Leader 3)
Leader: Stimulates with questions, relatively non-directive.
Group: No isolates, general participation; quick verbal response to lead questions; high interest; subject pertains to mutual problem; finding answers for "need to know."

RESPONSES TO THE CONCRETE VERSUS THE ABSTRACT

Tangible, current problems provoked the most sustained, lively, and often heated response. In itself this might not be considered unusual, since the familiarity of the problems alone could account for it. What made it noteworthy in the observer's opinion, however, was that this kind of response not only remained unchanged throughout each workshop, but that, in spite of clear signs of growth and development in many directions, this was the most common response from first to last. For the most part individual and group reaction centered around the tangible (tasks, procedures, skills) rather than the abstract (insights, concepts, attitudes).

Figures 12, 13, 14, and 15 illustrate the preference discussed above. Figures 12 and 13 show diagrammatically the characteristic reactions to task-oriented subjects. They represent interaction during an early discussion about the administration of medication by vocational nurses and during a later discussion about the identification of task-oriented teaching material in patient situations. Participation is general, interest high, and comments relate to personal experiences. On the other hand Figures 14 and 15 represent group reactions to the introduction of more abstract concepts; one represents interaction during an early discussion of the philosophical bases for the various programs in nursing education, the other a later discussion of the implications for nursing of racial and cultural differences. Participation in both is meager, the atmosphere tense, and the group seems unable to relate concepts to personal experiences.

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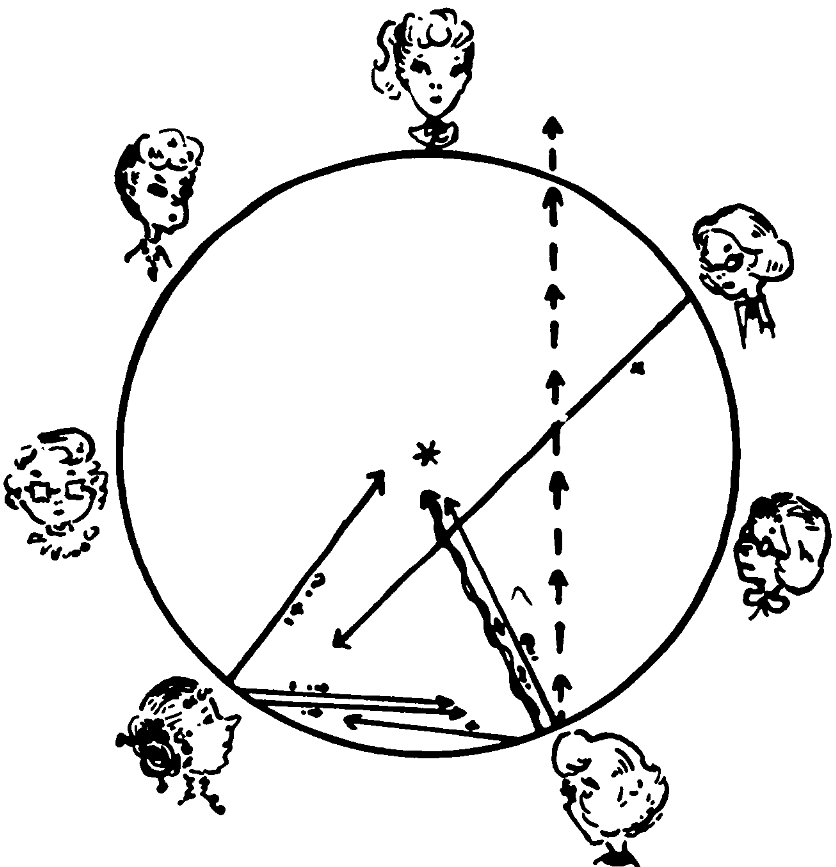
Figure 14

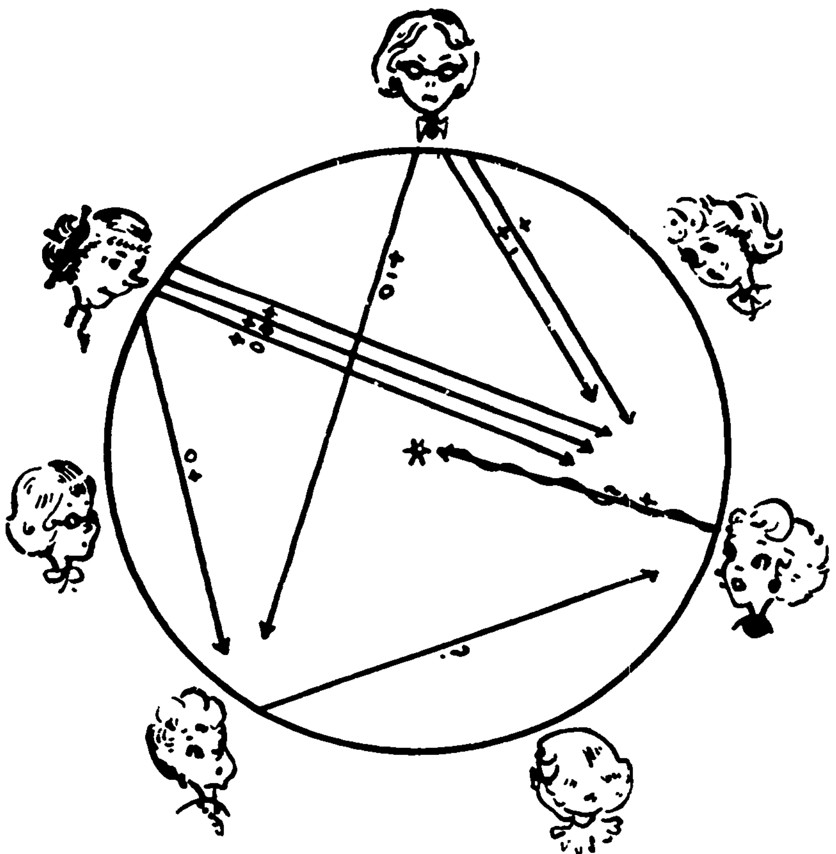
SOCIOGRAM OF SEMINAR DISCUSSING EDUCATIONAL CONCEPTS AND PHILOSOPHICAL BASES FOR PROGRAMS IN NURSING EDUCATION



<u>Summary</u>
Time Span: 5 minutes
Tuesday (Second Day): Seminar Session
No. Exchanges: 7 (Leader 2)
Leader: Attempts to draw out responses with question.
Group: Four isolates, one active participant; group silent, lost resentful; watching leader for cues.

Figure 15

SOCIOGRAM OF SEMINAR DISCUSSING IMPLICATIONS FOR NURSING IN RACIAL AND CULTURAL DIFFERENCES



<u>Summary</u>
Time span: 5 minutes
Thursday (Fourth Day): Ward Conference
No. Exchanges: 9 (Leader 1)
Leader: Lead question; looks at each person in turn.
Group: Three isolates, two active participants. Evidence of tension, sullenness (?); signs of wanting to end; one carrying major burden of discussion.

CODE:
——➤ * To Total Group
——➤ Direct Address
〰➤ Talks at Length
- - - ➤ Glances, Stares
+ Positive Comment
– Negative Comment
? Ask or Imply Question
o Supportive Remarks

CONCERN ABOUT PATIENTS' POTENTIAL AS LEARNING EXPERIENCES

Expressions of concern over the dearth of patients presenting useable teaching material for student learning were common. Typical questions of delegates during the early part of the workshop about using patients as aids in teaching nursing content were: "How can you teach everything at the bedside?" "How do you get enough patients to illustrate the various systems and conditions you feel it is necessary to teach?" "How can you integrate content from various systems without mixing up the students?" "How can all students have patient experiences related to classroom general theory when it is impossible to assign students to the same types of patients?"

To answer delegates' questions about using patients in teaching about systems and integrating various types of nursing content (as regulations required), the technique of the "giant patient-tally" was employed. The frame of reference was deliberately switched to a "physiological system-centered approach" from the "patient-centered" or "interpersonal approaches" that had been used during the previous workshop discussions. The giant patient-tally was introduced on the afternoon of the last day of patient contact. It consisted of a large wall chart having a list of physiological systems down the lefthand side and numerous vertical columns across the board. As discussion progressed, these columns were given various headings to accommodate information _about specific patients_ that delegates considered an essential part of any planned lesson. Typical headings illustrating approaches are: primary diagnosis, related conditions, predisposing causes, complications, treatments,

medications, nursing care, nursing problems, nutrition, mental health, and rehabilitation.

The Pilot Study presented in anecdotal form a characteristic experience in tallying teaching potentials offered by patients. Pages 64 and 65 of that study showed a workshop group of four analyzing their sixteen patients in terms of the "nine systems" after nine hours of nursing contact with the patients. This kind of analysis was used in establishing criteria for learning experiences, in evaluating teaching methods, and in beginning to plan curricula.

Initially hesitant, the delegates' response to the tally changed markedly: they were excited and stimulated by the insight into the teaching potentials gained through discussing their records on the patients. Furthermore, the type and degree of resolution of the problem of planning curricula that this method offered appeared very satisfying to them: "Why this opens up whole new areas for me to use in the students' patient assignments!" "To think that this has been right under my nose all the time!" "Imagine, we've covered every single system and all types of nursing content threads!" "Why the patient actually helps you integrate the content." "I never thought of using the same patient for many different things; it simplifies the problem of getting clinical experiences for students related to their classes."

In the observer's opinion, the development of the "giant patient-tally" as an aid in the recognition of potential teaching factors in patient situations was for the majority of delegates the one most dramatic, "eye-opening" workshop experience.

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ANALYSIS OF GROUP INTERACTION

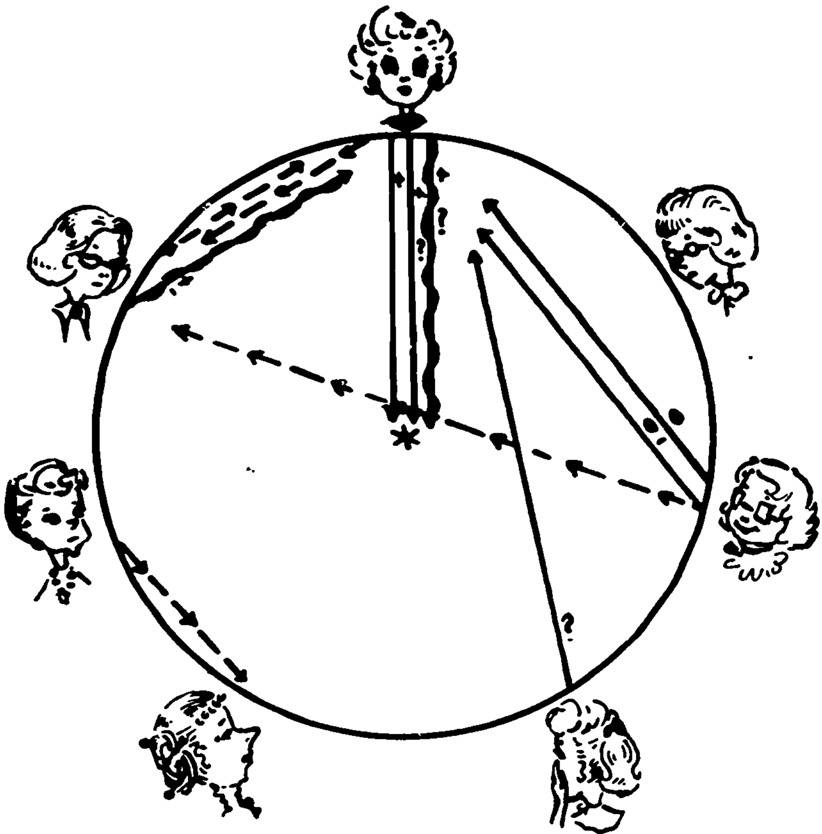
It appeared that observation and analysis of group interaction was the problem-solving approach least familiar to the vocational nursing educators at the workshops. A general lack of skill and understanding in the areas of communication, interpersonal relations, and mental health, as shown in Chapter 2, provided an inadequate basis for critical analysis of behavior. In addition, when there was a diversity of opinion, delegates seemed to have difficulty identifying areas of common agreement among the majority and reducing obstructions from the minority.

In the observer's opinion, analysis of behavior seemed to be the delegates' most disturbing experience at the workshop. This appeared to be the case whether participants were engaged in group examination of behavior (their own or others') or in individual self-examination. At first, there were tendencies toward depression and rebellion when inadequacies were pointed out. Evaluations produced tensions: some delegates were observed to respond with signs of hurt feelings (tears, quivering lips) while others withdrew from active participation (see Figure 16). There was considerable hostility, and on occasion, there were verbal attacks on the group leader (as in Figure 8).

During the critical analysis sessions there was also acute awareness of the tape recorder. This was unusual since, following their introduction to this device and to the observer, the delegates had never seemed to pay any particular attention to it. This reawakened awareness took the form of joking references to the table microphone,

Figure 16

SOCIOGRAM OF SEMINAR EVALUATING AND ANALYZING FIRST PRACTICE-TEACHING EXPERIENCE OF DELEGATE (ELSIE)

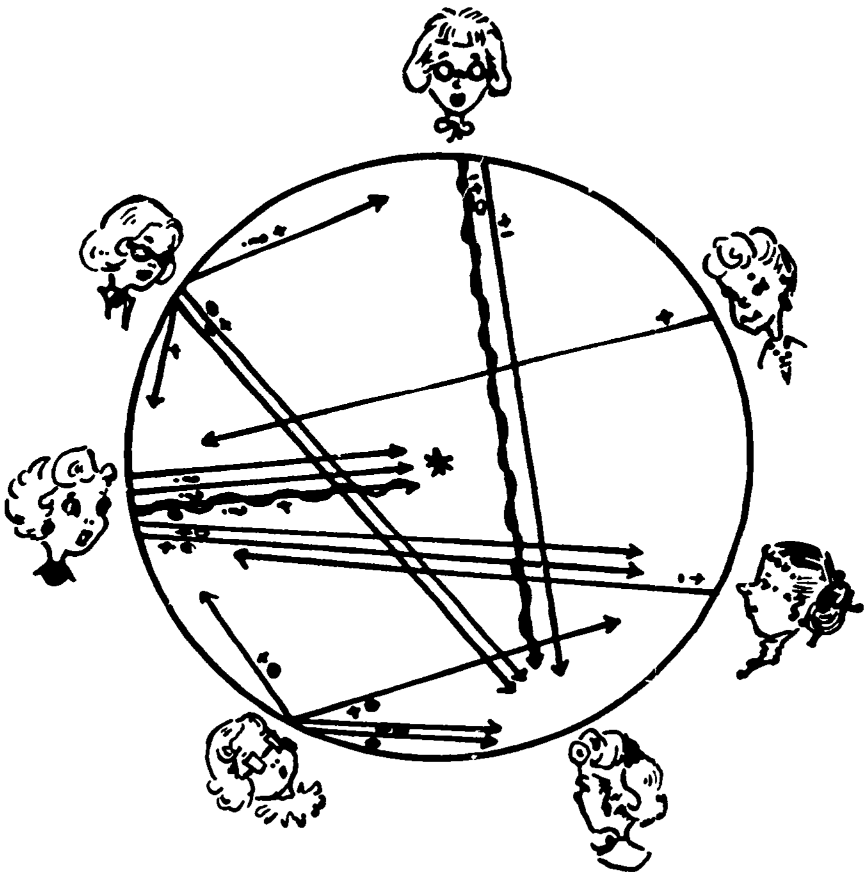


<u>Summary</u>
Time span: 8 minutes
Monday (Sixth Day): Seminar Session
No. Exchanges: 7 (leader 3)
Leader: Introducing process of behavior analysis; involves negative criticism of group and student-teacher.
Group: Polite initial evaluation; overt signs of distress at Leader's criticism of group & of Elsie's presentation; critical of need for such frank evaluation; glances exchanging and/or avoiding. Three isolates

CODE:
—→ * To Total Group
—→ Direct Address
〰→ Talks at Length
- - -→ Glances, Stares
+ Positive Comment
– Negative Comment
? Ask or Imply Question
o Supportive Remarks

Figure 17

SOCIOGRAM OF SEMINAR EVALUATING AND ANALYZING LATER PRACTICE-TEACHING EXPERIENCE OF DELEGATE (BONNIE)



<u>Summary</u>
Time span: 4 minutes
Tuesday (Seventh Day): Seminar Session
No. Exchanges: 17 (Leader 5)
Leader: Lead questions & frank comments; discussion involves negative criticisms.
Group: General participation; no overt signs of hostility, unease, or anger; eagerness to be heard; showing increased skill and sophistication; frequent reference to Elsie's prior presentation & group's evaluation. Both practice-teachers seem to want frank evaluation.

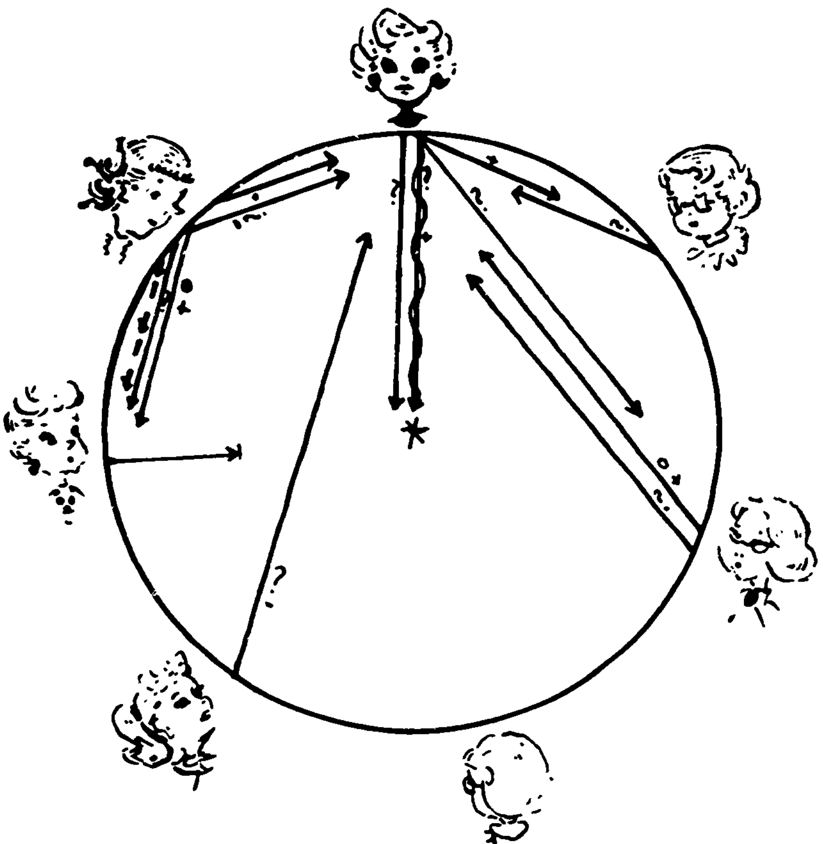
furtive glances in its direction, questioning remarks to the operator of the machine, constraint, and so on.

Following initial hesitation however, participants seemed to warm to so-called "negative" criticism. They developed the ability to counter and to make constructive use of it (see Figure 17). With practice in their newly acquired interpretive skills, the nature of group interaction was brought into clearer focus. With the "hows" and "whys" of group analysis better understood the delegates seemed to develop deeper insight into the usefulness of the small-group method as an aid to improving their performance as teachers. Free discussion of what they said and did led them to question the meaning of behavior accompanying words, the frequency of semantic misunderstandings, the uselessness of verbal ability without knowledge and knowledge without verbal ability, and unfamiliar ways of reaching consensus.

Although there were several references to the learning experience as one which delegates would "need time to digest," statements like the following appear to indicate satisfaction and achievement as well as new thoughtfulness, self-awareness, and more acute perception of vocational nursing student requirements: "But this will help me understand my students' attitudes." "So that's the way the students feel about me when I bawl them out!" "I didn't understand what made me do what I did but I do now." "If I can learn to control my own environment better, I can help my students control theirs." And after the workshop experience had "aged" the vocational nursing instructors: "It takes understanding yourself first..."

Figure 18

SOCIOGRAM OF SEMINAR, SECOND DAY, INDICATING INITIAL LEADERSHIP PATTERN AMONG DELEGATES

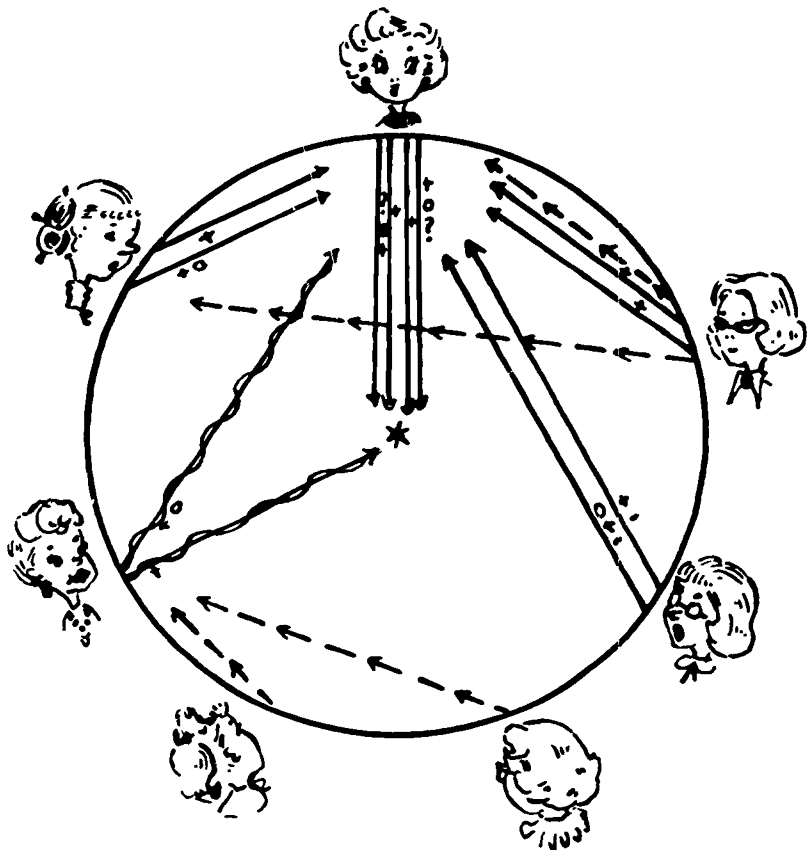


Summary
Time span: 10 minutes
Tuesday (Second Day): Seminar Session
No. Exchanges: 13 (Leader 4)
Leader: Gives orientation information; passes out material; permissive friendly.
Group: Becoming acquainted; voices questioning, demanding; eye each other; Elsie opens discussion, watches Laura.

CODE:
- → * To Total Group
- → Direct Address
- ∿∿→ Talks at Length
- - - -→ Glances, Stares
- →| Interrupts Self
- \+ Positive Comment
- — Negative Comment
- ? Ask or Imply Question
- o Supportive Remarks

Figure 19

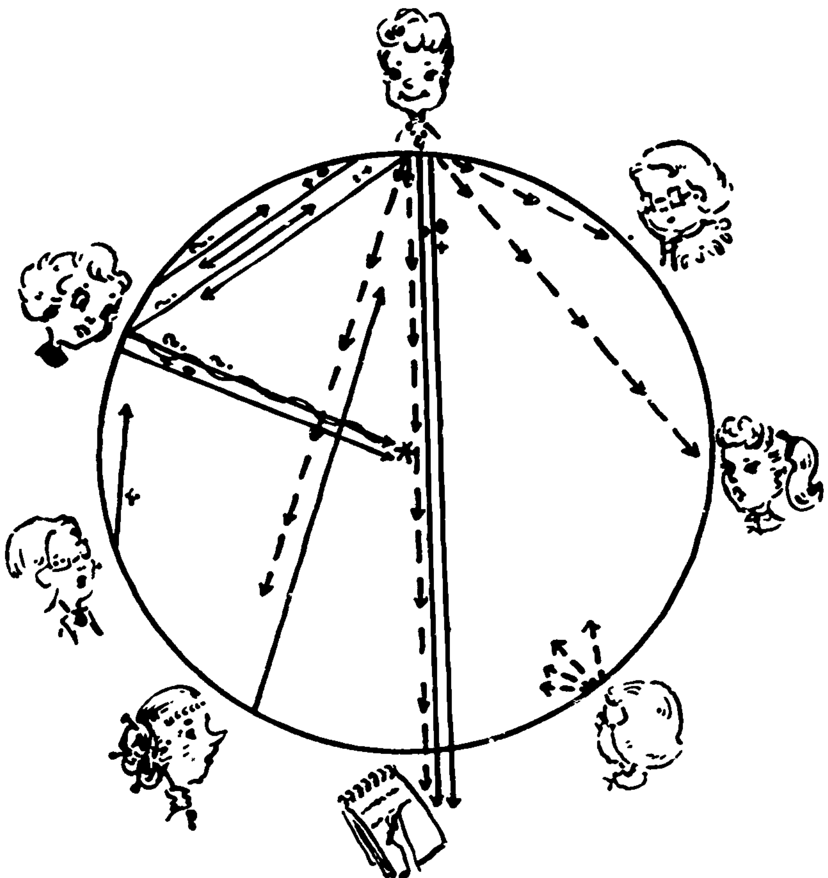
SOCIOGRAM OF SEMINAR, THIRD DAY, REVEALING BEGINNING OF STRUGGLE FOR LEADERSHIP AMONG DELEGATES



Summary
Time span: 10 minutes
Wednesday (Third Day): Seminar Session
No. Exchanges: 12 (Leader 4)
Leader: Talks to all and/or each in turn.
Group: Laura replies at length with support of Leader; group listens cooperatively; seem aware of struggle between Elsie and Laura & except Corlee to step in. Some also competing for Corlee's attention.

Figure 20

SOCIOGRAM OF FOURTH WARD CONFERENCE REVEALING EMERGENCE OF COMPETITIVE LEADER AMONG DELEGATES



Summary

Friday (Fifth Day): Ward Conference

No. Exchanges: 10 (Leader 4)

Leader: Directive questions related to a.m. clinical experience; did not indicate who should speak first.

Group: One possible isolate; Laura monopolizes group attention, includes others by catching & holding their gaze; attempts to include observer in group; is watchful of Elsie

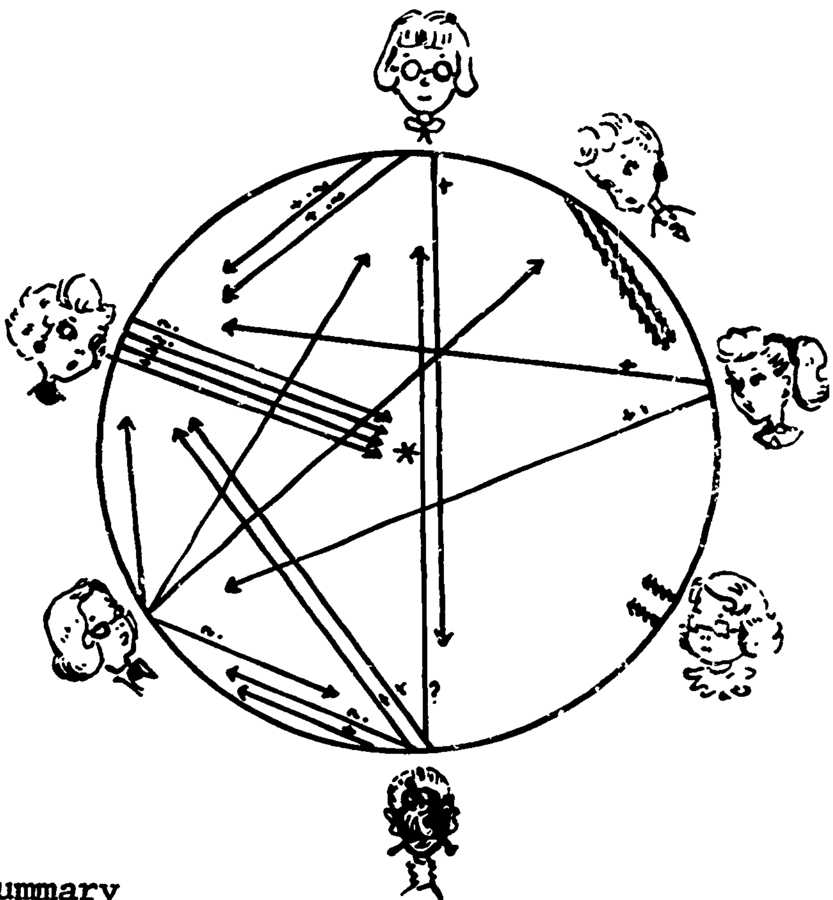
CODE:

- → *To Total Group
- → Direct Address
- ⁓→ Talks at Length
- - - → Glances, Stares
- ⫽→ Asides, Murmurs

+ Positive Comment
− Negative Comment
? Ask or Imply Question
o Supportive Remarks

Figure 21

SOCIOGRAM OF FIFTH WARD CONFERENCE REVEALING RISE OF INITIAL LEADER AND NEW FACILITATING LEADER



Summary

Monday (Sixth Day): Ward Conference

No. Exchanges: 18 (Leader 4)

Leader: Relatively non-directive, permissive; avoids giving specific answers before group discusses issue.

Group: General involvement & interest, but Elsie dominates after starting immediately about her pt.; Laura not competing; Noreen emerging as facilitator & conciliator, tries to promote more general participation & to control Elsie since Leader and group will not.

Figure 26 a & b

Daily Clinical Experience Records of an Early Three-Day Contact With a Pediatric Patient Indicating Increased Skill in Obtaining and Recording Information

Daily Clinical Experience Record

Pt's Name G. J. Date of Adm. 3/24/61 Nurse Laura
Diagnosis Seizures Team Pediatrics
Sex M Age 12 1/4 Ht.____ Wt.____ Race Negro Religion Methodist Date 4/4/61
Family Structure one of six children

MEDICATIONS	TREATMENTS & TESTS	PROBLEMS OR FACTORS INFLUENCING NSG. CARE
Standard Phenobarb 100mgm q 8hr. Dilantin 60 mgm q 8hr. Chloralhydrate **Experimental**	(EEG) electroencephalogram 3/27 Repeated 4/3 (3/27 mildly abnormal) Blood- Routine Collodial Gold Chemistry Bacteriology-Virology (Sterile Culture)	**Physical** Seizures of 1½-2 minutes have been observed (some periods as long as 30-45 minutes total duration. Pounding sensation in rt. arm recognized as aura. **Psychological** Withdrawn - opposing medications - rejecting all nursing care - vocally. Expressing desire for "shots" rather than oral meds. **Comments** Patient appears interested and alert. He seems to be a friendly boy.

Use this section for additional information about patient (past history, etc.).
History of early seizures from 5-7 yrs. of age ranging from mild to severe. Has had control hospitalization prior to this hospitalization. Was determined at that time an "epileptic" - this experience followed by care under private physician.

Daily Clinical Experience Record

Pt's Name G. J. Date of Adm. 3/24/61 Nurse Laura
Diagnosis Seizures Team Pediatrics
Sex M Age 12 1/4 Ht.____ Wt.____ Race Negro Religion Methodist Date 4/5/61
Family Structure (needs to find his place in family)

MEDICATIONS	TREATMENTS & TESTS	PROBLEMS OR FACTORS INFLUENCING NSG. CARE
Standard Phenobarb cut to 75 mgm q 8 hrs. I.M. **Experimental**	Same as 4/4/61	**Physical** Very active - permitted to ambulate freely. Attention span short in early am.; better in organized play period. **Psychological** Quite receptive to suggestions re: organized games. Was called a "liar" by roommate. Prone to give out implication of conflict c "ladies" by reference to Mother of each of two children in play room. **Comments** Some difficulty in coordination of small muscles - or possibly other factors resulting in missing shots with cue stick in game of pool.

Use this section for additional information about patient (past history, etc.).

EXPERIENCE IN CURRICULUM BUILDING

> Courses are the units of a curriculum.
>
> A curriculum is a pattern or blue print for education. It is a detailed plan to help selected persons become "something" which they are not, but which they can and desire to be.
>
> * * *
>
> An effective curriculum sets forth explicitly the areas of learning and defines the extent and depth of educational achievement within each area.[4]

Toward the close of the workshops the vocational nursing educators were introduced to practice in course development. These experiences were designed to familiarize delegates with a patient-centered approach which could facilitate their integration of content and, hopefully, student learning. They progressed step by step in this practice to the final summary sessions of the closing days, as described in the following paragraphs. It seemed that the last few days of this activity provided the most rewarding of all workshop experiences for most of the participants. Immediate satisfaction seemed to be derived from the resulting model course outlines--tangible evidence of the exercise; long-term goals presumably were served by the development of new insights into student and patient needs, of new skill in marrying "know-how" to "know-why" in meeting these needs, and of new appreciation of the importance of evaluation.

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[4] Dorothea E. Orem, Guides for Developing Curricula for the Education of Practical Nurses, p. 1.

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The curriculum work which took place in the last four days of each workshop was based on the preceding clinical experiences, ward conferences, and seminar sessions. In addition to these experiences, two major resource books, A Study of Vocational Nursing in California and Guides for Developing Curricula for the Education of Practical Nurses, and the "giant patient-tally", three workshop forms were used. These were (1) the Daily Clinical Experience Record, (2) the Patient-Centered Teaching Guide, and (3) the Organization of Learning Experiences Form.

Examples of these forms taken directly from the rough drafts developed by delegates in the three and a half days of curriculum seminars are included in the following pages. Various approaches are illustrated; some forms are well developed in certain areas and noticeably weak in others. No attempt is made to present "the one best approach" or to imply that any of these are "perfect." Indeed, these particular examples were chosen because they all offer some suggestions to other nursing instructors and yet emphasize the multiplicity of useful approaches to organization of learning experiences and curriculum in nursing.

The staff considers these drafts good--in spite of their faults--especially in view of the rapidity with which they were constructed. Delegates had little difficulty with familiar nursing content dealing with procedures and treatments, and even with rehabilitative and health teaching factors in patient situations. They did have difficulty

identifying (1) the psychological needs of patients and the less overt physical needs; (2) the sociological factors involved which influence the patient's illness and reactions to therapy and hence the nursing care plan; (3) the needs of students (physical and emotional) at various stages of growth and in various types of situations, and the relationship of these needs to planning learning experiences.

Delegates also seemed unskilled in incorporating the nursing content of a specific patient situation into existing lesson plans. Few instructors were able to deal with seemingly unrelated types of content within a single framework; almost all were more skilled in starting with specific content and then finding a patient to illustrate it.

The following pages will include an explanation of the steps involved in the workshop practice in curriculum development, examples of typical approaches taken by delegates, and some comments concerning strengths and weaknesses in the various examples. No attempt will be made to evaluate the workshop approach to curriculum study. The evaluation of the method is implicit in the report of delegates' post-workshop evaluations in Chapter 4.

The First Two Steps in Curriculum Study

Step one: Prior to their patient contacts in the clinical areas, the vocational nursing educators were given copies of the Daily Clinical Experience Record and instructions about its use in planning the daily care of the patients to whom they were assigned in hospital areas. Space was provided for recording information about each patient, for

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example see Figure 22, page 82. Delegates were unequally familiar with the use of such forms.

The delegates were encouraged to record completely the care planned for each patient assigned them. The advantages of such thoroughness were first, that patient care would be improved, and second, that completed forms would provide information to be used in their practice in course development. Participants were required to file their completed forms with the workshop coordinator daily.

Step two: After five or six days of nursing experience with patients and after completion of the patient tally in the seminar session, delegates were introduced to a second form, the Patient-Centered Teaching Guide, for an example see Figure 24, page 84. This form, to be developed about a known patient, was usually worked on independently the same evening, using the information from the previously completed Daily Clinical Experience Records. "Reality factors" in the patient situation had to be identified--descriptive data, doctor's orders, nursing problems, and so on. These "reality factors" implied teaching content for the vocational nursing curriculum. Identifying specific teaching implications of an actual patient situation seemed to be an unfamiliar process for most instructors.

As each delegate began the development of a Patient-Centered Teaching Guide the usefulness of completed Daily Clinical Experience Records became apparent. Also useful were discussions with other delegates who had been in contact with the particular patient about whom the Patient-Centered Teaching Guide was being developed. Such

discussions, arranged by the coordinator, promoted better patient understanding since they provided observations through another's eyes, diversity of opinion, and improved insight.

On the following day, the second devoted to curriculum study, the Patient-Centered Teaching Guide developed the previous evening by each student, was analyzed and evaluated by the group in seminar session. It was developed further by the delegates alone and in consultation with other delegates or with the coordinator.

Examples of Steps One and Two in Curriculum Study

To emphasize the interdependency of each step in the workshop experiences with curriculum study, copies of Daily Clinical Experience Records, and the Patient-Centered Teaching Guides actually developed from these records, are presented in Figures 22 through 35. Daily Clinical Experience Records are included for seven patients contacted one, two, or three times by delegates. The records illustrate the variations in amount and quality of information gathered by various delegates, and the positive influence of workshop experience and supervision. The different results of incomplete versus comprehensive daily records in clearly seen on the Patient-Centered Teaching Guides -- although they sometimes reflect information about the patient stored in the nurse's head rather than on the records. The deepening awareness of psychological and sociological factors in a patient situation which developed over the three-day period is reflected in the data recorded about the patient and in the recognition of implications for teaching in that data.

Figure 22 a & b

Daily Clinical Experience Records of an Early Two-Day Contact With an Obstetrical Patient Which Contain a Minimum of Information

Daily Clinical Experience Record

Pt's Name *Mrs. W.K.* Date of Adm. *2/14/61* Nurse [illegible]
Diagnosis *Post Partum 1 Day* Team [illegible]
Sex *F* Age *23* Ht. *5'6"* Wt. *168* Race *Negro* Religion *Baptist* Date [illegible]
Family Structure *Husband, Wife, 4 Children + wifes brother*

MEDICATIONS	TREATMENTS & TESTS	PROBLEMS OR FACTORS INFLUENCING NSG. CARE
Standard *Stilbesterol* *Seconal* Experimental	*Routine Breast Care* *Routine Peri- Care*	Physical *Well developed Negro Female gravida VI. Para V. Ambulatory* Psychological *Seems To be adjusted. Curious about me and the way I Taking care of unit.* Comments *No special problem. Fair orientation.*

Use this section for additional information about patient (past history, etc.).

Daily Clinical Experience Record

Pt's Name *Mrs W.K.* Date of Adm. *2/14/61* Nurse *Martha*
Diagnosis *Post Partum* Team *Obstetrics*
Sex *F* Age *26* Ht. *5'6"* Wt. *168* Race *Negro* Religion *Baptist* Date *2/16/61*
Family Structure *Husband, wife, 4 children + wifes brother*

MEDICATIONS	TREATMENTS & TESTS	PROBLEMS OR FACTORS INFLUENCING NSG. CARE
Standard *Senokot ʒi h.s.* Experimental	*Routine Perineal + Breast Care*	Physical *2nd day Post Partum.* Psychological Comments

Use this section for additional information about patient (past history, etc.).

D.+C. following abortion at 2 mos. - Hyperemesis 3/20/60 (Campazine)
14 yr. old sister with rheumatic heart disease.

Figures 22 and 24 illustrate a skimpy record of a two day contact with a first patient (obstetrical) and the resultant Patient-Centered Teaching Guide, which would have been enriched by more complete daily records. Figure 23 indicates the growth which usually took place through guided experiences: it is a record of a one-day contact with a second patient. The resultant Patient-Centered Teaching Guide, Figure 25, reflects the influence of this more complete daily record, which captured information for future use.

Figure 23

A Daily Clinical Experience Record of a Later One-Day Contact With an Obstetrical Patient Indicating Increased Skill in Recording Information About a Second Patient

Daily Clinical Experience Record

Pt's Name Mrs. B. J. Date of Adm. 3/16/61
Nurse Susan
Diagnosis Post Partum. low forceps delivery with episiotomy
Team Obstetrics
Sex F. Age 29 Ht. 5'2" Wt. 178½ (120 Non-preg.) Race Caucasian Religion Protestant
Date
Family Structure Husband (med. stud.) 3½ yr. old daughter; 5 brothers + sisters - mother in law

MEDICATIONS	TREATMENTS & TESTS	PROBLEMS OR FACTORS INFLUENCING NSG. CARE
Standard Methergine 0.2 mg. (I.M.) q.i.d. x 2 days Aspirin c̄ codeine grs. ss q 4 h Deladumone 3cc (I.M) stat Nembutal grs. Iss q.h.s. Senakat ʒ i q.h.s. until B.M **Experimental**	- Low forceps delivery - L.M.L. episiotomy - Saddle anesthesia (local and nitrous) - Placenta intact - Ambulate - Heat lamp b.i.d. - Fronothane spray to episiotomy p.r.n. - Aquanitin to episiotomy	**Physical** Peri-care c̄ peri-lamp Shower Normal puerperium (going home 3/19/61.) **Psychological** Needs constant support, approval and direction from her husband who is a 3rd. yr. medical student. **Comments** Would not take meds. or treatments without first asking husband's advice. Grandmother will care for baby first few weeks.

Use this section for additional information about patient (past history, etc.). Has full upper dentures.
R.H. Negative; husband + wife Blood type O - Diabetic uncle + 1 niece. Tuberculosis in mother as a young girl. No previous illness except severe strep. throat.
2 abortions 1954 - 1 abortion 1956; previous preg.: 4; term I; living I - 1957 a 3 hr. labr, spontaneous deliv. 5 lbs. 8 oz.

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Figure 22 a & b

Daily Clinical Experience Records of an Early Two-Day Contact With an Obstetrical Patient Which Contain a Minimum of Information

Daily Clinical Experience Record

Pt's Name *Mrs. W.K.* Date of Adm. *2/14/61*
Diagnosis *Post Partum 1 Day*
Sex *F.* Age *23* Ht. *5'6"* Wt. *168* Race *Negro* Religion *Baptist*
Family Structure *Husband, wife, 4 Children & wifes brother*

Nurse [illegible]
Team [illegible]
Date [illegible]

MEDICATIONS	TREATMENTS & TESTS	PROBLEMS OR FACTORS INFLUENCING NSG. CARE
Standard *Stilbesterol* *Seconal* **Experimental**	*Routine Breast Care* *Routine Peri- Care*	**Physical** *Well developed Negro Female grauda VI Para V. Ambulatory* **Psychological** *Seems To be adjusted Curious about me and the way I Taking care of unit.* **Comments** *No special problem. Fair orientation.*

Use this section for additional information about patient (past history, etc.).

Daily Clinical Experience Record

Pt's Name *Mrs. W.K.* Date of Adm. *2/14/61*
Diagnosis *Post Partum*
Sex *F* Age *26* Ht. *5'6"* Wt. *168* Race *Negro* Religion *Baptist*
Family Structure *Husband, wife, 4 children & wifes brother*

Nurse *Martha*
Team *Obstetrics*
Date *2/16/61*

MEDICATIONS	TREATMENTS & TESTS	PROBLEMS OR FACTORS INFLUENCING NSG. CARE
Standard *Senokot ʒi h.s.* **Experimental**	*Routine Perineal & Breast Care*	**Physical** *2nd day Post Partum* **Psychological** **Comments**

Use this section for additional information about patient (past history, etc.).

D.&C. following abortion at 2 mos. - Hyperemesis 3/20/60 (Campazine)
14 yr. old sister with rheumatic heart disease.

DOCTOR'S ORDERS & NSG. ORDERS	
Medications - Stilbestrol 5 mgms t.i.d. through stay in hospital - Seconal 100 mgms h.s. p.r.n. / may be repeated once. - Senokat 3+ **Treatments** - Routine breast care - Routine perineal care - Bedrest - Progress to ambulation **Diet** - Regular **Diagnostic tests** - T.P.R.; B/P until stable - Urinalysis - Blood	**Pharmacology** - Purpose, action, side effects, cumulative effects, dosage, and administration of drugs ordered (& others used in obstetrics) on the digestive, endocrine, reproductive, nervous, and other systems. **Fundamentals** - Routine breast care. - administration of medicines - Value of movement - review the normal puerperium - Perineal care - Isolation of the infant: explanation as to why. - asepsis **Nutrition** - Place of fluids in diet and secretion of milk. - infants dietary needs; formula prep; complementary feedings. - Caloric content of regular diet as related to activity and other body demands. **Purpose Procedure** - Specimen collection. **Nsg. Care** - Need for explanation to patient of procedures used and purpose of tests by nursing personnel.
NSG. PROBLEMS or FACTORS INFLUENCING CARE **Physical** - Unexplained dizziness - after pains - ambulatory - nursing mother - age - sore abdominal + back muscles (prolonged labor) **Psychological** - Post-partum "let down" (melancholia?) - Attitudes (related to her being negro) of subservience. - Attitude toward new baby - to her "kids" (sibling rivalry?)	**Nursing Care** - Watch dizziness - difficulty in observing + supervising an ambulant pt. - Need for exercise of patient (legs etc.). - Minimal physical care; encourage independence in giving self-care. **Health Teaching** - Instruct on prevention of puerperal infection. - Well baby care; the nursing infant. - Follow up visits to the physician. **Rehabilitation** - Maintaining activity; stabilize emotions. **Growth & Devel.** - Location and size of uterus presently; involutional changes. - Amount and character of vaginal discharge. - Presence and supply of milk - weight gains and losses by baby. **Mental Health** - Satisfying need to coddle the newborn and vice-versa. - Satisfying need to assure security of siblings. - Reduce concern over ability to nurse infant (Economic factor).

Figure 25

A Patient-Centered Teaching Guide Developed From a Later One-Day Contact With an Obstetrical Patient Illustrating the Value of an Adequate Daily Clinical Experience Record

Patient-Centered Teaching Guide

REALITY FACTORS IN PATIENT SITUATION	TEACHING IMPLICATIONS DERIVED FROM REALITY FACTORS
DESCRIPTIVE DATA Pt. Mrs. B.J. Age 29 Sex F Ht. 5'2" Wt. 130 (176 lbs.) - White, married to a 3rd yr. medical student - Gained 58½ lbs. during pregnancy **Socio-Economic & Cultural Factors (Race, Religion, Family, Status, etc.)** Protestant - One of nine children; from an agricultural area - Former secretary - Mother-in-law influences son - Is the 24th grandchild	**Anat. & Phys.** - size; weight; Type body structure - differences in as related to pre. + post conception **Growth & Devel.** Maturing female; norms for maturation - Normal weight gain in pregnancy. **Sociology** - Social class - Anglo-Saxon back ground - family structure and wifes place in family
MEDICAL HISTORY **Diagnoses** **Primary** - has had 6 months pre-partum care in clinic - para I, gravida IV, Rh-negative **Other Diag. or Complications** - Post-partum - Rh negative **Past History** - abortions: 1954 (2); 1956 (1) - deliveries: 5 lbs. 9 oz. female after 3 hrs. labor 1957. Normal delivery + post partum (present) 1961 **Prognosis** - Good on the 3rd. day of hospital stay.	**Anat. & Phys.** systems: - digestive - genito-urinary - endocrine - reproductive - circulatory - integumentary - nervous - respiratory **Nature of disease or condition** Normal process, not an illness; course of a normal pregnancy Ascheim - Zondek (A-Z) Test. describe **Differential Diag.** - Define "differential diagnosis;" draw out examples. **Predisposing causes or complications** - (Erythroblastosis fetalis) Rh-negative blood type - Anatomical adnormalities; weight gains; varicosities; previous Cesarian Sections. - symptoms of abnormal pregnancy: bleeding, leaking, Toxemia, eclampsia, faulty urine; abortions + miscarriages. **Implic. for Nsg. Care** Supportive short term care to include health teaching for normal adult health (see below*) information in area of family planning if acceptable + feasible (mother has a 10 yr. reproductive span remaining).

DOCTOR'S ORDERS & NSG. ORDERS

Medications

- Methergine .2gms (I.M.) q.i.d. for 2 days
- A.P.C. with Codeine gr. ss q. 4 hrs. p.r.n.
- Nembutal grs. 1½ at bed time
- Senokot dram ʒ i q h.s.

Treatments

- Temp. pulse. respiration; B/P
- bed rest and ambulation - shower privilege
- perineal care, including use of lamp
- quamatic to lower left quadrant as necessary.

Diet

- regular diet

Diagnostic tests

- urinalysis
- blood (Routine)

Pharmacology - medications as they affect the systems involved and as related to other medications being administered.

- purpose - method of administration - range of dosage - review of abbreviations used in med. orders + symptoms. review methods of computation of doses.

Fundamentals

- normal puerperium
- review abbreviations used in treatment orders
- asepsis (perineal care, protection of baby, clean hands + breasts, etc.)
- need for movement and exercise

Nutrition - basic 4 diet

- emphasize adequate protein in-take
- fluid in-take and the nursing mother
- nutritional needs of baby's formula preparation; methods of feeding

Purpose Procedure Nsg. Care

- collection of specimens
- catheterization
- discuss various blood tests and methods of collecting specimens, CBC, hemoglobin, clotting time, etc.

NSG. PROBLEMS or FACTORS INFLUENCING CARE

Physical

- perineal care needed
- pain in lower left quadrant
- after pains
- non-nursing mother (breast discomfort)

Psychological

- depending on husband
- mother-in-law very influential with her son.
- reliance on mother to care for infant
- attitude toward her 3½ yr. old child.
- rejection of feminine adornment.

Nursing Care Instruction in and encouragement of mother-normal self-care, personal hygiene.

- Encourage activity to avoid thrombus

Health Teaching - diet; possibly (?) family planning;

- well baby care; self-care (personal hygiene, rest, visit to clinic or doctor for 6 wk. check up)

Rehabilitation

- maintain activity
- short term - 6 week puerperium
- diet, rest, exercise

Growth & Devel. - involution: normal course, physiology of lactation:

- course and control of lochia: character of time period
- readying of organs for repition of reproductive process
- infant growth and development

Mental Health

- problems needed to be coped with:
  - jealousy of her 3½ yr. old child for new born; promotion of security of new born; over-protective mother-in-law; attitude toward husband (medical student)

Figure 26 a & b

Daily Clinical Experience Records of an Early Three-Day Contact With a Pediatric Patient Indicating Increased Skill in Obtaining and Recording Information

Daily Clinical Experience Record

Pt's Name G. J. Date of Adm. 3/24/61 Nurse Laura
Diagnosis Seizures Team Pediatrics
Sex M Age 12 1/4 Ht. ____ Wt. ____ Race Negro Religion Methodist Date 4/4/61
Family Structure one of six children

MEDICATIONS	TREATMENTS & TESTS	PROBLEMS OR FACTORS INFLUENCING NSG. CARE
Standard Phenobarb 100mgm q 8hr. Dilantin 60 mgm q 8hr. Chloral hydrate Experimental	(EEG) electroencephalogram 3/27 Repeated 4/3 (3/27 mildly abnormal) Blood- Routine Collodial Gold Chemistry Bacteriology-Virology (Sterile Culture)	Physical Seizures of 1½-2 minutes have been observed (some periods as long as 30-45 minutes Total duration. Pounding sensation in rt. arm recognized as aura. Psychological Withdrawn - opposing medications - rejecting all nursing care - vocally. Expressing desire for "shots" rather than oral meds. Comments Patient appears interested and alert. He seems to be a friendly boy.

Use this section for additional information about patient (past history, etc.).
History of early seizures from 5-7 yrs. of age ranging from mild to severe. Has had control hospitalization prior to this hospitalization. Was determined at that time an "epileptic" - this experience followed by care under private physician.

Daily Clinical Experience Record

Pt's Name G. J. Date of Adm. 3/24/61 Nurse Laura
Diagnosis Seizures Team Pediatrics
Sex M Age 12 1/4 Ht. ____ Wt. ____ Race Negro Religion Methodist Date 4/5/61
Family Structure (needs to find his place in family)

MEDICATIONS	TREATMENTS & TESTS	PROBLEMS OR FACTORS INFLUENCING NSG. CARE
Standard Phenobarb cut to 75 mgm q 8hrs. I.M. Experimental	Same as 4/4/61	Physical Very active - permitted to ambulate freely. Attention span short in early am.; better in organized play period. Psychological Quite receptive to suggestions re: organized games. Was called a "liar" by room-mate. Prone to give out implication of conflict c "ladies" by reference to Mother of each of two children in play room. Comments Some difficulty in coordination of small muscles - or possibly other factors resulting in missing shots with cue stick in game of pool.

Use this section for additional information about patient (past history, etc.).

Three sets of records are presented on pediatric patients, each illustrating some different characteristic of delegates in general. Figure 26 demonstrates the improvement in gathering information which took place over the three-day period, and reflects the ability to use supervision. Interesting comments by the patient are noted, but no attempt is made to interpret or explain why they were thought noteworthy. Figure 27, the related Patient-Centered Teaching Guide, contains a rather "proper" or "professional" approach, and like the Daily Clinical Experience Record, is especially good on the physical aspects, some on the psychological, but little on mental health aspects of the patient situation. A unique feature is the focus on the student's mental health when considering the teaching implications in the patient situation. This is the natural outgrowth of much of the workshop emphasis and is understandable although not appropriate here.

Figure 26 c

Daily Clinical Experience Record

Pt's Name G.J. Date of Adm. 3/24/61 Nurse Laura
Diagnosis Seizures Team Pediatrics
Sex M Age 12 1/4 Ht. Wt. Negro Race Religion Methodist Date 4/6/61
Family Structure

MEDICATIONS	TREATMENTS & TESTS	PROBLEMS OR FACTORS INFLUENCING NSG. CARE
Standard Phenobarb decreased To 75 mgm 4/5/61 **Experimental**	Exercise of left hand Report EEG Electroencephalogram (2nd) still not on chart Neurological consultation Today	**Physical** Pt. continues calm with decrease in medication. Child needs a certain amount of physical contact in order To feel secure with newcomers. **Psychological** His constant negative verbal responses appear To be attention getting factors. **Comments** He appeared disappointed when told goodbye. (Promised To Try To see him Tomorrow.)

Use this section for additional information about patient (past history, etc.).

Figure 27

A Patient-Centered Teaching Guide Developed from Adequate Records of a Three-Day Contact with a Pediatric Patient Illustrating an Emphasis on Physical Aspects in the Patient Situation and in the Teaching Implications

Patient-Centered Teaching Guide

REALITY FACTORS IN PATIENT SITUATION	TEACHING IMPLICATIONS DERIVED FROM REALITY FACTORS
DESCRIPTIVE DATA Pt G. J Age 12 1/4 Sex M Ht. 50" Wt. 65 lbs A slight well-proportioned boy. Alert and interested in the world around him. Poor muscular development. **Socio-Economic & Cultural Factors (Race, Religion, Family, Status, etc.)** - Negro of Prot. faith from Southern California: Income: - low middle. 2nd. oldest child in step-father situation with 3 younger children. Ages 13 - (12) - 9 - 8 5 - 4 - 2 step brothers step sisters	**Anat. & Phys.** Body Types Related To Norms **Growth & Devel.** Musculo-skeletal under development. Overactivity of nervous system. "Dull normal" I Q range. Attention span of different age children - regression illness. **Sociology** Aggressiveness with other children relating to racial, social, and economic status. Withdrawal from contact with "ladies" with later acceptance could be recognized as a bid for attention. (Mother remarried; has younger children.) Wants approval in playroom activities and needs to win.
MEDICAL HISTORY Records somewhat hazy. **Diagnoses Primary** Seizures began (I believe) 5 yrs. ago when 7 Pt. was "product" of normal gestation & delivery. Family History: Diabetes (pseudotype) Muscular Dystrophy **Other Diag. or Complications** Seizures: Electro-encephalogram without sedation. Mildly abnormal. Left hemiparesis for 2 weeks. (2nd) - results unknown. **Past History** Petit mal seizures experienced in normal activities - Aura of pounding sensation recognized - left arm. Hospitalized for control XYZ Hospital Mother told child had "epilepsy." Under care of private physician - Then current hospitalization following gross seizures over period of 40 hours. 13/day **Prognosis** Undetermined at this time.	**Anat. & Phys.** Muscular dystrophy history (pseudo hypotrophic) relating to total development. Opportunity To observe: 1.- fine coordination defect from possible brain damage. 2.- poor gross coordination. 3.- result of minimal interest in family general health measures, diet, recreation etc. **Nature of disease or condition** Deviation from normal structure and function. Result of interference of neural pathways. **Differential Diag.** Brain damage (?) Epilepsy. Deviations from normal behavior of 12 year old boy. **Predisposing causes or complications** **Implic. for Nsg. Care** Teach child To recognize problems in every day living. Recognition of limitations in attention span and potential level of learning.

DOCTOR'S ORDERS & NSG. ORDERS

Medications
Phenobarb. 100 mgm. q 8 hr.
Dilantin 60 mgm. q 8 hrs
Chlorylhydrate at bedtime

Treatments Left hand exercises. Controlled activities according to reactions of patient.

Diet Regular for age – Fluids ad lib.

Diagnostic tests EEG Electro-encephalogram
2/27 Mildly abnormal EEG 3/3
Routine urinalysis — Lumbar Puncture
Blood: Routine Colloidal Gold
Bacteriology-Virology (Sterile Culture)

Pharmacology Effect of central nervous system depressants

Need for understanding method of administration and practice I.M. medication giving. Awareness of normal dosages and meds.

Fundamentals Normal growth and development ranges. Community Agencies. Asepsis in relation to medications.

Nutrition Well balanced dietary needs
Emphasize: 1.) cultural food habits;
2.) Socio-economic problems;
3.) Carbohydrates as related to diabetes.

Purpose Procedure Nsg. Care Relate normal brain activity to abnormal-reason for behavior Clinitest (grandmother is diabetic.) Colloidal Gold-Social disease Teaching + Chemistry Bact. + Virology-Protective health measures. Portal of entry of pathogenic organism. Lumbar Puncture = pathological findings related to seizures.

NSG. PROBLEMS or FACTORS INFLUENCING CARE

Physical Hyperactive, left hand-poorly coordinated function. (Possibly more than left hand involvement?)
Recognition of safety factors involved with ambulatory patient with poor coordination.
Poor physical development in relation to age (musculo-skeletal.)

Psychological Needs assurance of his belonging to someone. Negative verbally-attention factor (?)
Low normal I.Q. but easily motivated.
Family constellation picture hazy in pt's mind.

Nursing Care Student recognition of need to provide physical contacts in daily care and guidance toward acceptable activity.

Health Teaching Offer student chance to explore her own behavior in relation to action as a nurse with behavior problems.

Rehabilitation Help child to function in spite of conflicts. Nurse needs awareness of her own unresolved conflicts.

Growth & Devel. Focus on adjustment to maturity
: Encourage regulation in daily body habits and needs of patient.
Acceptability of social behavior in relation to age and diagnosis.

Mental Health
Adjustment to problem of being different in coordination.
Stress increase in awareness of world in which she (nurse) functions.

Figure 28 a & b

Daily Clinical Experience Records of a Three-Day Contact With a Pediatric Patient Illustrating Extensive Non-Repetitive Recording With Progressive Depth of Awareness in the Nurse-Patient Situation

Daily Clinical Experience Record

Pt's Name M. L. — Date of Adm. Approx 3/3/61 — Nurse Nouen
Diagnosis Dystonia — Team Pediatrics
Sex M. Age 11 Ht. ____ Wt. ____ Race Mexican Religion Catholic — Date 3/15/61
Family Structure Parents, 1 sister, 1 step-sister, 1 step brother-Ralph, 1 brother Riccardo

MEDICATIONS	TREATMENTS & TESTS	PROBLEMS OR FACTORS INFLUENCING NSG. CARE
Standard Experimental	Saline enema (check stools) Suction P.R.N. Turn q 2 hrs. Elevate head 40° Tincture of Benzoin to decubitus area left hip. Force fluids	Physical: Spastic paralysis of extremities generalized c̄ limited use of Rt hand. Contracture left forearm. Support "arched" lumbar region. Mucus accumulates in mouth and throat. Needs meticulous skin care. Unable to expel hardened fecal material filling rectum. Psychological: Demands attention. Well adjusted to hospitalization. seems to prefer hosp. to home. Refers to brother as "black" and stepbrother as "white". Does not make same reference to sisters. Anticipates father's visits. Comments: Enjoyed "learning from teacher". Expends much effort to gain & hold attention of nurse. Anticipates surgery this week. Not easily distracted.

Use this section for additional information about patient (past history, etc.).

Has had 2 previous surgeries (? Hospital) Will have surgery this week to relieve muscle spasms. (destruction of tissue - frontal lobe of brain?)

Daily Clinical Experience Record

Pt's Name M. L. — Date of Adm. 3/3/61 — Nurse Nouen
Diagnosis Dystonia — Team Pediatrics
Sex M Age 11 Ht. ____ Wt. ____ Race Mexican Religion Catholic — Date 3/14/61
Family Structure Father, Mother, 1 Brother, 1 Sister, 1 stepbrother, 1 stepsister

MEDICATIONS	TREATMENTS & TESTS	PROBLEMS OR FACTORS INFLUENCING NSG. CARE
Standard: Phenobarbital 60 mg q.d.x.i Librium 20 mg. Chloral Hydrate 0.5 Gm hs. p.r.n. Doss 20 mg. T.i.d. c̄ meals Experimental	Saline enema Tincture Benzoin Comp. to decubitus left hips Turn every 2 hr. Suction P.R.N. and before feeding Force fluids To 1500 cc Intake/output Encourage to cough	Physical: Head approx. normal size; body comparable to 7-9 yrs in development. Spastic paralysis of extremities. Emaciated. Almost total spastic paralysis. chest involvement, pneumonia(?) joints rigid & distorted Psychological: Continues to be cooperative as means of retaining attention Comments: Chest X-ray of 3/15/61 negative. Consultation this A.M. Possibility of postponement of surgery (Chemopallidectomy)

Use this section for additional information about patient (past history, etc.).

Condition thought to be due to birth trauma. Lab. tests show anemia (iron deficiency) To have rectal exam. P.M. and investigation of abdominal mass.

The Daily Clinical Experience Records of a three-day contact with a pediatric patient, Figures 28 a, b, and c contain extensive information with a minimum of repetition from day to day. Here the daily individual and group conferences were used to modify each day's goal in the clinical experience. The comprehensive notes of the doctor's consultation visit on the third day were the result of deciding to remain in the patient's room rather than to leave as was usual. These records emphasize the value of supervised clinical experiences which stimulate the student to evaluate her progress and to set new goals and which provide opportunities to test new insights and behavior.

Figure 29, the Teaching Guide developed from the records of Figures 28 a, b, and c contains more complete information about the patient situation than most of the previous examples. The scope is broad and there are details of nursing content to be taught -- although the emphasis is again on physical aspects, with some attention to psychological factors, health teaching, and growth and development. There is a tendency to ignore the teaching implications involved in procedures with which the nurse is not directly involved, such as the laboratory tests.

Figure 28 c

Daily Clinical Experience Record

Pt's Name M. L. Date of Adm. 3-3-61. Nurse Noreen
Diagnosis Dystonia (Cerebral palsy, marked spastic contractures; flexion extension contractures) Team Pediatrics
Sex M Age 11 Ht. ___ Wt. ___ Race Mexican Religion Catholic Date 3/17/61
Family Structure Father, mother, 1 brother, 1 sister, 1 step brother, 1 step sister

MEDICATIONS	TREATMENTS & TESTS	PROBLEMS OR FACTORS INFLUENCING NSG. CARE
Standard Phenobarbital, Librium, Doss **Experimental**	Saline enema - check stools Suction p.r.n. turn every 2 hrs. Elevate head 40° Tincture of Benzoin to decubitus, left hip. Force fluids to tolerance - short of nausea/vomiting.	**Physical** Trunk arched + head flexed backward; joint distortion; facial grimace; tension increases spasticity. Secretions due to upper respiratory infection - diminished this A.M. Roused with difficulty; responses extremely slow. Febrile on 3/14; chest films 3/14 + 3/15 Neg. for chest involvement. **Psychological** Uses feeding difficulties + choking to gain attention. Does well when assured of it. His attempts to gain + hold it increase tension + pain, yet he continues to exert self. Overly cooperative. Continues to express dislike of stepmother. Looks forward to school (friends) **Comments** Onset of nausea + vomiting following 1-2 hr. feeding. Reg. diet tomorrow. Chemopallidectomy this week. Nsg. Plan: allow pt. to control situation if no conflict with needs + Treatments; show interest, guard sympathy.

Use this section for additional information about patient (past history, etc.). (Note: Info. gained observing doctor's Consultation this A.M.) Cerebral palsy thought to be secondary to birth injury (anoxia); breech delivery with cord around neck. Multiple birth not anticipated by doctor; Sister born first. First symptoms noticed about 9 months - could not sit up + generally less active than twin. Never able to sit or walk. (cont.)

Talked first at 3 yrs. Onset of spasms at 1 yr.; increased in frequency + severity with spasticity of arm muscles. Attended Cerebral Palsy school about age 4 or 6 with weight gain, relaxation, + purposeful arm movements for approximately 1 yr. This was followed by severe contractable muscle spasms involving most of body; extremely painful Oct.'57; Chemopallidectomies unsuccessfully attempted at Hospital XYZ. Pneumoencephlogram 9/16 revealed greatly dialated Lateral Ventricle. Left humerus fractured by mother in attempt to straighten arm. Stepmother is from Africa; Spanish-speaking race. Father speaks English + Spanish.

Figure 29

A Patient-Centered Teaching Guide Developed from Extensive Records of a Three-Day Contact with a Pediatric Patient Having a Broad Scope of the Patient Situation and Some Detailed Teaching Implications Which Emphasize Physical Aspects But Include Others

Patient-Centered Teaching Guide

REALITY FACTORS IN PATIENT SITUATION	TEACHING IMPLICATIONS DERIVED FROM REALITY FACTORS
DESCRIPTIVE DATA Pt M.L. Age 11 Sex M Ht. ? Wt. ? - Gross body distortion	**Anat. & Phys.** Range of motion normal for patient Normal anat. + phys. of an 11 yr. old male Normal joint structure and function Racial differences in structure, coloring.
Socio-Economic & Cultural Factors (Race, Religion, Family, Status, etc.) Father: 50, Mexican origin, stepmother 49, is from No. Africa; 1 full brother 7 (dark skinned); 19 yr. old half-brother (very light.); full sister 11 is patient's twin; has a 17 yr. old half-sister (light skinned) Catholics lower than average social economic status.	**Growth & Devel.** Normal and abnormal development of male child (mental and physical); deviations within norms **Sociology** - family unit factor - Racial prejudice - Spanish-American culture - Religious influence - economic emphasis, community responsibility; family responsibility - cultural norms for group represented; entertainment + diversions acceptable.
MEDICAL HISTORY **Diagnoses Primary** Cerebral palsy with marked joint distortion + spastic flexion-extension contractures, severe contractible muscle spasms involve most of body. **Other Diag. or Complications** Dystonia; anemia, malnutrition; upper respiratory infection with excessive nasal secretion; decubitus on left hip; lysis of thalmus; heart murmur; undescended testicles. **Past History** CP birth injury (anoxia?), inactive - never able to sit, talked at 3 yrs. - Onset of muscular spasms at 1 yr; remission of 1 yr. following a 1957 chemopallidectomy; cord around neck at birth. **Prognosis** - nil	**Anat. & Phys.** - reproductive system - skeletal-muscular (atrophy) - integumentary (decubitus) - review metabolism; blood chemistry - respiratory - nervous system (pain other responses) **Nature of disease or condition** - progressive; deforming **Differential Diag.** Cerebral palsy (C.P.), brain damage, heart murmur (rheumatic fever? strept. infection) **Predisposing causes or complications** Breech delivery; cord about neck, anoxia - respiratory complication - contractures - joint distortion; muscle [illegible] **Implic. for Nsg. Care** supportive care needed - frequent suctioning particularly [illegible] + support - minimum amount of discipline [illegible] - intellectual needs (schooling [illegible])

DOCTOR'S ORDERS & NSG. ORDERS

Medications
- Ferrous Gluconate 0.3 Grams
- Multivitamins 0.6 C.C. – b.i.d.
- Phenobarbital 0.6 Grams t.i.d.
- Librium 20. mgs. q. 8 hrs.
- Milk of Mag. 15 C.C. – h.s. q day

Treatments
- Tannic acid 5% } to skin – suction p.r.n.
- Alcohol 95% } – saline enema q.A.M.
- Tr. Benzoin to decubitus

Diet

High protein; in-between feedings

Diagnostic tests
- Chest X-Rays
- Routine urine, blood

Pharmacology
- Information on drugs: modes of preparation and administration; dosages; safety measures; charting.
- Effects of drugs (especially those ordered) on the body systems.

Fundamentals

Basic skills and knowledges: –
- T.P.R.
- bed bath
- enemata
- bed making
- review care of decubiti
- suctioning equipment and use of
- positioning & support
- feeding patients
- collecting specimens

Nutrition
- Review normal diet
- food tastes; racial preferences
- differences in value of various protein foods

Purpose
Procedure
Nsg. Care
- Specimen collection – normal constituents of urine
- importance of tests
- re-positioning of Patient followings testings.

NSG. PROBLEMS or FACTORS INFLUENCING CARE

Physical
- Turn q. 2 hr.
- positioning;
- secretions (Upper resp.); elevate bed head
- enemata: administration of; oozing
- decubitus ulcer
- mouthcare
- feeding: can't move self; swallowing difficult

Psychological
- dependency: needs constant attention; controls environment to meet this need.
- strong racial feelings (negative); relates status to skin coloring
- needs entertainment and diversion.

Nursing Care

Supportive; oral hygiene; suctioning requisite prior to feeding to prevent gagging; feed slowly; turn often; avoid hip pressures (prevention)

Health Teaching

Supportive and preventive aspects

Rehabilitation

In view of prognosis, minimum emphasis on rehab.
- community resources for medical care, financial assistance – post discharge (?) schooling

Growth & Devel.

Compare normal with various deviations from the norm

Mental Health

Interrelation of emotional and physical aspects
- Attitudes of dependence vs. independence
- sibling rivalry; racial prejudices
- effects of any illness on one's mental health.

Figure 30 is a record of a brief one-day contact with a child whose problem was behavioral rather than physical. Although the contact was limited, the record is adequate and includes pertinent information about the behavioral problem. The related Patient-Centered Teaching Guide in Figure 32 demonstrates a unique approach in identifying teaching implications based on the patient-situation. Although the example is not comprehensive, the posing of questions is a thought-provoking approach which could be pursued profitably if more time were allotted to developing the teaching guide.

The records of an early two-day contact with a medical patient, Figures 31 a and b reveal a marked difference in information obtained the first and second day of a patient assignment. Adjustment problems (physical and psychological) seemed to dull many delegates' awareness of the patient-situation the first day. Dramatic improvement in perception and knowledge occurred as they became more familiar with the new situation. In Figure 33 the Patient-Centered Teaching Guide gives a general overview of the patient situation and its inherent teaching implications with special emphasis on the patient's and wife's reactions, the influence of the family's presence on the nurse, and the potential for teaching mental health content.

Figure 30

A Daily Clinical Experience Record of a Brief One-Day Contact With a Pediatric Patient Which Contains Pertinent Information About the Major Nursing Problems Involving Behavior Rather Than Physical Care

Daily Clinical Experience Record

Pt's Name A. T. Date of Adm. 4-14-61 Nurse Susan
Diagnosis Diabetes - (Rule out Nephrosis) Team Pediatrics
Sex M Age 8 Ht. Wt. 56.8 Kg. Race Caucasian Religion Date 4/24/61
Family Structure Mother - 48 yrs. sister 16 yrs.

MEDICATIONS	TREATMENTS & TESTS	PROBLEMS OR FACTORS INFLUENCING NSG. CARE
Standard N.P.H. Insulin Regular Insulin **Experimental**	Kidney biopsy I V P - neg. Blood sugar Fractional urine Urine culture	**Physical** Polydyspia Restricted diet Collection of urine specimens **Psychological** 5th hospitalization since Aug. '60 Mother bribes child Raised with females **Comments** Very active. Has been known to dilute urine - steal food at home. obtaining food from other children.

Use this section for additional information about patient (past history, etc.).

Parents divorced 6 years ago. Patient states that he has two sisters and one brother but according to the chart - Mother and one sister in the home. Maternal grandmother - controlled diabetic.

Figure 31 a & b

Daily Clinical Experience Record of an Early Two-Day Contact With a Medical Patient Which Illustrate Marked Differences in Information Collected on Two Successive Days

Daily Clinical Experience Record

Pt's Name MR. C. J. · Date of Adm. 4/5/61 · Nurse BONNIE
Diagnosis PARKINSON'S DISEASE - CHEMOTHALAMOTOMY · Team MEDICAL
Sex M. · Age 57 · Ht. 5'7" · Wt. 73 KG · Race CAUCASIAN · Religion CATHOLIC · Date 4/21/61
Family Structure

MEDICATIONS	TREATMENTS & TESTS	PROBLEMS OR FACTORS INFLUENCING NSG. CARE
Standard	CHEST X-RAY SKUL X-RAY FOR OPAQUE CATHETER URINALYSIS BLOOD - PLATELET COUNT - PROTHROMBIN TIME - CREATININE TP/AG EEG ELECTROENCEPHALOGRAM VISUAL FIELDS VITAL CAPACITY	Physical PT. HAS TREMORS, IS UNSTEADY, AND COMMUNICATES LITTLE AND VERY POORLY. Psychological BECAUSE OF LACK OF COMMUNICATION I WAS UNABLE TO DETERMINE PSYCHOLOGICAL FACTORS INFLUENCING NURSING CARE ALTHOUGH I'M SURE THEY ARE PRESENT. Comments THERE ARE MANY PHASES OF CARE AND TREATMENT, PAST HISTORY, FAMILY BACKGROUND ETC. WHICH I WOULD LIKE TO LEARN MORE ABOUT REGARDING THIS PATIENT AND HIS CARE
Experimental		

Use this section for additional information about patient (past history, etc.).

Daily Clinical Experience Record

Pt's Name MR. C. J. · Date of Adm. 4/6/61 · Nurse BONNIE
Diagnosis RARKINSON'S DISEASE · Team MEDICAL
Sex M · Age 57 · Ht. 5'7" · Wt. 174 · Race CAUCASIAN · Religion CATHOLIC · Date 4/22/61
Family Structure WIFE + SON

MEDICATIONS	TREATMENTS & TESTS	PROBLEMS OR FACTORS INFLUENCING NSG. CARE
Standard ARTANE 2mg T.I.D. GANTRISIN 0/5 gm. q 4 h THORAZINE 5 mgs. q 4 h p.r.n. ONLY WHEN PATIENT IS UNABLE TO EAT. ZYLOCAINE JELLY - VISEOUS 30cc q 4 hrs. p.r.n. for HICCOUGHS Experimental MILK OF MAG. ʒi ASPIRIN 10 grs. q 4 hrs. for Temp OVER 38° (R) AMINOPHYLLIN SUPP. 500 mg. q 8 hrs. prn for WHEEZING VESPIRIN 2mg. prn. q 6 hrs. NAUSEA	SUCTION PRN TO ENCOURAGE COUGH q hrs. WHILE IN BED TURN q 2 HRS. HARRIS FLUSH OR ENEMA IF NO B.M. DAILY. OUT OF BED AT LEAST T.I.D. WALK PT. WITH ASSISTANCE AT LEAST T.I.D. FORCE FLUIDS	Physical LEG BOY WAS ORDERED IN PLACE OF BEDSIDE DRAINAGE BAG FOR URINE AS THE PT. WAS TO BE DISCHARGED. THE APPLICATION OF THIS APPLIANCE WAS DISCUSSED WITH BOTH THE PATIENT AND HIS WIFE WITH NO APPARENT DIFFICULTIES OR HESITATIONS ON THE COUPLE'S PART. Psychological WIFE DISTURBED - VEIN DIFFICULTY. WHENEVER THE WIFE WAS APPREHENSIVE, IT WAS REFLECTED BY THE PT. TODAY IT SEEMED THAT THE WIFE WAS QUITE APPREHENSIVE ABOUT TAKING HIM HOME, ALTHOUGH THIS WAS NOT VERBALIZED. Comments CHIEFLY BECAUSE OF THE WIFE'S APPARENT TENSIONS, THE SITUATION (DISCHARGE SITUATION) WAS SOMEWHAT STRAINED.

Use this section for additional information about patient (past history, etc.).

Figure 32

A Patient-Centered Teaching Guide Developed from a Pertinent Record of a One-Day Contact with a Pediatric Patient Demonstrating a Question Approach for Identifying Teaching Implications in the Patient Situation

Patient-Centered Teaching Guide

REALITY FACTORS IN PATIENT SITUATION	TEACHING IMPLICATIONS DERIVED FROM REALITY FACTORS
DESCRIPTIVE DATA Pt. A. P. Age 9 Sex M. Ht. ? Wt. 26.8 kg. Socio-Economic & Cultural Factors (Race, Religion, Family, Status, etc.) Caucasian. Parents divorced six years ago. Lives with Mother (aged 48) and 1 sister (aged 16); speaks of having another brother and sister; father is listed as a Sarg. in Air Force; child has been in the base hospital in San Bernardino.	Anat. & Phys. General appearance of being heavier than average child of 8 yrs. Does this have influence on diagnosis? Growth & Devel. Was he always slightly obese? What about family build? Does this have any effect? Sociology Does the fact he was born when Mother was 40 yrs. old have any influence on his behavior or size? It is noted that he apparently is being raised in a female atmosphere and catered to.
MEDICAL HISTORY Diagnoses Primary: Diabetes (rule out nephrosis) Other Diag. or Complications Past History 5th Hospitalization since Aug. '60 when diabetic condition was diagnosed. Grandmother is a controlled diabetic. Prognosis	Anat. & Phys. Normal endocrine balance and abnormalities (review) Nature of disease or condition: Review polyuria and polydipsia Differential Diag. What effect does upper respiratory infection have on diabetics? Predisposing causes or complications: Is there an heredity factor? What special care of extremities is needed? What about genito-urinary and cardiac problems? Implic. for Nsg. Care: How do you explain improvements in care to a child?

DOCTOR'S ORDERS & NSG. ORDERS

Medications

N.P.H. Insulin
Regular Insulin

Treatments

Diet

2000 calories daily

Diagnostic tests

1) Kidney biopsy
2) blood sugar
3) urine culture
4) functional urine

Pharmacology

What are the types of insulin used?

Fundamentals

What are signs of coma and insulin shock? Nursing care indicated?

Nutrition

What is normal diet for an 8 yr. old? How can a restricted diet be made functional to meet his needs?

Purpose Procedure Nsg. Care

How do you prepare a patient for intravenous puncture? When a kidney biopsy is done how long are dressings left on? How do you and when do you collect urine specimens? Does the temp. of urine make any difference? How are urine specimen bottles labelled?

NSG. PROBLEMS or FACTORS INFLUENCING CARE

Physical

- Over active; has short attention span.
- collection of urine specimens a problem (use of paper containers); has urinated in waste basket.
- climbs up on window sill; runs away when he doesn't get his own way.

Psychological

Mother bribes child. Patient has been known to dilute urine; steals food at home and obtains food from other children in hospital.

Nursing Care

What symptoms of coma? of shock? How arrange satisfactory and constant program of supervision? Win confidence?

Health Teaching

Importance of hygiene; how to administer insulin; proper shoes; avoiding cuts; how to test urine;

Rehabilitation

How to develope an independent child? How to stress that progress depends on cooperation? Awakening community interest in meeting needs of diabetics?

Growth & Devel.

What needs doing in order to tackle the problems of a growing active diabetic who must adapt to a regime of insulin therapy? What will time do to ease or worsen matters?

Mental Health

How to minimize the "differentness" of this child from his peers? How to allay any family fears and anxieties?

Figure 33.

A Patient-Centered Teaching Guide Developed from Adequate Records of an Early Two-Day Contact with a Medical Patient Illustrating an Emphasis on Psychological Reactions, Mental Health Aspects. and Family Influence in the Nurse-Patient Situation

Patient-Centered Teaching Guide

REALITY FACTORS IN PATIENT SITUATION	TEACHING IMPLICATIONS DERIVED FROM REALITY FACTORS
DESCRIPTIVE DATA Pt MR. C. J. Age 57 Sex M Ht 5'7" Wt. 174	Anat. & Phys. REVIEW THE NORMAL FOR A MALE OF HIS AGE. Growth & Devel. MENTAL AND PHYSICAL
Socio-Economic & Cultural Factors (Race, Religion, Family, Status, etc.) PATIENT IS A CAUCASIAN CATHOLIC MAN WHO IS MARRIED AND HAS AN ADULT SON WHO IS WITH THE U.S. AIR FORCE ON OKINAWA. PRIOR TO HIS ILLNESS WORKED AS A CONSTRUCTION ENGINEER. HIS WIFE HAS BEEN VISITING HIM DAILY DURING HIS HOSPITAL STAY	Sociology - INFLUENCE OF RELIGION, NATIONALITY, NEIGHBORHOOD, STATUS IMPLICATIONS. - HOW FAMILY RELATIONSHIPS CONTRIBUTE TO THE OUTCOME OF THE ILLNESS. - HOW EXTERNAL FACTORS (EMPLOYMENT, COMMUNITY ACCEPTANCE) CAN ALTER A PT'S CONDITION.
MEDICAL HISTORY Diagnoses Primary PARKINSON'S DISEASE WITH CHEMOTHALAMOTOMY PERFORMED Other Diag. or Complications	Anat. & Phys. - REVIEW BODY SYSTEMS INVOLVED. DEVIATIONS FROM NORMAL. Nature of disease or condition IMPLICATIONS FOR PATIENT AND FAMILY. NERVOUS SYSTEMS INVOLVEMENT. Differential Diag.
Past History THE PATIENT HAS HAD A PREVIOUS HOSPITAL ADMISSION FOR TREATMENT OF HIS PARKINSONISM.	Predisposing causes or complications LACK OF ADEQUATE MEDICAL KNOWLEDGE ABOUT DISEASE. SIGNS OF APPROACHING COMPLICATIONS.
Prognosis GENERALLY POOR; SOME HOPE WITH SURGERY.	Implic. for Nsg. Care. COMMUNICATION PROBLEM TO BE WORKED ON - INVOLVEMENT OF OTHER BODY SYSTEMS. - LOOK FOR CHANGES IN PT'S SYMPTOMS.

DOCTOR'S ORDERS & NSG. ORDERS

Medications GANTRISIN .5 gm. q 4h.; ARTANE 2 mg. t.i.d.
AMINOPHYLLIN SUPP. 500 mg. q 8 hr. p.r.n. (WHEEZING)
VESPIRIN 2 mg. q 6h. p.r.n. (NAUSEA)
ZYLOCAINE JELLY 30 C.C. q 4h. p.r.n. (HICCOUGHS)
THORAZINE 5 mg. q 4h. p.r.n. (UNABLE TO EAT OR EXHAUSTED)
ASPIRIN 10 grs. q 4h. FOR TEMP. OVER 38° ®.
MILK OF MAG. ʒ i; SSKI gtts q 8h.

Treatments SUCTION - PRN TO ENCOURAGE COUGHING - TURN q 2 hrs. - HARRIS FLUSH OR ENEMA DAILY IF NO B.M. - OUT OF BED TID - WALK PT ̄c ASSISTANCE AT LEAST TID. - FORCE FLUIDS.

Diet SOFT. - PT. HAD POOR + MEAGER DENTITION.

Diagnostic tests CHEST X-RAY; SKULL X-RAY FOR OPAQUE CATHETER; URINALYSIS; VISUAL FIELDS, VITAL CAPACITY; ELECTROENCEPHALOGRAM (EEG)
- BLOOD TESTS; PLATELET COUNT, PROTHROMBIN TIME, CREATININE TP/AG (KIDNEY)

Pharmacology REASON FOR THESE DRUGS; EFFECTS OF DRUGS PRESCRIBED ON THE PT.; SIDE EFFECTS IF ANY OF THE DRUGS.

Fundamentals
- VITAL SIGNS - COOLING MEASURES - RECTAL AND BLADDER PROCEDURES -
- ORAL HYGIENE - GETTING A PT. OUT OF BED - WALKING OF PT.

Nutrition NEED FOR GOOD NUTRITION ESPECIALLY PRIOR TO SURGERY
- INABILITY TO FEED SELF
- SUITABILITY OF DIET TO PT'S PHYSICAL CONDITION
- FAMILY ROLE IN MEETING PT'S DIETARY NEEDS
- RELIGIONS INFLUENCE ON DIET.

Purpose Procedure Nsg. Care EXPLANATION OF PROCEDURES TO PT. (PURPOSES, EFFECTS, ETC.)

NSG. PROBLEMS or FACTORS INFLUENCING CARE

Physical
- PT. HAS TREMORS AND IS UNABLE TO CARE FOR HIMSELF. - HIS SPEECH IS POOR AND DIFFICULT TO UNDERSTAND, THIS MADE COMMUNICATIONS SOMEWHAT DIFFICULT. (MUCH MUCUS)
- PRIOR TO DISCHARGE A LEG BAG WAS ORDERED, THIS WAS APPLIED AND THE PT. + HIS WIFE WERE INSTRUCTED IN THE APPLICATION AND USE OF IT. FECAL INCONTINENCE.

Psychological PT. EXPRESSED A DESIRE TO BE ABLE TO BATH HIMSELF AGAIN. HE SEEMED CONCERNED ABOUT HIS INCONTINENCE ("IS THERE VERY MUCH THERE?," "I HAVE TO GO TO THE BATHROOM.") AND, WITH GOOD TIMING, A COUPLE OF TIMES HE GOT TO THE TOILET IN TIME TO HAVE A B.M. (HE HAD HAD SEVERAL ENEMAS THE DAY BEFORE.) PT'S WIFE, ON THE MORNING OF DISCHARGE DISPLAYED, INDIRECTLY, FEELINGS OF APPREHENSION AND TENDED TO FOCUS ON HER OWN NEEDS. ("MY LEGS HURT SO MUCH.")

Nursing Care IMPORTANCE OF PROPER COMMUNICATIONS + EFFECT ON PT.; - NECESSITY FOR GOOD SKIN CARE; AWARENESS OF VITAL SIGNS; ORAL HYGIENE (MUCH MUCUS)

Health Teaching FOR PT. AND FAMILY; WIFE IN NEED OF HEALTH TEACHING. - CAN'T CARE FOR HUSBAND UNLESS HER NEEDS ARE MET - TEACH WIFE RE VARICOSE VEINS (GARTERS, ELEVATE LEGS, ETC.)

Rehabilitation NEED FOR PT. AND FAMILY COOPERATION IN REBUILDING PROCESS; CONSIDER NATURE OF EXPLANATIONS TO PT.

Growth & Devel. COMPARE PT'S. PICTURE AT THIS STAGE WITH THE TYPICAL FOR THIS AGE (57)

Mental Health BODY IMAGE; RECOGNIZED DEFENCE MECHANISMS; PT. TO BE AS INDEPENDENT AS POSSIBLE; EFFECT ON PT. OF THE LACK OF MEDICAL KNOWLEDGE ABOUT HIS CONDITION; FEAR; INSECURITY)

Figure 34 a & b

Daily Clinical Experience Records of a Two-Day Contact With a Surgical Patient Which Indicate Some Improvement but Limited Ability to Record Details Verbalized in Conferences

Daily Clinical Experience Record

Pt's Name Mr C.H. Date of Adm. 3/6/61
Diagnosis Parotid Tumor with metastisus to lungs (hemiplegic)
Sex M Age 71 Ht. 169 cm Wt. 64.9 Kg Race Prot. W. Religion Protestant
Family Structure wife 56 daughter 13

Nurse Elsie
Team Surgical
Date 3/15/61

MEDICATIONS	TREATMENTS & TESTS	PROBLEMS OR FACTORS INFLUENCING NSG. CARE
Standard Dilantin 100 mg. Phenobarb 40 mg. Tetracycline 250 mg. **Experimental** Perfusion with methotraxate via bilateral cannulation	Passive exercise (L) arm (L) leg 15 min. q.i.d. (4 x day)	**Physical** Incontinent Observe for convulsions OOB 4X (pureéd diet) **Psychological** Lethargic **Comments** Prognosis guarded

Use this section for additional information about patient (past history, etc.).

Daily Clinical Experience Record

Pt's Name Mr C.H Date of Adm. 3/6/61
Diagnosis Ca Parotid with metastasis to lung (Left Hemiplegia
Sex M Age 71 Ht. 169 cm Wt. 64.9 Kg. Race W. Religion Prot
Family Structure

Nurse Elsie
Team Surgical
Date 3/16/61

MEDICATIONS	TREATMENTS & TESTS	PROBLEMS OR FACTORS INFLUENCING NSG. CARE
Standard Tetracycline 250 mg. Phenobarbital 32 mg. Dilantin 100 mg. Aspirin gr. x for Temp. 38.4° C. Milk of Mag. 30cc & Cascara 6cc h.s. p.r.n. **Experimental** Perfusion Via bilateral carotid cannulation with Methotraxate (drastic side effects)		**Physical** Observe for convulsions - Special mouthcare - Turn frequently - back care - Passive exercise to left arm - Ambulate **Psychological** - Emotional support rë - outcomes of future treatment. Understanding of fears of not being able to support wife and teenaged daughter. Worried about recovering coordination following his slight "stroke" **Comments** Perfusion not completed due to *CVA during surgery. Pt. never regained normal condition. Given heparin.

Use this section for additional information about patient (past history, etc.). *CVA (cerebral vascular accident)

Figure 34 presents records of a two-day contact with a surgical patient which indicate some improvement in recording information the second day. However, the record contains but a small fraction of the pertinent information and perceptive observations which were verbalized in individual and group conferences. This uneven ability in different communication media was not uncommon among delegates; some possessed more skill in verbalizing and others in writing. The related Patient-Centered Teaching Guide in Figure 35 also suffers from a tendency to make superficial generalizations rather than to give specific details about either the patient-situation or relevant nursing content.

The Third Step in Curriculum Study

After completing the first two steps in curriculum study, the Daily Clinical Experience Records (and related giant patient tally) and the Patient-Centered Teaching Guide, workshop participants were introduced to a third form, Organization of Learning Experiences. In this third step, major emphasis was placed on identifying patient's and students' needs in relation to specific type of clinical nursing situation, and then on planning student learning experiences to meet these needs.

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Figure 35

A Patient-Centered Teaching Guide Developed From a Two-Day Contact With a Surgical Patient Illustrating the Use of Generalizations Rather Than Specifics in Indentifying Teaching Implications

Patient-Centered Teaching Guide

REALITY FACTORS IN PATIENT SITUATION	TEACHING IMPLICATIONS DERIVED FROM REALITY FACTORS
DESCRIPTIVE DATA Pt Mr. C. H. Age 71 Sex M. Ht. 169 cm Wt. 64.9 kg. Distorted right side of face; mouth involved Socio-Economic & Cultural Factors (Race, Religion, Family, Status, etc.) White - Protestant Monogamous - Marital Family - wife + 13 yr. daughter Middle class (upper group) laborer (Engineer's Asst.) Vegetarian diet habit (7th Day Adventist)	Anat. & Phys. Right side of face grossly distorted; gum-line distorted; has his own teeth but are now in distorted arrangement. Growth & Devel. Adult man in evening years of life - Body degeneration. Sociology Impact on future family support.
MEDICAL HISTORY Diagnoses Primary Normal well developed white male in evening yrs. of life. Other Diag. or Complications Carcinoma (Ca) of right parotid with metastasis to lungs. Past History Normal childhood diseases - No significant adult illness until growth appeared 2 yrs. ago. Prognosis Guarded. Further perfusion treatment may produce complete physical defect or death.	Anat. & Phys. Normally developed male with no significant severe illness. Rt. face distorted. gumline distorted, teeth disarranged. Nature of disease or condition Review nature of cerebral vascular accidents; blurring of vision + balance maintenance - discuss carcinoma (Ca) Differential Diag. Cerebral vascular accident (CVA) Predisposing cause or complications CVA Cerebral vascular accident due to attempt at perfusion. Implic. for Nsg. Care (Palliative) Special mouthcare - Rehabilitation of temporary CVA. Emotional understanding of need for independence.

DOCTOR'S ORDERS & NSG. ORDERS

Medications

tetracycline 250mg. T.i.d. →
Dilantin 100 mg T.i.d. →
Phenobarb. 32 mg T.i.d. →
Aspirin gr X p.r.n. →
Milk of Mag. 30cc c̄ Cascara 6cc p.r.n. →

Treatments

Diet Pureéd
(vegetarian diet, religion dictated)

Diagnostic tests Experimental Tests
Perfusion with Methotraxate via bilateral cannulation
(NOT completed because of C.V.A in operating rm.
Lab. work

Pharmacology
- Prevent infection
- Control convulsions
- Sedate
- Control Temp. elevation
- Relieve constipation

Review drug being used in the research being done on pt.

Fundamentals

Nutrition
- Need for high proteins
- prevent anemia
- (religious impact)

Purpose Procedure Nsg. Care Observation of vital signs, convulsions; protect research setting to further study underway with this pt.

Body function picture

NSG. PROBLEMS or FACTORS INFLUENCING CARE

Physical

Observe for convulsions
Special Mouth Care
turn every 2 hrs.
Passive exercise to left arm + left leg
Blurred vision
Ambulation problems

Psychological

Well oriented; excellent morale.
Emotional impact regarding further treatment which may offer relief or death.

Diversion

Nursing Care Palliative Treatment with emotional support prn to allow him to maintain independence.

Health Teaching Personal hygiene of mouthcare

Rehabilitation Return left extremities to normal range of motion.

Growth & Devel. Decline in cell rebuilding or replenishing because of age leaves something on the minus side of recovery outlook.

Mental Health Positive approach to living plus good spiritual understanding provided basis for good mental health.

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This involved identifying specific content threads and the basis for evaluating student learning. For example see Figure 36, page 114. Information from the first and second steps provided materials for the development of this final form which was begun late in the afternoon on the second day of curriculum seminars. The participants chose partners with whom to work that afternoon and evening, and they also chose the segment of a total curriculum to which they wished to devote their detailed effort, such as fundamentals of nursing, medical-surgical nursing, nursing of children, or maternity nursing.

On the third day of curriculum seminars (next to last day of the workshop), delegates expanded on the work of the night before; course-building continued with participants working alone and in their small problem-solving groups. The coordinator consulted with individuals and with sub-groups throughout the day, as work progressed toward preparation for an outline presentation of a curriculum overview on the next and last day of the workshop.

Finally, on the last day of each workshop delegates transferred their course-outlines from the Organization of Learning Experiences Form to flip-charts set up in the conference room, and each delegate made an oral presentation. The presented material was reviewed, analyzed, and evaluated. The pieces appeared to have fallen into place: the material presented, representing each broad area of a total curriculum, tied learnings together and gave an overview of what had been accomplished by the total workshop experience.

ERIC

Figures 36 through 42 are typical examples of completed Organization of Learning Experiences forms developed by workshop delegates in approximately one and one-half days. It will be noted that there is considerable diversity in the final results. Most of the instructors spent the major portion of their time in identifying patient's needs for a specific type of clinical experience. The next task was to plan student learning experiences in light of these needs. The majority of the completed forms were quite well developed in these three areas: patients' needs, students' needs, and student learning experiences, the second, third, and fourth columns of the form.

However, the identification of specific concepts to be taught, columns six through eleven, was uneven. The application of these concepts to the student's learning experience, column twelve, and the basis for evaluation of student learning, column thirteen, were similarly uneven. A general lack of skill in delineating abstract concepts was evident in many instances, especially in the behavioral and social sciences and in those nursing has drawn from the biological and physical sciences. Most instructors had no problem specifying content to be included in fundamentals, column six, physiological systems, column seven, or nutrition, column eleven. Some, on the other hand, decided to skim over these more familiar areas and gain skill in the less familiar areas of mental health, column nine, and sociology, column ten.

In some instances stating concepts was not a problem for the delegates but plans for student experiences, column four, were very

ERIC

brief--in some cases the plan for physical care of the patient was almost omitted entirely. Some instructors went deeply into educative emphases and omitted specific things to be accomplished by the student or a method of evaluating student learning, column thirteen.

Fundamentals of Nursing. Although some groups worked on the fundamentals of nursing course with specific attention to the first six to eight weeks of the year program, no examples are included because many of the aspects are duplicated in the medical-surgical examples. In these approaches to fundamentals of nursing, emphasis was placed on early experiences in the hospital rather than in the classroom. The challenge was to find patient experiences suitable for the beginning student which did not require the level of ability that would be required to give a safe bed bath to a critically ill patient. Instructors were amazed to discover an almost unlimited number of simple experiences within the student's ability, experiences which allowed her to be in a "real" hospital and see a "live" patient without threatening the patient's safety or upsetting the nursing staff. The latter probably was one of the most influential factors in keeping students in a nursing arts laboratory for weeks rather than around patients.

There was little agreement on which experiences were the most elementary, but all participants came to the conclusion that it was possible to plan early experiences in the hospital that would capitalize on the student's initial interest and motivation. These experiences could be planned to meet such objectives as orientation to the hospital

ERIC

environment and staff, knowledge of the equipment and procedure involved in preparing a patient unit for admission, routines for admission or discharge of patients, ability to perform simple procedures such as taking the temperature, pulse, and respiration or making an unoccupied bed. All of these were thought to be realistic objectives for the beginning student which could be met within a clinical setting with a minimum of difficulty to the patient, nursing staff, or student.

Maternal and Child Health. Figures 36 a and b and 37 a, b, and c are examples of two different approaches to teaching obstetrical nursing; the latter also includes pediatric nursing as a natural part of the maternal and child health picture. Both of these approaches include experiences appropriate for a relatively new vocational nurse student and could be used as early as the third or fourth month of the program. In Figure 36 a and b the identification of patient's and student's needs and the plan for student experiences are especially well developed for all clinical areas involving the care of the obstretrical patient. The threads of specific content or concepts are moderately well developed with special emphasis on mental health concepts in the antepartum period. The application of concepts to student learning experiences is relativly detailed and the basis for evaluation of student learning is specified for the antepartum experience.

Figures 37 a, b, and c illustrate a slightly different approach to obstetrical nursing with a fairly even development of all areas

on the Organization of Learning Experiences form (except related sciences). The pediatric nursing experiences are especially well done. Especially noteworthy is the manner in which abstract concepts were handled; actual examples of needs and behavior are given rather than vague generalizations as was frequently the case. The pediatric patient's unique (and common) needs are specified and also the student nurses' needs in dealing with this kind of patient. Plans for student experiences are given, as are particulars of content and concepts to be taught (see mental health especially for one of the few adequate treatments of this content thread). Specific evaluation criteria and tools are also delineated.

Medical-Surgical. Figures 38 through 42 illustrate various approaches to organizing learning experiences for medical and surgical nursing. In almost every instance medical and surgical nursing was developed around one integrating theme to help the student see the common elements in nursing all patients rather than isolated compartments of diseases or hospital areas. Curriculum work in medical-surgical nursing seemed to stimulate a greater variety of new approaches than did any other area. Each deals with a cross section of student experiences at specified periods during the one-year vocational nursing course. Some focus on early experiences while others treat both beginning and more advanced experiences. Integration of content seems to be facilitated when both medical and surgical aspects of conditions involving a specific body system are considered.

Figure 38 illustrates the organization of early learning experiences (third to eighth week) involving patients with conditions of the

cardiovascular system. The patient's and student's needs and the plan for student learning experiences are identified fairly well. In content areas, the fundamentals of nursing thread is well developed, as is nutrition to a degree, but no concepts are specified in mental health or sociology. In lieu of concepts, the delegate makes rather general statements about what the nurse or patient should do for "good" mental health, and poses questions concerning the family's reactions, attitudes, and financial status. In their plans for evaluating student learning the delegates do not specify the techniques to be used.

In Figure 39 learning experiences involving patients with conditions of the urinary system are planned to reinforce the students' learning and to promote their integration of content from various areas. First, content involving the urinary system is presented in fundamentals of nursing during the first eight weeks; subsequent experiences in medical, surgical, and obstetrical nursing during the next few months reinforce this content. Typical student experiences are fairly well developed: the major emphases are on the patient's and student's needs, the plan for student experiences, and the nursing content involved in teaching fundamentals. Plans for teaching and evaluation of learning in other content areas are not complete.

Figure 40 illustrates a unique approach which organizes learning experiences to present a progressive picture of the patient with a diagnosis of ulcer. The experiences cover a three-month period, starting with a general introduction, and proceeding to the medical treatment and then to the surgical treatment common with this type of patient.

The various portions of the form are developed unevenly: many essential aspects of student experiences are omitted and few concepts are specified. The basic approach is interesting however, and the details included suggest avenues of development.

In Figure 41 the organization of learning experiences utilizes the natural hospitalization patterns of patients as a vehicle for teaching medical-surgical nursing. It includes early student experiences (third month) involving the short-term patient with conditions of the upper respiratory system, and more advanced medical-surgical experience (fifth month) involving the long-term patient with conditions of the lower respiratory system. The well-developed first half of the form includes a slightly different approach to identifying patients' and students' needs and concerns as a means for clarifying lesson planning and teaching; the related plan for student experiences and the content threads for fundamentals of nursing and the physiological systems involved are fairly extensive. With the exception of the basis for evaluation of student learning, the remainder of the form is poorly developed; content areas are either neglected or covered superficially, with little evidence of an understanding of mental health or sociological concepts--in spite of listing a few--or of an understanding of the application of these concepts to student learning experiences.

Figure 42 illustrates a general approach to early medical-surgical learning experiences in which the physiological systems and the common physiological and psychological aspects involved in the nursing care of patients are delineated as a basis for the students' integration of knowledge. Detailed physical and psychological needs of patients and

ERIC

students, and especially the relevant plan for student experiences, are developed well--actual nursing care of the patient is not mentioned but is implied in the content of fundamentals of nursing: "improving skills and techniques in all basic procedures." Some of the content threads are fairly well done, especially mental health, where the physiological and psychological aspects are listed separately; actual details of some of the concepts as applied to the patient situation are given. The application of the mental health concepts to student learning experience specifies what the student is expected to learn and integrate into her nursing care. The basis for evaluation of student learning is detailed for clinical and theoretical aspects.

ERIC

Figure

ORGANIZATION OF LEARNING EXPERIENCES FORM FOR OBSTETRICAL NURSING: the patient's and the students' needs and the resultant plan for student experiences, and related

Organization of

Course Title, Clinical Area	Patient's Needs And Concerns	Student's Needs And Concerns	Plan For Student Experience	People Involved	Specific Content Or	
					Fundamentals	Systems Involved
Obstetrics Ante partum (A.P.) 2 weeks (Out-Pt. Clinics) (Doctor's Offices) (Parents Classes)	Just being pregnant Physical changes Emotional Reactions Husband's attitude + role during wife's pregnancy. Family's attitude Selection of doctor Additional expenses associated with pregnancy + delivery Attitude Toward anteparTum care. Knowledge of "normal" and misconceptions. Safety of Fetus and of self. Preparation for going To the hospital.	Understanding of menstrual cycle Reproductive System Gestation process - Age + Pregnancy Ability To interpret mother's needs, fears + reactions. Knowledge of available resources in community. To assist mother (both medical + financial.) Understand The need for + why of good A.P. care. Knowledge of normal changes in body (size, wt.) Security as To skills + Techniques + opportunity To practice Them Admission procedure	Observation and participation in out-pt. clinics, doctor's offices, parents classes (Talk with patients) Opportunity To assist with + perform simple nursing procedures Assist with doctor's examinations. Aquaintance with health agencies in community. Student Teaching of maternity patients in A.P. clinics. Classes, lectures, conferences, films printed material on A.P. care. Review, reinforce, + integrate previous learnings with new O.B. concepts. Orient To O.B. area in hospital + admit patient.	Doctor Nurse Patient Family Social Worker Public Health Nurse Instructor Hospital Staff	Personal hygiene Observation skills Communication Temp., Pulse, Resp. Blood Pressure Urine Analysis Nurse-patient relationships.	Reproductive (male + female) Respiratory Circulatory Genito-Urinary Circulatory Digestive Nervous Endocrine (hormone changes) Musculo-skeletal Integument (skin, hair, etc.)

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an approach through early learning experiences involving the antepartum patient and emphasizing mental health content and basis for analysis.

Learning Experiences

Specific Concepts Basic To The Course				Application of Concepts To Student's Learn. Exper.	Basis For Evaluation of Student Learning
Related Sciences	Mental Health	Sociology	Nutrition		
	Psychosomatic reactions to gestation (elation, depression, rejection, etc.)	Racial + Cultural beliefs affecting pregnancy.		Ability to relate to another individual. Recognize normalcy of patient's reactions to pregnancy.	Instructors observation of students increasing ability to - - observe perceptively - establish good nurse-patient relationships. - communicate with others (patient, family, nsg. staff personnel.)
Properties of mercury Principles of pressure	Meaning of having a family.	Marital status (family unit) (unwed mothers) (adoption).		Beginning awareness of feelings toward motherhood and tendency to identify with patient.	
Chemical changes in urine + simple tests involved (sugar, albumen, etc.)	Need for husband's attention. Husband's reactions to impending fatherhood. (dependency - independency, needs, jealousy, etc.)	Differences in educational background + effect on attitudes and behavior.		Variations in desire to communicate.	
Bacteriology-Asepsis Metric + Apothecary systems Temperature (Centegrade + Fahrenheit)		Socio-economic differences.	Basic four plus vitamins + minerals.		Beginning skills in recognizing normal pregnancy.
	Importance of nurse-patient relationship.	Effect of religious beliefs on pregnancy	Mother's attitudes, knowledge, + practices re: A.P. diet		Increasing skill in performing routine nursing procedures. (T.P.R., B/P, collect urine specimens, prepare pt. for doctor's exam.)
	Ego needs - emotional + physical security, self-esteem, affection, etc.	Regional + rural-urban differences in values, attitudes, + facilities.	Diet Supervision		
	Concept of idealized body image + conflict with reality. Normalcy of anxiety. Psychological reaction to physical pain.			Recognize inevitability + value of certain amount of anxiety.	

Figure

ORGANIZATION OF LEARNING EXPERIENCES FORM FOR OBSTETRICAL NURSING: emphasizing the patient's and the students' needs and the resultant plan for student experiences.

Organization of						
Course Title, Clinical Area	Patient's Needs And Concerns	Student's Needs And Concerns	Plan For Student Experience	People Involved	Specific Content Or	
					Fundamentals	System Involved
Obstetrics Partum (labor + delivery) 2 weeks	Strange hospital environment.	Adequacy in new area.	Orientation to obstetrical area			
	Unfamiliar nsg. procedures	Familiarity with new procedures	Observation then supervised practice of experiences in labor + delivery rooms.		Perineal preparation enemata catheterization	Reproductive Digestive Urinary
	Understanding process of labor + delivery	Knowledge of mechanics of labor Adequacy in giving nsg. care to pt. in labor			Timing of contractions + implications	
					Vital signs (mother + baby)	Cardio-vascular
	Reassurance and comfort; "will my baby be normal."	Awareness of pts anxieties + tensions + some ability to meet them.	Opportunity for student-patient communication	Doctor	Positioning + draping for delivery	Musculo-skeletal
	Alleviation of pain + discomfort, anesthesia	Knowledge + ability to explain anesthesia.	Doctors presentation on anesthesias.	Nurse	Administer medications	Respiratory Nervous
	Mother + baby welfare during partum.	Ability to determine baby's welfare during labor + delivery.	Classes, lectures, ward conferences, films, clinical supervision + participation	Patient Family	Skin care (lips amniotic fluid)	Integumentary
Obstetrics Post-partum (P.P.) and Nursery (4 weeks)	Possible complications for baby.	Knowledge of possible complications + how to deal with them. (mother + baby.)	Observation + supervised care of pts with + without complications	Instructor	Oral hygiene (nausea + vomiting)	Same as above
	Possible complications for mother.	Skills in observation of: lochia, engorgement, distention, elimination	Classes, ward conferences, visual aids, lectures, etc. Teach types of perineal care including use of heat lamp.	Doctor Team leader R.N.	Bathing Feeding {bottle, breast	
	Regaining original figure, normal skin + tissues (breasts - abdomen etc.)	Understanding mother's role		L.V.N.	Skin care (teaching cleanliness) - perineal care - breast care	Integumentary
		Ability to communicate with family + patient	Technique of massage.	Aide		
	Need to ambulate + exercise.	Ability to give nsg. care to post-partum pt.	Community resources for baby + mother + family care.	Maid Ward Clerk		
	Husband's + family's welfare during mother's confinement	Awareness of effect of family's welfare + attitude on mother.	Health education printed materials + visual aids.	Social Worker		
	Breast feeding	Knowledge + understanding of benefits + liabilities of breast feeding.		Dietitian		
	Care of newborn.	Understanding care of baby	Observation + supervision of care of new born.	Instructor		

ar. approach through early learning experiences involving the partum and post-partum patient and

Learning Experiences

Specific Concepts Basic To The Course				Application of Concepts To	Basis For Evaluation
Related Sciences	**Mental Health**	**Sociology**	**Nutrition**	**Student's Learn. Exper.**	**of Student Learning**
Anatomy and physiology of delivery. Sterile Technique Anesthesthiology	Regression, anxiety Whole body image. Hostile attitudes occasionally To surgical prep. of skin which alters body appearances. Guilt feelings + fears re abnormal child. Need for nearness To + comfort from Dr. Rejection of baby or husband.	Religious implications (baptism, circumcision, etc.). Racial, cultural + familial differences in attitudes + behavior at Time of delivery.	Limit on foods during post-partum period Fluids re: - lactation - elimination Understanding lack of ability To digest food.	Understanding of patients reaction To labor + delivery - Fear of damage To figure. - Fear of loss of body function (spinal) - Fear of separation from reality (gas) Understanding of inter-relationship between the physical + psychological. Awareness of defense mechanisms; identify in self and others. Understanding of individual + group differences.	Evaluation by instructor of increasing manual skills. Communication skills. Written Tests of The student's knowledge and understanding of The ability To give nsg. care To The pt. in labor + delivery.
[illegible]	Ambivalence in love for baby Rejection of husband +/or baby Over dependency on maternal grand mother.	Racial + Cultural patterns of maternal role. Religious factors may influence family planning. Economic status + effect on diet, infant feeding, etc.	Need To increase fluids; increase protein needs. Additional needs for breast feeding. Infant feeding	Value of family centered nsg. care. Help patients adjust To reactions. Awareness of The importance of patient-child relationship. Aware of reaction To being a mother.	Incomplete

Figure

ORGANIZATION OF LEARNING EXPERIENCES FORM FOR MATERNAL AND CHILD

partum and partum patient and emphasizing the patient's and the students' needs and the resultant

Organization of

Course Title, Clinical Area	Patient's Needs And Concerns	Student's Needs And Concerns	Plan For Student Experience	People Involved	Specific Content Or	
					Fundamentals	System Involved
Obstetrics Ante partum (A.P.) Out Patient Clinic 1 week	Being pregnant Physical changes Marital relationships Economic concern Anticipating delivery. Community resources for help. Prep. of siblings Superstitions Preparation for delivery + baby. Mother's responsibility	Be secure in her own skills and knowledge. Understanding of anxieties associated with pregnancy Awareness of Mother's physical needs. Ability to converse with patient. Knowledge of community resources + financial resources available. (Public + private agencies.)	Observation in Public Health Pre-Natal clinics Lectures + discussions Observe physical exams., specimen collecting, B/P., health Teaching by P.H.N. Observe Social worker - patient conference. Note distribution of dietary supplements. Observe history Taking Appropriate info re: clothing, layette, etc.	Family Nurses Doctor Clerks Social Worker P.H.N. Instructor	Personal hygiene Review sterile Technique Specimen collection (urine) B/P., Temp, Pulse, Resp. Weighing the patient.	Reproductive (male + female) Respiratory Integumentary Circulatory Nervous Digestive Musculo-skeletal Endocrine Genito-urinary
Obstetrics Partum (P.) Labor + Delivery Rooms 1 week	Pain Death Malformation Separation from family. Anesthesia Natural childbirth Husband's reaction to stress situations Safety measures	Feeling of acceptance from patient + staff (doctors + nurses). Awareness of relationships of competent nursing care to feelings of emotional security. Ability to give emotional support to mother. Increased awareness of patients emotional needs. Understanding of death, pain, malformation possibilities.	Orientation to unit Observe in labor room. Assist R.N. with simple nursing care (B/P. T.P.R., enemata, bath, fetal heart tones and time contractions. Observe delivery, O.B. surgical procedures + complications (episiotomy, hemorrhage) Observe immediate care of newborn (cord, eyes, identification) Stay with mother after delivery.	Nurses - R.N.'s - L.V.N.'S Obstetrician (Sometimes father in labor room.)	Personal hygiene Review of sterile Techniques Oral Medications Fetal heart tones B/P.; T.P.R. Bed bath Enemata Perineal shave	(Same as above) Phenomenon of labor and delivery

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37a

HEALTH NURSING : an approach through relatively brief learning experiences involving the ante-

plan for student experiences.

Learning Experiences

Specific Concepts Basic To The Course				Application of Concepts To	Basis For Evaluation
Related Sciences	Mental Health	Sociology	Nutrition	Student's Learn. Exper.	of Student Learning
incomplete	Emotional changes during pregnancy Family preparation for acceptance of child. (especially husband) Consider: pregnant adolescent's concern. Folk-lore + racial back-ground impact + influence. Worry over cost: hospital + doctor. Illegitimacy	Family structure - race, economic, religious differences. Society's responsibility (financial etc.) in case of pregnant adolescent. Society and the unwed mother. Implications of social disease.	Normal nutrition + Pre-natal diet. Dietary supplements. Hyperemesis + affect on diet planning. Weight gain. Nutrition and the pregnant adolescent.	Beginning of life. Awareness of the family unit. Self-understanding. Community responsibility. Influence of racial + cultural differences. Acceptance of individual differences.	Oral quiz Group discussion Observation of beginning skills in relation to others.
incomplete	Dependency needs Whole body image Anxiety Effects of great physical and emotional stress. Communication ability Need for tenderness and love.	Cultural mores Racial differences affecting over reactions to pain. Religious beliefs: circumcision baptism, cord transfusion, etc.	Importance of fluids dehydration. Malnutrition Racial, cultural, religious attitudes toward food. Socio-economic status related to diet.	Normal physiological changes in normal delivery and labor. Awareness of patient's reaction to delivery and to dependency status.	Oral Quiz Written Quiz Beginning skills in relating to others. Observation by instructors of - - dexterity with equipment - communication skill - ability to relate to but remain objective in patient relationships.

Figure

ORGANIZATION OF LEARNING EXPERIENCES FORM FOR MATERNAL AND CHILD

patient and the newborn, and emphasizing the patient's and the students' needs, with the resultant

Organization of

Course Title, Clinical Area	Patient's Needs And Concerns	Student's Needs And Concerns	Plan For Student Experience	People involved	Specific Content Or	
					Fundamentals	System Involved
Obstetrics Post-partum (P.P.) 3 weeks	Needs competent nursing care. Restored body image Responsibility of parenthood - care of baby - going home Fear of pregnancy, planned parenthood Reaction of family to new situation. Continued medical supervision. Pros and cons of breast feeding.	To feel competent with P.P. patient Meaning of "whole body image". Awareness of emotional reactions following delivery. Awareness of concerns of patient & family Perception of family relationships. Knowledge of community resources. To relate ability & communication. Support & approval from instructor.	Orientation to area Care of patient in hospital Contact with family Observe mother with her baby Assist in patient discharge Assist with medications and treatments under supervision Observe, participate & record nsg. care & changes in patients.	same as below	Normal Sterile Technique Isolation techniques Perineal care - heat lamp Applying binders Enemas Bath & showers B/P., T.P.R. Measure Fundus Patient teaching breast, nipples, peri-care, lochia Lochia - Variations in normal type & amount.	Digestive Nervous Musculo-skeletal Endocrine Urinary Reproductive Integumentary Respiratory Circulatory
Newborn Nursery 3 weeks	Physical safety Emotional security Contact with mother	Orientation to nursery & newborn. Confidence & skill in care of newborn. Awareness of - infant needs - mother's reactions to infant. - own reactions (fear, maternal, etc.) Knowledge of - infant care - breast V.S. bottle feeding	Orient to unit Care of newborn - initial care - follow up care - cleanse - dress & diaper - hold to feed - take temperature - weight & measure - observe stools - do charting Observe care of - premature baby - circumcision Assist with formula preparation.	Doctors Nurses Instructor Infants Mothers R.N. L.V.N.	Review asepsis & sterile technique Handling of infant Weigh, measure Rectal Temperature Cleaning and dressing infant Prepare formula Feed infant Care of cord & circumcision Normal variation in feces	same as above

HEALTH NURSING : an approach through extensive learning experiences involving the post-partum plan for student experiences and related fundamentals of nursing content and basis for evaluation.

Learning Experiences

Specific Concepts Basic To The Course				Application of Concepts To Student's Learn. Exper.	Basis For Evaluation of Student Learning
Related Science	Mental Health	Sociology	Nutrition		
incomplete	Rejection of baby Dependency needs Post-partum "blues" Conflict of needs Guilt feelings - breast feeding - birthcontrol - husband Narcissism (make-up)	Cultural influences: - religion - race - economic status - family unit Community responsibility for assistance - public agencies	Adequate adjustment for nsg. and non nursing mothers Race + religion as they affect diet Socio-economic status and diet	Normal structural + physiological changes Relationships of emotional reactions to body changes. Physical reactions to emotion.	Degree of development in communication skills (oral + written) Oral + written quiz Case study Observation of student in clinical area. Increased skill in observation, reporting + in manual dexterity.
incomplete	Birth trauma Security needs Reactions to nursing Parent-child relationships	Effects of cultural + racial differences on child-care patterns. Socio-economic status + customs Folk-lore Religious influences - baptism - circumcision - transfusion, etc.	Normal nutritional needs of infant (fluid, caloric) Vitamin supplement Dehydration Natural vs artifical feeding. Types of formulas	Awareness of infants needs for physical + emotional security. Importance of early parent-child relationships.	Oral + written quiz Case study Beginning skills in handling + observation of newborn Increasing ability - To communicate - To transfer previous knowledge. - to adapt to new situations.

Figure

ORGANIZATION OF LEARNING EXPERIENCES FORM FOR MATERNAL AND CHILD

atric patient and emphasizing the patient's and the students' needs, with the resultant plan for

and the basis for evaluation.

Organization of

Course Title, Clinical Area	Patient's Needs And Concerns	Student's Needs And Concerns	Plan For Student Experience	People Involved	Specific Content Or: Fundamentals	Specific Content Or: System Involved
Pediatrics 4 weeks	Security needs - emotional & physical. Separated from family & home. Fear of environment - Personnel (doctors, nurses, etc.) - Strange setting - Unfamiliar routine Fear of Therapy Physical needs - nutrition (likes, dislikes, habits, etc.) - safety protection. - cleanliness, care - exercise/rest Psychological needs - affection - recreation - freedom to explore - companionship - privacy Loss of whole body image	Ability to meet some of child's needs for security Communicate warmth and affection to child. Needs to feel secure & competent in situation. Awareness of fears & concerns of a hospitalized child & of the parents. Adapt & transfer previous knowledge & skills to care for child. Opportunity to practice skills & learnings to feel successful. Knowledge of range of normal for various ages (physical, mental, behavior patterns). Ability to set limits according to child's needs. Ability to render safe nsg. care and prevent complications	Observation: nursery school, well child clinics, other agencies. Experiences with well & sick children Contact with family Orient to OB area Classes, films, ward conferences, & supervised clinical experiences. Film: "Two yr. old goes to Hospital" Admit & Discharge Pt. Give nsg. care to hospitalized child - bath, oral hygiene, routine care. - serve food & feed. - ambulate, wheelchair - administer med. & treatments with supervision. - Give affection & attention (role play) - Provide recreation & participate. Observe & assist with examinations and treatments given by doctors & nurses.	School Teacher Social Worker Children Parents R.N.S. Instructor Doctor R.N. L.V.N. Aides Dietitian Lab. Tech. Volunteers Occupational Therapist	Admit & discharge Pt. Personal hygiene (nails, hair, oral hygiene, etc.) Bed making (crib) Diaper & Toileting of child Specimen collecting Techniques for child Medications & treatments - bladder irrigation - enemata - hot & cold Treatments (ice bags, packs, etc.) - Oxygen Therapy (Croupette) Feeding Techniques Safety measures (side rails, toys, etc.) Mobility maintain - maintain alignment - lift & move in wheelchair - assist with orthopedic appliances (splints, [illegible], etc.) Isolation Technique - care of C.D. [illegible], contaminated linen, Terminal cleaning. Post-mortem care	Reproductive Integumentary Endocrine Genito-urinary Circulatory Respiratory Digestive Nervous Musculo-Skeletal

HEALTH NURSING : an approach through well-developed learning experiences involving the pedi-

student experiences, and related content areas comprising physical, psychological, and social factors,

Learning Experiences

Specific Concepts Basic To The Course				Application of Concepts To Student's Learn. Exper.	Basis For Evaluation of Student Learning
Related Sciences	Mental Health	Sociology	Nutrition		
Growth + Development of children Child psychology Interpersonal-relations Communication Bio-chemistry Anatomy and Physiology Medical	Range of normal mental-emotional development. Behavioral expressions of anxiety + fear - crying - kicking - refusal to eat - night mares - enuresis - speech difficulties - nervousness - withdrawal Regression - thumbsucking - enuresis Sibling rivalry Dependency-Independency Hostility - Rejection - turn away, throw things, aggression, etc. Needs for belonging, security, affection, diversion, etc. Influence of barriers (restraints, nets, oxygen tents, isolation masks and gowns, etc.)	Racial characteristics and differences (negro, European, oriental) Religion differences (Protestant, Catholic, Jewish) Cultural values differ (implanted early in life) Family differences (position in family) (reaction to illness) Socio-economic status + rural, urban, or suburban home setting influences (adequacy of housing, space for activities + privacy, etc.) Community standards for behavior, etc.	Formula information and supplementary feedings (pureed, chopped.) Weaning Changing nutritional needs according to age + musculo-skeletal development Progressive changes in dietary habits + preferences. Modified diets (age, illness etc.) (food "binges") Racial + religious influences on diet. Economic limitations	Ability to recognize + meet child's needs adjusted to illness Ability to recognize behavioral cues to emotional reactions. Ability to transmit feelings of warmth + security. Recognize continuous need for learning. Increased sensitivity to individual needs and/or changes occuring during transitional periods of growth + development Understanding of normalcy of reactions. Recognition of influences of sociological factors on illness + recovery.	Written + Oral tests. Discussion + participation in conferences. Observation of behavior + nsg. skills in caring for children. Beginning skill - understanding child behavior - communicating with children + families. Some ability to - accept behavior without counter-reaction. - remain objective with children. - provide comfort + security. - render nsg. care competently. Evidence of awareness of - dependency needs for various ages. - racial, cultural, + family differences. Knowledge of normal growth + development Motivation for further learning.

Figure

ORGANIZATION OF LEARNING EXPERIENCES FORM FOR MEDICAL-SURGICAL

the cardiovascular system and stressing fundamentals of nursing and the interrelationships of physical

Organization of

Course Title, Clinical Area	Patient's Needs And Concerns	Student's Needs And Concerns	Plan For Student Experience	People Involved	Specific Content Or: Fundamentals	Specific Content Or: System Involved
Medical-Surgical Nursing (3rd - 8th week) Cardio-vascular System & Conditions of the blood	Physical care Explaination of treatments & procedures. Explaination of diet restrictions Fear of death (adult) Fear of loss of body image. Concern about possible loss of security Concern about future employment.	Modification of nursing care to meet needs of this type of patient. Awareness of pt's anxiety Concern over acquiring an infection. Feeling of inadequacy - in meeting patient's needs - To adjust to specific types of patients.	Lecture & class discussion. To actually work with a patient. Observe and assist with T.P.R, B/P, & collecting specimens Serve diet trays Feed patient Talk with pt.'s family in regard to the pt.'s needs. Orient patient to diversional activity.	Patient Physician Head Nurse R.N.s L.V.N.s Aides Dietary Lab. Tech. X-ray Tech. Relatives Minister Janitors Volunteers Occup. therapist Physical therapist Mortician	Baths - types & when to omit Bedmaking - types cardiac, rocking, & recovery. T.P.R. - various ways & descriptive terminology B/P. - normal & variations Nutrition Comfort measures over bed tables, pillows, foot boards, Cradles. Methods to prevent decubitus Intake & Output Elimination - feces, urine, perspiration, exhalation, etc. Safety measures Observe & describe color of skin Oxygen therapy First aid - conditions of shock & hemmorrhage Suction	Cardiovascular system Involvement of other systems

NURSING: an approach through early learning experiences involving patients with conditions of and psychological factors.

Learning Experiences

Specific Concepts Basic To The Course				Application of Concepts To Student's Learn. Exper.	Basis For Evaluation of Student Learning
Related Sciences	Mental Health	Sociology	Nutrition		
Anatomy and physiology of blood, heart, arteries, veins, capillaries, + lymphatic system Composition of the blood. Blood tests - types Diets - How to serve + feed Anatomy of foot + problems of rehabilitation. Chemistry of sodium + fluid retention in body	Educate patient, many with heart conditions can continue to work efficiently. Reassure pt. that he may continue to remain independent by accepting the limitations. Pt. must be willing to develop his assets. Nurse must recognize that - pt. may have fear of death, - pt. is apprehensive about treatments, + medical and nursing care. Pt. should be allowed to express his concerns. Pride may be wounded if finances are exhausted + forced to seek welfare.	How is patient's family going to accept his illness? If a child, is family concerned or must child receive his love from the nursing team? Will pt.'s sense of security in hospital transfer to home situation? Is family able to survive financially if pt. is the bread winner? Where will the family apply for financial assistance? Will pt. be rejected by family and community because of his illness? Family structure, race, religion, culture, age group, social status, educ., all must be considered.	Balanced diet important for normal blood formation + continued healthy blood vessels. Variations in diets associated with diseases of circulatory system. Nutrition - Carbohydrates, proteins, Fats, minerals, vitamins, H_2O. Salt free diet - relation to diuretics + to edema. Will pt. be able to follow diet when leaves hospital? Who cooks? Preferences? Cost of diet? Occupation + diet requirement or restrictions. Ability to understand diets.	Circulatory diseases exist in all stages of growth and development. Awareness of cardiac rehabilitation that pt. often is compelled to change whole way of life. Recognizing pt.'s dependency and helping him to become self-sufficient. Ability to accept patient's fears + sensitivities.	Ability to apply beginning nsg. skills to patients who have circulatory disturbances. Beginning ability to aid the pt. in diversified activities. Increased awareness of meeting pt.'s needs. Effectiveness in health teaching. Observation of attitudes towards co-workers. Student's awareness of own physical + mental health needs.

Figure

ORGANIZATION OF LEARNING EXPERIENCES FORM FOR MEDICAL-SURGICAL

areas involving paitents with conditions of the urinary system; the experiences are planned to rein-

Organization of

Course Title, Clinical Area	Patient's Needs And Concerns	Student's Needs And Concerns	Plan For Student Experience	People Involved	Specific Content Or	
					Fundamentals	System Involved
FUNDAMENTALS 1ST-8TH WEEK	NEED TO ADJUST TO NEW SITUATION (PHYSICAL AND ENVIRONMENTAL) NEEDS ORIENTATION TO ENVIRONMENT & PERSONNEL KNOWLEDGE OF THE MANIFESTATIONS OF DISEASE. DEPENDENCY ON HEALTH TEAM FOR UNEVENTFUL RECOVERY.	NEED TO DEVELOP MANUAL SKILLS. NEED TO OBTAIN SATISFACTION THRU NSG. EXPERIENCES. NEED TO DEVELOP SKILLS IN INTERPERSONAL RELATIONSHIPS ABILITY TO COMMUNICATE (VERBAL, WRITTEN, & NON VERBAL, ETC.) NEED TO OVERCOME ANXIETY & BE ABLE TO INSPIRE CONFIDENCE.	OPPORTUNITY TO DEVELOP MANUAL SKILLS, LEARN PROCEDURES FROM SIMPLE TO COMPLEX. CONTACTS WITH DR., LAB. PERSONNEL, PATIENTS, & PTS. FAMILY & NURSING TEAM. OPPORTUNITY TO CARE FOR PATIENTS WITH VARIOUS UROLOGICAL CONDITIONS. (RELATIVELY SIMPLE)		PROCEDURES: -CATHETERIZATIONS (FRENCH & FOLEY) - BLADDER IRRIG. - INTAKE & OUTPUT - COLLECTING SPEC. DIAGNOSTIC TESTS: P.S.P., N.P.N., ETC. MEDICATIONS: DIURETICS, SULFAS, ARGAROL, URINARY ANTISEPTICS. SAFETY MEASURES: PRECAUTIONS IN TECHNIQUES. RESTRAIN PT. IF ERRATIONAL.	UROLOGICAL: -TERMINOLOGY
MED.-SURG. 2nd.-4th MONTH	NEEDS SAFE ENVIRONMENT KNOWLEDGE OF METHODS TO IMPROVE HEALTH. ABILITY TO ASSUME SOME RESPONSIBILITY FOR SELF CARE. CONCERNED ABOUT FAMILY'S NEEDS - FINANCIAL - PHYSICAL - CUSTODIAL, ETC.	ABILITY TO APPLY SCIENTIFIC KNOWLEDGE. ABILITY TO INTERPRET PROBLEMS & SOLVE THEM. ABILITY TO ADJUST TO SPECIFIC HUMAN NEEDS. AWARENESS OF THE PTS. PHYSICAL, EMOTIONAL, & PSYCHOLOGICAL NEEDS. AWARENESS OF DAILY LIVING NEEDS OF ALL AGE GROUPS.	ASSIST WITH VARIOUS TREATMENTS & PROCEEDURES. ADMINISTER MEDICATIONS CARE FOR PATIENTS WITH VARIOUS UROLOGICAL CONDITIONS FROM SIMPLE TO COMPLEX.	FAMILY R.N. L.V.N. ATTENDENTS ORDERLIES CLERKS LAB. TECHS. X-RAY TECHS	MORE ADVANCED PROCEEDURES & TECHNIQUES CYSTOSCOPY NSG. CARE INVOLVED WITH SPECIFIC TYPES OF G.U. CONDITIONS.	UROLOGICAL: REINFORCE PREVIOUS INFORMATION ABOUT UROLOGICAL SYSTEM-REPRODUCTIVE
OBSTETRICS 5th MONTH ANTI-PARTUM DELIVERY POST PARTUM	FREQUENCY OF URINATION-FEELINGS OF URINATION. "BREAKING OF WATER BAG" VS URINE PRESSURE ABILITY TO URINATE AFTER DELIVERY.	NEED TO UNDERSTAND ANAT. OF PREGNANCY & RELATION TO BLADDER CAPACITY, TONE, ETC. ABILITY TO ACCEPT PT. NEEDS FOR FREQUENT URINATION.	-CONTACT c̄ AP. PTS. -CATHETERIZATION -COLLECT URINE SPEC. -URINE ANALYSIS -ASSIST c̄ EXAMS. & PROCEEDURES-ADMIN. MEDICATIONS.		ROUTINE URINE SPECIMENS-CATHETERIZATIONS-URINE, -AMNIOTIC FLUID -BLADDER TONE.	UROLOGICAL:

NURSING: an approach through learning experiences over a five-month period in various clinical force early learning and to facilitate integration of content.

Learning Experiences

Specific Concepts Basic To The Course				Application of Concepts To Student's Learn. Exper.	Basis For Evaluation of Student Learning
Related Sciences	Mental Health	Sociology	Nutrition		
ANATOMY + PHYSIOLOGY OF UROLOGICAL SYSTEM. CAUSES + MANIFESTATIONS OF DISEASE. INFECTION AND REASONS FOR FORCING FLUIDS.	NEED TO EXPLAIN AND RELIEVE ANXIETY.	FOREIGN PEOPLE LANGUAGE BARRIERS, ETC. CHARACTERISTICS OF VARIOUS AGE GROUPS. (GERIATRICS, ETC.)	FLUIDS BASIC DIETARY NEEDS REGULAR DIET + SPECIAL DIETS FOR G.U. CONDITIONS.	FORCE FLUIDS TO PREVENT POSSIBLE INFECTION. CHARACTERISTICS + EMOTIONAL MANIFESTATIONS OF DIFFERENT AGE GROUPS DIFFER IN RESPECT TO SOME DISEASE OR CONDITION + TO DIFFERENT CONDITIONS.	BEGINNING ABILITY TO FOLLOW DRS. ORDERS. TALKING TO LAB. PEOPLE RE TESTS ETC. SOME BEGINNING ABILITY TO TALK TO PT'S FAMILY. BEGINNING OBSERVATION SKILLS.
NEPHRITIS NEPHRECTOMY PYELITIS CYSTECTOMY UREMIA	CHARACTERISTIC REACTIONS OF VARIOUS AGE GROUPS + SEXS TO SPECIFIC TYPES OF G.U. PROBLEMS. PSYCHOSOMATIC SYSTEMS OF G.U. CONDITIONS WITHOUT SPECIFIC PATHOLOGY.			RELATIONSHIP OF ADEQUATE DIET TO PHYSICAL CONDITION RESISTANCE TO INFECTION, HEALING, ETC.	INCREASED ABILITY TO COMMUNICATE, OBSERVE, RECORD, WORK c̄ TEAM MEMBERS.
SYSTEM OR COMPLICATIONS AS RELATED TO GENITO-URINARY TRACT. · EDEMA, ANURIA · CONGENITAL CONDITIONS EFFECT OF DIURETICS	PSYCHOSOMATIC + PHYSIOLOGICAL BASIS FOR FREQUENCY OF URINATION, RETENTION, INCONTINENCE, SPASMS, ETC.				

Figure

ORGANIZATION OF LEARNING EXPERIENCES FORM FOR MEDICAL-SURGICAL

gressive picture of the patient with a diagnosis of ulcer over a three-month period, during the general

Organization of

Course Title, Clinical Area	Patient's Needs And Concerns	Student's Needs And Concerns	Plan For Student Experience	People Involved	Specific Content Or	
					Fundamentals	System Involved
Medical-Surgical (general) 1st. week → 3rd. month	Acceptance from nsg. staff + student Accept prescribed diet and medications Needs physical care Safe environment Relief from pain Concerned about -job security -family at home -hospital costs -being dependent -unusual behavior since ill (such as depression, over-demanding, rebellion, etc.) Unrealistic view of hospital and staff.	Acceptance from patients, peers, instructor, + staff Skills to meet patients needs (manual skills + interpersonal) Needs self-awareness physical appearance grooming mannerisms voice quality impression on others own behavior + reactions. Need for approval, dependency, identification with others, etc. Concerned about own inadequacies.	Role playing re" 1. Approach to pt. 2. Feeding patient 3. Recall of personal experience "re" illness + its effect physically + mentally Patient admission 1. Recognize fears anxieties, pain 2. Talking + recording information 3. Care for patient 4. Temp., pulse, resp. Blood pressure Height + weight 5. Note allergies, skin conditions, etc.	Patient Aides R.N. L.V.N. Auxillary Personnell	Communication 1. Verbal 2. written. Skills 1. bath 2. mouthcare 3 backcare 4. body alignment and position 5. getting pt. out of bed. 6. ambulating 7. Transporting via wheel chair and guerney 8. medications 9. Care of body after death. 10. Bed making closed; open; occupied; anesthetic. 11. Intake + Output 12. Collection of specimens	Musculo-skeletal Digestive Circulatory Excretory Respiratory Endocrine Nervous Integumentary Reproductive
Ulcer (Conservative -medical treatment)	Protection from stress Restrictions on freedom Fear of pain Fear of bleeding Security Needs Privacy Needs	Understand - Team-nursing Pt. reaction to treatment. Emotional states such as anxiety, fear, irritation + frustration Encourage ulcer + impede recovery.	Admit patient Introduce pt. to environment Interpret orders Explain nsg. care Give medications Accompany to X-ray Eliminate things which aggravate pt. (rush, noise, confusion)		Medications to suppress gastric activity (motor + secretory) Give medications + meals on time (milk q hr. on hr. aluminum hydroxide every hour)	Digestive Nervous Circulatory Muscular Integumentary Excretory Endocrine
Perforated Ulcer (Surgical Treatment)	Fear of pain Fear of anesthesia Fear of death Fear of helplessness Aloneness	Protect pt. from stress + invasion of privacy. Increased awareness of Operating Room - Aseptic technique - Emotional Tension Increased skill in - Observation - Nursing Care	Surgical prep. Observe insertion of levine tube Insert foley catheter Accompany patient to surgery. Observe pt. for shock post-surg.		Surgical Prep. Levine tube Catheterization Symptoms of Shock Vital signs Intake + Output	Integumentary Muscular Circulatory Nervous Excretory

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NURSING : a unique approach in which early lea: ning experiences are organized to present a pro-diagnostic, medical, and surgical phases of treatment.

Learning Experiences

Specific Concepts Basic To The Course					
Related Sciences	Mental Health	Sociology	Nutrition	Application of Concepts To Student's Learn. Exper.	Basis For Evaluation of Student Learning
Physiology & anatomy Psychology Body mechanics Pharmacology Chemistry Medicine	When physically ill, also degree of mental illness Prolonged negative emotions may produce abnormal behavior. (Excitement & hyperactivity, depression & withdrawal, etc.) Illnesses related to emotional stress Asthma, Migraine, Colitis, Dermatitis, Ulcer, Arthritis, Nausea, Vomiting, Hiccups, Backache, Dysmenorrhea, Tachycardia, Visceral Disturbances, Vascular spasm, etc.	Various Social groups have characteristic values which influence nsg. care. Attitudes, reactions & motivation differ with - Social class - Racial group - Cultural groups - Religion Family structure varies & has influence on patients illness, care, & recovery (Maternal, paternal; number of individuals & generations in home)	Diet varies with type of illness (liquid, soft, regular & special) May affect morale & behavior 1. Bland vs low residue (pt. may reject) 2. Sippy (may rebel) 3. Low fat-low sodium (may affect attitude & emotions) 4. Restrict Carbohydrates. (rebellion may give diabetic coma) 5. Allergic (rejection may aggravate physical condition) - Hi caloric Hi Protein; Low caloric - Low fat - Low protein.	Emotional tension may affect any body part. Emotions oftentimes overrule intellect. Attitudes are more summits of emotions, habits, etc. Prolonged negative emotions or stress may produce actual physical and mental change. Emotions may be directed in less harmful directions and protect physical and mental health.	Instructor evaluation of student attitudes and potential. Instructor conferences re: ability to communicate verbally & orally - assume selfdirection - establish rapport c pt. instructor, & student. Student self-evaluation. Patient-centered or situation-centered paper-pencil test. Visit family to eval. student's concept of family picture.
Pharmacology Belladonna Probanthine Physiology of ulcer formation	Encourage pt. to talk out problems Negative Feelings (anxiety, hostility, resentment, etc.) result in increased Hydrochloric Acid predispose to ulcer	Stress of work, home problems, living situations predispose to ulcer.	Progress from Sippy to bland diet Teach pt. foods to avoid with recovery (raw fruits & veg., fried foods, coffee, alcohol, highly seasoned)	Emotional reactions as fear, anxiety, irritation & frustration. stimulate flow of digestive juices; cause large no. of impulses (nerve) to be transmitted to stomach; cause walls of stomach to be engorged c blood	Evaluate - 1) Attention to prompt diet & medication. 2) Insight into emotional needs. 3) Relating pt's work & living conditions to illness.
	Value of catharsis, sublimation, displacement, etc. Realistic level of expectations Loneliness VS belonging	If possible prevent sustained job stress by changing work.	Intravenous feedings following surgery & progressing to liquid, soft, & bland diet.	Prolonged engorgement (blood & hyperacidity) render protective body mechanism of mucous ineffective. Erosion progresses thru mucosa & muscle layer → perforates	Evaluate Skill in nursing care.

Figure

ORGANIZATION OF LEARNING EXPERIENCES FORM FOR MEDICAL-SURGICAL

with conditions of the upper respiratory system, and later learning experiences involving the long-

Organization of

Course Title, Clinical Area	Patient's Needs And Concerns	Student's Needs And Concerns	Plan For Student Experience	People Involved	Specific Content Or	
					Fundamentals	System Involved
Medical-Surgical (Short Term hospitalization) Upper Respiratory System) 3rd. Month.	Needs Dependence Comfort Independence Understanding Perception Conform Privacy Concerns Strangeness Acceptance Length of illness Family @ home New experiences Physical comforts	Needs Manual skills -Knowledge of procedures. Sterile technique Emergency actions -Communication skills -Feel competent -Aware of limitations -Security with pt. peers, + instructors. -Acceptance and -Supervision. Concerns -Death, + desease, hemorrhage. -Emergency actions -Her limitations -Lines of authority -Contact with pt. -Reaction to pt.	Doing Procedures under supervision (Repeat) Communication Reporting Charting Observing Listening Ward Conference with Teacher + staff. Field Trips Classes with Instructor and Resource people (Doctors, nsg. staff, dietitian, social worker, hosp. admin., Community agencies	All Members Nursing Team Staff -Drs. Pt. Family Visitors.	Treatments Simple Sprays Gargles Steam inhalation Irrigations Nebulizer Suction I. + O. T.P.R. Medication Oral + Injections Hot + cold applications Mention nasal packs	Upper Respiratory Structure-Function Nose Pharynx Trachea Diseases common To all ages. Common cold Coryza Laryngitis Tonsillitis Adenoiditis Tracheitis Hay Fever Epistaxis Terminology ē above.
Medical-Surgical (Long-Term hospitalization) Lower Respiratory 5th Month	Needs Dependency Physical + Psychological Tolerance to illness Acceptance illness Conform illness To get better {desire - WANT? Physical care Privacy (sometimes) Reassurance Concerns Deformity, death. Fears over pain; environment, finances, family, etc.	Needs Communication skills Ability to accept + use supervision. To develop her manual skills + mental abilities. Ability to assist Doctor + R.N. Concerns Ability in manual skills, mental aptitudes, attitudes. Fears: death + disease Emotional entanglement Peer acceptance	Reporting + evaluate daily assignment To Team leader-head nurse, Drs., etc. Orient to service Practice procedures Charting-observation Set up or assist a Tracheotomy Chest Patient Bleeding Tonsil Intravenous, etc. Ward Conference With Teacher with staff (Peers) Close contact with Teacher Group activity with divided Responsibility	Same as above only with more rapport	Lower Respiratory Treatments (complex). Care of equipment apparatus, Tubing Suction: Chest bottles Tracheotomy set Oxygen Care Wall + Tank type Machine Tent, Mask, Nasal Catheter + Canula Medications used Positive pressure Nebulizer Intake + Output Specimen collecting Exercise-pass. + active. Procedure-enemas, Catheterizations Surg. Prep.-Post Op. Care.	Lower Respiratory Structure + Function Bronchi Lungs Terminology Diseases common To all ages: -Pneumonia -Bronchitis -Bronchiectsis -Pleurisy -T.B. -Lobectomy -Cancer of upper + Lower Resp. Tract. Circulation -Review Elimination

NURSING: an approach through learning experiences involving the short-term hospitalized patient term patient with conditions of the lower respiratory system.

Learning Experiences

Specific Concepts Basic To The Course				Application of Concepts To Student's Learn. Exper.	Basis For Evaluation of Student Learning
Related Sciences	**Mental Health**	**Sociology**	**Nutrition**		
Sensitivity Tests	Beware of conflict, hostility: Defence Mech. 1. displacement 2. projective 3. rejection 4. sublimation 5. compensation - over-comp. 6. rationalization Recognize distorted pre-conceived ideas. 1. medications 2. Treatments 3. staff. Recognize false harmony Too close family	Difference and Implications of: Races Religion Emotions Family status Matriarchal Patriarchal Sibeling rivalry. Economic antag-onisms + values. Hospital Social class (professional, laborer, etc.		Repitition + Review Understand Principles applicable to learning. Motivation Readiness Transfer Dependence → Independence Insecurity → Security	Written test True + False Multiple choice Essay Manual performance Observation by Teacher - staff Aptitudes Attitudes Behavior Appearances Adjustment: trauma, staff resentment. Previous exper. Growth + Progress: Mental, maturity, Emotionally, Take direction, ask for help, improved self direction, etc.
Bacteriology Asepsis Techniques Principles of chest apparatus, Tubes, suction, etc. Positive Pressure Oxygen machines Fluid balance	same as above / with More depth. Tolerance Understanding Perception + Recognition	same as above / with More concentration using - Resource people from - Business office, Social Worker, etc.	Force Fluids Avoid Mucous Forming Fluids Diets: Hi caloric Hi vitamin (Resistance) Non-Residue, (soft) Surgical Diets		

Figure

ORGANIZATION OF LEARNING EXPERIENCES FORM FOR MEDICAL-SURGICAL

the physical and psychological aspects are delineated as a basis for the students' integration of

Organization of

Course Title, Clinical Area	Patient's Needs And Concerns	Student's Needs And Concerns	Plan For Student Experience	People Involved	Specific Content Or	
					Fundamentals	System Involved
MEDICAL + SURGICAL NURSING 3RD. MONTH	PHYSICAL NEEDS - ROUTINE CARE - BATH - ORAL HYGIENE - SKIN - ELIMINATION - FOOD ETC. PROTECTION - FALLING - BED - ORIENTATION TO ENVIRONMENT PSYCHOLOGICAL NEEDS - KNOWLEDGE OF ILLNESS. - FAMILY - JOB FINANCES - ACCEPTANCE STAFF - TEAM WARD ROOM SATISFACTION SOCIALIZATION - AS CONDITION PERMITS.	PHYSICAL ADEQUATE KNOWLEDGE OF CONDITIONS TO WHICH ASSIGNED. RELATION OF PAST CLINICAL EXPERIENCE TO PRESENT SKILL AND KNOWLEDGE OF SAFE NURSING CARE. PSYCHOLOGICAL SECURITY - INSECURITY SUCCESS EXPERIENCE COMMUNICATION SKILLS ACCEPTANCE FROM PT., PERSONNEL, ETC.	ORIENTATION TO PHYSICAL SET UP. INTRODUCTION TO PERSONNEL ATTENDING MORNING REPORTS + TEAM CONFERENCES SELECTIONS OF PATIENTS BY INSTRUCTOR OR SPECIFIED PERSONNEL ATTENDING MORNING REPORTS + TEAMS CONFERENCES. INTRODUCTION TO NEW EXPERIENCES IN AREA ASSIGNED. NURSING CARE STUDY SELECTED BY STUDENT + INSTRUCTOR. WARD CONFERENCES PLANNED - 2X WEEKLY. DISCUSS STUDENT EXPERIENCES OR SPECIFIC PATIENTS. PLACE TO READ CHARTS TO GAIN INFO. ON PT. OPPORTUNITY TO OBSERVE + PARTICIPATE IN SPECIAL TESTS PERFORMED ON HER PATIENT.	INCOMPLETE	BASIC NURSING FUNDAMENTALS OBSERVATION OF PRE + POST OP. PTS. SAFETY + PRECAUTIONS NEW CONDITIONS + SKILLS - AS ARISE I.V. - SUCTION ASSISTING DR. I.V. DRESSINGS, ETC. CHARTING - IMPROVING SKILLS + TECHNIQUES IN ALL BASIC PROCEDURES. EMERGENCY SITUATIONS.	SYSTEMS INVOLVED 1) CARDIO VASCULAR 2) RESPIRATORY 3) DIGESTIVE 4) GENITO-URINARY MALE REPRO. 5) ENDOCRINE 6) MUSCULO SKELETAL REHABILITATION 7) REPRODUCTIVE GYN. 8) NERVOUS SPECIAL SENSES 9) INTEGUMENTARY BASIC KNOWLEDGE EACH SYSTEM COMMON DISEASES KNOWLEDGE RELATED TO SYSTEMS. DEGREES OF ILLNESS. UNCONSCIOUS TO AMBULATORY

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NURSING : a general approach to early nursing experiences in which the physiological systems and knowledge.

Learning Experiences

Specific Concepts Basic To The Course				Application of Concepts To Student's Learn. Exper.	Basis For Evaluation of Student Learning
Related Sciences	**Mental Health**	**Sociology**	**Nutrition**		
BODY STRUCTURE + ANATOMY TERMINOLOGY - CELLS-TISSUE-ORGANS, ETC. NORMAL PATTERNS GROWTH AND DEVELOPMENT DIETS IN RELATION TO CONDITION DRUGS-KNOWLEDGE GIVEN TO PATIENT	PHYSICAL 1) REALITY ORIENTATION 2) RECOGNIZE + ACCEPT PTS. BODY IMAGE 3) PHYSICAL ILLNESS + EMOTIONAL EFFECTS 4) PSYCHOSOMATIC MED. (ASTHMA, ULCER, SKIN CONDITION, GALL BLADDER.) 5) PHYSICAL REACTIONS TO STRESS (FACIAL EXPRESSION, [illegible] MUSCLE MOVEMENTS "NERVOUS" TALKATIVE, INSOMNIA ETC.) 6) PHYSIOLOGICAL REACTIONS TO SECURITY + INSECURITY - ENERGY LEVEL + DIRECTION (OUTGOING VS. WITHDRAWN) - MUSCLE FUNCTIONING (PERISTALISIS, COORDINATION, TREMOR, ETC) - PERSPIRATION - SKIN REACTIONS (RASH) - RESPIRATORY REACTIONS PSYCHOLOGICAL - DEFENCE MECHANISMS - ANXIETY - SECURITY-INSECURITY - REGRESSION - DEPRESSION - HOSTILITY-STRESS - WITHDRAWAL INTERPERSONAL RELATIONS	CULTURAL PATTERNS RACE RELIGION STATUS HEALTH TEACHING COMMUNITY FACILITIES FAMILY - GROUPING GERIATRICS	1) DIET BASIC PRINCIPLES OF NUTRITION (BASIC 4) 2) DIETS-ROUTINE + SPECIAL 3) PRE.+ POST OPERATIVE 4) NOTHING BY MOUTH 5) INTAKE AND OUTPUT 6) INTRAVENOUS FEEDINGS	UNDERSTANDING OF INDIVIDUAL'S PHYSICAL - MENTAL - EMOTIONAL NEEDS UNDERSTANDING OF THE INTER RELATIONSHIP BETWEEN THE PHYSICAL + PSYCHOLOGICAL. AWARENESS OF REACTIONS TO STRESS IN SELF + PATIENT. AWARE OF SIGNS OF EMERGENCY SITUATION PHYSICAL + PSYCHOLOGICAL. AWARENESS OF REACTIONS, ACTIONS, + INTERACTIONS IN SELF, DR., + STAFF. ACCEPTANCE OF PATIENTS' ANXIETY, FRUSTRATION HOSTILE SYMPTOMS + SIGNS.	CLINICAL INTERPERSONAL RELATIONSHIPS, PT., NURSE, STAFF. ADJUSTMENT - DEGREE ORGANIZATION OF NURSING CARE OBSERVATIONS + RECORDING ATTITUDES-SELF-OTHERS. PUNCTUALITY DEPENDABILITY PROGRESS IN RELATION TO SELF. EMOTIONAL GROWTH HEALTH TEACHING PERFORMANCE OF SKILLS INITIATIVE, INTEREST, COOPERATION SELF CONFIDENCE THEORY EXAMS-ORAL + WRITTEN CLASS PARTICIPATION.

SUMMARY

Analysis of observation records indicated that there was a relationship between the nature of the concern and the degree and type of resolution reached at the workshop. Responses of delegates revealed patterns of behavior, attitudes, and abilities which determined the relationship between problem and resolution. The chapter presents some patterns commonly observed during the course of the workshop.

Although the delegates did learn to modify their reactions during the workshop, they were always more at home with the practical than with the conceptual, with the concrete than with the abstract, and with the task-centered approach to patient care than with the patient-centered approach; and they felt more secure with strong directive leadership than with democratic or non-directive leadership. These generalizations are discussed and illustrated with observer and delegate records. The discussion includes (1) responses to authority, (2) responses to the concrete versus the abstract, (3) concern about patients' potential as learning experiences, (4) analysis of group interaction, and (5) experiences in curriculum building.

Sociograms of typical delegate reactions to various types of situations are included for sections (1), (2), and (4); typical questions and remarks of delegates are used to clarify points in section (3), and also in sections (1), (2), and (4). In section (5), "Experiences in Curriculum Building," examples of forms filled out by instructor-delegates *during the workshop* are included. *Daily Clinical Experience Records* and the *Patient-Centered Teaching Guides* developed from these

ERIC

are presented for seven patients contacted for varying amounts of time in four clinical areas. Completed Organization of Learning Experience forms developed by seven different small problem-solving groups are presented to indicate possible approaches to various areas in the vocational nursing curriculum. No attempt is made to present the "one best approach" or to imply that any of the examples are "perfect." Rather, it is hoped that these examples will offer suggestions to other instructors and will emphasize the variety of useful approaches to organization of learning experiences and curricula in nursing.

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Chapter 4

As The "Knows" See It

Delegates' Evaluations of the Workshop

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Chapter 4

As The "Knows" See It

Delegates' Evaluations of the Workshop

In this chapter we turn from the observer's views of what happened at the workshops to the views of the participants themselves. The workshop evaluations are important to the planning staff because they contain implications for modifications. But equally important, participants' evaluations of the small group workshop method can embody meaningful implications for the participants themselves and for observers and educators.

The anecdotal story in the 1960 Pilot Study contains the gist of the first groups' evaluations. In this chapter an attempt will be made to answer the following questions:

(1) What kinds of things are learned in this type of two-week small-group workshop for vocational nurse instructors?

(2) What types of plans for change result?

(3) What do delegates think of the workshop experience?

(4) What is the picture two months later? One year later?

(5) After a lapse of time did delegates change their perception of what they had learned?

(6) What new types of activities developed "back home"?

(7) Are these activities consistent with learnings? With plans made at the conclusion of the workshop?

(8) What opinions are expressed about the workshop experience after delegates have returned to their teaching duties for a period?

Before reading the delegates' evaluations it might be useful to know something of their background in workshop experience, since this could influence comparisons and reactions. The previous experience of the delegates did not indicate any overwhelming interest in workshops, and probably more important, it did not prepare them for the format and method to which they were exposed in the workshop project. Almost half of the delegates (44 percent) had never attended a workshop before. Of those who had, no one had attended more than one. All of the workshops attended were non-resedential sessions, lasting three to five days (except for one two-week conference), and held between 1954 and 1959 (two-thirds were in 1958). Most focused on the vocational nursing curriculum; others concerned various aspects of nursing education or nursing care.

EVALUATION FORMS: GENERAL DESCRIPTION AND SCHEDULE OF ADMINISTRATION

Various structured and unstructured evaluation tools were used at the beginning, mid-point, and termination of each workshop, and also after lapses of two months and one year. There were some slight variations in evaluation tools and procedures between 1960 and 1961 because of modifications made during the pilot phase and time limitations in administering the one-year post-workshop evaluation. Every delegate completed all workshop and post-workshop evaluations, with the exception of one 1961 delegate who did not return any post-workshop evaluations.

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On post-workshop evaluations the rate of return was 97 percent.

Pre- and Terminal-Workshop Evaluations

The largely structured evaluation pre-test was administered during the first hour of the orientation session (in 1961 only). An unstructured self-evaluation was written by the 1961 delegates at the midpoint and by all delegates on the final evening. Also on the last day of the workshop, all delegates completed a largely structured terminal evaluation of the workshop, that is, one which included few open-ended questions, and an instruction rating scale. Sample pre-workshop and terminal evaluation forms will be found in Appendix C, parts 1 and 2. Unstructured evaluations were written before the stuuctured evaluations in every case.

For the most part, pre-workshop tests paralled the terminal evaluations--few exceptions were the results of time limitations. The pre-workshop test was designed to ascertain attitudes about the mechanics of the workshop and the teaching methods to be used. In addition, information was obtained about previous workshops attended, the amount of assigned reading completed, and terminology commonly used in nursing education circles.

The instruction rating scale[1] consisted of a list of 14 qualities suggested as contributing to "good" instruction. These were such items as purposes and organization of the course and the instructor's knowledge,

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[1] Adapted from Instruction Rating Scale (Experimental Form A), University of California, Los Angeles.

teaching ability, personality, and mannerisms. Each quality was rated on a ten point scale representing the best instruction and the least effective instruction a delegate has experienced. Additional comments were also invited.

Post-Workshop Evaluations

The two-month post-workshop evaluation consisted of general open-end questions, which (1) focused attention on evaluating the workshop, (2) elicited the delegate's opinion of various learning experiences, (3) invited suggestions for beneficial changes, (4) solicited specifics concerning any improvements in delegate's teaching and any modifications or plans made as a result of the workshop experience. A sample of this evaluation form will be found in Appendix C, Part 3.

On the one-year post-workshop evaluation the questions were slightly more detailed. The one-year questionnaire was designed to elicit opinions regarding changes in attitudes and teaching.

ANALYSIS OF THE STRUCTURED PRE- AND TERMINAL-WORKSHOP EVALUATIONS

Analysis of the largely structured pre-workshop test and terminal workshop evaluations will be presented together since many of the questions overlap. Some of the information obtained by open-end questions on the pre-workshop test (on understanding terminology) has been incorporated into Chapter 2. Tables reporting the structured evaluation data in simple statistical form are presented in Appendix D, Tables 1 through 25.

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The structured evaluations included multiple-choice questions concerning the delegate's (1) motives for attending and understanding of the purposes of the workshop, (2) opinions of the mechanics of the workshop, orientation, agenda, and physical setting, (3) opinions of the teaching methods and group action, and (4) opinions of the effectiveness of staff and resource people. Much of the information concerns only the workshop staff or delegates, and except as justification of the workshop experience, has little general interest or applicability. For this reason, many of the structured terminal-evaluation questions will not be discussed in this section; those interested in these details are referred to the appropriate Table in Appendix D. The answers to two open-ended (unstructured) questions on the same form concerning delegates' (1) suggestions for increasing the usefulness and quality of the workshop sessions and (2) specific plans for using any of the ideas, methods, or content associated with the workshop experiences are considered in another section. The structured evaluation questions which elicit information about attitudes and behavior that seems pertinent to teaching nursing, giving nursing service, and supervising nurses or nursing education will for the most part be discussed in this section.

Motives for Attending and Understanding of the Workshop

Because there was considerable confusion about the purposes of the workshop--in spite of pre-conference communication--and because reasons for attending varied in different years, conflict between delegates' objectives and workshop objectives was frequent, especially

over the relative emphasis to be given particular aspects of the format or agenda. Tables 1, 2, 3, and 4 in Appendix D indicate delegates' reports of their degree of understanding of the purposes and their rank ordering of given objectives and reasons for attending the workshop.

Some of the 1960 delegates were not as concerned with improving teaching as they were with curriculum revision; in 1961 more delegates were concerned with improving teaching, as indicated by their rank ordering of eight possible reasons for attending the workshop. Curriculum pressure was greater on the 1960 delegates: by 1961 revisions either had been made or were being made by others. Since the pressures were reduced, the 1961 delegates seemed to be influenced to emphasize teaching more (it ranked first at the termination, but curriculum had ranked first on the pre-test as the reason for attending -- see Appendix D, Table 4).

Opinions of Workshop Mechanics: Orientation, Environment, Schedule

In general, opinions of the pre-workshop communication, orientation, and living accommodations were rated "good" or "very good" by almost all delegates. The physical environment and schedule were rated higher after changes were made for the later groups. See Appendix D, Tables 7 and 8 for additional information.

Opinions of Workshop Format: Clinical Experience

At the termination of the workshop all delegates, except one in 1960, rated the clinical experience "good" or "very good." The 1961 delegates rated it somewhat higher than the earlier delegates had; this probably reflected the changes made in schedule and the efforts made to educate later delegates to consider the clinical experience as a

ERIC

necessary and integral part of the workshop. Almost all 1961 delegates indicated on the pre-workshop test that they thought it would be valuable. See Appendix D, Tables 5 and 6.

Comments in the unstructured portion of the terminal evaluations, which expose some negative as well as positive reactions, reveal more. In the open-end questions, approximately one-third of the delegates expressed some degree of dissatisfaction in this area; however, three-fourths volunteered to Satisfactions associated with the clinical experiences, over half specified Learnings associated with the experience and over one-fourth mentioned Plans for changes in students' clinical experience.

Opinions of Workshop Format: Ward Conference

The format of the conference remained essentially the same for all workshops, but groups differed considerably in their reactions to it. In general, all but one delegate rated them "good" or "very good." See Appendix D, Tables 5 and 6. Pre-conditioning did not seem to influence terminal-workshop reactions on this element as it had for clinical experience; prior to the workshop all 1961 delegates expected the ward conferences to be valuable, yet following the workshop they rated the conferences lower than the earlier delegates had. Because of the unstructured nature of the conferences, reactions were almost always both positive and negative. As descriptive terms delegates chose "reasonably" or "extremely" "interesting," "informative," and "related to need," but also "slightly confusing" and "frustrating" (see Appendix D, Tables 11 and 13). This ambiguity also appears in

the unstructured responses.

These reactions to the ward conference are important in light of the changes which took place after the delegates returned home. Many of the benefits of the workshop seem to be associated with learnings which were related to these conferences in spite of uncomfortable reactions at the time, as shown in the unstructured responses. At the termination of the workshop over half of the delegates specified Learnings and Plans associated with ward conferences; two months later, 88 percent cited Learnings and new activities or Plans in this area; one year after the workshop nine-tenths of the 1960 delegates had made modifications or improvements in the ward conferences they taught.

<u>Description of Ward Conferences Taught by Delegates Prior to the Workshop</u>

To understand the reactions to the conferences and the changes reported in attitudes and behavior, it will be helpful to know something about the ward conferences delegates taught before attending the workshop. In 1961, at the beginning of the workshop, the sixteen delegates were asked to describe the frequency, duration, time of meeting, location, teaching method, and content of the ward conferences they taught (see Appendix D, Table 9). Contrast with the workshop ward conferences was dramatic.

Almost half of the delegates did not have a conference more frequently than once or twice a week; the majority met for 15 minutes or a half hour; almost two-thirds had no regular meeting place but used whatever empty room happened to be available. Most revealing were the teaching methods and content described. More than four-fifths of the ward

conferences were instructor-controlled to a degree ranging from "guided discussion" of nursing problems of which the instructor was aware to lecture or demonstration by the instructor -- some even used the time for assignments. Only three delegates described conferences in which the students initiated discussions about problems they were currently experiencing in nursing care of patients.

In assessing the descriptions of pre-workshop ward conferences, it is assumed here that instructors who schedule ward conferences for brief periods and at infrequent intervals do not regard the ward conference as an important learning situation; and further, that in employing a structured format controlled by the instructor, they are not using the conferences for "on-the-spot" learning focused on student-patient problems. Some justification for these assumptions can be derived from the reported changes in attitudes and practices of delegates in the ward conferences they taught following the workshop experience (see Appendix D, Tables 35 and 37). These changes were more consistent with the structure and philosophy of the workshop ward conferences and quite different from reactions immediately before and after the workshop.

Applicability of Ward Conference Method to V.N. Teaching

In reply to questions about the ward conference method as used in the workshop and its applicability to teaching vocational nurses, the majority of delegates chose positive responses (see Appendix D, Tables 10 and 16). Almost all of the remaining delegates were undecided rather than negative. In view of the structured nature of the delegates' ward conferences, as revealed in their pre-

workshop descriptions (and verbal comments made by all 1960 groups), it was surprising to find that over one-third of the 1960 and 1961 delegates said they had used the unstructured ward conference method in the past. Over two-thirds said that they planned to use it in the future; this is consistent with post-workshop activities.

Opinions of Workshop Format: Seminar Sessions

Reactions to the seminar session schedule, agenda, discussion techniques, and teaching aids were predominantly positive (see Appendix D, Tables 12, 13, 14, 15, 16, 17 and 18). Some changes were made in 1961, but the agenda and method remained essentially the same. Evaluations of resource consultants who participated in seminar sessions are discussed further in a subsequent section (see also Appendix D, Table 21).

On the 1961 pre-workshop test delegates preferred seminar group discussions and small problem-solving work groups among six types of class session. Following the workshop experiences the order of preference was altered considerably (see Appendix D, Table 19): somewhat surprisingly -- in view of unstructured comments -- ward conferences ranked first, seminar discussions second, lectures third, the small work group fourth -- in a tie with individual conferences, and resource consultants ranked sixth. Evidently the frustrations experienced in trying to arrive at a mutually acceptable curriculum framework influenced opinions of small work groups. Similarly, lectures may have been enhanced as a means of obtaining answers -- they moved up from fifth to third place. (There was some variation among different workshop groups; one group ranked resource consultants first and ward conferences fifth; ranking of individual conferences varied from second to third to sixth place).

ERIC

In their preferences for teaching methods, the difference between what delegates wanted for themselves at the workshop and what they had given students in ward conferences is outstanding (compare Tables 9 and 20 in Appendix D). Almost no one preferred a "task-centered," "teacher-centered," "structured" class session with a "formal atmosphere" either before or after the workshop. The ideal class seemed to be a "happy medium" in everything -- student and teacher centered, task- and human relations-centered, structured and unstructured, flexible but orderly, and so forth. At the end of the workshop a few more delegates preferred student-centered teaching and an unstructured and informal atmosphere. At the termination of the workshop no dramatic conversion to workshop method was apparent in the choice of answers to this question.

Evaluations of Personnel Contacted During Workshop Learning Experiences

Resource Consultants. Almost all of the 1961 delegates considered their two-hour contacts with the two resource delegates as time well spent, especially that spent with the second consultant (see Appendix D, Table 21). Opinions of their effectiveness tended to become more positive for the second consultant. Similarly, in 1960 when there were twice as many resource consultants and when the duration of their visits fluctuated, all early visitors received the lower ratings. The amount of help perceived seemed to increase as delegates became more experienced in the workshop group.

Medical Center Staff: The Head Nurse. All delegates were experienced R.N.s and experienced nurse educators; they were

placed in the position of students for approximately one and a-half weeks in a hospital clinical area. Delegates commented that the situations they encountered during the workshop clinical experiences are not unique but are encountered frequently by students in hospitals.

The project staff held several pre-workshop conferences with the hospital head nurses to interpret objectives to them and to solicit their participation in selecting appropriate learning experiences for delegates. There was apparent understanding and agreement to participate. Nevertheless, evaluations revealed a disappointing picture of the head nurse.[2] (See Appendix D, Table 22 for data from 1961 delegates; comments from 1960 delegates on unstructured evaluations and in discussions present the same picture.)

In general, the delegates' evaluations of the head nurse were low. Three-fourths seldom or never saw her, and over half said she seldom or never spoke to them. The majority of those who did have contact with a head nurse felt she was neither stimulating nor helpful in achieving self-reliance and did not give adequate help with problems. Perhaps the delegates' expectations were too high considering the head nurse's responsibilities. However, one particular head nurse, who was attentive and helpful to delegates in every 1960 and 1961 workshop group, received consistently high evaluations. For some reason, the majority of head nurses did not fulfill the role expected of them by the workshop staff

[2] Each delegate contacted at least two head nurses; each workshop group contacted head nurses and acting head nurses in four clinical areas. Since there were numerous changes in personnel over the two-year period, the evaluations represent contacts with a sizable number of "head nurses."

and the delegate-instructors.

Medical Center Staff: the R.N. Staff nurses, usually the team leader to whom the delegate was responsible for her patient's nursing care, were contacted frequently by three-fourths of the delegates and usually had some time to talk to them (see Appendix D, Table 22). One-fourth of the delegates said they seldom saw the R.N. and almost as many said she seldom talked to them in spite of their being assigned directly to an R.N. Of those delegates who did contact the R.N. and talk to her, almost half said she very seldom or never gave help in achieving self-reliance, almost two-fifths said she was very seldom if ever stimulating, and almost one-third said she very seldom or never gave adequate help with problems.

In order to emphasize the problems facing both nurse-educators and the entire nursing profession, these reports may be interpreted as reflecting the attitudes of nursing staff toward student nurses. These attitudes may not be peculiar to the hospital used in these workshops. In recent years there has been a swing away from hospital-controlled and education-centered experiences for students. As the hospital nursing staff's responsibility for supervision of students was supplanted by the faculty of nursing schools, an invisible barrier seemed to arise around the students, separating them from the hospital service staff. As the pendulum swung to the opposite extreme from service-controlled education, students and their new "masters" seemed to be tolerated in the busy hospital wards, but seemed no longer a part of the nursing staff, physically or emotionally.

Too often members of the nursing service staff seem to behave in a variety of ways which do not facilitate student learning, indeed even hamper it. Any number of reasons could account for such behavior, for example, resentment at having the bother of students without control of their time and assignments or resentment at many of the "new-fangled" education methods. Whatever the reason, it now seems important for the nursing profession as a whole, service and education personnel both, to take an honest look at this situation and decide what can and should be done to provide an atmosphere more conducive to learning patient-centered nursing care.

Medical Center Staff: The L.V.N. The delegates were all assigned to a team comprising an L.V.N. to encourage experiences which might provide valuable insights for future instruction. However, one-fifth of the delegates never saw the L.V.N., less than one-third saw her frequently or daily, and less than half talked to her even occasionally or more often (see Appendix D, Table 23). Whether or not the delegate-instructors made the most of their opportunities to contact the L.V.N., the evaluations indicate that those who did found it rewarding. Half of the total group said that the L.V.N. was occasionally or fairly often stimulating, and over a third said she gave adequate help with problems and help in achieving self-reliance occasionally or fairly often.

Medical Center Staff: The Doctor. Although the hours in which delegates had their clinical experiences coincided with many of the doctors'visits, the vast majority of the delegates seldom or never saw the doctor or spoke to him (94 percent: see Appendix D, Table 23). Did delegates tend to avoid the doctors because of lack of esteem, or fear,

or hostility? Was the doctor regarded as interrupting nursing care rather than as possibly providing valuable information for the nursing-care plan? Do doctors like to teach R.N. students, or do they ignore them? There is no certain answer: one or two delegates did contact the doctor and found him stimulating and fairly often of help with problems. One delegate deliberately sought out the doctor and gained valuable information for use in formulating her nursing-care plan and patient-care study. Are doctors as well as the nursing-service staff being bypassed as contributors in the "new" type of nursing education?

The Workshop Coordinator. Most delegates had frequent contact with and received considerable help from the workshop coordinator. Contacts with individuals were usually limited to a short period (5 to 15 minutes) during the daily clinical experience. Other contacts during the day were usually with groups of delegates, although individual help was given occasionally during the curriculum study periods. Almost all of the delegates indicated that the coordinator often or fairly often had time to talk to them personally, was stimulating, helped in achieving self-reliance, gave adequate help with workshop problems, and helped with problem areas or concerns present on arrival (see Appendix D, Table 24).

A comparison of the rating given the coordinator with those given members of the nursing staff raises questions about the separation of the nursing student from the nursing service personnel. If nurse-instructors believe that the staff nurses can make valuable contributions to student learning experiences, they will need to sympathetically interpret the objectives of current nursing education

to the staff nurses and emphasize the personal and professional benefits to be derived from participating in the education of students. The involvement of staff nurses in assisting the instructor with student learning experiences could be one means of easing the faculty burden of clinical supervision and instruction of students, which usually involves an 8 to 10 hour day, including preparation. This does <u>not</u> imply that the instructor should relinquish or shirk her basic responsibility for control and supervision of student learning experiences. The workshop evaluations repeatedly reinforced the staff's belief in the value of close clinical supervision of students by the same instructor who teaches in the classroom.

ERIC

ANALYSIS OF THE UNSTRUCTURED TERMINAL EVALUATIONS

Basis for the Analysis of Unstructured Evaluations

The freedom allowed in completing the unstructured and post-workshop evaluations resulted in a wide variety of comments that were somewhat difficult to organize for analysis. Responses often contained strong positive or negative feelings that were only indirectly related to the specific question being answered; such feelings were often expressed several times throughout the evaluation.[3]

A fairly rigid set of criteria was developed which permitted categorization of each comment. In general the content unit tabulated was a single idea, expressed in a phrase or sentence. Repetitions of an idea were tabulated only if there was variation in the terminology; identical phrases were not tabulated. The data was divided into four categories: (1) positive comments about the workshop (Satisfactions), (2) suggestions for improvements and negative comments (Dissatisfactions), (3) specific things delegates believed they had learned at the workshop (Learnings), and (4) plans and subsequent activities which involved modifications in teaching or

[3] Examples of typical complex comments which express more than one feeling and which concern several aspects of the workshop are: "The seminar sessions were all right, but not half as interesting as the ward conferences where we discussed actual patients and learned more about patient-centered teaching." "The curriculum study would have been even more useful if we could have cut down on the clinical experiences and spent more time on curriculum." "The small-group curriculum planning was extremely helpful in increasing my understanding of how to plan the new curriculum, but without the previous ward conferences and clinical experiences, I don't think the sessions would have been half as meaningful."

curriculum (Plans and Activities). Each of the four general classifications was subdivided into the areas of: teaching methods, human relations, curriculum study, nursing education, and (for Satisfactions and Dissatisfactions only) medical center and workshop. For detailed outlines of the classifications used in analyzing the unstructured evaluations, see Figures 43, 44, and 45 which follow. Note that this system of classification is used in analyzing the post-workshop evaluations as well as the terminal evaluations.

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Fig. 43: OUTLINE FOR ANALYSIS OF UNSTRUCTURED TERMINAL AND POST-WORKSHOP: SATISFACTIONS AND DISSATISFACTIONS EXPRESSED

	Areas of Satisfaction and Dissatisfaction Concerned:	
WORKSHOP TEACHING	Clinical Experiences	--Patient contact, orientation, supervision, & structure.
	Student Status	--Effect on learning, & communication with nursing staff.
	Ward Conferences	--Method, leadership, agenda, participation, & values.
	P.M. Sessions	--Teaching methods, schedule, agenda, & participation.
HUMAN RELATIONS	Self-Evaluation	--Workshop participation; change in attitude & behavior.
	Group Members	--Other delegates workshop participation & contribution.
	Communication	--Value of exchanging ideas & sharing teaching experience.
	V.N. Faculty	--Delegate's co-workers knowledge, ability, & cooperation
	Administration	--Delegate's V.N. program; assistance & understanding.
	Clinical Staff	--Nurses involved in V. N. student's clinical experiences
CURRICULUM	Curriculum Study	--Understanding & knowledge; timing, method, & focus.
MEDICAL CENTER	Facilities & Staff	--Contacted in delegate's workshop clinical experience.
WORKSHOP	General Experience	--Workshop format, schedule, facilities, & philosophy.
	Leadership	--Coordinator's methods, ability, impact, & personality

Fig. 44: OUTLINE FOR ANALYSIS OF UNSTRUCTURED TERMINAL AND POST-WORKSHOP EVALUATIONS: LEARNINGS DERIVED

	Learnings Derived From Workshop Concerned:	
TEACHING METHODS	Clinical Learning Experiences	--desirable pattern, composition, supervision.
	Clinical Nursing	--patient-centered nursing and teaching.
	Ward Conferences	--new approaches, value, method, and structure.
	Classroom Teaching Methods	--evaluation of new spectrum, emphasis, techniques, methods, & learning experiences.
HUMAN RELATIONS	Understanding Teacher's Role	--increased self-awareness and modified ideas.
	Understanding of Students	--needs, reactions, and the learning process.
	Understanding of Others	--interpersonal relations and psychology.
	Effective Communication	--values, channels, and methods.
CURRICULUM	Selecting Learning Experiences	--criteria, organization, and philosophy.
	Curriculum Understanding	--regulations, objectives, and construction.
NURSING EDUCATION	Professional Preparation	--requirements for a nurse educator.
	Professional Information	--nursing and vocational nursing programs.

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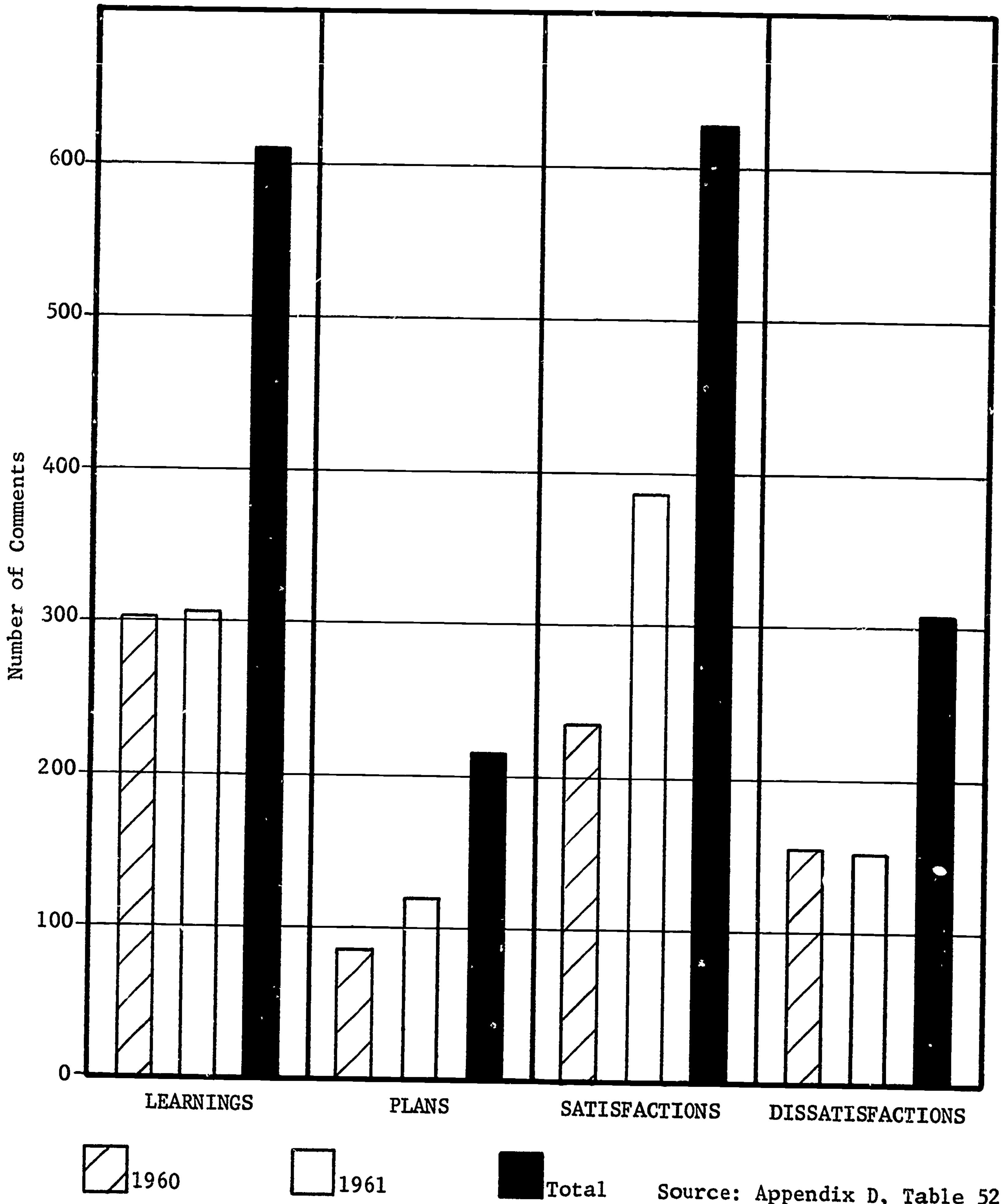
Fig. 45: OUTLINE FOR ANALYSIS OF UNSTRUCTURED TERMINAL AND POST-WORKSHOP EVALUATIONS: PLANS AND ACTIVITIES CITED

	Delegates' Plans and Activities Concerned:	
TEACHING METHODS	Clinical Experiences	--Modify objectives, assignment, planning, & supervision. Modify philosophy of patient care & clinical teaching.
	Ward Conferences	--Modify methods, approach, agenda, & scheduling.
	Classroom teaching	--Increase effectiveness, & use appropriate methods. Improve evaluation of teaching & student's learning.
HUMAN RELATIONS	Teacher's Behavior	--Change behavior, attitudes, and ideas.
	Student Relations	--Improve teacher-student relations & student learning.
	Interpersonal	--Improve relations with administration, faculty, & staff.
	Communication Activities	--Improve communication between professional contacts.
CURRICULUM	Learning Experiences	--Modify philosophy, organization, & objectives.
	Curriculum Changes	--Make current modifications & plan "new" curriculum.
NURSING EDUCATION	Professional Preparation	--Continue educational preparation for professional role. Utilize appropriate professional information.

Figure 46. DISTRIBUTION OF COMMENTS ON THE UNSTRUCTURED TERMINAL EVALUATIONS BY 35 DELEGATES TO THE 1960 AND 1961 WORKSHOPS



Source: Appendix D, Table 52.

THE TERMINAL EVALUATIONS

Analysis of the open-end questions on the terminal evaluations from all 35 delegates yielded a total of 1775 comments, an average of 51 per delegate (see Figure 46 and Appendix D, Table 52). Almost half of these comments concerned Learnings and Plans (35 percent and 12 percent respectively). The remaining comments were either positive or negative evaluations of the workshop experience itself (36 percent Satisfactions and 18 percent Dissatisfactions).

The major focus of this analysis will be on the Learnings and Plans which resulted from the experience rather than on the Satisfactions and Dissatisfactions expressed about the format, agenda, philosophy, and teaching methods of the workshop experience. The Learnings and Plans which resulted have implications for those interested in changing attitudes and behavior and those involved in vocational nursing education. Satisfactions and Dissatisfactions will probably interest only those involved in participating in or conducting a workshop. Consequently, discussion will be limited; additional details may be obtained in Appendix D, Table 30 through 33.

There were some differences between the 1960 and 1961 delegates' responses as well as variations among groups each year; these differences will be mentioned when meaningful. In general, the average 1961 delegate wrote considerably more comments (68 percent more) than the average 1960 delegate (20 percent more Learnings, 70 percent more Dissatisfactions or suggestions for improvements).

Learnings

At the termination of the workshop, almost half the total number of comments about things learned (47 percent) concerned greater

understanding of human relations. Approximately one-third (31 percent) concerned teaching methods, and only 14 percent specifically concerned the curriculum (see Appendix D, Table 26). Items were emphasized in the following order: (1) in the area of human relations, increased self-understanding and modified ideas (one-fourth of all Learning comments and over half of those that pertained to human relations); (2) new awareness and understanding of classroom teaching methods (17 percent of all comments and over half of those that pertained to teaching; (3) increased understanding of students and the learning process (12 percent of all comments and one-fourth of those that pertained to human relations); (4) curriculum understanding -- almost the same weight was given clinical experiences, professional information, and understanding others (8.6, 8.3, 7.5 and 7.3 percent respectively).

This emphasis on learning about the teacher herself, students, and classroom teaching methods bodes well for improvement of instruction in vocational nursing. Such learning occurred in spite of the fact that, according to delegates' stated reasons for attending the workshop (see structured terminal evaluation data, Appendix D, Table 2), understanding of interpersonal relations was less important than gaining knowledge of the V.N. program and curriculum or improving teaching skills. This seems to suggest that in selecting responses to forced-choice questions delegates tend to underestimate the value they place on learning about human relations -- other more concrete learnings being easier to specify. However, when allowed to express themselves freely, without the guidance of the structured form, apparently their involvement in themselves overshadows understandings about students and teaching or knowledge about curriculum or nursing.

These generalizations about the delegates as a whole are not true for every group or every delegate. Indeed, there were some differences in relative emphasis even between the 1960 and 1961 groups. Increased understanding of self, classroom teaching, and understanding of students ranked highest for both groups, but the 1960 delegates tended to stress teaching slightly more than self or students, while the 1961 delegates stressed greater understanding of self almost three times as much as understanding students or classroom teaching methods. The 1960 group stressed curriculum understanding more than the 1961 group did; this item ranked fourth in 1960 but seventh in 1961.

Looking at the areas emphasized among the total number of comments from all delegates does not necessarily tell anything about individual delegates because of the possible skewing by prolific writers: the number of Learning comments per individual averaged 17 but ranged from 4 to 58. To get closer to the individual's evaluations the comments were analyzed on the basis of the number of delegates making comments rather than the total number of comments from all delegates (see Appendix D, Table 27). Of the 35 delegates, 34 (97 percent) felt they learned specific things which improved their teaching; 91 percent mentioned new understanding in the area of human relations; and, since half of the delegates expressed dissatisfaction with the curriculum study aspects of the program, it may be surprising that 89 percent mentioned some kind of increased knowledge in the area of curriculum (only 14 percent of the total comments were in this area). Almost two-thirds of the delegates felt that they had acquired knowledge about nursing education and professional preparation.

Detailed breakdown of these general Learnings indicates that in the area of teaching methods, over four-fifths of the delegates mentioned gaining increased knowledge of classroom teaching and over half mentioned acquiring new concepts of the ward-conference (54 percent) and increased understanding of patient-centered teaching (57 percent); in addition, almost one-fourth had new ideas about desirable formats for clinical learning experiences. In the area of human-relations, nine-tenths of the group felt that they had gained increased self-understanding and some desirable modifications in their behavior; almost three-fourths remarked that they had an increased understanding of students and the learning process, and over half felt that their general understanding of others was improved. In the area of curriculum study three-fourths of the total group specified that they had an increased understanding of the new curriculum and half had learned more about criteria for selecting learning experiences.

Plans

As delegates left the workshop they reported Plans for modifying their teaching or curricula (see Appendix D, Table 28). On the basis of the total number of comments made by the groups, the relative emphasis here was similar to that given Learnings. The heaviest weight (42 percent) was given to Plans for changes in the human relations area (teacher, students, and communications activities approximately equal). One-third were Plans in the area of improving teaching methods (predominantly classroom teaching but also ward conferences and some clinical experiences); approximately a fifth (19 percent) of the Plans concerned curriculum modifications (slightly more emphasis here than in Learnings).

For the total group the average number of Plans per delegate was six, and ranged from 0 to 15. The relative emphasis was approximately the same in both 1960 and 1961, but the 1961 delegates averaged almost twice as many Plans as did the first year's group, and a larger proportion of the specified Plans in each category (a mean of 4.7 in 1960, 8.0 in 1961).

Approximately three-fourths of all delegates mentioned Plans for modifications in teaching, human relations, and curriculum (see Appendix D, Table 29). Specific breakdowns within these general areas were as follows: (1) over half of the group left the workshop with Plans for modifying classroom teaching methods, ward conferences, the vocational nursing curriculum, and student-teacher relations or student learning; (2) over one-third left with Plans for modifying their own teacher-behavior and criteria for learning experiences; (3) over one-fourth mentioned Plans for modifying students' clinical experiences, interpersonal relations with others, and their own professional preparation.

Satisfactions and Dissatisfactions

On the open-end terminal evaluation questions delegates expressed twice as many Satisfactions as Dissatisfactions. The number of comments made by groups and individuals varied, but the average was 18 positive and 9 negative comments. See Appendix D, Tables 30, 31, 32, and 33 for details concerning differences in amount of response in 1960 and 1961 and in the specific aspects stressed.

Some of the same elements most frequently reported as dis-

ERIC

satisfying were also most frequently reported as satisfying. The five aspects most often mentioned as satisfactory which accounted for 10 percent or more of the Satisfactions, were (1) workshop format (21 percent), (2) self-evaluation of participation (20 percent), (3) seminar sessions (11 percent), (4) curriculum study (10 percent), and (5) workshop leadership (9.8 percent). The five aspects which drew 10 percent or more of the Dissatisfaction comments were (1) self-evaluation of participation (20 percent), (2) seminar sessions (14 percent), (3) workshop leadership (12 percent), (4) workshop format and group member's participation (11.9 percent each). The overlapping among the top five Satisfactions and Dissatisfactions is apparent. The two exceptions are curriculum study (4th in Satisfactions but 6th among Dissatisfactions with 8 percent of the comments) and group members' participation (5th among Dissatisfactions and 7th in Satisfactions with 7 percent).

ERIC

ANALYSIS OF THE TWO-MONTHS POST-WORKSHOP EVALUATIONS

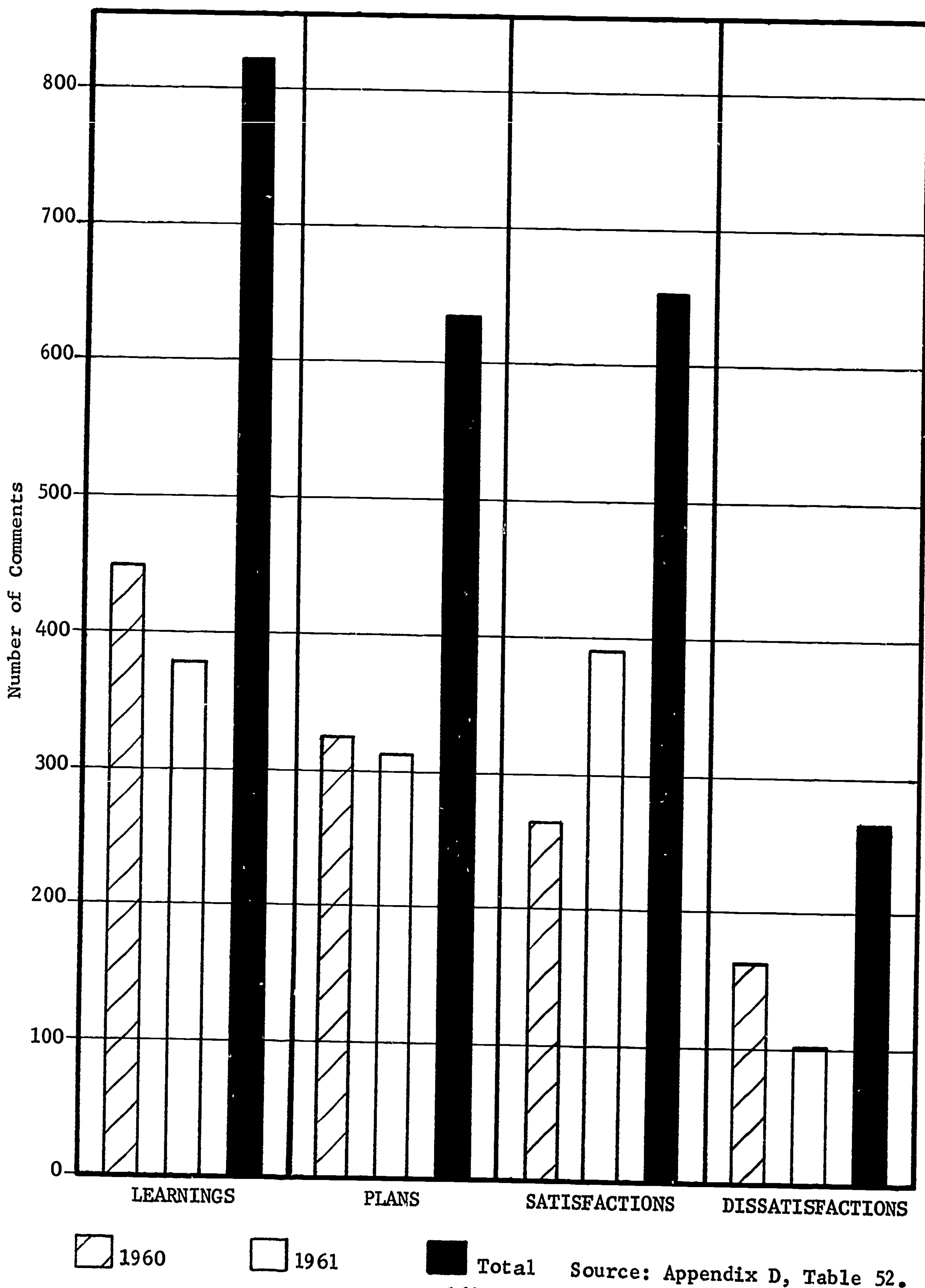
The average number of comments per delegate on the two-months post-workshop evaluations (Appendix C, Part 3) was 70 (see Figure 47 on following page and Appendix D, Table 52). The 1960 and 1961 groups of delegates were nearly equal in the average number of comments written, but they emphasized different things. The 1961 delegates continued to mention more Satisfactions associated with the workshop (66 percent more) and expressed only two-thirds as many Dissatisfactions. Both groups mentioned approximately the same average number of Learnings and Plans or Activities.

The similarity in gross performance on the two-months post-workshop evaluations for the 1960 and 1961 groups tends to obscure the marked difference between each group's responses on the terminal and on the post-workshop evaluations. The difference between the two evaluations is especially marked for the 1960 group: the average number of Learnings attributed to the workshop increased by 55 percent, Plans or Activities multiplied four times, but Satisfactions and Dissatisfactions increased only slightly (15 percent and 8 percent respectively). The difference in attitudes between the 1960 and 1961 groups of delegates noted at the termination of the workshop, appeared greatly diminished after two-months, especially in the categories of Learnings and Plans. For their Plans and Learnings at the termination see pages 161 through 164.

New Perspective on Learnings

In the evaluations written two months after the workshop there was a slight shift in the relative emphasis on the types of Learnings

Figure 47. DISTRIBUTION OF COMMENTS ON THE UNSTRUCTURED TWO-MONTH EVALUATION BY 34 DELEGATES TO THE 1960 AND 1961 WORKSHOPS



Source: Appendix D, Table 52.

ERIC

at the workshop (see Appendix D, Tables 26 and 34). The emphasis on human relations was slightly reduced and the emphasis on teaching methods was slightly increased, so that they were reported with equal frequency. There were fewer comments on the teacher herself and more on understanding students' needs and the learning process. Teaching in the clinical area and in ward conferences was mentioned more than previously and classroom teaching slightly less. The underlying philosophy and organization of clinical nursing experiences received more emphasis than classroom teaching or teaching methods per se. There was slightly more attention given to selecting criteria for learning experiences and less on curriculum construction.

The average number of Learnings per individual increased from 17 to 24, with as few as 5 and as many as 64 being mentioned by particular delegates. Compared with the terminal evaluations there was a marked increase in the number of delegates commenting on student learning experiences (see Appendix D, Tables 27 and 35). The greatest change was in the number of delegates who felt the workshop was responsible for increased understanding of criteria for selecting clinical learning experiences (from 23 to 77 percent of the delegates). There was also a notable increase in the number of delegates who mentioned new Learnings about ward conferences, concepts of patient-centered care or teaching, and criteria for selecting learning experiences in the curriculum (increased from approximately half to four-fifths or more of the delegates). Over eighty percent of the delegates again mentioned gaining new understanding of classroom teaching, of themselves as teachers, and of students' needs and the learning process.

(The only marked change was "understanding students" which increased from 71 to 88 percent).

Delegates seemed more concerned with selecting effective learning experiences: fewer made references to constructing the "new" curriculum (decreased from 74 to 53 percent). More delegates referred to the importance of interpersonal relations and effective communication as aids to implementing an effective vocational nursing program (increased to 71 and 50 percent respectively from 54 and 26 percent of the delegates on the terminal evaluations).

Plans and Activities

Two months after the workshop comments about Activities were much more detailed and extensive than those about earlier Plans. More than three and one-half times as many Activities were specified than had been planned (636 compared to 217. See Appendix D, Tables 28 and 36). Emphasis shifted slightly to focus more on teaching methods, especially classroom and clinical teaching, and less on the need for professional preparation and effective human relations. The proportion of comments dealing with curriculum in general remained approximately the same.

It is noteworthy that the number of individuals involved in almost every type of "back-home" activity is considerably greater than the number who mentioned specific Plans when they left the workshop, and the average and the range of the number of activities far exceeds that of earlier Plans (an average of 19 Activities per person compared to six "terminal" Plans and a range of 1 to 50 Activities compared to 0 to 15 Plans). Evidently many of the ideas for changes germinated after the instructors returned to their regular teaching situations. With the

exception of a few individuals, every delegate reported becoming involved in new activities concerning teaching, human relations, and curriculum modifications (see Appendix D, Tables 29 and 37).

In the area of teaching, all but two individuals modified their classroom teaching (more discussion, flexibility, integration, and innovation). Approximately nine-tenths modified their ward conferences (increased the amount of time or frequency of the conferences),[4] and four-fifths modified their selection of clinical experiences for students (fewer patients, more educationally-centered experiences, and closer clinical supervision). When compared with the terminal Plans, this represents an increse in each category of 25 percent to 50 percent of the delegates. Most dramatic was the number of individuals involved in changing some aspect of the clinical experience, only 10 delegates made plans but 27 made modifications.

In the area of human relations, all but six instructors reported having taken specific steps to improve student-teacher relations and student-learning, and the same large proportion felt that their behavior as teachers had changed markedly since they returned home. Over half the delegates were involved in new curriculum plans or changes since the workshop, and all but six had made specific modifications in criteria for selecting student learning experiences to meet objectives of the vocational nursing curriculum.

Some examples of instructors' comments illustrating the types of

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[4] See Appendix D, Table 9 for a description of delegates' pre-workshop ward conferences, and the related discussion in the foregoing section of this chapter on structured terminal evaluations, page 142 ff.

changes which took place shortly after the workshop are included here: "Students say there is more connection between classwork and nursing patients now that they have more time with one patient." "In ward conferences we use more time to talk about patients and nursing problems and keep 'housekeeping' discussions to a minimum." "Students participate more in discussions and seem to be learning faster." "I don't have to stand up and lecture all the time anymore." "My classes are more interesting; both the students and I enjoy them more now that I am more relaxed about covering the outline as scheduled." "I was surprised to discover I could allow student discussion and still maintain control of the class." "I get along better with the hospital nursing staff and also with the other instructors." "I feel more alive since I've been jolted out of my comfortable rut." "Now I understand what my director is talking about when we work on the new curriculum." "I'm taking an extension class on integrating mental health in the curriculum."

Satisfactions and Dissatisfactions

A few more positive comments were expressed two months after the workshop than at its termination (average of 19 per delegate compared to 18 previously), and slightly less dissatisfaction was evinced. Fewer dissatisfactions were expressed, and by fewer delegates: although the mean number of comments was 7.7 compared to 8.3, the median was 6 compared to 10 at the termination.[5] On the whole, delegates expressed

[5] The range of the number of comments was similar on both the terminal and two-month evaluations (1-18 and 0-18). Five-sixths of the delegates made less than 11 or 12 critical comments either time (within 4 of the mean). Two delegates made unusually large numbers of critical comments or suggestions: one 27 on the terminal, one 32 on the two-month.

ERIC

two and one-half times as many Satisfactions as Dissatisfactions on the two-month post-workshop evaluations. See Appendix D, Tables 38, 39, 40, and 41 for additional details concerning amount and type of response.

As was true of the terminal evaluations, many of the most satisfying aspects of the workshop also caused the most dissatisfaction. The six aspects which accounted for 10 percent or more of the Satisfactions were (1) seminar sessions (20 percent), (2) ward conferences (15 percent), (3) student status (13 percent), (4) workshop format, and (5) curriculum study and clinical experience (9.8 percent each). The four aspects which accounted for 10 percent or more of the Dissatisfactions were (1) seminar sessions (17 percent), (2) clinical experience (14 percent), (3) ward conferences and medical center staff and facilities (13 percent each). It is apparent that the most Dissatisfactions and the most Satisfactions are generally in the same categories.

Summary of Two-Months Evaluation: A New Perspective

In summarizing the two-month post-workshop evaluations, the actual questions which delegates answered will be presented rather than the framework of Learnings, Activities and Plans, Satisfactions, and Dissatisfactions devised by the research team. In some instances these questions will clarify the responses given within the framework, and in others another viewpoint will be apparent. This difference is possible because only the direct answers to the question will be considered. Related statements occurring throughout the evaluation are excluded here.

1. WHAT DO YOU FEEL WAS THE MOST BENEFICIAL ASPECT OF THE WORKSHOP FOR YOU?

Every delegate mentioned one or more aspects of the workshop as "most beneficial" and usually specified three and sometimes as many as seven distinctly different aspects. Most frequently mentioned (sometimes repeatedly using different words) by the largest number of delegates was "greater self-understanding" or self-evaluation of strengths and weaknesses" (56 percent of the delegates). Almost as many mentioned "the opportunity to share ideas with others" or "stimulation from the group" (53 percent). Over one-third (35 percent) specified the unstructured ward conferences following "clinical experiences." About one-fourth (24 percent) alluded to the workshop "sequence of experiences" or leadership which "stimulated experiences." Over one-fifth (21 percent) referred to the "seminar sessions," "teaching methods," "problem solving groups," or "resource consultants." And approximately one-sixth mentioned "new approaches to identifying and planning learning experiences" (18 percent), "understanding of the new curriculum" (18 percent), and "the clinical experience with patients" (16 percent). Some items mentioned by 11 percent of the delegates were "understanding more about students' needs and the learning process," "greater appreciation for my own program and administrator," "realizing the need for continual study," and "professional information gained."

Answers to "the most beneficial aspect of the workshop" do not reflect the same picture as a tally of the Learnings specified by delegates throughout their evaluations, nor do they reflect Satisfactions tallied. Instead it seems to be a matter of degree -- "most" rather than "some"

ERIC

satisfaction or learning. The two highest ranking items constituted only 11 percent of the Learnings and 7 percent of the Satisfactions respectively. The benefit of sharing is highlighted for the first time in responses to the question. See Appendix D, Tables 34, 35, 38 and 39 for further comparison.

2. WHAT DO YOU FEEL WAS THE LEAST BENEFICIAL ASPECT OF THE WORKSHOP FOR YOU?

Two-thirds of the delegates did specify some aspect of the workshop as "least beneficial"; approximately one-fourth of the 1960 group and over one-third of the 1961 group wrote "none." Most frequently mentioned was the seminar session, (39 percent of the delegates). However, the comments were not focused on any one aspect of the seminars but scattered among such things as "too long," "some wasted time," "not enough curriculum," "less reading material," "fewer resource people," and so on. About one-fourth (24 percent) of the delegates thought the clinical experience could be shorter -- many of these same individuals mentioned some aspect of the clinical experience as "most beneficial." Three or four delegates (9-11 percent) mentioned each of the following aspects as "least beneficial": the unstructured ward conference, the tight time schedule, the non-directive leadership method, and the quality of other delegates' contributions. One person spoke of her own tendency to rely on "the printed word" as least beneficial at the workshop.

PARAPHRASES OF DELEGATES' STATEMENTS OF MOST AND LEAST BENEFICIAL ASPECTS

(1) Give us all the valuable stimulation derived from sharing with each other in this type of environment, but eliminate all the negative aspects such as being bored, getting tired, wasting time, being anxious."

(2) "Give us the answers we want, but don"t limit our individuality or creativity."

(3) "Give us leadership which will stimulate learning and give us freedom to explore new aspects, but don't cause us anxiety or make us work too hard."

(4) "Help us learn to teach patient-centered nursing care, but don't do anything too radical."

(5) "Stimulate us to new awarenesses of ourselves and others and of potential learning experiences for nursing students, but don't make us change."

3. DO YOU FEEL THAT THE WORKSHOP GAVE YOU ANY HELP IN IMPROVING YOUR TEACHING?

Thirty-one delegates answered with an unqualified "yes," followed by specific examples of improved teaching. Of the remaining three, one said, "Yes, by showing me what not to do," another said, "I do not know," and the third said, "No, I've always been alert to new developments in teaching methods, considered my students' needs, taught patient-centered nursing, and used evaluation procedures."

ERIC

4. WHAT WAS YOUR REACTION TO THE STUDENT ROLE YOU WERE FORCED TO ASSUME? HOW DO YOU FEEL IT AFFECTED YOUR LEARNING?

Almost all of the delegates reacted positively, only one negatively, and two were ambivalent about the effect of the student role (when, during clinical experience, they gave nursing care to patients). Among the comments made, three themes were repeated by each group: about half the delegates said the student role made them more aware of students' problems and reactions; almost as many said it did not interfere with giving good patient care, and one-fourth stated that the student role did not interfere with learning and, in fact offered certain advantages because of the lack of status.

5. DESCRIBE YOUR FEELINGS AND ATTITUDES ABOUT THE USE OF THE CLINICAL FACILITIES (CARE OF PATIENTS).

Approximately three-fourth of the delegates expressed predominantly positive feelings about the clinical experience, four had both positive and negative feelings, and five mentioned only strongly negative feelings.

6. WHAT ARE YOUR REACTIONS TO THE WARD CONFERENCE AS USED IN THE WORKSHOP (BOTH AS A METHOD AND AS IT AFFECTED YOUR LEARNING)?

Again, approximately three-fourths of the delegates expressed predominantly positive feelings, six had both positive and negative feelings, and three were only negative about the ward conferences. Some examples of the anbiguous feelings are: "I liked the ward conferences least even though I learned a lot," "The first few were terrible but they improved later, and I learned to understand the patient better."

7. IN WHAT WAYS DID YOU FIND THE SEMINAR SESSIONS HELPFUL OR STIMULATING? IN WHAT WAYS COULD THEY HAVE BEEN MADE MORE MEANINGFUL TO YOU?

More than three-fourths of the delegates made primarily positive remarks about the seminar sessions, three had positive and negative feelings and five expressed predominantly negative feelings. Typical positive remarks are as follows: "Found seminars stimulating in many areas" (44 percent of the delegates), "valuable exchange of ideas and discussions concerning the curriculum, V.N. role, and patient centered teaching" (48 percent), "Resource people were valuable" (41 percent), "good teaching methods and visual aids" (30 percent), "The patient centered teaching guides were useful -- in stimulating ideas for teaching around a patient and for correlating clinical experiences and theory" (35 percent), "Enjoyed the small group curriculum work" (18 percent).

ERIC

ANALYSIS OF THE ONE-YEAR POST-WORKSHOP EVALUATIONS

Since the one-year post-workshop evaluation was completed only by 18 delegates of the 1960 group, there is no data available on the total group of delegates. Comparisons will be made with other evaluations completed by the 1960 group rather than with those of the total 1960-61 group.

The average number of comments per delegate in response to fourteen of the questions on the one-year evaluation was 76; the average was 67 in response to 8 questions on the two-month evaluation. The delegates emphasized different areas after one year (see Figure 48 and Appendix D, Table 52): the primary focus was on Activities initiated or Plans (80 percent of the comments).[6] Learnings were not mentioned as such. Satisfactions accounted for 14 percent of the comments (an average of 11 per delegate compared to 15 after two months and 13 at the termination of the workshop). Dissatisfactions were 6 percent of the comments (an average of 4 per delegate, compared to 9 for this group two-months after the workshop and 8 at the termination).

Satisfactions and Dissatisfactions

The eighteen delegates made fewer positive and negative comments on this evaluation than on either of the earlier evaluations, and there was a general shift in emphasis (see Appendix D, tables 42, 43, 44, and 45). Unlike any of the previous evaluations, a considerable

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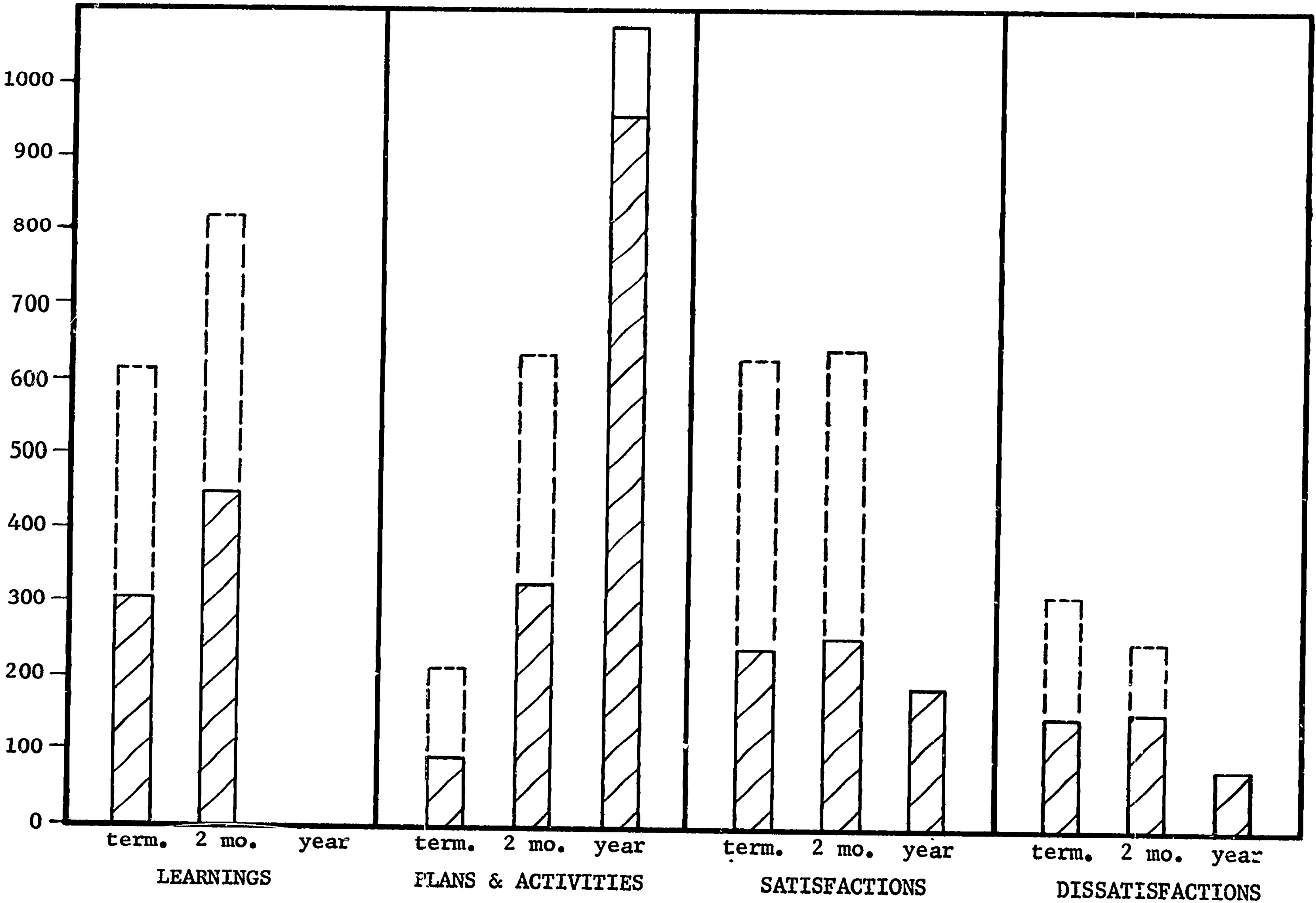
[6] Because 9 percent of the total comments were Plans, these will be discussed separately from the Activities, which were 71 percent of all comments on the one-year post-workshop evaluation.

Figure 48. DISTRIBUTION OF COMMENTS ON THE UNSTRUCTURED EVALUATIONS AT THE TERMINATION OF AND TWO MONTHS AND ONE YEAR AFTER THE 1960 WORKSHOPS



Source: Appendix D, Table 52.

portion of the comments concerned "back-home personnel involved in the vocational nursing program -- hospital staff, faculty, administrators. Almost one-fifth of the Satisfactions and over two-thirds of the Dissatisfactions concerned back-home contacts (only 3 and 4 percent of the post-workshop positive and negative comments were of this nature). The average number of Satisfactions mentioned after one year was 11 -- 9 about the workshops and 2 about back-home (the average at two-months was 15). The average number of Dissatisfactions mentioned after one year was 4 -- 1.4 about the workshop and 2.9 about back-home (the average at two-months was 8).

In general, the 1960 delegates expressed more satisfaction than dissatisfaction, and more than they had previously (two and one-half times as much satisfaction as dissatisfaction after one year, compared to one and two-thirds times as much on the two-month evaluations). Excluding remarks about back-home personnel, there were six times as many positive as negative comments on the one-year evaluation. The delegates seem to feel relatively more positive about the workshop as time passes.

After one-year the positive comments focused much more on the overall workshop format and philosophy than on teaching methods used in particular sessions, as had been the case previously. One-third of all the Satisfactions concerned the workshop-in-general (compared to 10 percent at two-months). Second was back-home personnel with 19 percent of the comments; third was seminar session (9 percent), and fourth was clinical experience (8 percent). The overlapping of sources of satisfaction and dissatisfaction seen on the earlier

evaluation is not as apparent, because 68 percent of all Dissatisfactions concern back-home personnel. The 32 percent concerning the workshop experience are divided among 9 different aspects, none receiving more than 6 comments and five receiving only one or two. The three least satisfactory aspects of the workshop are: (1) other delegate's participation (8 percent of the comments), (2) seminar sessions (6 percent), and (3) workshop format (5 percent).

Improvements and Modifications

The eighteen delegates mentioned three times as many Activities or changes on the one-year evaluations as they had on the two-months evaluations. A total of 962 improvements[7] and modifications(and an additional 126 Plans for future changes which will be discussed separately) were cited by the 1960 delegates, compared to 324 Activities and Plans mentioned ten months earlier (see Appendix D, Tables 36 and 46). The average number of changes increased from 18 to 53 successful modifications per delegate. There were as few as six and as many as 93 by one instructor (the previous high had been 40); only one delegate mentioned less than 23 changes, and 83 percent of the group cited 40 or more.

Over half of the changes mentioned were in the area of human relations, primarily involving modifications in the teacher's own behavior and in teacher-student relations (increased effectiveness in teaching and interpersonal relations and increased understanding of the learning process among V.N. students). Almost a third (31 percent) of the improvements and modifications cited were in the area of teaching methods;

[7] The questions asked delegates to identify improvements.

ERIC

slightly more of these concerned clinical experiences, but almost as many involved classroom teaching and ward conferences. Changes in the curriculum accounted for 14 percent of the improvements, with the major focus on organization and rationale of learning experiences, rather than on curriculum plans and changes *per se* (about 3 to 1).

Between the one-year and two-months evaluations there was a slight shift in emphasis: the earlier attention to teaching methods, especially classroom teaching, yielded somewhat to an increased interest in human relations. However, this relative change in emphasis should not obscure the fact that in all categories but one there were substantially more changes or activities on the one-year evaluations than on the two-months evaluations. The number of changes involving clinical experiences and ward conferences was three times that previously mentioned. Classroom teaching activities increased 50 percent. Improvements and modifications in learning experiences and curriculum doubled. Activities involving modifications in delegates' own behavior, teacher-student relations or student learning, and interpersonal relationships with nursing staff, faculty, or administrators were from four to seven times as numerous. And significantly, activities concerning improvement in their own professional preparation increased fourfold.

The number of delegates citing improvements and modifications in each area more than doubled since the two-months post-workshop evaluation (see Appendix D, Tables 37 and 47). Every delegate cited changes in teaching methods and human relations, and all but two cited changes in the curriculum. Almost three-fourths mentioned activities

involving additional professional preparation. In the area of teaching methods all instructors had made some changes in clinical experiences and classroom teaching, and all but two mentioned changes in ward conferences.

In the area of human relations, all delegates cited changes in teacher-student relations or student learning, all but one mentioned changes in her own behavior, and all but three specified positive changes in relationships with the nursing staff who were involved in the students' clinical experiences. Of those three, two referred to negative changes, the other felt no improvements were necessary. While two-thirds of the delegates specified modifications in relationships with other faculty members, the remaining third, with one exception, said there had been no problem in this area.

Areas in Which No Improvement or Modification Occurred During the Year

Fifteen of the eighteen delegates responding to the one-year post-workshop evaluation stated that there was "no change" (improvement or modification) in one or more areas. But, in spite of the "no change" statement, ten of the delegates went on to specify some type of modification which had occurred (see Appendix D, Table 48).

The category in which the most delegates stated "no change" was interpersonal relationships with administrators. Thirteen delelegates so reported, only one of whom mentioned any changes subsequently. However, eight of these 13 delegates said they had no problems, four had no contact with the administrator, and one was disappointed at the lack of improvement. Two other delegates stated that there was no positive change in relationships with administrators, only negative change.

ERIC

In the number of delegates reporting, the two next highest ranking categories were interpersonal relations with nursing service staff and with V.N. program faculty. In each case seven delegates said "no change," although subsequent changes were cited involving nursing service personnel by five delegates and involving V.N. faculty by two. One additional delegate stated "no changes except negative ones" for nursing staff, and one stated the same about the V.N. faculty. With one exception, all of the other delegates who said no change occurred and who cited none in these two categories said relationships were good already.

Four delegates stated that there was "no change" in teacher-student relationships or student learning, because things had always been good. However, all of these delegates did cite at least one change (two cited five and one eight changes involving students). In the area of curriculum four delegates said that there had been no change but two did mention some kind of modification. Only one or two delegates said there had been no improvements in the area of teaching methods; one claimed no change occurred in her clinical teaching but mentioned five changes; two delegates stated "no improvement" in ward conference teaching (one "not necessary," one "obstructed"). Not one delegate said that there had been no improvement in her classroom teaching since the workshop.

Unsuccessful Modifications Attempted During the Year

Nine delegates attempted some type of modification in teaching methods, human relations, or curriculum which was unsuccessful during the year following the workshop. Their 16 failures were attributed

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to resistance from the nursing service staff in nine instances, from the director of the V.N. program in seven, and from administration in three cases; three failures had dual causes (see Appendix D, Table 49).

An interesting side light is that the nine instructors mentioning unsuccessful attempts to modify the V.N. program averaged almost 50 percent more successful changes than did instructors with no failures (61 changes compared to 44). The category in which the largest number of unsuccessful attempts occurred was curriculum (5), followed by clinical experiences (4), and student relations -- selection and counseling (3), classroom teaching (2), and ward conferences and nursing service staff (1 each).

Plans

Even after one year delegates continue to mention Plans which are associated with their workshop experience. A total of 126 Plans were mentioned (average 7 per delegate) and the areas of emphasis reflect the successful and unsuccessful modifications attempted during the previous year (see Appendix D, Table 50).

Approximately half of all plans concern the curriculum, especially the organization and philosophy of learning experiences but also including general curriculum modifications; only 14 percent of the successful changes were in this area, while the largest number of failures mentioned involved attempted curriculum changes. One fourth of the Plans concerned improvements in teaching methods in the clinical area and classroom. One-fifth of the plans were in the area of human relations, involving modifications of teacher behavior or of teacher-student relations and student learning. Almost two-fifths of the successful changes involved the teacher or

ERIC

student, and an additional 13 percent involved other professional personnel.

The reasons given for unsuccessful attempts to modify curriculum learning experiences or teaching methods seem to suggest that instructors have more difficulty in those areas in which other individuals are involved. This is not surprising, but it does suggest the need for increased attention to improve interpersonal relationships between nursing service staff and fellow faculty members.

The number of instructors citing Plans in each of the areas is high (see Appendix D, Table 51). All but one mentioned Plans for curriculum modifications. Almost two-thirds plan improvements in teaching methods (essentially in the classroom and clinical area) and in the area of human relations (especially in teacher-student relations or student learning and in the teachers' behavior). Over one-fourth of the instructors plan to continue their educational preparation for their professional role.

Summary of the One-Year Post-Workshop Evaluation

In summarizing the one-year evaluations the actual questions which delegates answered will be presented. As before these questions will in some instances reflect the framework devised by the research team for analysis of the unstructured evaluation (Satisfactions, Dissatisfactions, Learnings, Activities and Plans). In other instances, a slightly different focus will be evidenced.

1. DO YOU FEEL YOUR CLINICAL TEACHING HAS IMPROVED SINCE THE WORKSHOP?

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Seventeen delegates answered "yes"; the other answered "no" but subsequently cited changes which had occurred. A total of 122 examples were given of improvements or modifications made in delegates' clinical teaching in the year since attending the workshop. This is three times as many Activities as mentioned 10 months earlier and more delegates are involved. They cited from 1 to 12 changes, averaging 7 each.

Modifications mentioned by delegates included such things as increased control of patient assignments, increased clinical supervision, fewer patients -- especially for newer students, more time and attention devoted to reading the patient's history and related scientific material, closer coordination with nursing staff in planning clinical assignments, and more integration of theory and clinical experience.

2. DO YOU FEEL THAT YOUR WARD CONFERENCE TEACHING HAS IMPROVED SINCE THE WORKSHOP?

All but two delegates (89 percent) answered "yes." Of the two saying "no," one felt she had been blocked by her director, the other did not feel any need for improvement. The sixteen delegates cited a total of 82 examples of modifications, more than three times as many as had been given two months after the workshop. Delegates mentioned from 2 to 9 changes, averaging 5. These involved modifications in length, frequency, time, and place of ward conferences, teaching methods used, and nature of conferences. No one pattern emerged as common for all instructors, but the tendency was to have conferences after each clinical experience or at least two or three times a week, to increase the time to a minimum of one-half hour, to have a classroom free from intrusions, to allow more

student discussion, to focus on student-patient problems, and to minimize "housekeeping" and "drill" activities.

3. DO YOU FEEL THAT YOUR CLASSROOM TEACHING HAS IMPROVED SINCE THE WORKSHOP?

Every delegate answered "yes," and gave an average of five examples of improved teaching. A total of 91 modifications were mentioned, a 50 percent increase since the two-month evaluation. These modifications involved such things as more student discussion, flexibility of agenda and method, integration of theory with practical experience, innovation of teaching methods and techniques, and probably most important, more self-confidence or flexibility on the part of the teacher.

4. DO YOU FEEL THAT THE WORKSHOP INFLUENCED YOUR TEACHER-STUDENT RELATIONSHIPS?

Fourteen of the delegates said "yes"; the remaining four answered "no," but subsequently mentioned from one to eight changes in their teacher-student relationships. The reasons for the "no" were similar: there had been no problems identified in this area. There were a total of 178 comments involving changes in student relationships or student learning, four times as many as previously. Individual delegates made anywhere from one to 25 comments, averaging 10 each. Frequently mentioned were such remarks as "Students are participating more," "Are more interested," "Are learning faster," "See more connection between class work and patient assignments," "Ask for more ward conferences," "Are more relaxed with me."

Closely related to improved teacher-student relationships are changes in the teacher's behavior. All but one delegate referred to changes in their own behavior which they considered improvements -- most of these were mentioned in relation to some other point and not as a testimonial of self-improvements. A total of 190 comments concerned changes in the teacher's behavior specifically, six times as many as mentioned two months after the workshop. Delegates cited from 3 to 20 changes, averaging 11. Frequent remarks were, "I'm varying my methods more," "Using more audio-visual aids," "Feel more self-confident," "Don't have to lecture all the time," "Can let students talk and still control them," "Am spending more time now in one hospital area with students," "Find I enjoy teaching even more," "Doing more student counseling."

5. HAS THERE BEEN ANY CHANGE IN YOUR RELATIONSHIPS WITH YOUR VOCATIONAL NURSING FACULTY SINCE THE WORKSHOP?

Ten of the delegates said "yes," and of those saying "no," two subsequently mentioned changes, making a total of two-thirds who felt that there were some improvements in relationships with other faculty members. Of the remaining third saying "no," one delegate mentioned only negative changes, and the others said there were no problems in this area. A total of 48 examples were given of changes in faculty relationships, an increase of approximately five-fold since the two-month evaluations. Delegates mentioned from two to eight changes with an average of four each.

Typical comments were "I understand her ideas better now," "We plan closer coordination between clinical experiences and classes," "We're getting along better on our curriculum planning," "They seem to like me

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better," "I speak up more and they listen."

6. HAS THERE BEEN ANY CHANGE IN YOUR RELATIONSHIPS WITH NURSING PERSONNEL INVOLVED IN YOUR STUDENTS' CLINICAL EXPERIENCES?

Over half of the delegates said "yes," and most of the remaining ones cited changes in spite of saying "no." In all, 15 of the delegates mentioned a total of 57 specific changes in relationships with nursing personnel involved in students' clinical experiences, more than five times as many changes as mentioned ten months previously. Delegates cited from one to eight changes with an average of four each. Two of the three delegates saying "no" referred to negative changes, but the other one felt that no improvements were necessary.

Changes included such things as arranging more conferences with the head nurse for planning and evaluating student experiences, as well as for interpreting educational objectives, assisting with staff in-service education on such subjects as team nursing and differences in nursing education programs, inviting staff nurses to participate on advisory committees for vocational nursing education, and allowing more time for social interaction at coffee breaks and other informal occasions.

7. HAS THERE BEEN ANY CHANGE IN YOUR RELATIONSHIPS WITH THE SCHOOL ADMINISTRATORS SINCE THE WORKSHOP?

Three delegates said "yes," thirteen said "no" (although one cited changes), and two delegates said "only negative changes." Of the 12 delegates saying "no" and not citing changes, many felt relationships with the school administrators were already good (eleven delegates

made some kind of positive remark about the administrator, although three also added some kind of negative statement). One delegate expressed dissatisfaction at the lack of improvement in relationships. Directors of programs saying "no" tended to think things were good already, instructors saying "no" said they had no contact with the administrator.

The few delegates specifying changes in relationships with school administrators mentioned an average of two changes. These were in such things as extra help in planning the new curriculum, more involvement in the activities of the V.N. program, increased awareness and understanding of the objectives of the program, moral and financial support for improvements in teaching load and clinical facilities, and classroom teaching aids.

8. HAS THERE BEEN ANY MODIFICATION IN YOUR VOCATIONAL NURSING PROGRAM IN THE PAST YEAR WHICH YOU FEEL WAS INFLUENCED BY YOUR WORKSHOP EXPERIENCES?

Over three-fourths of the delegates said "yes"; two of the four saying "no" subsequently cited changes. In all, 89 percent of the delegates mentioned some type of modification in their V.N. programs (a total of 135 comments. One-fourth of these were actual curriculum revisions, twice as many as mentioned previously (the average was two comments but some made as many as 4 about revisions). Three-fourths of the modifications mentioned in the V.N. programs concerned the organization or philosophy of learning experiences and the selection of students (delegates specified from 1 to 13 of these changes with an average of 7 each.

Modifications reported included the following: more educationally-

centered student experiences; patient-centered teaching; integration of the content of clinical, ward conference, and classroom teaching; earlier assignments in the clinical area; increased time scheduled for ward conferences; changes in student clinical assignments to facilitate integration and correlation of theory and practice; changed student selection criteria to decrease attrition; changes to facilitate ongoing student counseling; integration of content relevant to mental health throughout the program; revision of course content; and better utilization of scheduled curriculum planning sessions.

9. WERE THERE ANY MODIFICATIONS WHICH YOU ATTEMPTED BUT WHICH FAILED TO MATERIALIZE? IF SO, WHAT DO YOU FEEL WAS THE REASON FOR THE FAILURE?

Nine delegates answered "yes" and nine answered "no" when asked if any attempted modification had failed. Sixteen failures were mentioned, and the reasons given, in order of importance, were resistance from the nursing service staff, from the director or faculty of the V.N. program, or from school administrators. The nature of some of the attempted changes involved resistance from more than one source.

Most of the unsuccessful modifications attempted were in the categories of curriculum revision, clinical experiences, and student selection and counseling. A few involved classroom teaching, ward conferences, and nursing service staff. An analysis of failures revealed that the nine instructors citing failures averaged considerably more successful changes than did the nine with no failures (61

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compared to 44). This seems to suggest that if enough changes are attempted some failures are inevitable, or perhaps, that some instructors are more aware of both their successes and failures than others.

10. PLEASE DESCRIBE ANY PLANS YOU HAVE FOR MODIFICATIONS IN YOUR TEACHING OR IN THE VOCATIONAL NURSING PROGRAM.

Every delegate mentioned at least two plans for modifications and some mentioned as many as 16; half the delegates had seven or more plans. There were a total of 126 plans. Half were in the category of curriculum, one-fourth concerned teaching methods, one fifth involved interpersonal relationships, and the remainder were plans for additional professional preparation.

With one exception, all delegates mentioned plans for curriculum revisions. Almost two-thirds cited plans in the area of teaching methods and in the area of human relations. Over one-fourth had plans for improveing their professional preparation.

11. WHAT INFLUENCE, IF ANY, DO YOU FEEL THE WORKSHOP EXPERIENCE HAD ON YOUR OWN PROFESSIONAL GROWTH?

Thirteen of the delegates felt the workshop influenced them to seek additional professional preparation. Five delegates did not mention any educational activities, but mentioned many changes in their behavior since the workshop. Of those delegates involved in self-educational activities, some mentioned one and some as many as six Activities, but the average was three. There were four times as many educational commitments as there had been two months after the workshop. These included advanced academic

ERIC

courses applying toward a baccalaureate or master's degree, courses applying on a teaching credential, and institutes, workshops, and extension courses concerning nursing or education.

12. WHAT DO YOU NOW FEEL TO BE THE MOST BENEFICIAL ASPECTS OF THE WORKSHOP?

All delegates except one mentioned some "most" beneficial aspect of the workshop. They usually mentioned four, but sometimes as many as seven distinctly different aspects. Most frequently mentioned (and repeatedly) by the largest number of delegates was the workshop experience as a whole. Two delegates mentioned the workshop leadership; in addition one other delegate specified only the leadership. Typical responses were "Everything was beneficial," "The way the workshop was conducted," "The sequence of experiences," "The opportunity to attend this kind of workshop." (Delegates made as many as nine different remarks about the benefits of their general workshop experience and the average was five.)

Almost two-thirds of the delegates felt the most beneficial aspect was the "clinical experience with patients" and the concomitant discussions and experiences. Half mentioned the seminar sessions as most beneficial, eight spoke of the values of "having student status" and of "sharing ideas with others." Five referred to "the unstructured ward conferences" and to "new curriculum understandings." Three mentioned the benefits derived from "new approaches to identifying and planning learning experiences" and "concrete help from fellow delegates after the workshop."

A comparison of the 1960 delegates' opinions one year after the workshop with their opinions after two months reveals some consistency in their views of the benefits but also some revisions. A large number of delegates continue to mention the value of sharing ideas with others, and there is only a slight decrease in the number mentioning the unstructured ward conference, identifying and planning learning experiences, and understanding the new curriculum. Several aspects which had been considered most beneficial after two months were not mentioned after one year, for example, the values of information about professional development, continuing study, and especially "greater self-understanding" -- which had been mentioned by more than half of the delegates on the two-month evaluations. The greatest change which occurred was an increased appreciation of the clinical experiences, the seminar sessions, student status, and the workshop as a whole.

13. WHAT DO YOU NOW FEEL TO BE THE <u>LEAST</u> BENEFICIAL ASPECT OF THE WORKSHOP?

Fourteen delegates cited one or more least beneficial aspects. Most frequently mentioned was the seminar session -- by five of the delegates. Comments about the seminar concerned variously agenda, schedule, method, and resource consultants. Three delegates thought that a slightly different workshop format or schedule would have been more beneficial; three others thought that the type of leadership used was least beneficial. Two delegates thought that other delegates' negative reactions (resistance) to the workshop experience and their apparent lack of preparation for constructive contibutions were detrimental.

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Although individuals varied, the answers given by the 1960 delegates after one year were, on the whole, similar to their reactions after two months. The same proportion said "none" (although not always the same individuals), and the same relative emphasis was placed on seminar sessions as least beneficial.

14. IT HAS BEEN SUGGESTED THAT TWO RESOURCE CENTERS BE ESTABLISHED IN CALIFORNIA FOR POOLING AND DISPENSING INFORMATION PERTINENT TO VOCATIONAL NURSING EDUCATION. WHAT VALUE MIGHT SUCH A PLAN HAVE FOR YOU? FOR YOUR VOCATIONAL NURSING PROGRAM?

All of the 1960 delegates who responded felt that there would be value in the establishment of two resource centers in California (North and South) for the pooling and dispensing of information. All but two individuals were specific about potential values they thought such a center could provide. A total of 79 different values were cited, with instructors mentioning from one to seven types of functions for the resource center, averaging four (for detailed data see Appendix D, Table 3).

The value mentioned most frequently (by two-thirds of the delegates) was service as a communication medium. More than half the delegates felt that it would promote sharing of teaching methods and course materials among instructors in California. Half saw it as an "idea" exchange center for instructors, a few thought it could be a center for instructors, and a few thought it could be a center to pool "problems" and "solutions."

The second most frequently mentioned function of such a resource

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center (61 percent of the delegates) was as a pool for resource materials. Such a repository would contain (1) information about nursing, curriculum, and research; (2) teaching materials, lesson plans, course outlines, and so forth; (3) films and other audio-visual aids; and (4) reference library, including text-books.

For over half the delegates an important function of a resource center would be the educational service activities it could perform for the schools and instructors. These included consultation visits regarding instruction and curriculum problems, and the sponsoring of workshops, courses, and institutes.

One-third of the delegates mentioned that the research activities such a center could perform would benefit instructors and V.N. programs. These consisted of (1) evaluating student selection methods and constructing new selection tests when necessary, (2) evaluating available texts, films, and other teaching aids, and creating new ones if appropriate; and (3) evaluating curriculum patterns and content of vocational nursing programs.

One third of the delegates also suggested that a resource center might usefully serve the staff of the Board of Vocational Nurse Examiners and the State Department of Education Bureau of Industrial Education, and might interpret research findings to educators, nurses, administrators, and the public. Approximately one-fourth of the delegates cited the direct advantage of having assistance available on a local and regional basis, and the subtle effects of a resource center in providing stimulation, standardization, and continuity for vocational nursing programs in California.

SUMMARY OF DELEGATES' EVALUATIONS OF THE WORKSHOP EXPERIENCE

This chapter attempts to answer the following questions: (1) What kinds of things are learned in this type of two-week small-group workshop for vocational nurse instructors? (2) What type of plans for change result? (3) What do participants think of the workshop experience? (4) What is the picture two-months later? One-year later? (5) After a time lapse did participants change their conception of what they learned? (6) What changes occurred subsequent to the workshop? What modifications did delegates feel were influenced by the workshop? (7) Are these activities consistent with Plans made at the conclusion of the workshop? (8) What opinions are expressed about the workshop experience after delegates have returned to their teaching duties for a period?

A description is given of the evaluation schedule, format, and basis for analysis. Various structured and unstructured evaluation tools were used at the beginning, mid-point, and termination of each workshop, and also after a time lapse of two months and one year. Some variations which existed in the composition and use of evaluation forms are given. Detailed outlines of the classification system used in the analysis of the unstructured evaluations are presented in Figures 43, 44, and 45. The data were divided into four general areas "Satisfactions," "Dissatisfactions," "Learnings," and "Plans and Activities."

This chapter consists of five general divisions: (1) descriptions and administration schedule of the evaluation forms; (2) analysis of the structured pre- and terminal-workshop evaluations; (3) anal-

ysis of the unstructured terminal evaluations; (4) analysis of the two-months post-workshop evaluations; and (5) analysis of the one-year post-workshop evaluations. The data and findings are voluminous and impossible to summarize briefly, however, the summary of the one-year post-workshop evaluations which immediately preceeds this final section highlights many of the important findings from the evaluations.

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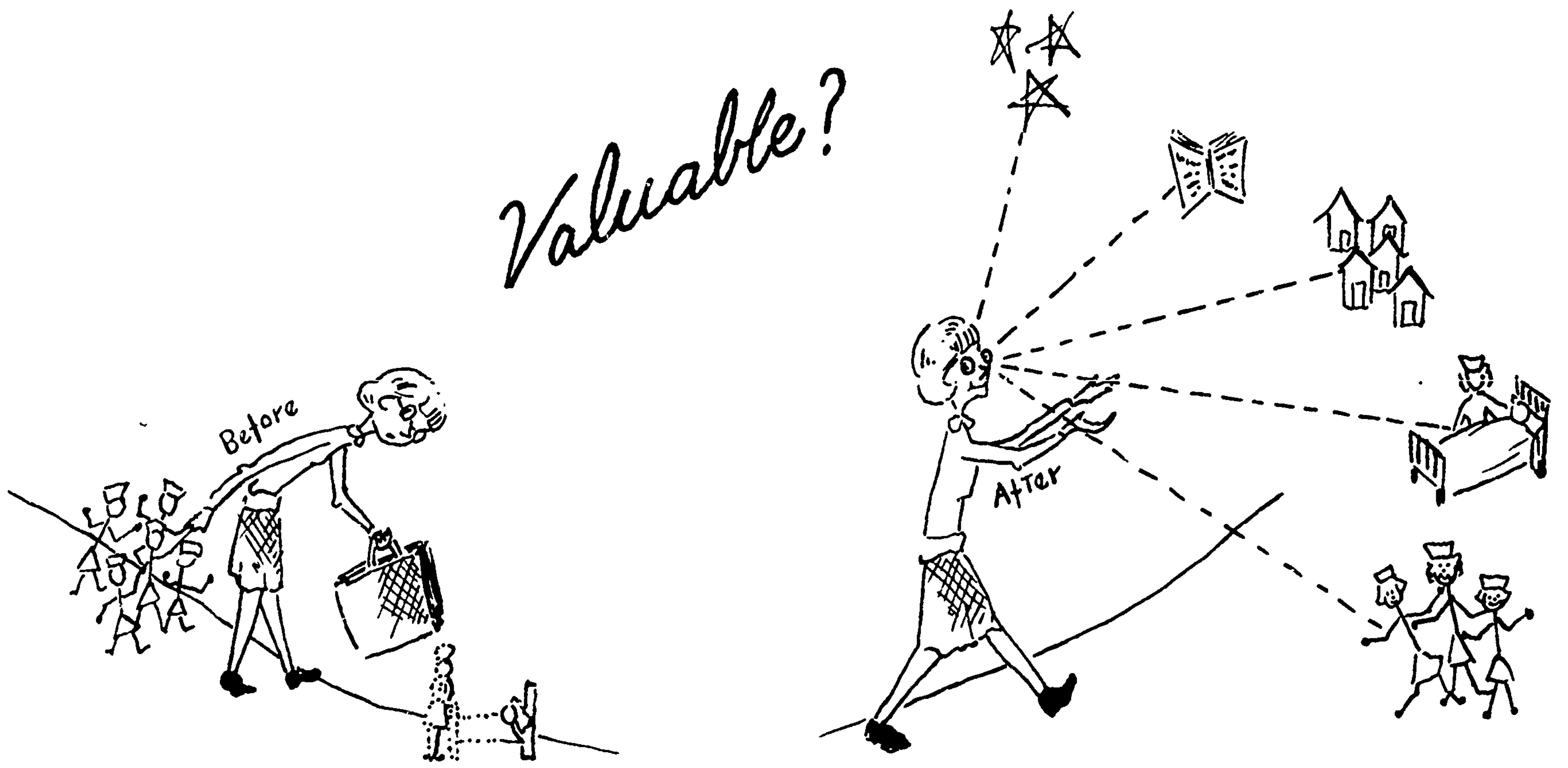
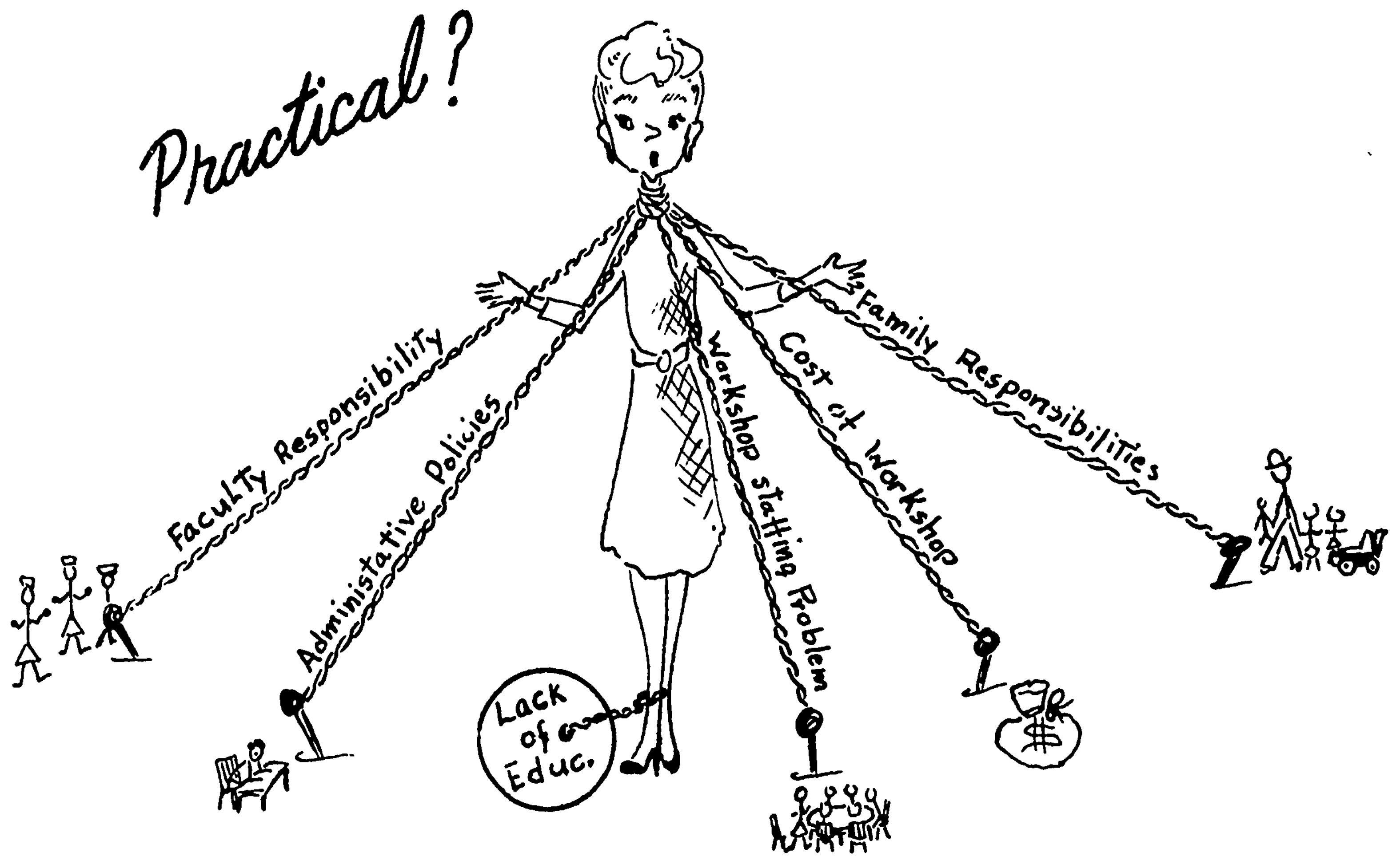


Chapter 5

The Verdict

The Value and Practicality of the Workshop Method



Chapter 5

The Verdict

The Value and Practicality of the Workshop Method

"Does the small group workshop method offer a practical and valuable means of improving instruction in vocational nursing?" This question, basic to the project design, was posed prior to the 1960 and 1961 workshops. Now that the workshops have been completed and the follow-up evaluations have been analyzed, an honest attempt will be made to answer this question. Impressions will be based on information received from the observer's reports, delegates' evaluations, project correspondence, coordinator's administrative problems, and coordinator's reactions.

The question can be considered in two parts: "Is it valuable?' "Is it practical?" First we will discuss the values of the method, then, in order to consider its practicality we will examine some of the limitations of the small-group workshop method and some of the staffing problems involved. The staff believes it can be demonstrated that the method has value, but whether the limitations and problems render the method impractical or not is for you to judge. Many of the limitations would be present with any teaching method, others are not insolvable if there is motivation to find solutions. Unless it is clearly demonstrated that this method is valuable in some unique manner, however, the motivation to overcome some of the concomitant problems probably will not be present.

THE VALUES OF THE METHOD

The values claimed for the small-group workshop method are based on several assumptions: first, that delegates' statements concerning changes in attitude and behavior can be used as a criterion of change, second, that verbal and written reports from administrators and co-faculty members can be used as a criterion of change; third, that the degree of change in delegates' attitudes and behavior can be used as an indication of the effectiveness of the teaching method. To the extent that these assumptions can be validated, it would seem that the small-group resident workshop method of teaching has a significant contribution to make in education.

Behavioral Learning

Changes in attitudes and behavior do take place as a result of the workshop experience, as indicated by the observers' reports and particularly the delegates' evaluations. In addition, verbal and written reports from administrators and co-faculty members attest to changes. The observed changes in attitude and behavior are remarkably consistent with the workshop objectives; and the activities being carried on "back home" are consistent with what delegates say they learned as a result of the workshop. This relationship between Learning and Activities resulting from the small-group workshop experience seems to have important implications for teacher training.

Integration of Theory, Skill, and Learning

By means of seminars, clinical experiences, and ward conferences, the workshop provided delegates with opportunities to test new ideas in

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nursing situation, to become aware of the need for knowledge in relation to actual circumstances, and to evaluate their ideas and actions while still having the chance to practice skills and test new hypotheses. In addition, modifications were made in experiences and seminars as a result of needs or learning demonstrated while the workshop was in progress. Certain situations were planned or allowed to occur in the clinical experience, ward conference, or seminar session to provoke questions in delegates' minds in an effort to create a receptiveness to theoretical and practical learning.

The research staff believes, and observers' records and delegates' evaluations indicate, that the small-group workshop method as used in the vocational nursing project did effect learning. An environment was provided in which delegates integrated theory, skills, and new learning so that changes in attitude and behavior resulted. Even after one year much of the original learning seems to have influenced behavior and attitudes and future plans.

<u>Application to Teaching Vocational Nurses</u>

Some aspects of the workshop method, or rather some of the teaching methods and techniques used during the workshop, are applicable to teaching vocational nurses. Responses on the structured terminal evaluation indicated that approximately three-fifths of the delegates thought the unstructured ward conference method was applicable to teaching vocational nursing students--the remaining delegates were undecided rather than negative. The use of students' "live" patient-experiences in discussions as a means of relating theory and practice, of

illustrating specific points, and of stimulating reflective thinking was considered an appropriate technique for their own teaching by 86 percent of the delegates. The use of the small group process and of "live" experiences in the unstructured ward conferences were probably the least familiar of all the teaching techniques used during the workshop.

Delegates' descriptions of their own ward conferences before and after the workshop showed a dramatic change: delegates had adopted many of the characteristics of the workshop ward conference method. Indeed, even those delegates least satisfied with the small-group process as a method of teaching made some changes which allowed more opportunity to discuss students' patient problems and more student participation. Evidently, learning took place in this type of atmosphere in spite of the delegates' uneasiness at the time.

Other techniques used during the workshop were also incorporated into delegates' later teaching. Most of these were familiar, but had been either seldom employed or improperly used. Some of the demonstrations that took place in workshop sessions were probably most important to the delegates: by discussing both the positive and negative aspects of examples witnessed by all, delegates became more aware of what they wanted for their students and for themselves. Again, the opportunity to do some student-teaching in seminar sessions and to participate in critical evaluations of their own and others' teaching efforts, gave instructors more awareness of their own behavior as teachers and more understanding of the effective use of various teaching techniques and aids. This was reflected in changes reported in classroom teaching

after the workshop.

Most noteworthy among the changes reported in classroom teaching was the decrease in amount of formal lecturing and parallel increase in the use of audio-visual aids and student discussion. In addition, the use of clinical patients to illustrate classroom teaching became prevalent. Delegates consciously tried to be creative in their teaching and to be effective as measured by students' learning--rather than by the amount of content covered.

All of the methods and techniques used in the workshop were not expected to be applicable to other teaching situations. What was appropriate for teaching graduate professional nurses would not always be appropriate for teaching vocational nurse students. Delegates apparently realized this. They also knew, however, that the methods and techniques could be modified to meet the needs of specific students. The limitations in the educational background of the average vocational nurse student require the instructor to be particularly conscious of vocabulary, mathematics, and abstract concepts. The type of explanations given and the techniques used must take these limitations into account if the teaching is to be effective. Delegates seemed constantly aware of these limitations and sought to compensate for them in ingenious ways; they were eager to test new ideas, techniques, and methods for improving their teaching.

Effectiveness In Interpreting Results

The effectiveness of the workshop method as an aid in interpreting research results was clearly demonstrated in relation to the

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findings and recommendations of the 1957-59 Study of Vocational Nursing in California. This study was distributed to all instructors in California prior to the workshop, and yet, even when specifically requested to read about 15 pages before coming to a workshop, half the delegates read little or none of the suggested reading material. Only those delegates who were using the report as a basis for curriculum planning sessions had any real knowledge of its contents; others who did read the report apparently read it in a superficial manner. Instructors might be expected to have been motivated to learn the results of research which involved their students, their faculties, and their schools; or if involved with a new vocational nursing program, to have been interested from a comparative standpoint. Apparently they were not.

The small-group workshop served the function of interpreting the findings of the study for instructors by using its results as the basis for several seminar information sessions; delegates were thus made aware of important findings and their implications. Evaluations indicate that A Study of Vocational Nursing in California became a familiar resource volume to almost all delegates after leaving the workshop.

It is important that investigators realize the difficulty the public has in reading research reports, especially if they involve statistics or abstract concepts. Provision to interpret research results should therefore be a part of the plan for any research project if it is important that its findings become known to an intended audience. The 1960 and 1961 workshops for improving instruction in vocational nursing proved effective as a tool for interpreting the results of

previous local and national research. Following those workshops, delegates conducted many local studies based on the recommendations of the California Study, they revised procedures for the selection and retention of students, they based curricula on the findings of studies of vocational nursing and professional nursing needs, and they activated local councils and committees for instructors of vocational nurses.

Indirect Benefits From Resource Consultants

The most beneficial aspects of contacts with resource people were probably not the information given or the questions answered in the hour or two such people were present, but rather the changes in attitudes toward these authority figures, which delegates evidenced long after the visits. Contact with these consultants in a relaxed, informal atmosphere seemed to have a remarkable effect on every group of delegates. "The State Board" and "The School Administration" came to be seen as composed of human beings, rather than as distant, obstructive, punitive or policing machines. In addition, through the opportunity to talk to these two agents, delegates developed better understanding of the functions and limitations imposed by the nature of official agencies.

In the past the only relations most instructors had with the staff of the Board of Vocational Nurse Examiners was when students were taking the licensure examination or when consultants were making official accreditation visits. Few opportunities existed for developing feelings of understanding and trustfulness, or for seeing the Board

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and its consultants as a helping rather than disciplining agent. Instructors felt the need for assistance in interpreting the new curriculum regulations and resented the amount or type of assistance given by the Board's consultant.[1]

Until contacting the Board's representative at the workshop, delegates did not know how unrealistic had been their expections of the Board's consultant. They did not know how limited the instructors' ability to use the consulting services available had been. They did not know how inadequate most of their knowledge of the Board's regulations and functions had been. Following the workshop, delegates developed more understanding of, and respect for the Board of Vocational Nurse Examiners and its consultants. This enabled them to ask for and profit from assistance.

Delegates' attitudes toward their school administrators varied, but many of them seemed to have little understanding of the administration of the vocational nursing program. The opportunity to discuss problems and questions with a representative of school administration and vocational education in a non-threatening atmosphere was invaluable. Benefits included knowledge of budget factors, such as A.D.A. and subsidizing funds, and ideas for interpreting vocational nursing needs to non-medical personnel. Delegates became more aware of factors that

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[1] One consultant prior to 1960 and two after 1960 for more than forty vocational nursing programs.

influenced the administration of a vocational nursing program and which, therefore, directly affected their teaching and curriculum planning.

Stimulation to Continue Education

When they arrived at the workshop, many of the delegates shared a familiar attitude. They resented the need for additional education, but acquired it if absolutely necessary for a particular position. Being familiar with this anti-education attitude, the staff was particularly gratified to find attitudes slowly changing during the workshop and distinctly modified two months and one year later.

Some delegates were "sent" to the workshop and were content to "sit," but no delegate was able to resist becoming involved once they were exposed to the workshop stimuli. This is partially due to the small-group workshop method, but is also due to the delegates' own high commitment to their jobs and their motivation to be "good" teachers. The workshop capitalized on these motivations and sometimes reawakened latent enthusiasm and creativity. Many of the delegates who were most creative and active after the workshop had been discouraged, apathetic, non-creative, and "in a rut" (to use their own words) before attending the workshop. Post-workshop evaluations reflected the excitement and change present to some degree in all delegates.

As a result of the workshop delegates gained more understanding of the educational preparation necessary to function adequately as a faculty member at the junior college level. Many did not have this preparation, and they realized that many of their problems in the college and with their vocational nursing programs were related to this

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"second-class" preparation leading to "second-class citizenship" for themselves and their students. In addition, they became aware of how their own feelings of inadequacy and frustration resulted from unrealistic expectations they had had for themselves. Delegates became motivated to acquire more preparation to function in their professional role as nurse-educators.

THE LIMITATIONS OF THE WORKSHOP METHOD

Educational Prerequisites

Regardless of how valuable the small-group workshop is to the individual or how much behavioral and attitudinal change takes place, it does not substitute for a basic educational background. Indeed, the attempt to compensate for the lack of adequate academic background of many delegates in both rursing and education was a handicap in all workshops. Because of the highly specialized and multi-faceted nature of the nurse-educator's functions, inadequacies in background were present to some degree in almost all delegates regardless of actual academic degrees acquired.

Seminar discussions of the 1957-1959 vocational nursing research applicable to student selection and curriculum revision were frequently interrupted to include some rudiments of tests and measurements, of current nursing educational philosophy and organization, and even of current trends in nursing practice. Inadequate background knowledge seldom became apparent unless the "lecture" was interrupted to stimulate responses and questions from delegates. If allowed to merely listen, they usually

just nodded and seemed to understand the points being made. But, if asked to interpret in their own words the meaning of such things as normal curve, percentile rank, team nursing, or continuity of nursing care, it became apparent that many did not have a precise idea of the meaning of these terms or concepts. Often they were unaware of just how imprecise their knowledge was until they were asked to explain a point. Yet, these same instructors were interpreting regulations of the State Board of Vocational Nurse Examiners and revising their curricula on the basis of such interpreting.

Much of the delegates' initial adverse reaction to curriculum revision seemed to be occasioned by lack of understanding of conceptions involved in the new regulations. The workshops helped in interpret some of the points that caused such dismayed reactions as "teach at the bedside!" and "new students in the hospital!" But the workshops cannot compensate for a lack of knowledge that would enable instructors to read and interpret professional literature for themsleves. The pre-workshop test given in 1961 gives an indication of how few delegates had a workable knowledge of common professional terms they could be expected to use in instruction and curriculum construction (see Tables 1,2,3,4, in Chapter 2 and accompanying discussion).

Discrepancies in Backgrounds

The inability to require particular courses prior to attendance at a workshop makes it necessary to cope with a wide variety of discrepancies in delegates' backgrounds. Of course, this is not a unique problem, but it does require additional time and staff energy to make the

workshop experience meaningful to all delegates. Their teaching experience varies from a few months to twenty years, nursing experience varies almost as much (see Appendix B, Tables 11 and 12). Academic education varies from an A.A. degree to post-master's degree work.

Not only quantitative but also qualitative differences exist in delegates' education and experience. Most instructors are graduates of an outmoded type of nurses' training (see Appendix B, Table 13), and unless they have had some additional upper-division nursing courses, they tended to teach as they were taught without being aware of developments in nursing. Few delegates had preparation in advanced nursing, although many have had additional academic preparation in a related scientific field or in educational methodology. On the other hand, some delegates with additional education in nursing at the upper division or graduate level lacked preparation in teaching methodology, curriculum, education psychology, administration, or vocational education (see Appendix B, Table 9). Very few delegates had an adequate academic background in both nursing and education.

The types of nursing and teaching experience varied widely. Every type of clinical specialty was represented, with very little overlap of experience among delegates in any one group. Teaching experience in professional and vocational nursing abounded in every conceivable combination among delegates. All these differences added to the complexity of the workshop sessions.

The most serious deficit noticed in almost all delegates' educational preparation was in the area of understanding human behavior. Even when the delegates had taken an elementary psychology or sociology course, they did not seem to apply this knowledge to nursing. They could frequently use or understand sociological, psychological, or psychiatric terminology, but almost without exception they could not transfer knowledge to work with a patient. This difficulty in recognizing patients' behavioral cues and reactions prevented their developing a meaningful nursing care plan; further, it prevented their integrating these mental health concepts into patient-centered teaching (a current curriculum goal of almost every program).

The workshop seminars on curriculum study were seriously handicapped by this lack of understanding of behavioral sciences from which mental health concepts are drawn. And the attempt to identify learning experiences for students that would meet curriculum objectives was further hindered by another characteristic of the delegates. Most seemed to be "good nurses," but in a nurse-patient situation they functioned intuitively rather than rationally. They could specify the aspects of a situation that led to "good nursing care" only with difficulty. This seriously limited their ability to delineate experiences that could help their students learn to become "good" nurses.

Administrative Problems

One of the major problems involved in the one or two-week workshop is the administrative problem of releasing teachers from their

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posts to attend. Many schools found it difficult, if not impossible, to obtain a qualified substitute teacher. Some solved this by doubling up on teaching responsibilities and careful planning of class sessions to allow a larger student-teacher ratio for the time the delegate would be absent. Other programs did not send any representatives. Some administrators felt it would be unfair to other faculties to allow vocational nursing instructors leave to attend such a workshop. One administrator said he would allow a representative to attend evenings, weekends, or vacations. Other administrators were so convinced that the workshop would be valuable that they not only found a way to release one instructor but insisted that a second teacher from their program be allowed to come later.

These two extremes in administrators' attitudes indicate some of the problems involved. Many of these problems are real and difficult to solve. However, programs that want to send a representative seem to find a way to do so. Administrators who accept the responsibility for in-service education of their faculty see the workshop as an aid in maintaining a well-prepared faculty.

Motivational Problems

The nature of the workshop and the location constituted problems which affect the instructors' motivation. First, they had to be willing to engage in activities which demanded almost all of their time and energy for the duration of the workshop. They were expected to remain in residence with other delegates, and this did not allow them to use their evenings freely for sight-seeing or visiting. Evenings

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and weekends were usually filled with seminar sessions in the eight-day workshop or with "homework" in the two-week workshop. Delegates found it almost impossible not to become emotionally involved in the workshop experience: they found themselves stimulated to talk and think about vocational nursing education, even after the scheduled sessions. This type of involvement and demand on time and energy does not appeal to all instructors.

Second, the geographic location of the workshop inflicted hardships on many delegates. For some it necessitated traveling a considerable distance; for about two-thirds of the programs the trip required at least a half-day by auto, plane, train, or bus. Even programs in Los Angeles County required a minimum of one to three hours travel.

Third, the location and the residential aspect of the workshop presented personal problems for delegates with family responsibilities. Almost every delegate had some family member dependent upon her for assistance in the evening and weekend hours not normally taken up by teaching. Arrangements had to be made to leave husbands, children, and parents so that the delegates would be free during the entire workshop. These family responsibilities probably presented more of a problem for delegates contemplating attendance at a workshop than any other factor.

Budget Factors

The small group workshop method is expensive in some senses of the word. It requires a small student-teacher ratio, a highly-specialized staff, large blocks of time, and specialized facilities

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and equipment. Probably the most expensive item is the staff. The nature of the workshop schedule and agenda makes it mandatory to have at least two full-time professional staff members and a secretary. The facilities and equipment necessary to borrow, rent, or purchase include such things as conference rooms for seminars and small group meetings, mimeograph, typewriter, clerical supplies, flip boards, tape recorder and tapes, film projector, film strips, reference books, specialized audio-visual aids, etc. Some of the larger equipment may be borrowed from a "sponsor," but must be purchased or rented if not available. Meeting rooms may be scheduled through schools or through hotels housing the workshop delegates, sometimes without fee. Supplies used during workshops must be purchased. These and other similar items need not be costly, but are more expensive than supplies for teaching through the lecture method.

Another budget item was partial reimbursement of qualified programs for a substitute teacher's salary. Since this portion of the budget was administered directly through Board of Education channels exact information on these expenditures is not available. It is known, however, that many eligible programs did not obtain a substitute teacher. Whether this type of reimbursement policy stimulated attendance at the workshop should be evaluated; the availability of substitute teachers may be more inflencial: more of the programs with larger faculties were represented than those with only one or two faculty members.

A significant financial aspect was reimbursement of instructors for

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travel and subsistence expenses incurred while attending the workshop. While it was welcomed by all delegates, especially those with heavy financial commitments for a family, the policy should be examined in light of several factors. It did not seem to be sufficient to induce thirty-eight percent of the eligible programs to send a representative or to induce three-fourths of the instructors to apply.

Complexity of Objectives

The workshop objectives were too ambitious in view of the limited amount of time available, the varied backgrounds of the delegates, and their preoccupation with curriculum development. This concern with curriculum was especially pressing among the 1960 delegates. Such a concern might not be found at another time, but then some other pressing matter might complicate or even sabotage the objectives of the workshop. As it was, the delegates personal objectives constituted a "hidden agenda," which had to be provided for in addition to the project objectives. Thus, more of the available time had to be allotted to curriculum planning than would ordinarily have been at a workshop devoted to improving instruction: objectives were more complex than they might have been.

But on the whole too much rather than too little was attempted in both series of workshops. The very nature of the unstructured small-group discussion fosters expansion to include participants' needs. In view of the expansive tendencies therefore, it seems particularly important to begin with more restricted objectives.

PERSONNEL PROBLEMS INFLUENCING THE WORKSHOP METHOD

In evaluating the small-group workshop method, attention must be directed to problems involving the workshop staff. These are intimately connected with some of the values and limitations of the method previously discussed. The small-group workshop method, as used in this investigation required certain specific qualifications of the staff and made certain demands upon their time and energy. Because such qualifications and demands might be required of future workshop's staff, special problem areas will be discussed.

Coordinator's Qualifications

The project coordinator's functions required her to be trained in nursing, research, education, group dynamics, and the behavioral sciences and to have knowledge of the vocational nursing curriculum. At a minimum, the coordinator must have some preparation in research, nursing education, and small group work. There are few people available with these qualifications, and the demand for them is great.

Coordinator's Teaching and Research Responsibilities

Conflict between the coordinator's service and research responsibilities frequently leads to frustrations and lack of efficiency. During the workshops the teaching or service responsibilities were paramount (because of their immediacy), but the research responsibilities were also present and had to be met concomitantly if the project schedule were to be maintained. Frequently this was impossible to do because of the inordinate demands on time and energy made by the workshop. In addition to teaching and research duties, there were the responsibilities

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of preparing instructional materials and of supervising the research staff. This multiplicity of responsibilities and the resulting conflicts and frustrations suggest that in future planning some modifications be made to permit the job satisfaction necessary to maintain her motivation.

Observer's Qualifications

Investigation of the small-group workshop method requires a trained observer. It was difficult to fulfill this requirement during the 1960 and 1961 research projects. Trained observers are scarce, and in this type of workshop they have to have some background in nursing as well as in the small group process. In addition, the investigational aspects necessitated training in some research techniques and some writing ability. The project time schedule precluded adequate training of observers prior to their taking on the task. As a result, observers varied in their performances.

Specialized Facilities

The small group workshop method as used in the project required certain specialized facilities. The clinical experience required a hospital offering varied patient experiences and staffed with cooperative personnel. The UCLA Medical Center provided these facilities.

The ward conference required a secluded room close to the clinical area so that conferences could start immediately following the clinical experience. Such a room was available in the Medical Center.

The seminar session required a conference room and several

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adjacent rooms for small group meetings. The conference room needed to be large enough to accommodate a large conference table, blackboards or flip boards, projector, tape recorder, observer, library, and other necessary equipment. The acoustics should be adequate for obtaining useful tape recordings. The conference room should be close to the hospital, and it is convenient if the room is used exclusively by the workshop group so that teaching materials can be left undisturbed from day to day.

The 1960 workshop seminars were held in a large room reserved for the group in the School of Education building on the same campus as the Medical Center. There were several serious disadvantages to the room: acoustics and ventilation were poor, and the sole access to another room was through the conference room, consequently there were frequent distractions in the forms of noise and trespassers, and physical discomfort, drowsiness, or chilling because of poor ventilation and temperature control. In addition the quality of tape recordings was poor.

The 1961 seminar sessions were held in a large conference room reserved exclusively for the workshop group in the hotel where delegates were living, about two blocks from the Medical Center. The acoustics, ventilation, and privacy were good; proximity to living quarters cut down on travel time, especially during the workshops with both afternoon and evening sessions. The physical improvements led to more concentration during the seminar discussions and small work group sessions.

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SUMMARY

The small group workshop method does seem to offer a valuable means of improving instruction in vocational nursing. There are limitations to the method, however, which prevent it from becoming the answer to all in-service education problems or even an easy solution for many administrators and instructors. In addition, there are special staff problems which must be considered in using the method. In spite of the limitations and problems, many of which are not unusual or insolvable, the small-group workshop method seems to offer unique benefits in stimulating learning of new attitudes and behavior, which could make a significant contribution to improving instruction in vocational nursing.

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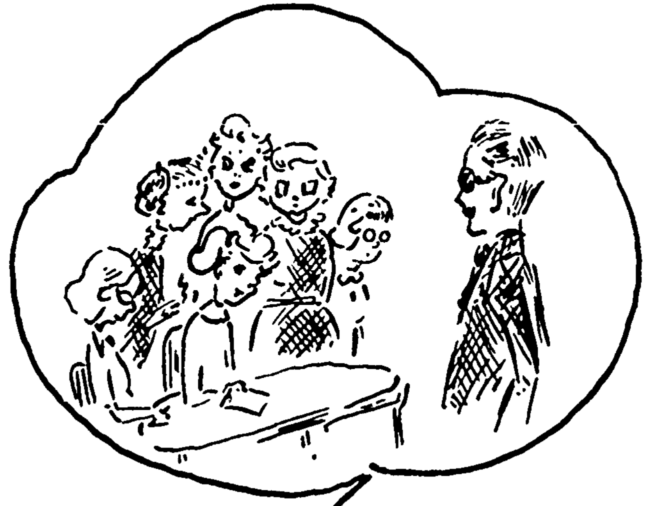
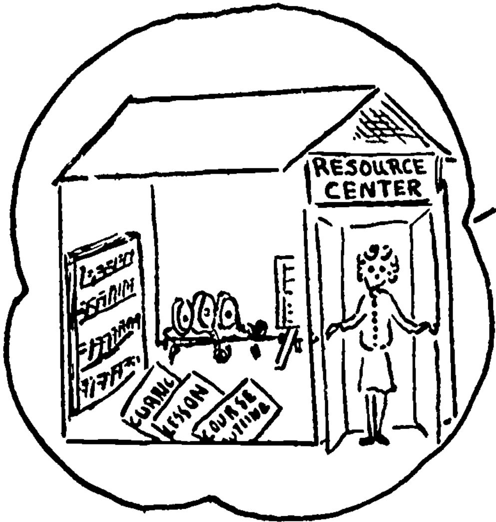
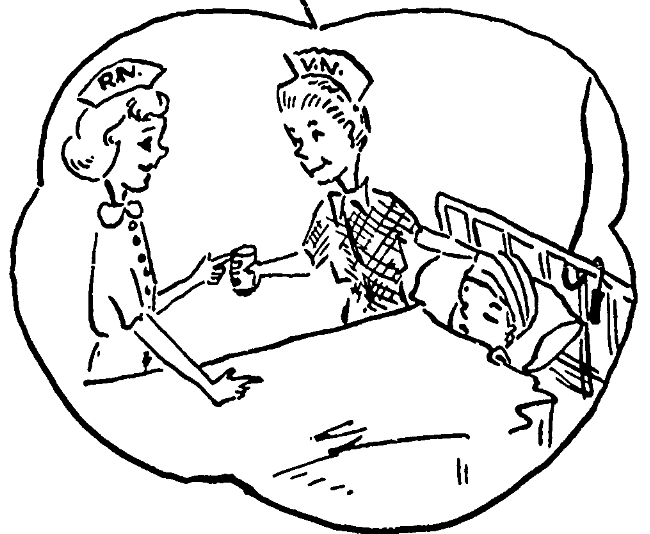


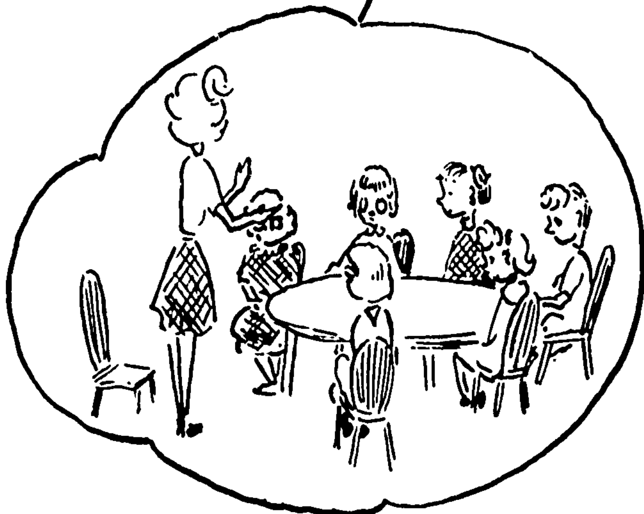
Chapter 6

Where Can We Go From Here?

Summary: Findings and Recommendations







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Chapter 6

Where Can We Go From Here?

Summary: Findings and Recommendations

This project was undertaken to investigate some of the problems involved in improving instruction in vocational nursing. The resident workshop was the medium used, and the small-group process, in association with clinical nursing experience, was the basic teaching method employed. The present report encompasses data from two series of workshops, in 1960 and 1961, and attempts to analyze the delegates' experiences, observers' records, and delegates' evaluations; data on which the analyses are based is included in the text and appendices. The data concerns 35 instructors representing approximately two-thirds of the vocational nursing programs in California. The data consisted of delegates' written records of individual and group study, tape recordings of seminar sessions and evaluation conferences, observers' records of workshop meetings, and delegates' evaluations of the workshop experience during and after the workshop. Some miscellaneous data was obtained from other vocational nursing faculty and school administrators.

Detailed information of the study has been presented in the preceding chapters. The principle findings and implications of the data are presented now as background for recommendations for action to improve instruction of vocational nursing in California. Five

findings and implications concern the small-group workshop method and format; five concern the vocational nursing instructors who attended the workshops.

SIGNIFICANT FINDINGS AND IMPLICATIONS

1. The basic workshop design presents an effective means of in-service education for vocational nursing instructors. Variations in schedules provide opportunity for more instructors to attend a workshop but are sufficient to attract representation from only about three-fifths of the eligible programs in California and to elicit attendance of approximately one-fourth of the full-time faculty.

2. The small-group workshop method can be successful with a group ranging from four to eight instructors. The method seemed to be equally successful with four or eight in providing maximum opportunity for communication and for stimulating a variety of personalities. Within these limits, variations in effectiveness seemed to depend on individual personalities rather than on size of group. The nature of the clinical experiences and ward conferences limit the size of the group to a maximum of eight.

3. The clinical nursing experiences are an essential element in the effectiveness of the workshop. They are invaluable as a means of stimulating common experiences, a focus for small-group discussions, a laboratory for testing, perceptions, and insights, and an aid to studying curriculum. A minimum of five days in the clinical area seems necessary to evoke the type of insightful learning and behavioral change which occurred among workshop delegates.

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4. The unstructured ward conference, oriented toward human relations, is the other element in an effective workshop. Subsequent seminar sessions, notably those about curriculum planning, depended upon the depth and breadth of the ward conferences and related clinical esperiences. Daily ward conferences immediately following each clinical experience were indispensable in stimulating meaningful learning.

5. Seminar sessions which provide information, stimulate group discussions, and promote individual and group problem-solving are important elements in a successful workshop. They provide opportunities for relating theory to practice, for developing useful relationships, and for producing insightful learning. They are also valuable in reducing anxiety and frustration associated with other, less familiar indirect methods of teaching used during the workshop. For two-thirds of the workshop approximately half of each day was scheduled for seminar sessions (two additional evening hours were scheduled for seminars in the concentrated eight and one-half day workshops). The last three days of each workshop were devoted exclusively to seminar or small-group sessions.

6. The small-group workshop method is an effective means of improving instruction in vocational nursing. The data revealed attitidinal and behavioral learning consistent with the workshop objectives. After one year almost three-fourths of the many improvements and modifications cited by delegates directly involved instruction. Over half of these concerned changes in teaching methods in the clinical area, ward conference, and classroom, and the remainder concerned

changes either in the delegate's own behavior or in teacher-student relations and student learning.

7. During the year following the delegates' return the workshop experience reportedly influenced important modifications in vocational nursing programs. Significant revisions were made in curricula, and half of all plans for the future involved modifications in the area of curriculum. Few changes were made in methods of student selection or in provisions for ongoing student counseling, however, even though delegates believed both of these would reduce attrition and minimize certain instructional problems.

8. The workshop experience was effective in increasing understanding of the new regulations of the Board of Vocational Nurse Examiners, of the implications and recommendations in _A Study of Vocational Nursing in California_, and of the suggestions implicit in _Guides for Developing Curricula for the Education of Practical Nurses_. The increased understanding of these three basic publications, for example, and of current related concepts of nursing care and nursing education, assisted instructors in curriculum planning for their own programs.

9. Delegates understood more clearly that educational preparation was necessary to enable them to function as faculty members of a vocational nursing program in a California Junior College (or similar institution). They reported that many of their curriculum problems were related to insufficient educational background; they became motivated to acquire more adequate preparation to function as nurse-educators. They placed particular emphasis on acquiring additional background in

mental health.

10. The workshop experience was influential in improving delegates' relationships with other vocational nursing faculty members and with nursing service personnel involved in clinical settings. These improved relationships effected positive changes in clinical, teaching ward conferences, classroom teaching, and curriculum planning sessions. In addition, there was some improvement in communication, understanding, and cooperation with school administrators regarding the problems of the vocational nursing program.

RECOMMENDATIONS

The recommendations which follow are based on the findings of the research study and are submitted as guides for further action to improve instruction in vocational nursing. Some of the recommendations refer directly to the vocational nursing instructor, some to the school administrator, others to the registered nurse. These recommendations are directed to the entire nursing profession as well as those educators and lay people interested in or responsible for improving the quality of vocational nurses' education and patients' nursing care. It is recommended:

1. That the recommendations made in <u>A Study of Vocational Nursing in California</u> be reconsidered in light of both present curriculum practices and current and future nursing needs involving the Licensed Vocational Nurse, and that steps be taken to implement those recommendations which would improve vocational nursing instruction

and practice in California.[1]

2. That an evaluation of the academic preparation and professional experience of the vocational nursing instructors in California be made, in relation to the competencies implied in the curriculum regulations of the Board of Vocational Nurse Examiners and in the recommendations of A Study of Vocational Nursing in California; and that appropriate action be taken on a state-wide level to assist instructors in meeting job qualifications.

3. That appropriate action be taken to specify the content of certain controversial courses in the minimum curriculum, so that attempts to improve instruction and curricula may not founder on them. Problem areas include mental health, competence in administering medications or in caring for mentally ill patients, and other areas mentioned in A Study of Vocational Nursing in California (see Appendix E, recommendations 2, 7, and 8).

4. That present student selection methods be evaluated in terms of attrition, performance on licensure examination, and on-the-job performance of graduates; and that information obtained in A Study of Vocational Nursing in California be used as a basis for standardization of selection procedures and student counseling (see Appendix E, 11, 12, and 15).

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[1] These recommendations are reproduced in Appendix E for the reader's convenience. Particular attention is called to recommendations 2, 7, 9, 10, 11, 12, and 16, which are directly related to findings in this study and which are significant factors in any attempt to improve instruction.

5. That instructors in vocational nursing programs acquire sufficient academic preparation to function as nurse-educators; and that minimum preparation include upper-division and graduate courses in nursing, education, and the behavioral sciences (see Appendix E, recommendations 1, 2, 3, 7, 8, 9, 11, and 12).

6. That vocational nursing instructors participate in professional nursing organizations and keep abreast of nursing literature, so that curriculum planning and instruction may be based upon current practice and future trends in nursing and other health services.

7. That school administrators maintain standards for employing vocational nursing instructors comparable to those for other faculty members; and that unqualified instructors not be assigned to the vocational nursing programs.

8. That school administrators not only encourage vocational nursing faculty to acquire the necessary preparation for fulfilling their functions but promise their utilization of available educational opportunities.

9. That school administrators and nurse-directors of vocational nursing programs work to improve mutual understanding and communication.

10. That additional qualified and experienced consultants be provided through an appropriate agency, to assist the vocational nursing programs in the implementation of the minimum curriculum and in the coordination of efforts to improve teaching (see Appendix E, 10).

11. That two regional resource centers for vocational nursing be established in California for the pooling and dispensing of

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information; the centers to provide information on all vocational nursing programs and special library resources of publications, audio-visual aids, and other teaching material not readily available to individual instructors; each center to be directed by a qualified experienced nursing education consultant.

12. That opportunities for continuing education be made available to vocational nursing instructors through institutes, workshop, and extension courses offered at convenient times and locations; and that these programs emphasize mental health, nursing trends, interpersonal relations, counseling, and curriculum construction.

13. That seminars for administrators of vocational nursing programs be scheduled to encourage sharing of problems and potential solutions, to promote evaluation of instruction and curricula, and to stimulate modifications toward more effective vocational nursing education.

14. That a workshop for school administrators be conducted to interpret the needs of the vocational nursing student, the special concerns of the faculty, and the problems peculiar to implementation of the vocational nursing curriculum established by the State Board of Vocational Nurse Examiners.

15. That the nursing profession assume responsibility for defining the roles of the registered nurse and the vocational nurse in relation to current and future nursing practice, and for insuring and continuing the education of the registered nurse (new and old graduates) as co-worker, team-leader, and supervisor of the Licensed Vocational

Nurse.[2]

16. Finally, that closer communication and coordination be established between the one-year vocational nursing programs, and the two-year associate degree nursing programs in junior colleges to further the goal of graduates who can work together in a team-relationship (see Appendix E, 17).

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2 See Chapter 2, "Problems Involving Nursing and Nurses," pp. 41 to 47 of this report, and also, A Study of Graduates of Vocational Nursing Programs in California, "Licensed Vocational Nurse's Greatest Problem," pp. 31 ff.

Appendix A

Delegates' Definitions of Four Nursing Terms

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FIGURE 1

Outline of Typical Statements Included in Definitions of Four Nursing Terms Presented in Chapter 2, Tables 1, 2, 3, and 4.

1. PATIENT-CENTERED TEACHING

   a. Teaching which uses the patient's needs as the focus:

      "Patient as starting point whether teaching concerns physical or emotional needs."
      "All teaching is done with the patient as the prime center of interest."

   b. Teaching which uses the patient to illustrate nursing content:

      "Using the patient to demonstrate the various aspects of nursing content."
      "Teaching of specific situation is built around care of a patient presenting the problem."

   c. Ambiguous or inappropriate definitions:

      "Consider patient's needs while caring for particular aspects of illness."
      "Student cares for patient from time of admission, gives or observes all care of patient."

2. CONTINUITY OF PATIENT CARE

   a. Nursing care of the patient from beginning to end of illness:

      "Following a patient's care from day to day, from admittance to dismissal."
      "Starts on admission, through pre- and post-operative care, family responsibilities and home care."

   b. Planned patient care to ensure continuity with different personnel:

      "Plan whereby patient's care is uninterrupted even when different nurses render care."
      "The follow-through of patient care--a planned care."

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c. Nurse Takes care of same patient repeatedly:

"Have student give care to same patient for at least 3-5 days."
"As near as possible, one nurse does continuous care."

d. Ambiguous or inappropriate definitions:

"All phases of learning are meshed--to show continuing needs of patient care."
"Basic knowledge and skills integrated into the changing needs of the patient."

3. TOTAL PATIENT CARE

a. Nursing care of patient's physical, mental, and social needs:

"Concerns about the patient as an individual--physical, mental, social needs."

b. Nursing care of patient's physical, mental, and spiritual (or emotional) needs:

"Meeting the sum total of patient's needs--physical, mental, even spiritual sometimes."

c. Nursing care with stress on physical things done for patient:

"One nurse giving all the care, including medications and treatments."
"Care for all the patient's needs--daily hygiene, treatments, medications."

d. Ambiguous or inappropriate definitions:

"Doing everything for the patients--including listening."
"One nurse gives entire care for an eight hour period."
"Meeting all the patients' needs."

COMPREHENSIVE PATIENT CARE

a. Nursing care of patient's physical, mental, and emotional or spiritual needs:

"Essentially the same as total patient care," (physical, mental, spiritual needs).
"To concentrate on the physical, mental, and emotional needs in a team relationship."

b. Same as total patient care (stress on physical needs):

"Not only total patient care (physical) but also care following discharge."

c. Ambiguous or inappropriate definitions:

"Understanding the care needed by the patient."
"Involves all aspects of nursing care."
"Care of critically ill patients for a short duration only."
"Influence on patient; present and future needs; also signifies the depth of nursing."

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Appendix B

Statistical Tables: Characteristics of Participants

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TABLE

Comparison of the Distribution of

At the 1960 and 1961 Workshops

Section of the State	All V.N. Programs in Calif., 1961 No.	Percent (N=46)	Public School V.N. Programs, 1961 No.	Percent (N=42)	
North					
San Francisco Area	12	26.1	11	26.2	
North Coast	1	2.2	1	2.4	
Inland Valley	10	22.7	10	23.8	
South					
Los Angeles County	11	23.9	8	19.0	
Surrounding L.A. County	10	21.7	10	23.8	
San Diego County	2	4.4	2	4.8	

* One program sent a delegate to two of the 1961 workshops.

Six programs in and around L.A. County were represented at both the

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1

Vocational Nursing Programs Represented

with All Programs in California

Programs Represented at 1960 Workshops No.	Percent (N=19)	Programs Represented at 1961 Workshops No.	Percent (N=14)	Total V.N. Programs Represented 1960-61 No.	Percent (N=27)#
2	11.5	4	28.6	6	22.2
1	5.3	0	0.0	1	3.7
5	26.3	2	14.3	7	25.9
4	21.0	3*	21.4	4#	14.8
6	31.6	4	28.6	7#	25.9
1	5.3	1	7.1	2	7.4

1960 and 1961 workshops.

TABLE 2

Size of Community Represented by Vocational Nursing Programs

Attending 1960 and 1961 Workshops

Size of Community (Population)	V.N. Programs in California, 1961		Programs Represented at 1960 Workshops		Programs Represented at 1961 Workshops		Total V.N. Programs Represented 1960-61	
	No.	Percent (N=46)	No.	Percent (N=19)	No.	Percent* (N=14)	No.	Percent# (N=27)
Over 100,000	15	32.6	4	21.1	5*	35.7	7#	25.8
50,000-100,000	12	26.1	8	42.1	4	28.6	10#	37.1
Under 50,000	19	41.3	7	36.8	5	35.7	10#	37.1

* One program was represented at two 1961 workshops (not duplicated in total).

\# Six programs were represented at both 1960 and 1961 workshops (not duplicated in total).

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TABLE 3

Comparison of Sponsorship of Vocational Nursing Programs Represented

At the 1960 and 1961 Workshops with Programs in California, 1961

Type of School	All V.N. Programs in California		Programs Represented at 1960 Workshops		Programs Represented at 1961 Workshops		Total V.N. Programs Represented 1960-61	
	No.	Percent (N=46)	No.	Percent (N=19)	No.	Percent* (N=14)	No.	Percent (N=27)#
Junior College	34	73.9	14	73.7	13*	92.9	21#	77.8
Adult School	8	17.4	5	26.3	0	0.0	5	18.5
Private School	4	8.7	0	0.0	1	7.1	1	3.7

* One program was represented at two 1961 workshops (not duplicated in total).

Six programs were represented at both 1960 and 1961 workshops (not duplicated in total).

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TABLE 4

Comparison of the Year in Which State Accreditation was Effective for the Vocational Nursing Programs Represented At the 1960 and 1961 Workshops with Programs in California, 1961

Year Program Accredited	All V.N. Programs in California, 1961		Programs Represented at 1960 Workshops		Programs Represented at 1961 Workshops		Total V.N. Programs Represented 1960-61	
	No.	Percent (N=46)	No.	Percent (N=19)	No.	Percent (N=14)*	No.	Percent (N=27)#
1952	3	6.5	0	0.0	1	7.1	1	3.7
1953	26	56.5	14	73.6	8*	57.2	17#	63.0
1954	4	8.7	1	5.3	0	0.0	1	3.7
1955	3	6.5	0	0.0	0	0.0	0	0.0
1956	0	0.0	0	0.0	0	0.0	0	0.0
1957	4	8.7	3	15.8	1	7.1	3#	11.1
1958	2	4.4	1	5.3	1	7.1	2	7.4
1959	1	2.2	0	0.0	1	7.1	1	3.7
1960	3	6.5	0	0.0	2	14.3	2	7.4

* One program was represented at two 1961 workshops (not duplicated in total).

Six programs were represented at both 1960 and 1961 workshops (not duplicated in total).

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Appendix B

TABLE 5

Percentile Rank of Average Score on State Board Licensure Examinations

for Graduates of Vocational Nursing Programs Represented

At the 1960 and 1961 Workshops

Percentile Rank*	Programs Represented at 1960 Workshops No.	Percent (N=19)	Programs Represented at 1961 Workshops No.	Percent # (N=14)	Total V.N. Programs Represented 1960-61 No.	Percent (N=27) ##
1958**						
4th Quarter	4	21.2	5	35.7	5	18.5
3rd Quarter	8	42.1	2	14.3	9	33.3
2nd Quarter	3	15.7	2	14.3	5	18.5
1st Quarter	4	21.1	1	7.1	4	14.8
No Candidates	0	0.0	4	28.6	4	14.8
1959**						
4th Quarter	4	21.1	4	28.6	4	14.8
3rd Quarter	7	36.8	1	7.1	8	29.6
2nd Quarter	3	15.8	2	14.3	4	14.8
1st Quarter	4	21.2	4	28.6	7	25.9
No Candidates	1	5.3	3	21.4	4	14.8
1960**						
4th Quarter	5	26.3	2	14.3	5	18.5
3rd Quarter	5	26.3	3	21.4	7	25.9
2nd Quarter	5	26.3	3	21.4	7	25.9
1st Quarter	3	15.8	4	28.6	5	18.5
No Candidates	1	5.3	2	14.3	3	11.1

* 4th Q = 76th - 100th percentile
3rd Q = 51st - 75th percentile
2nd Q = 26th - 50th percentile
1st Q = 1st - 25th percentile

** 1958 - 1,055 graduates of 40 V.N. programs
1959 - 1,130 graduates of 41 V.N. programs
1960 - 1,085 graduates of 40 V.N. Programs

\# One program was represented at two workshops (not duplicated in total).

\## Six programs were represented at both 1960 and 1961 workshops (not duplicated in totals). Four of these consistentl ranked in the upper quarter for two or more ears, another ranked well above the mean two-thirds of the time, the sixth attained progressivel higher rank although remaining in the lower quarter.

TABLE 6

Proportionate Representation by Size of Faculty of 46

Vocational Nursing Programs in California at the 1960 and 1961 Workshops

Size of Faculty	All V.N. Programs in California, 1961 No.	Percent (N=46)	Public School V.N. Programs, 1961 No.	Percent (N=42)	Programs Represented at 1960 Workshops No.	Percent (N=19)	Programs Represented at 1961 Workshops No.	Percent (N=14)*	Total V.N. Programs Represented 1960-61 No.	Percent (N=27)**	Percentage of California Programs Represented at Workshops 1960-61
Large (4 - 7)	15	32.6	12	28.6	7	36.8	5*	35.7	10	37.1	66.6
Medium (2½ - 3½)	14	30.4	13	31.0	7	36.8	5	35.7	9	33.3	61.4
Small (1 - 2)	17	37.0	17	40.5	5	26.4	4	28.6	8	29.6	47.1

* One program was represented at two 1961 workshops (not duplicated in total).

** Six programs were represented at both 1960 and 1961 workshops (not duplicated in total).

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TABLE 7

Size of Faculty and Employment Status of Faculty Members

in 46 Vocational Nursing Programs in California 1961 and

Proportionate Representation at the 1960 and 1961 Workshops

Size of Faculty	Full Time V.N. Directors, 1961		Full Time V.N. Instructors, 1961		Full Time Instructors and All Directors, 1961		Faculty Attending Workshops 1960-61		Percentage of Regular Faculty at Workshops#
	No.	Percent (N=34)	No.	Percent (N=91)	No.	Percent (N=137)	No.	Percent (N=34)	
Large (4 - 8)	10	29.5	60**	65.9	75**	54.7	13	38.2	17.3##
Medium (2½-3½)	8*	23.5	22	24.2	36	26.2	14	41.2	38.9
Small (1 - 2)	16	47.0	9	9.9	26	18.9	7	20.6	26.9

* This includes a full-time director of a private V.N. program.

** This includes eight full-time instructors and three part-time directors in private V.N. programs.

Regular faculty includes all full-time instructors and all directors.

Of the V.N. programs in public schools, 20.3 percent of the members of large faculties attended a workshop.

TABLE 8

Proportion of Instructors and Directors in 46 Vocational Nursing Programs in California

Represented at the 1960 and 1961 Workshops

Employment Status	Toral V.N. Faculty in California 1961		V.N. Faculty in Public Schools 1961		Faculty Attending 1960 Workshops		Faculty Attending 1961 Workshops		Total Faculty Attending 1960-61		Percentage of Total Faculty at Workshops
	No.	Percent (N=180)	No.	Percent (N=151)	No.	Percent (N=19)	No.	Percent (N=15)	No.	Percent (N=34)	
Director*	46	25.6	42	27.8	8	42.1	4	26.7	12	35.3	26.1
Instructor	134	74.4	109	72.2	11	57.9	11	73.3	22	64.7	16.4
(Full time)	(91)	(50.6)	(83)	(54.9)	(11)	(57.9)	(10)	(66.6)	(21)	(61.8)	(23.1)
(Part time)	(43)	(23.8)	(26)	(17.3)	(0)	(0)	(1)	(6.7)	(1)	(2.9)	(2.3)

* Includes 12 part-time directors - 3 in private schools
8 in junior colleges with joint administrative responsibility for a two-year professional nurse program
1 in adult high school with joint administrative responsibility for hospital nursing service

TABLE 9

Comparison of Teaching Credentials of 1960 and 1961 Workshop Delegates

With 123* Vocational Nursing Instructors in California 1960-61

Teaching Credentials**	V.N. Instructors Californi , Fall 1960		Delegates to 1960 Workshops		Delegates to 1961 Workshops		All Delegates 1960-61 Workshops	
	No.	Percent (N=123)	No.	Percent (N=19)	No.	Percent (N=15)	No.	Percent (N=34)
Special Secondary, Vocational Class A	85	69.9	16	84.2	13	86.6	29	85.3
Special Secondary in Nursing Education	23	18.7	2	10.5	2	13.3	4	11.8
General Secondary	8	6.5	1	5.3	1	6.7	2	5.9
Provisional General Secondary	2	1.6	1	5.3	0	0.0	1	2.9
Others#	24	19.5	7	36.8	5	33.3	12	35.3

* The type of teaching credential held by 57 instructors was not reported.

** Some instructors possessed more than one type of credential. A total of 142 credentials were listed by 123 instructors in California, and a total of 48 credentials were listed by the 34 workshop delegates.

Others include:

Special Secondary, Vocational Class D
Special Secondary, Health Education
General Elementary
Junior High
Junior College
Adult Education
Health and Development
Public Health Nursing
Midwifery Diploma
Tropical Medicine Diploma

TABLE

Comparison of Educational Background

With Vocational Nursing Instructors

Academic Degree Completed or in Process**	All V.N. Faculty California, Fall 1960 No.	Percent (N=179)	V.N. Directors California, Fall 1960 No.	Percent (N=45)#	V.N. Instructors California, Fall 1960 No.	Percent (N=134)##	Delegates at 1960 Workshops No.	Percent (N=19)
Bachelor's Degree in Process	60	33.5	12	26.7	48	35.8	6	31.6
Bachelor's Degree Completed (BA or BS)	76	42.5	16	35.6	60	44.8	8	42.1
Master's Degree in Process	9	5.0	5	11.1	4	3.0	2	10.5
Master's Degree Completed	33	18.4	11	24.4	22	16.4	3	15.8
Doctoral Degree Completed	1	0.6	1	2.2	0	0.0	0	0.0

* Includes only delegates teaching in California V.N. programs.

** In each case the highest level indicated was used. All academic degrees are in

Includes 12 part-time directors (three are in private schools).

Includes 91 full-time and 43 part-time instructors (8 full-time and 17 part-time

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10

of 1960 and 1961 Workshop Delegates*

in California 1960-61

Delegates at 1961 Workshops		All Delegates 1960-61 Workshops		Director-Delegates 1960-61 Workshops		Instructor-Delegates 1960-61 Workshops	
No.	Percent (N=15)	No.	Percent (N=34)	No.	Percent (N=12)	No.	Percent (N=22)
4	26.7	10	29.4	2	16.7	8	36.4
7	46.7	15	44.1	6	50.0	9	40.9
3	20.0	5	14.7	3	25.0	2	9.1
1	6.7	4	11.8	1	8.3	3	13.6
0	0.0	0	0.0	0	0.0	0	0.0

addition to a diploma in nursing.

are in private schools).

TABLE 11

Comparison of Nursing Practice Experience of 1960 and 1961 Workshop Delegates

With Vocational Nursing Instructors in California 1957-58

R.N. Professional Experience (excluding teaching experience)	V.N. Instructors California 1957-58*		Delegates to 1960 Workshops		Delegates to 1961 Workshops		All Delegates 1960-61 Workshops	
	No.	Percent (N=98)	No.	Percent (N=19)	No.	Percent (N=15)	No.	Percent (N=34)
10 years or more	44	44.8	10	52.6	6	40.0	16	47.1
7 - 9 years	22	22.4	2	10.5	4	26.7	6	17.6
4 - 6 years	17	17.3	4	21.1	2	13.3	6	17.6
1 - 3 years	13	13.3	2	10.5	2	13.3	4	11.8
Less than one year	2	2.2	1	5.3	1	6.7	2	5.9

* Study of Vocational Nursing in California, p.111.

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TABLE 12

Comparison of Teaching Experience of Workshop Delegates With Vocational Nursing Instructors in California 1957-58

Teaching Experience	V.N. Instructors California 1957-58*		Delegates to 1960 Workshops		Delegates to 1961 Workshops		All Delegates 1960-61 Workshops	
	No.	Percent (N=98)	No.	Percent (N=19)	No.	Percent (N=15)	No.	Percent (N=34)
Vocational Nursing								
5 or more years	21	21.4	7	36.8	7	46.7	14	41.2
3-4 years	23	23.5	3	15.8	2	13.3	5	14.7
1-2 years	30	30.6	6	31.6	4	26.7	10	29.4
Less than one year	19	19.4	3	15.8	2	13.3	5	14.7
None reported	5	5.1	0	0.0	0	0.0	0	0.0
Professional Nursing								
5 or more years	11	11.2	6	31.6	3	20.0	9	26.5
3-4 years	6	6.1	3	15.8	0	0.0	3	8.8
1-2 years	16	[illegible].3	0	0.0	3	20.0	3	8.8
Less than one year	4	4.1	0	0.0	1	6.7	1	2.9
None reported	61	62.3	10	52.6	8	53.3	18	52.9

* Study of Vocational Nursing in California, p. 112.

TABLE 13

Age Distribution of Delegates to 1960 and 1961 Workshops

Years of Age	Delegates to 1960 Workshop No.	Delegates to 1960 Workshop Percent (N=19)	Delegates to 1961 Workshops* No.	Delegates to 1961 Workshops* Percent (N=15)	All Delegates 1960-61 Workshops No.	All Delegates 1960-61 Workshops Percent (N=34)
20-24	1	5.3	0	0.0	1	2.9
25-29	1	5.3	1	6.7	2	5.9
30-34	3	15.7	1	6.7	4	11.8
35-39	4	21.1	1	6.7	5	14.7
40-44	3	15.7	4	26.7	7	20.6
45-50	6	31.6	5	33.3	11	32.3
50-60	1	5.3	3	20.0	4	11.8

* Does not include the delegate from Utah.

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TABLE 14

Number of Classes Admitted Per Year by Vocational Nursing Programs

Represented at 1960 and 1961 Workshops

Classes Per Year	Programs Represented at 1960 Workshops		Programs Represented at 1961 Workshops		Total V.N. Programs Represented 1960-61	
	No.	Percent (N=19)	No.	Percent (N=14)*	No.	Percent (N=27)#
One	7	36.8	8	57.2	11	40.7
Two	12	63.2	5	35.7	15	55.6
Four	0	0.0	1	7.1	1	3.7

* One program was represented at two 1961 workshops (not duplicated in total).

Six programs were represented at both 1960 and 1961 workshops (not duplicated in total).

TABLE 15

Number of Affiliating Hospitals Used by Vocational Programs

Represented at 1960 and 1961 Workshops

Number of Hospitals	Programs Represented at 1960 Workshops No.	Percent (N=19)	Programs Represented at 1961 Workshops No.	Percent (N=14)*	Total V.N. Programs Represented 1960-61 No.	Percent (N=27)#
One	5	26.3	5	35.7	7	25.9
Two	4	21.1	3	21.4	5	18.5
Three	4	21.1	5	35.7	9	33.3
Four or Five	6	31.5	1	7.1	6	22.2

* One program was represented at two 1961 workshops (not duplicated in total).

\# Six of the programs were represented at both 1960 and 1961 workshops (not duplicated in total).

TABLE 16

Teacher-Student Ratio in Vocational Nursing Programs

When Represented at 1960 and 1961 Workshops

Number of Students Per Teacher*	Programs Represented at 1960 Workshops		Programs Represented at 1961 Workshops		Total V.N. Programs Represented 1960-61	
	No.	Percent (N=19)	No.	Percent (N=14)#	No.	Percent (N=33)**
5 - 9	2	10.6	4	21.4	6	18.2
10 - 12	6	31.5	5	42.8	11	33.3
13 - 15	6	31.5	5	35.7	11	33.3
16 - 18	4	21.1	0	0.0	4	12.1
19 - 22	1	5.3	0	0.0	1	3.1

* The range for the total group of delegates was 5 to 22, with a mean of 13; for the 1960 delegates the range was 9 to 22, mean 14; for the 1961 delegates the range was 5 to 15, the mean 11.

One program was represented at two 1961 workshops (not duplicated in total).

** Programs represented in both 1960 and 1961 are duplicated in the total because of changes in teacher-student ratio by 1961. Two programs with high ratios in 1960 dropped to the middle range by 1961, one with a very low ratio increased slightly, and four remained relatively constant ranging between 9 to 12.

Appendix C

Sample Evaluation Forms

Part 1: Pretest

Part 2: Terminal

Part 3: Two-Month Post

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WORKSHOP NUMBER ____________

CODE NUMBER ____________

DATE ____________

VOCATIONAL NURSING RESEARCH PROJECT

EVALUATION PRETEST

(To Be Completed During the First Hour of the Orientation Session)

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Appendix C, Part 1

Workshop No. ____________

Code Number ____________

Date ____________

VOCATIONAL NURSING RESEARCH PROJECT

PRETEST

I PURPOSE

1. Indicate to what degree you understand the purposes of this workshop and the daily session objectives.

very clearly	clearly	only moderately	only vaguely	not at all

2. Several reasons for attending this workshop are listed below. Rank them in order of importance to you in deciding to attend. (Rate every item using numbers 1, 2, 3, 4, 5, 6, 7, 8, 9.)

   a. To improve my teaching skills; ____________

   b. To gain understanding and skill in the area of interpersonal relationships; ____________

   c. To acquire a more thorough understanding of the vocational nursing program; ____________

   d. To discuss the findings and recommendations of the Vocational Nursing Research Project; ____________

   e. To avoid administrative pressures; ____________

   f. To enjoy an educational experience without a loss of pay or personal expense; ____________

   g. To earn required credits for salary increase; ____________

I PURPOSE (CONTINUED)

h. To gain knowledge regarding implementation of the new curriculum; ______

i. Other ______________________________

____

3. Which of the following do you consider as workshop objectives? Please rate them in order of importance to you at this time using numbers 1, 2, 3, 4, 5, 6, 7, 8, 9, 10. Rate every item.

a. To gain understanding and promote the use of the U.S. Department of Health, Education, and Welfare Guides; ______

b. To consider ways and means of revising the vocational nursing curriculum in accordance with the findings of the Vocational Nursing Research Project; ______

c. To assist in the formulation and statement of a generally acceptable philosophy of vocational nursing; ______

d. To work on specific problems confronting vocational nursing workshops; ______

e. To provide a testing ground for future vocational nursing workshops; ______

f. To construct a framework for a curriculum in vocational nursing answering the 1961 requirements of the Board of Vocational Nurse Examiners (Title 16); ______

g. To improve methods of instruction in vocational nursing education; ______

h. To gain stimulation and guidance from the workshop coordinator and resource people; ______

i. To discuss specific problems and to exchange viewpoints regarding the role of the vocational nursing instructor; ______

I PURPOSE (CONTINUED)

j. To explore, under the guidance of the workshop coordinator, the use of the small group process as a potentially valuable tool for nursing; ____________

II MECHANICS

1. How do you rate the pre-workshop communication you have had?

   ________/________/________/________
   very good   good   fair   poor

2. Have you attended a workshop before? ______ Yes; ______ No.

   a. If yes, what was the area of emphasis of the workshop? ____

   ____

   b. Who sponsored it? ____________________

   ____

   c. Where was it held? ____________________

   ____

   d. Approximately when and for how long? ____________

   ____

3. The Vocational Nursing Research Project workshops are 70 to 80 hours "live-in" (resident) workshops. What is your reaction to the "live-in" aspect?

4. How do you feel about the idea of small-group workshops?

5. What is your opinion of the daily time schedule of this workshop?

   ________/________/________/________
   seems tight   seems all right   seems light   no opinion

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II MECHANICS (CONTINUED)

6. What is your opinion of the printed workshop agendum you have received?

   ______/______/______/______
   very good / good / fair / poor

7. How much of the suggested reading were you able to do?

   ______/______/______/______
   all / nearly all / very little / none at all

8. You will be assigned to the Medical Center Hospital to give direct patient care.

   a. Speaking frankly what personal reactions do you have toward this type of assignment?

   b. Do you see any potential disadvantages in this assignment in clinical nursing?

   c. Do you see any potential advantages?

9. Do you hold ward conferences with your students? ____Yes; ____No.

   a. If yes, how often (daily, weekly, monthly)? ____________

   b. How long are they? ____________

   c. When do you have them? ____________

   d. Where do you hold them? ____________

   e. Please say briefly what you do in your ward conferences?

II MECHANICS (CONTINUED)

f. What is your opinion of the inclusion of ward conferences in the workshop?

10. What is your opinion of the inclusion of seminar sessions?

III PERSONNEL INVOLVED IN WORKSHOP

1. What do you expect from the coordinator of this workshop?

2. What is your opinion about using resource people as aids to teaching?

3. What special problem(s), if any, have you with which you feel resource people could help?

IV GROUP ACTION

1. Rank the following types of group sessions in order of your preference using 1, 2, 3, 4, 5, 6. (Rate every item.)

   a. Lectures or presentations (coordinator) ______________

   b. Ward conferences ______________

   c. Seminar group discussions ______________

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IV GROUP ACTION (CONTINUED)

d. Small work groups ________

e. Individual conferences (clinical area) ________

f. Visits by resource people ________

2. On each of the following scales check one preference.

Do you prefer class sessions which are:

task-centered	human relations centered	a combination of both
formal in atmosphere	informal in atmosphere	a combination of both
teacher-centered	student-centered	a combination of both
structured	unstructured	a combination of both
orderly in presentation	fluid, flexible in presentation	a combination of both
planned as to variety in content and teaching method	subject to on-the-spot modifications	a combination of both

V TERMINOLOGY

What do the following words mean to you?

Patient-centered teaching:

Continuity of patient care:

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V TERMINOLOGY (CONTINUED)

Total patient care:

Comprehensive patient care:

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WORKSHOP NUMBER ____________

CODE NUMBER ____________

DATE ____________

TERMINAL EVALUATIONS

(Completed on Closing Day)

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I PURPOSE

A. Indicate to what degree you understood the purposes of this workshop and the daily session objectives at the

--start of the workshop: ______/______/______/______/______

very clearly	clearly	only moderately	only vaguely	not at all

--midpoint of workshop: ______/______/______/______/______

very clearly	clearly	only moderately	only vaguely	not at all

--end of workshop: ______/______/______/______/______

very clearly	clearly	only moderately	only vaguely	not at all

B. Several reasons for attending this workshop are listed below. Rank them in order of importance to you in deciding to attend. Use numbers 1, 2, 3, 4, 5, 6, 7, and 8. Rate every item.

a. To improve my teaching skills; ________

b. To gain understanding and skill in the area of interpersonal relationships; ________

c. To acquire a more thorough understanding of the vocational nursing program; ________

d. To discuss the findings and recommendations of the Vocational Nursing Research Project; ________

e. To avoid administrative pressures; ________

f. To enjoy an educational experience without a loss of pay or personal expense; ________

g. To earn required credits for salary increase; ________

h. To gain knowledge regarding implementation of the new curriculum; ________

I PURPOSE (CONTINUED)

C. Which of the following do you consider as workshop objectives? Please rate them in order of importance to you at this time, using numbers 1, 2, 3, 4, 5, 6, 7, 8, 9, 10. Rate every item.

a. To gain understanding and promote the use of the U.S. Department of Health, Education, and Welfare Guides; ________

b. To consider ways and means of revising the vocational nursing curriculum in accordance with the findings of the Vocational Nursing Research Project; ________

c. To assist in the formulation and statement of a generally acceptable philosophy of vocational nursing; ________

d. To work on specific problems confronting vocational nursing workshops; ________

e. To provide a testing ground for future vocational nursing workshops; ________

f. To construct a framework for a curriculum in vocational nursing answering the 1961 requirements of the Board of Vocational Nurse Examiners (Title 16); ________

g. To improve methods of instruction in vocational nursing education; ________

h. To gain stimulation and guidance from the workshop coordinator and resource people; ________

i. To discuss specific problems and to exchange viewpoints regarding the role of the vocational nursing instructor; ________

j. To explore, under the guidance of the workshop coordinator, the use of the small group process as a potentially valuable tool for nursing; ________

II MECHANICS

The following questions seek to learn your opinions regarding several aspects of the workshop.

Answer every question. Check back and correct any omissions.
Do not add any comments. Limit your replies to the question forms.

A. Orientation to Workshop

1. How do you rate the pre-workshop communications?

   ______/______/______/______
   very good good fair poor

2. How do you rate the over-all orientation to the workshop?

   ______/______/______/______
   very good good fair poor

B. Workshop Environment

1. How did you find your living accommodations?

   ______/______/______/______
   very good good fair poor

2. How did you find the physical environment of the workshop in general?

   ______/______/______/______
   very good good fair poor

C. Work Schedules

1. What is your opinion of the length of the workshop? (Too long? too short? adequate for needs? etc.)

   ______/____________/______
   too long just right too short

   ______/______/______/______
   very good good fair poor

2. Indicate your opinion of the daily workshop schedules. (Too light? well-balanced? packed? etc.)

   ______/____________/______
   too tight just right not full enough

II MECHANICS (CONTINUED)

very good	good	fair	poor

D. In terms of their use as teaching tools during the course of the workshop experience, how do you rate the following:

1. The Clinical Experience method (care of patients)? ____ / ____ / ____ / ____ very good good fair poor

2. The Ward Conference method? ____ / ____ / ____ / ____ very good good fair poor

3. The Seminar Session method? ____ / ____ / ____ / ____ very good good fair poor

E. Several other aids to learning were used during the workshop. In terms of your reaction to them as teaching tools indicate your estimate of the following:

	very good	good	fair	poor
1. Use of graphs and charts.....				
2. Use of blackboard or flip charts......................				
3. Use of blank forms (such as daily assignment sheets, nursing care plans, etc.)....				
4. Use of pamphlets and other printed material............				
5. Use of films.................				
6. Use of reference books.......				
7. Use of resource people......				

III PERSONNEL INVOLVED IN WORKSHOP

A. Medical Center Staff: The L. V. N.

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III PERSONNEL INVOLVED IN WORKSHOP (CONTINUED)

1. How much contact did you have with the L.V.N.?

   daily / fairly frequently / seldom saw / never saw

2. Did the L.V.N.(s) have time to talk with you?

   often / fairly often / occasionally / very seldom / never

3. Did you find the L.V.N.(s) stimulating?

   often / fairly often / occasionally / very seldom / never

4. Did you receive help from the L.V.N.(s) in achieving self-reliance?

   often / fairly often / occasionally / very seldom / never

5. Did the L.V.N.(s) give you adequate help with problems?

   often / fairly often / occasionally / very seldom / never

B. Medical Center Staff: The Staff Nurse

1. How much contact did you have with the staff nurses?

   daily / fairly frequently / seldom saw / never saw

2. Did the staff nurses have time to talk with you?

   often / fairly often / occasionally / very seldom / never

3. Did you find the staff nurses stimulating?

   often / fairly often / occasionally / very seldom / never

4. Did you receive help from the staff nurses in achieving self-reliance?

   often / fairly often / occasionally / very seldom / never

III PERSONNEL INVOLVED IN WORKSHOP (CONTINUED)

5. Did the staff nurses give you adequate help with your problems?

   ____/____/____/____/____
   often fairly often occasionally very seldom never

C. Medical Center Staff: The Head Nurse

1. How much contact did you have with the head nurse?

   ____/____/____/____
   daily fairly frequently seldom saw never saw

2. Did the head nurse have time to talk with you?

   ____/____/____/____/____
   often fairly often occasionally very seldom never

3. Did you find the head nurse stimulating?

   ____/____/____/____/____
   often fairly often occasionally very seldom never

4. Did you receive help from the head nurse in achieving self-reliance?

   ____/____/____/____/____
   often fairly often occasionally very seldom never

5. Did the head nurse give you adequate help with problems?

   ____/____/____/____/____
   often fairly often occasionally very seldom never

D. Medical Center Staff: The Doctor

1. How much contact did you have with the doctor?

   ____/____/____/____
   daily fairly frequently seldom saw never saw

2. Did the doctor have time to talk with you?

   ____/____/____/____/____
   often fairly often occasionally very seldom never

III PERSONNEL INVOLVED IN WORKSHOP (CONTINUED)

3. Did you find the doctor stimulating?

   often / fairly often / occasionally / very seldom / never

4. Did you receive help from the doctor in achieving self-reliance?

   often / fairly often / occasionally / very seldom / never

5. Did the doctor give you adequate help with your problems?

   often / fairly often / occasionally / very seldom / never

E. Workshop Staff: The Coordinator

1. Did the coordinator have time to talk with you personally?

   often / fairly often / occasionally / very seldom / never

2. Did you find the coordinator stimulating?

   often / fairly often / occasionally / very seldom / never

3. Did you receive help from the coordinator in achieving self-reliance?

   often / fairly often / occasionally / very seldom / never

4. Did the coordinator give you adequate help with your workshop problems?

   often / fairly often / occasionally / very seldom / never

5. Did the coordinator help with the problem areas or concerns you had when you arrived?

   very much / quite a bit / some / very little / not at all

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III THE PERSONNEL INVOLVED IN WORKSHOP (CONTINUED)

F. The Resource People

1. Did the resource people have time to talk with you?

   a. First resource person:

   often / fairly often / occasionally / very seldom / never

   b. Second resource person:

   often / fairly often / occasionally / very seldom / never

2. Did you find the resource people stimulating?

   a. First resource person:

   often / fairly often / occasionally / very seldom / never

   b. Second resource person:

   often / fairly often / occasionally / very seldom / never

3. Did the resource people give you adequate help with your problems?

   a. First resource person:

   often / fairly often / occasionally / very seldom / never

   b. Second resource person:

   often / fairly often / occasionally / very seldom / never

4. Within the workshop time limits, do you consider the time allocated to resource people was well-spent?

   a. First resource person:

   often / fairly often / occasionally / very seldom / never

ERIC

III PERSONNEL INVOLVED IN WORKSHOP (CONTINUED)

b. Second resource person:

often / fairly often / occasionally / very seldom / never

GROUP ACTION

(Add no comments. Limit your replies to use of the scales.)

A. To what extent did you find the ward conferences

1. Interesting: extremely / reasonably / mildly / slightly / not at all
2. Informative: extremely / reasonably / mildly / slightly / not at all
3. Frustrating: extremely / reasonably / mildly / slightly / not at all
4. Confusing: extremely / reasonably / mildly / slightly / not at all
5. Related to your need: extremely / reasonably / mildly / slightly / not at all

B. To what extent did you find the seminar sessions

1. Interesting: extremely / reasonably / mildly / slightly / not at all
2. Informative: extremely / reasonably / mildly / slightly / not at all
3. Frustrating: extremely / reasonably / mildly / slightly / not at all
4. Confusing: extremely / reasonably / mildly / slightly / not at all
5. Related to your need: extremely / reasonably / mildly / slightly / not at all

IV GROUP ACTION (CONTINUED)

C. Rank the following types of sessions in order of your preference. (Use numbers 1, 2, 3, 4, 5, 6. Use each number one time only.)

1. Lectures or presentations (coordinator's) __________
2. Visits by resource people __________
3. Ward conferences __________
4. Seminar group discussions __________
5. Small work groups __________
6. Individual conferences (clinical area) __________

D. On each of the following scales check one preference.

Do you prefer class sessions which are:

task-centered	human relations centered	a combination of both
formal atmosphere	informal atmosphere	a combination of both
teacher-centered	student-centered	a combination of both
structured	unstructured	a combination of both
orderly in presentation	fluid, flixible in presentation	a combination of both
planned as to variety in content and teaching method	subject to on-the-spot modifications	a combination of both

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IV GROUP ACTION (CONTINUED)

E. In the discussion groups how did you find the following:

1. Coordinator's leadership: ______/______/______/______
   very good good fair poor

2. Individual members' shared leadership: ______/______/______/______
   very good good fair poor

3. Member participation: ______/______/______/______
   very good good fair poor

4. Your chance for participation: ______/______/______/______
   very good good fair poor

5. Evidence of progress toward goals: ______/______/______/______
   very good good fair poor

6. Tolerance of difference of opinion: ______/______/______/______
   very good good fair poor

7. Tendency of a few individuals to dominate the group:

   ______/______/______/______/______
   very often often occasionally seldom never

F. What do you think of the following procedures used in this workshop as teaching methods?

1. Use of "live" experiences at the workshop.

   a. Do you like the method for the workshop? ______/______/______
      yes no undecided

   b. Do you think it is applicable to vocational nursing instruction? ______/______/______
      yes no undecided

   c. Have you used this method in the past? ______/______/______
      yes no undecided

IV GROUP ACTION (CONTINUED)

d. Do you plan to use it in the future? ____/____/________ yes no undecided

e. Do you feel you need to learn more about it? ____/____/________ yes no undecided

2. Use of "live" student reactions to experiences and to people.

a. Do you like the method for the workshop? ____/____/________ yes no undecided

b. Do you think it is applicable to vocational nursing instruction? ____/____/________ yes no undecided

c. Have you used the method in the past? ____/____/________ yes no undecided

d. Do you plan to use it in the future? ____/____/________ yes no undecided

e. Do you feel you need to learn more about it? ____/____/________ yes no undecided

3. Use of unstructured ward conferences.

a. Do you like the method for the workshop? ____/____/________ yes no undecided

b. Do you think it is applicable to vocational nursing instruction? ____/____/________ yes no undecided

c. Have you used the method in the past? ____/____/________ yes no undecided

d. Do you plan to use it in the future? ____/____/________ yes no undecided

ERIC

IV GROUP ACTION (CONTINUED)

e. Do you feel you need to learn more about it? ___/___/___ yes no undecided

4. Tuning in on some of the coordinator's problems.

a. Do you like the method for the workshop? ___/___/___ yes no undecided

b. Do you think it is applicable to vocational nursing instruction? ___/___/___ yes no undecided

c. Have you used this method in the past? ___/___/___ yes no undecided

d. Do you plan to use it in the future? ___/___/___ yes no undecided

e. Do you feel you need to learn more about it? ___/___/___ yes no undecided

5. Having the student participate as a teacher.

a. Do you like the method for the workshop? ___/___/___ yes no undecided

b. Do you think it is applicable to vocational nursing instruction? ___/___/___ yes no undecided

c. Have you used this method in the past? ___/___/___ yes no undecided

d. Do you plan to use it in the future? ___/___/___ yes no undecided

e. Do you feel you need to learn more about it? ___/___/___ yes no undecided

V In your opinion how could the workshop have been made more helpful to you? Feel free to make any suggestions you think would serve to improve the workshop's quality.

VI Do you have any tentative plans for using any of the ideas, methods, or content you were exposed to during the workshop? Please specify.

VII Are you in favor of having a follow-up session with the same group sometime in the future in order to share with one another the results of your individual efforts to improve instruction in your own programs?

VIII Do you think it might be more valuable to have a joint workshop or follow-up session with delegates from several (or all) workshops, rather than a follow-up session as described in question seven?

IX Where did you hear about the workshop? From whom?

X When you filled out the pre-test the first night you arrived, did you consciously hold back from being completely frank on any of the questions? If so, on which questions and in what way?

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NAME: ____________________ CODE NO. __________

SCHOOL: ____________________

WORKSHOP: ____________________

TWO-MONTHS POST-WORKSHOP EVALUATION

WORKSHOP FOR IMPROVING INSTRUCTION IN VOCATIONAL NURSING

INSTRUCTIONS

1. Remember that ALL responses are CONFIDENTIAL!
2. Please READ all the questions BEFORE answering any of the questionnaire.
3. Answer every question. Write as much or as little as you desire.
4. Please answer questions according to the way you feel now.
5. Please do NOT write in the left-hand margin of page. (Save for coding.)
6. Please complete the questionnaire and return to use BEFORE__________
   A self-addressed stamped envelope is enclosed for your convenience.

HELP US MEET PUBLICATION DEADLINE BY RETURNING QUESTIONNAIRE PROMPTLY.

IF NECESSARY, RETURN FILM AND TEXT BOOK INFORMATION AT A LATER DATE.

Please READ For Overview BEFORE Writing Any Comments

LIST OF EVALUATION QUESTIONS

1. What do you feel was the most beneficial aspect of the workshop for you? The least beneficial?

2. Do you feel that the workshop gave you any help in improving your teaching? If so, please specify?

3. What was your reaction to the student role you were forced to assume (including the removal of badges of status)? How do you feel it affected your learning?

4. Describe your feelings and attitudes about the use of the clinical facilities (care of patients).

5. What are your reactions to the ward conference as used in the workshop (both as a method and as it affected your learning)?

6. In what ways did you find the afternoon sessions helpful or stimulating? And in what ways could they have been made more meaningful to you?

7. Specify any current modifications or future plans you have made as a result of the workshop experience. Indicate the degree to which you feel the workshop influenced these changes and the idea "incubation" period (i.e., left the workshop with the idea, it occurred to me two weeks later, etc.).

8. Do you feel it would be valuable to have a 2-3 day conference with delegates from all three of the Spring workshops to share and evaluate ideas and efforts to improve instruction of vocational nursing (probably a weekend during the summer)? If so, do you have suggestions as to what the specific focus should be?

9. Please list any films you found useful in teaching vocational nursing.

10. Please list any books you found useful in teaching vocational nursing.

11. Please list the books being used in any General Education course your vocational nursing students may be enrolled in.

Note: For questions 1 - 8, each question was given on a separate sheet of paper. Questions 9, 10, and 11 were also allowed a full sheet each, but asked for specific information as will be seen on the accompanying sample.

FILMS

9. Please list any films you found useful in teaching vocational nursing.

Name of Film	Source & I.D. No.	Nsg. Content Area for which appropriate	Rating (good, poor, etc.)	Comments*

*Under Comments indicate any special opinions about valuable aspects or modifications in use of a film (such as - the first ten minutes is most useful, vivid presentation of surgical aseptic technique, etc.).

BOOKS

GENERAL EDUCATION

11. Please list the books being used in any General Education course your vocational nursing students may be enrolled in.

Name of Book	Author	Subject Field	Comments*

*Under comments indicate any special opinions about valuable aspects or modifications in the use of the book. Either your opinion or the students' opinions about the value of a book would be helpful.

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Appendix D

Statistical Tables: Analysis of Evaluations

Part 1: Structured Evaluations

Part 2: Unstructured Evaluations

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TABLE 1

A Comparison of 1960 and 1961 Delegates' Pre-Workshop Test and Terminal Evaluations of Their Understanding of Workshop Objectives at Beginning, Midpoint, and Termination of Workshop

Degree of Understanding	Pre-Workshop Test of Understanding		Terminal Evaluation of Understanding					
			At Beginning		At Midpoint		At Termination	
	No.	Percent (N=16)	No.	Percent (N=16)	No.	Percent (N=16)	No.	Percent (N=16)
1960								
Very Clearly	--	--	0	0.0	0	0.0	10	52.6
Clearly	--	--	2	10.5	8	42.1	8	42.1
Fairly	--	--	8	42.1	7	36.8	1	5.2
Not at All	--	--	4	21.1	1	5.3	0	0.0
No Answer	--	--	5	26.4	3	15.8	0	0.0
1961								
Very Clearly	1	6.3	0	0.0	0	0.0	5	31.3
Clearly	4	25.0	1	6.2	4	25.0	6	37.5
Moderately	8	50.0	8	50.0	10	62.5	5	31.3
Vaguely	3	18.8	6	37.5	2	12.5	0	0.0
Not at All	0	0.0	1	6.3	0	0.0	0	0.0

TABLE 2

Ranking of Specific Objectives of the Workshop in Order of Importance by 1960 and 1961 Delegates at the Beginning and at the Termination of Workshop

Objectives	1960 Delegates at Termination		1961 Delegates at Beginning		1961 Delegates at Termination	
	Rank Order	Mean Rank	Rank Order	Mean Rank	Rank Order	Mean Rank
To improve methods of instruction in vocational nursing education.	1	2.9	1	2.3	1	2.3
To consider ways of revising the V.N. curriculum in light of the research findings.	2	3.3	4	4.2	8	7.0
To construct a framework for curriculum which meets the 1961 requirements of the Board.*	-*	-*	8	6.2	5	6.1
To gain stimulation and guidance from the workshop coordinator and resource people.	3	4.2	5	5.1	4	4.1
To assist in formulation of a generally acceptable philosophy of vocational nursing education.	4	4.4	7	5.7	7	6.8
To gain understanding of and promote use of Guides for Developing Curricula for the Education of Practical Nurses.	5	5.2	10	9.5	9	7.6
To work on specific problems confronting the vocational nursing program.	6	5.5	6	5.4	6	6.3
To explore the use of the small-group process as a potentially valuable tool for nursing.	7	5.6	2	4.0	2	3.5
To discuss specific problems and exchange viewpoints about the role of a V.N. instructor.	8	6.0	3	4.4	3	4.0
To provide a testing ground for future workshops in vocational nursing education.	9	6.3	9	7.3	10	8.1

* Not on 1960 list of objectives, but the number one write-in choice for 4 delegates at one workshop.

TABLE 3

1960 Delegates' Ranking of Reasons for Attending Workshop in Order of Importance at Termination of Workshop

Reasons	Number Delegates Ranking Items	At Termination Rank Order	Mean Rank
To acquire a more thorough understanding of the V.N. programs and its problems	19	1	1.8
To improve professional skills and understandings	19	2	2.2
To discuss findings and recommendations of Vocational Nursing Research Project	19	3	2.6
To implement the new curriculum (write in)	5	(1)	1.6
To avoid administrative pressures	6	(4)	(4.2)
To attend a workshop without pay loss	7	(5)	(4.4)
To earn credits for salary increase	5	(6)	(5.6)

TABLE 4

Ranking of Reasons for Attending Workshop in Order of Importance by 1961 Delegates at Termination of Workshop

Reasons	At Beginning		At Termination	
	Rank Order	Mean Rank	Rank Order	Mean Rank
To gain knowledge about implementation of the new curriculum	1	1.9	2	2.8
To improve my teaching skills	2	2.5	1	1.9
To gain understanding and skill in the area of interpersonal relationships	3	3.0	4	3.1
To acquire a more thorough understanding of the vocational nursing program	4	3.3	3	2.9
To discuss findings and recommendations of Vocational Nursing Research Project	5	4.3	5	4.7
To enjoy an educational experience without pay loss or personal expense	6	6.9	6	6.0
To avoid administrative pressures	7	7.4	7	6.7
To earn credits for salary increase	8	7.7	8	7.6

TABLE 5

1961 Delegates' Pre-Workshop Evaluation of Workshop Format: Clinical Experience, Ward Conference, and Seminar Session

Opinions	1961 Delegates No.	Percent
Clinical Experience		
Valuable--understood students, patients, self.	14	87.5
Apprehensive and anticipating	2	12.5
No advantage	0	0.0
Ward Conference		
Provides a good learning situation	6	37.5
Help learn about conference	4	25.0
Should be valuable	6	37.5
Unnecessary	0	0.0
Seminar Session		
Very good for learning	13	81.3
No opinion	3	18.7

TABLE 6

Delegates' Terminal Evaluations of Workshop Format: Clinical Experience, Ward Conference, and Seminar Session

Opinions	1960 Delegates		1961 Delegates	
	No.	Percent (N=19)	No.	Percent (N=16)
Clinical Experience				
Very good	10	52.6	13	81.2
Good	8	42.1	3	18.8
Fair	0	0.0	0	0.0
Poor	1	5.3	0	0.0
Ward Conference				
Very good	14	73.7	10	62.5
Good	5	26.3	5	31.3
Fair	0	0.0	0	0.0
Poor	0	0.0	1	6.2
Seminar Session				
Very good	6	31.6	7	43.7
Good	8	42.1	6	37.5
Fair	3	15.8	3	18.8
Poor	2	10.5	0	0.0

TABLE 7

1961 Delegates' Pre-Workshop Evaluations of Workshop Mechanics: Orientation, Environment, Schedule, Agenda, and Size of Group

Opinion	1961 Delegates No.	Percent (N=16)
Pre-Workshop Communication		
Very good	8	50.0
Good	6	37.5
Fair	2	12.5
Poor	0	0.0
Living-In Aspect		
Good idea	15	93.7
Depends on purpose	1	6.3
Dislike idea	0	0.0
Time Schedule		
Tight	4	25.0
All right	12	75.0
Light	0	0.0
No opinion	0	0.0
Workshop Agenda		
Very good	6	37.5
Good	10	62.5
Fair	0	0.0
Poor	0	0.0
Size of Group		
Good size for participation and productivity	10	62.5
Exchange and solve problems	6	37.5
Dislike size	0	0.0

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TABLE 8

Comparison of 1960 and 1961 Delegates' Terminal Evaluations of Workshop Mechanics: Orientation, Environment, Schedule

Opinion	1960 Delegates No.	1960 Delegates Percent (N=19)	1961 Delegates No.	1961 Delegates Percent (N=16)
Pre-Workshop Communication				
Very good	1	5.3	8	50.0
Good	13	68.4	5	31.2
Fair	5	26.3	3	18.8
Poor	0	0.0	0	0.0
Over-all Orientation				
Very good	6	31.6	3	18.8
Good	12	63.1	9	56.2
Fair	1	5.3	4	25.0
Poor	0	0.0	0	0.0
Living Accommodations				
Very good	7	36.8	12	75.0
Good	8	42.1	4	25.0
Fair	1	5.3	0	0.0
Poor	0	0.0	0	0.0
Not applicable	3	15.0	0	0.0
Physical Environment				
Very good	0	0.0	8	50.0
Good	9	47.4	8	50.0
Fair	6	31.5	0	0.0
Poor	4	21.1	0	0.0
Length of Workshop				
Very good	6	31.6	4	25.0
Good	11	57.9	9	56.2
Fair	2	10.5	3	18.8
Poor	0	0.0	0	0.0
Daily Time Schedules				
Very good	1	5.3	3	18.8
Good	7	36.8	11	68.7
Fair	11	57.9	2	12.5
Poor	0	0.0	0	0.0

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TABLE 9

1961 Delegates' Pre-Workshop Description of Ward Conferences They Have Taught

Ward Conference	1961 Delegates No.	Percent (N=16)
Frequency and Duration		
Daily with clinical experiences	9	53.3
(less than ½ hour)	(3)	(18.8)
(½ to 1 hour)	(4)	(25.0)
(varies ¼ to 1½ hours)	(2)	(12.5)
Once or twice weekly	4	25.0
(less than ½ hour)	(1)	(6.3)
(approximately 1 hour)	(2)	(12.5)
(varies ½ - 2 hours)	(1)	(6.3)
Bi-monthly (1 hour)	1	6.3
Not scheduled (varies)	2	12.5
Time of Meeting		
During a.m. or p.m. clinical experience	8	50.0
Immediately following clinical experience	3	18.8
Before and after clinical experience	2	12.5
Varies as necessary	3	18.8
Location of Meeting		
In hospital classroom	5	31.2
Various hospital areas	10	62.5
At the college	1	6.3
Method and Content		
Give lecture, demonstration, assignments	2	12.5
Planned directed discussion of pati t care	6	37.5
Guided discussion of known nursing problems	5	31.2
Students discuss current nursing problems	3	18.8

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TABLE 10

1960 and 1961 Delegates' Terminal Evaluations of Selected Discussion Techniques Employed: Use of Unstructured Ward Conferences

Unstructured Ward Conference	1960 Delegates No.	Percent (N=19)	1961 Delegates No.	Percent (N=16)
Do you like this method?				
Yes	14	73.6	9	56.3
No	1	5.3	2	12.5
Undecided	4	21.1	5	31.2
Applicable to V.N. instruction?				
Yes	11	57.9	10	62.5
No	1	5.3	1	6.3
Undecided	7	36.8	5	31.2
Have you used method in past?				
Yes	7	36.8	6	37.5
No	12	63.2	9	56.3
Undecided	0	0.0	1	6.2
Do you plan to use in future?				
Yes	13	68.4	11	68.7
No	1	5.3	2	12.5
Undecided	5	26.3	3	18.8
Need to learn more about it?				
Yes	5	26.3	15	93.7
No	2	10.5	1	6.3
Undecided	12	63.2	0	0.0

TABLE 11

1961 Delegates' Terminal Evaluations of the Ward Conferences

Opinions	1961 Delegates No.	Percent (N=16)
Were they interesting?		
Extremely	13	81.3
Reasonably	1	6.2
Mildly	2	12.5
Slightly	0	0.0
Not at all	0	0.0
Were they informative?		
Extremely	7	43.7
Reasonably	8	50.0
Mildly	1	6.3
Slightly	0	0.0
Not at all	0	0.0
Were they related to need?		
Extremely	6	37.5
Reasonably	8	50.0
Mildly	1	6.3
Slightly	1	6.2
Not at all	0	0.0
Were they frustrating?		
Extremely	2	12.5
Reasonably	4	25.0
Mildly	6	37.5
Slightly	3	18.8
Not at all	1	6.2
Were they confusing?		
Extremely	2	12.5
Reasonably	6	37.5
Mildly	1	6.2
Slightly	5	31.3
Not at all	2	12.5

Appendix D, Part 1

TABLE 12

1961 Delegates' Terminal Evaluations of Seminar Sessions

Opinions	1961 Delegates No.	Percent (N=16)
Were they interesting?		
Extremely	11	68.7
Reasonably	3	18.8
Mildly	2	12.5
Slightly	0	0.0
Not at all	0	0.0
Were they informative?		
Extremely	11	68.7
Reasonably	5	31.3
Mildly	0	0.0
Slightly	0	0.0
Not at all	0	0.0
Were they related to your need?		
Extremely	8	50.0
Reasonably	6	37.5
Mildly	2	12.5
Slightly	0	0.0
Not at all	0	0.0
Were they frustrating?		
Extremely	2	12.5
Reasonably	4	25.0
Mildly	5	31.3
Slightly	4	25.0
Not at all	1	6.2
Were they confusing?		
Extremely	2	12.5
Reasonably	2	12.5
Mildly	7	43.7
Slightly	4	25.0
Not at all	1	6.3

TABLE 13

1960 Delegates' Terminal Evaluations of Workshop Group Sessions

Opinions	1960 Delegates No.	Percent (N=19)
Were they stimulating?		
Yes	13	68.4
No answer	6	31.6
Were they interesting?		
Yes	13	68.4
No answer	6	31.6
Were they informative?		
Yes	12	63.2
No answer	7	36.8
Were they related to need?		
Yes	13	68.4
No answer	6	31.6

TABLE 14

1960 Delegates' Terminal Evaluations of Selected Teaching Aids

Teaching Aids	1960 Delegates No.	Percent (N=19)
Resource Consultants		
Very good	11	57.9
Good	4	21.1
Fair	4	21.1
Poor	0	0.0
Audio-Visual Aids		
Very good	5	26.3
Good	10	52.6
Fair	2	10.5
Poor	1	5.3
No answer	1	5.3
Observation Visit		
Very good	3	20.0
Good	4	26.7
Fair	4	26.7
Poor	1	6.6
No answer	3	20.0

TABLE 15

1961 Delegates' Terminal Evaluations of

Selected Teaching Aids Used at Workshop

Teaching Aids	1961 Delegates No.	Percent (N=16)
Graphs and Charts		
Very good	10	62.5
Good	5	31.2
Fair	1	6.3
Poor	0	0.0
Blackboard/Flip Charts		
Very good	6	37.5
Good	9	56.3
Fair	1	6.2
Poor	0	0.0
Blank Forms		
Very good	10	62.5
Good	6	37.5
Fair	0	0.0
Poor	0	0.0
Pamphlets/Mimeo Info.		
Very good	7	43.7
Good	8	50.0
Fair	1	6.3
Poor	0	0.0
Films		
Very good	5	31.3
Good	8	50.0
Fair	2	12.5
Poor	1	6.2
Reference Books		
Very good	4	25.0
Good	6	37.5
Fair	5	31.3
Poor	0	0.0
No answer	1	6.2
Resource Consultants		
Very good	7	43.7
Good	7	43.7
Fair	1	6.3
Poor	1	6.3

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TABLE 16

1960 and 1961 Delegates' Terminal Evaluations of

Selected Discussion Techniques Employed:

Use of "Live" Experiences at Workshop

Use of "Live" Experiences	1960 Delegates No.	Percent (N=19)	1961 Delegates No.	Percent (N=16)
Do you like this method?				
Yes	17	89.5	15	93.8
No	0	0.0	1	6.2
Undecided	2	10.5	0	0.0
Applicable to V.N. instruction?				
Yes	14	73.7	16	100.0
No	3	15.8	0	0.0
Undecided	2	10.5	0	0.0
Have you used method in past?				
Yes	12	63.2	10	62.5
No	7	36.8	4	25.0
Undecided	0	0.0	2	12.5
Do you plan to use in future?				
Yes	14	73.7	15	93.7
No	0	0.0	1	6.3
Undecided	5	26.3	0	0.0
Need to learn more about it?				
Yes	0	0.0	15	93.7
No	0	0.0	1	6.3
Undecided	19	100.0	0	0.0

TABLE 17

1960 and 1961 Delegates' Terminal Evaluations of

Selected Discussion Techniques Employed:

Having the Student Participate as a Teacher

Having Student Participate as a Teacher	1960 Delegates No.	Percent (N=19)	1961 Delegates No.	Percent (N=16)
Do you like this method?				
Yes	14	73.7	14	87.5
No	0	0.0	1	6.2
Undecided	5	26.3	1	6.3
Applicable to V.N. instruction?				
Yes	12	63.2	16	100.0
No	5	26.3	0	0.0
Undecided	2	10.5	0	0.0
Have you used method in past?				
Yes	9	47.4	13	81.2
No	10	52.6	3	18.8
Undecided	0	0.0	0	0.0
Do you plan to use in future?				
Yes	12	63.2	15	93.7
No	0	0.0	0	0.0
Undecided	7	36.8	1	6.3
Need to learn more about it?				
Yes	2	10.5	12	75.0
No	0	0.0	3	18.8
Undecided	17	89.5	1	6.2

TABLE 18

Terminal Evaluations of Paricipation in Workshop Group

Discussions by 1960 and 1961 Delegates

Opinions	1960 Delegates No.	Percent (N=19)	1961 Delegates No.	Percent (N=16)
Quality of leadership*				
Very good	6	31.6	11	68.7
Good	9	47.3	4	25.0
Fair	3	15.8	1	6.3
Poor	1	5.3	0	0.0
General participation				
Very good	4	21.1	4	25.0
Good	11	57.8	6	37.5
Fair	4	21.1	6	37.5
Poor	0	0.0	0	0.0
Your chances to participate				
Very good	10	52.6	5	31.2
Good	7	36.8	10	62.5
Fair	2	10.6	1	6.3
Poor	0	0.0	0	0.0
Tolerance of other opinions				
Very good	4	21.2	7	43.7
Good	10	52.6	9	56.3
Fair	5	26.3	0	0.0
Poor	0	0.0	0	0.0
Tendency cf few to dominate				
Very often	8	42.1	3	18.8
Often	4	21.1	3	18.8
Occasionally	4	21.1	3	18.8
Seldom	3	15.7	3	18.8
Never	0	0.0	4	25.0
Evidence of goal progress				
Very good	5	26.3	3	18.8
Good	11	57.9	8	50.0
Fair	3	15.8	5	31.2
	0	0.0	0	0.0

* 1961 delegates responded to this question in two parts: "coordinator's leadership" represented above, and "individual members' shared leadership" which received much lower ratings (very good - 18.8%; good - 37.5%; fair - 43.7%; poor - 0.0%).

TABLE 19

Ranking of Type of Class Session in Order of Preference by the Sixteen 1961 Delegates at Beginning and at Termination of Workshop

Type of Session	At Beginning Rank Order	At Beginning Mean Rank	At Termination Rank Order	At Termination Mean Rank
Seminar group discussions	1.5	2.3	2	3.1
Small work groups	1.5	2.3	4.5	3.9
Ward conferences	3	3.1	1	2.5
Individual conferences	4	3.6	4.5	3.9
Lectures or presentations	5	3.9	3	3.5
Resource consultants	6	5.0	6	4.1

TABLE 20

Ranking of Type of Teaching Method in Order of Preference by 1961 Delegates at Beginning and at Termination of Workshop

Method and Philosophy	At Beginning No.	At Beginning Percent (N=16)	At Termination No.	At Termination Percent (N=16)
Task-centered	0	0.0	0	0.0
Human Relations-centered	5	31.3	5	31.3
Combination of both	11	68.7	11	68.7
Formal atmosphere	0	0.0	1	6.3
Informal atmosphere	7	43.7	8	50.0
Combination of both	9	56.3	7	43.7
Teacher-centered	0	0.0	0	0.0
Student-centered	4	25.0	6	37.5
Combination of both	12	75.0	9	56.3
No answer	0	0.0	1	6.2
Structured	3	18.8	1	6.3
Unstructured	0	0.0	1	6.2
Combination of both	13	81.2	14	87.5
Orderly Presentation	3	18.8	2	12.5
Flexible Presentation	8	50.0	6	37.5
Combination of both	5	31.2	8	50.0
Variety planned for	6	37.5	5	31.3
Spontaneous modifications	1	6.2	1	6.2
Combination of both	9	56.3	10	62.5

TABLE 21

1961 Delegates' Terminal Evaluations of

Contacts with Resource People at Workshop

Opinions	First Consultant No.	First Consultant Percent (N=16)	Second Consultant No.	Second Consultant Percent (N=16)
Time to talk with you?				
Often	3	18.8	2	12.5
Fairly often	2	12.5	5	31.3
Occasionally	6	37.5	5	31.2
Very seldom	3	18.8	1	6.2
Never	2	12.5	3	18.8
Were they stimulating?				
Often	6	37.5	6	37.5
Fairly often	4	25.0	4	25.0
Occasionally	5	31.2	5	31.3
Very seldom	1	6.3	1	6.2
Never	0	0.0	0	0.0
Adequate help with problems?				
Often	5	31.3	4	25.0
Fairly often	2	12.5	5	31.3
Occasionally	7	43.7	6	37.5
Very seldom	2	12.5	1	6.2
Never	0	0.0	0	0.0
Was the time well spent?				
Yes	11	68.7	14	87.5
No	1	6.3	1	6.3
Maybe	4	25.0	1	6.2

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TABLE 22

1961 Delegates' Terminal Evaluations of Contact With

The Medical Center Staff: The Head Nurse and the Staff R.N.

Opinions	Delegates, re: Head Nurse		Delegates, re: Staff R.N.	
	No.	Percent (N=16)	No.	Percent (N=16)
How much contact?				
Daily	2	12.5	7	43.7
Fairly frequently	2	12.5	5	31.3
Seldom saw	11	68.7	4	25.0
Never saw	1	6.3	0	0.0
Time to talk with you?				
Often	0	0.0	0	0.0
Fairly often	1	6.2	3	18.8
Occasionally	6	37.5	10	62.5
Very seldom	6	37.5	3	18.8
Never	3	18.8	0	0.0
Were they stimulating?				
Often	0	0.0	0	0.0
Fairly often	2	12.5	3	18.8
Occasionally	1	6.2	7	43.7
Very seldom	3	18.8	4	25.0
Never	10	62.5	2	12.5
Help you achieve self-reliance?				
Often	1	6.3	0	0.0
Fairly often	2	12.5	3	18.8
Occasionally	1	6.2	6	37.5
Very seldom	2	12.5	4	25.0
Never	10	62.5	3	18.8
Adequate help with problems?				
Often	1	6.3	2	12.5
Fairly often	2	12.5	4	25.0
Occasionally	1	6.2	5	31.3
Very seldom	6	37.5	4	25.0
Never	6	37.5	1	6.2

TABLE 23

1961 Delegates' Terminal Evaluations of Contact With

The Medical Center Staff: The L.V.N. and The Doctor

Opinions	Delegates, re: L.V.N. No.	Delegates, re: L.V.N. Percent (N=16)	Delegates, re: Doctor No.	Delegates, re: Doctor Percent (N=16)
How much contact?				
Daily	2	12.5	0	0.0
Fairly frequently	3	18.8	1	6.3
Seldom saw	8	50.0	8	50.0
Never saw	3	18.8	7	43.7
Time to talk with you?				
Often	1	6.3	0	0.0
Fairly often	2	12.5	1	6.2
Occasionally	4	25.0	0	0.0
Very seldom	2	12.5	5	31.3
Never	7	43.7	10	62.5
Were they stimulating?				
Often	0	0.0	1	6.2
Fairly often	2	12.5	0	0.0
Occasionally	6	37.5	1	6.2
Very seldom	2	12.5	3	18.8
Never	6	37.5	11	68.8
Help you achieve self reliance?				
Often	0	0.0		
Fairly often	1	6.3		
Occasionally	5	31.2		
Very seldom	0	0.0		
Never	10	62.5		
Adequate help with problems?				
Often	1	6.3	0	0.0
Fairly often	1	6.3	1	6.2
Occasionally	4	25.0	0	0.0
Very seldom	2	12.5	3	18.8
Never	8	50.0	12	75.0

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TABLE 24

1961 Delegates' Terminal Evaluations of

Contact With the Workshop Coordinator

Opinions	Delegates, re: Coordinator No.	Percent (N=16)
Time to talk with you personally?		
Often	6	37.5
Fairly often	9	56.3
Occasionally	1	6.3
Very seldom	0	0.0
Never	0	0.0
Did you find her stimulating?		
Often	9	56.3
Fairly often	6	37.5
Occasionally	1	6.3
Very seldom	0	0.0
Never	0	0.0
Help you achieve self-reliance?		
Often	5	31.3
Fairly often	8	50.0
Occasionally	1	6.3
Very seldom	1	6.2
Never	1	6.3
Give adequate help with problems?		
Often	9	56.2
Fairly often	4	25.0
Occasionally	3	18.8
Very seldom	0	0.0
Never	0	0.0
Help with concerns you had on arrival?		
Very much	7	43.7
Quite a bit	7	43.7
Some	2	12.5
Very little	0	0.0
Not at all	0	0.0

APPENDIX 25

Terminal Evaluations of Workshop Coordinator by the Delegates on Instruction Rating Scale

Qualities Contributing to "Good" Instruction*	Total Delegates		1960 Delegates		1961 Delegates	
	Rank Order	Mean Rating	Rank Order	Mean Rating	Rank Order	Mean Rating
Does instructor speak clearly and distinctly	1	9.6	1	9.6	1	9.6
Does instructor appear enthusiastic about the course?	2	9.2	2	9.4	4.5	8.9
Does instructor stimulate intellectual curiosity?	3.5	9.0	3	9.2	4.5	8.9
Is instructor alert to new developments in her field?	3.5	9.0	4	9.0	2	9.1
Encourage expression of student questions and points of view?	5	8.9	5.5	8.9	4.5	8.9
Does instructor have a sense of humor?	6	8.7	5.5	8.9	9	8.5
Is instructor free from annoying mannerisms?	7.5	8.5	7.5	8.5	7	8.6
What is your general estimate of instructor as a teacher?	7.5	8.5	7.5	8.5	9	8.5
How extensive is instructor's knowledge of the subject?	9.5	8.3	11	8.2	9	8.5
How satisfactory is the organization of the course?	9.5	8.3	12.5	7.7	4.5	8.9
Are explanations clearly presented?	11	8.2	9.5	8.4	12	8.0
Is instructor respectful of views other than her own?	12	8.0	12.5	7.7	11	8.4
Use appropriate teaching methods for subject matter and objectives?	13	7.9	9.5	8.4	13	7.4
Are purposes of the course clearly recognizable?	14	7.3	14	7.3	14	7.3

*Adapted from Instruction Rating Scale (Experimental Form A), University of California, Los Angeles
A rating of 10 points represents the best instruction and zero the least effective instruction.

APPENDIX D, PART 2

UNSTRUCTURED EVALUATIONS

STATISTICAL TABLES

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TABLE 26

Number of Comments on Learnings, by 1960 and 1961 Delegates at Termination of Workshop*

Type of Learning	Total Learnings No.	Total Learnings Percent (N=614)	1960 Learnings No.	1960 Learnings Percent (N=305)	1961 Learnings No.	1961 Learnings Percent (N=309)
TEACHING METHODS	191	31.1	121	39.7	70	22.7
Clinical Experiences (Structure)	(20)	(3.3)	(15)	(4.9)	(5)	(1.6)
Clinical Experiences (Patient Care)	(31)	(5.0)	(11)	(3.6)	(20)	(6.5)
Ward Conferences	(34)	(5.5)	(24)	(7.9)	(10)	(3.3)
Classroom Teaching	(106)	(17.3)	(71)	(23.3)	(35)	(11.3)
HUMAN RELATIONS	289	47.1	112	36.7	177	57.3
Self-Understanding and Changes (Teacher)	(153)	(24.9)	(56)	(18.4)	(97)	(31.4)
Understanding Students (Needs, Learning)	(76)	(12.4)	(40)	(13.1)	(36)	(11.7)
Understanding Others	(45)	(7.3)	(13)	(4.2)	(32)	(10.4)
Effective Communication	(15)	(2.4)	(3)	(1.0)	(12)	(3.8)
CURRICULUM	83	13.5	52	17.0	31	10.0
Learning Experiences (Criteria)	(30)	(4.9)	(19)	(6.2)	(11)	(3.5)
Curriculum Understanding	(53)	(8.6)	(33)	(10.8)	(20)	(6.5)
NURSING EDUCATION	51	8.3	20	6.6	31	10.0
Professional Information	(46)	(7.5)	(16)	(5.3)	(30)	(9.7)
Professional Preparation	(5)	(0.8)	(4)	(1.3)	(1)	(0.3)

*Comments per individual: 1960-1961: Mean 17.5, Range 4-58; 1960: Mean 16.1, Range 6-42; 1961: Mean 19.3, Range 4-58

TABLE 27

Number of 1960 and 1961 Delegates Commenting on Learnings at Termination of Workshop

Type of Learning	Total Delegates No.	Total Delegates Percent (N=35)	1960 Delegates No.	1960 Delegates Percent (N=19)	1961 Delegates No.	1961 Delegates Percent (N=16)
TEACHING METHODS	34	97.0	18	94.7	16	100.0
Clinical Experience (Structure)	(8)	(22.8)	(4)	(21.1)	(4)	(25.0)
Clinical Experiences (Patient Care)	(20)	(57.1)	(10)	(52.6)	(10)	(62.5)
Ward Conferences	(19)	(54.3)	(15)	(78.9)	(4)	(25.0)
Classroom Teaching	(29)	(82.8)	(17)	(89.5)	(12)	(75.0)
HUMAN RELATIONS	32	91.4	16	84.2	16	100.0
Self-Understanding and Changes (Teacher)	(31)	(88.6)	(15)	(78.9)	(16)	(100.0)
Understanding Students (Needs, Learning)	(25)	(71.4)	(13)	(68.4)	(12)	(75.0)
Understanding Others	(19)	(54.3)	(8)	(42.1)	(11)	(68.7)
Effective Communication	(9)	(25.7)	(3)	(15.8)	(6)	(37.5)
CURRICULUM	31	88.6	19	100.0	12	75.0
Learning Experiences (Criteria)	(17)	(48.6)	(10)	(52.6)	(7)	(43.7)
Curriculum Understanding	(26)	(74.3)	(16)	(84.2)	(10)	(62.5)
NURSING EDUCATION	22	62.8	10	52.6	12	75.0
Professional Information	(20)	(57.1)	(8)	(42.1)	(12)	(75.0)
Professional Preparation	(4)	(11.4)	(3)	(15.8)	(1)	(6.2)

TABLE 28

Number of Comments on Plans, by 1960 and 1961 Delegates at Termination of Workshop*

Type of Plan	Total Plans No.	Total Plans Percent (N=217)	1960 Plans No.	1960 Plans Percent (N=89)	1961 Plans No.	1961 Plans Percent (N=128)
TEACHING METHODS	72	33.1	26	29.2	46	35.9
Clinical Experiences	(12)	(5.5)	(5)	(5.6)	(7)	(5.5)
Ward Conferences	(22)	(10.1)	(10)	(11.2)	(12)	(9.3)
Classroom Teaching	(38)	(17.5)	(11)	(12.4)	(27)	(21.1)
HUMAN RELATIONS	90	41.5	37	41.6	53	41.4
Modifications of Teacher Behavior (Self)	(28)	(12.9)	(10)	(11.2)	(18)	(14.1)
Teacher-Student Relations, Student Learn.	(26)	(12.0)	(11)	(12.4)	(15)	(11.7)
Interpersonal Relations (Staff, Faculty, Administrator)	(14)	(6.5)	(5)	(5.6)	(9)	(7.0)
Communication Activities	(22)	(10.1)	(11)	(12.4)	(11)	(8.6)
CURRICULUM	42	19.4	18	20.2	24	18.8
Learning Experiences (Modifications in Organization, Emphasis)	(16)	(7.4)	(6)	(6.7)	(10)	(7.8)
Curriculum Plans and Changes	(26)	(12.0)	(12)	(13.5)	(14)	(11.0)
PROFESSIONAL PREPARATION	13	6.0	8	9.0	5	3.9

*Comments per Individual: 1960-1961: Mean 6.1, Range 0-15; 1960: Mean 4.7, Range 0-11; 1961: Mean 8.0, Range 3-15

TABLE 29

Number of 1960 and 1961 Delegates Commenting on Plans at Termination of Workshop

Type of Plan	Total Delegates No.	Total Delegates Percent (N=35)	1960 Delegates No.	1960 Delegates Percent (N=19)	1961 Delegates No.	1961 Delegates Percent (N=16)
TEACHING METHODS	27	77.1	13	68.4	14	87.5
Clinical Experiences	(10)	(28.6)	(4)	(21.1)	(6)	(37.5)
Ward Conferences	(19)	(54.3)	(10)	(52.6)	(9)	(56.2)
Classroom Teaching	(21)	(60.0)	(9)	(47.4)	(12)	(75.0)
HUMAN RELATIONS	26	74.3	14	73.7	12	75.0
Modifications of Teacher Behavior (Self)	(12)	(34.3)	(5)	(26.3)	(7)	(43.7)
Teacher-Student Relations, Student Learn.	(18)	(51.4)	(9)	(47.4)	(9)	(56.2)
Interpersonal Relations (Staff, Faculty, Administrator)	(9)	(25.7)	(4)	(21.1)	(5)	(31.2)
Communication Activities	(16)	(45.7)	(8)	(42.1)	(8)	(50.0)
CURRICULUM	25	71.4	12	63.2	13	81.2
Learning Experiences (Modifications in Organization, Emphasis)	(13)	(37.1)	(5)	(26.3)	(8)	(50.0)
Curriculum Plans and Changes	(19)	(54.3)	(9)	(47.4)	(10)	(62.5)
PROFESSIONAL PREPARATION	9	25.7	4	21.1	5	31.2

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TABLE 30

Number of Comments on Satisfactions, by 1960 and 1961 Delegates at Termination of Workshop*

Type of Satisfaction	Total Satisfactions No.	Total Satisfactions Percent (N=632)	1960 Satisfactions No.	1960 Satisfactions Percent (N=240)	1961 Satisfactions No.	1961 Satisfactions Percent (N=392)
TEACHING METHODS	166	26.3	78	32.5	88	22.5
Clinical Experiences	(48)	(7.6)	(22)	(9.2)	(26)	(6.6)
Student Status	(8)	(1.3)	(4)	(1.7)	(4)	(1.1)
Ward Conferences	(41)	(6.5)	(21)	(8.7)	(20)	(5.1)
Seminar Sessions	(69)	(10.9)	(31)	(12.9)	(38)	(9.7)
HUMAN RELATIONS	211	33.4	47	19.6	164	41.8
Self-Evaluation of Participation	(127)	(20.1)	(20)	(8.3)	(107)	(27.3)
Group Members (Delegates)	(45)	(7.1)	(8)	(3.3)	(37)	(9.4)
Communication and Sharing	(35)	(5.5)	(19)	(7.9)	(16)	(4.1)
Administration and Faculty (V.N.)	(4)	(0.6)	(0)	(0.0)	(4)	(1.0)
CURRICULUM STUDY	63	10.0	37	15.4	26	6.6
MEDICAL CENTER (FACILITIES AND STAFF)	0	0.0	0	0.0	0	0.0
WORKSHOP	192	30.4	78	32.5	114	29.1
General Format, Emphasis, Experience	(130)	(20.6)	(47)	(19.6)	(83)	(21.2)
Leadership	(62)	(9.8)	(31)	(12.9)	(31)	(7.9)

*Comments per Individual — 1960-1961: Mean 18.1, Range 6-37; 1960: Mean 12.7, Range 6-24; 1961: Mean 24.5, Range 13-37

TABLE 31

Number of 1960 and 1961 Delegates Commenting on Satisfactions at Termination of Workshop

Type of Satisfaction	Total Delegates		1960 Delegates		1961 Delegates	
	No.	Percent (N=35)	No.	Percent (N=19)	No.	Percent (N=16)
TEACHING METHODS	34	97.1	19	100.0	15	93.7
Clinical Experiences	(26)	(74.3)	(15)	(78.9)	(11)	(68.7)
Student Status	(4)	(11.4)	(0)	(0.0)	(4)	(25.0)
Ward Conferences	(26)	(74.3)	(16)	(84.2)	(10)	(62.5)
Seminar Sessions	(26)	(74.3)	(14)	(13.7)	(12)	(75.0)
HUMAN RELATIONS	29	82.8	13	68.4	16	100.0
Self-Evaluation of Participation	(24)	(68.6)	(8)	(42.1)	(16)	(100.0)
Group Members (Delegates)	(19)	(54.3)	(6)	(31.6)	(13)	(81.2)
Communication and Sharing	(19)	(54.3)	(10)	(52.6)	(9)	(56.2)
Administration and Faculty (V.N.)	(3)	(8.6)	(0)	(0.0)	(3)	(18.8)
CURRICULUM STUDY	29	82.8	17	89.5	12	75.0
MEDICAL CENTER (FACILITIES AND STAFF)	0	0.0	0	0.0	0	0.0
WORKSHOP	33	94.3	17	89.5	16	100.0
General Format, Emphasis, Experience	(30)	(85.7)	(14)	(73.7)	(16)	(100.0)
Leadership	(28)	(80.0)	(14)	(73.7)	(14)	(87.5)

TABLE 32

Number of Comments on Dissatisfactions, by 1960 and 1961 Delegates at Termination of Workshop*

Type of Dissatisfaction	Total Dissatisfactions No.	Total Dissatisfactions Percent (N=312)	1960 Dissatisfactions No.	1960 Dissatisfactions Percent (N=158)	1961 Dissatisfactions No.	1961 Dissatisfactions Percent (N=154)
TEACHING METHODS	89	28.5	39	24.7	50	32.5
Clinical Experiences	(19)	(6.1)	(10)	(6.3)	(9)	(5.9)
Student Status	(7)	(2.2)	(3)	(1.9)	(4)	(2.6)
Ward Conferences	(18)	(5.8)	(3)	(1.9)	(15)	(9.7)
Seminar Sessions	(45)	(14.4)	(23)	(14.6)	(22)	(14.3)
HUMAN RELATIONS	115	36.9	50	31.7	65	42.2
Self-Evaluation of Participation	(63)	(20.2)	(23)	(14.6)	(40)	(26.0)
Group Members (Delegates)	(37)	(11.9)	(20)	(12.7)	(17)	(11.0)
Communication and Sharing	(0)	(0.0)	(0)	(0.0)	(0)	(0.0)
Administration and Faculty (V.N.)	(15)	(4.8)	(7)	(4.4)	(8)	(5.2)
CURRICULUM STUDY	26	8.3	19	12.0	7	4.5
MEDICAL CENTER (FACILITIES AND STAFF)	7	2.2	6	3.8	1	0.7
WORKSHOP	75	24.1	44	27.8	31	20.1
General Format, Emphasis, Experience	(37)	(11.9)	(25)	(15.8)	(12)	(7.8)
Leadership	(38)	(12.2)	(19)	(12.0)	(19)	(12.3)

*Comments per Individual

1960-1961: Mean 8.9, Range 1-27
1960: Mean 8.3, Range 1-18
1961: Mean 9.6, Range 3-27

TABLE 33

Number of 1960 and 1961 Delegates Commenting on Dissatisfactions at Termination of Workshop

Type of Dissatisfaction	Total Delegates		1960 Delegates		1961 Delegates	
	No.	Percent (N=35)	No.	Percent (N=19)	No.	Percent (N=16)
TEACHING METHODS	22	62.8	15	78.9	7	43.7
Clinical Experiences	(12)	(34.3)	(7)	(36.8)	(5)	(31.2)
Student Status	(5)	(14.3)	(2)	(10.5)	(3)	(18.8)
Ward Conferences	(7)	(20.0)	(2)	(10.5)	(5)	(31.2)
Seminar Sessions	(27)	(77.1)	(14)	(73.7)	(13)	(81.2)
HUMAN RELATIONS	33	94.3	19	100.0	14	87.5
Self-Evaluation of Participation	(30)	(85.7)	(16)	(84.2)	(14)	(87.5)
Group Members (Delegates)	(18)	(51.4)	(11)	(57.9)	(7)	(43.7)
Communication and Sharing	(0)	(0.0)	(0)	(0.0)	(0)	(0.0)
Administration and Faculty (V.N.)	(9)	(25.7)	(5)	(26.3)	(4)	(25.0)
CURRICULUM STUDY	17	48.6	11	57.9	6	37.5
MEDICAL CENTER (FACILITIES AND STAFF)	6	17.1	5	26.3	1	6.2
WORKSHOP	26	74.3	12	63.2	14	87.5
General Format, Emphasis, Experience	(20)	(57.1)	(10)	(52.6)	(10)	(62.5)
Leadership	(21)	(60.0)	(11)	(57.9)	(10)	(62.5)

TABLE 34

Number of Comments on Learnings, by 1960 and 1961 Delegates Two Months After Workshop*

	Total Learnings No.	Total Learnings Percent (N=323)	1960 Learnings No.	1960 Learnings Percent (N=450	1961 Learnings No.	1961 Learnings Percent (N=373)
TEACHING METHODS	336	40.8	206	45.8	130	34.9
Clinical Experiences (Structure)	(63)	(7.6)	(43)	(9.6)	(20)	(5.4)
Clinical Experiences (Patient Care)	(74)	(9.0)	(38)	(8.4)	(36)	(9.6)
Ward Conferences	(76)	(9.2)	(50)	(11.1)	(26)	(7.0)
Classroom Teaching	(123)	(15.0)	(75)	(16.7)	(48)	(12.9)
HUMAN RELATIONS	319	38.8	145	32.2	174	46.6
Self-Understanding and Changes (Teacher)	(94)	(11.4)	(30)	(6.7)	(64)	(17.2)
Understanding Students (Needs, Learning)	(157)	(19.1)	(87)	(19.3)	(70)	(18.7)
Understanding Others	(45)	(5.5)	(22)	(4.9)	(23)	(6.2)
Effective Communication	(23)	(2.8)	(6)	(1.3)	(17)	(4.5)
CURRICULUM	119	14.4	73	16.2	46	12.3
Learning Experiences (Criteria)	(86)	(10.4)	(50)	(11.1)	(36)	(9.6)
Curriculum Understanding	(33)	(4.0)	(23)	(5.1)	(10)	(2.7)
NURSING EDUCATION	49	6.0	26	5.8	23	6.2
Professional Information	(37)	(4.5)	(15)	(3.3)	(22)	(5.9)
Professional Preparation	(12)	(1.5)	(11)	(2.5)	(1)	(0.3)

*Comments per Individual — 1960-1961: Mean 24.2, Range 5-64; 1960: Mean 25.0, Range 7-55; 1961: Mean 23.3, Range 5-64

TABLE 35

Number of 1960 and 1961 Delegates Commenting on Learnings Two Months After the Workshop

Type of Learning	Total Delegates No.	Total Delegates Percent (N=34)	1960 Delegates No.	1960 Delegates Percent (N=18)	1961 Delegates No.	1961 Delegates Percent (N=16)
TEACHING METHODS	33	97.0	18	100.0	15	93.7
Clinical Experiences (Structure)	(26)	(76.5)	(16)	(88.9)	(10)	(62.5)
Clinical Experiences (Patient Care)	(27)	(79.5)	(15)	(83.3)	(12)	(75.0)
Ward Conferences	(30)	(88.2)	(18)	(100.0)	(12)	(75.0)
Classroom Teaching	(30)	(88.2)	(18)	(100.0)	(12)	(75.0)
HUMAN RELATIONS	32	94.1	17	94.4	15	93.7
Self-Understanding and Changes (Teacher)	(28)	(82.3)	(14)	(77.8)	(14)	(87.5)
Understanding Students (Needs, Learning)	(30)	(88.2)	(17)	(94.4)	(13)	(81.2
Understanding Others	(24)	(70.6)	(12)	(66.7)	(12)	(75.0)
Effective Communication	(17)	(50.0)	(5)	(27.8)	(12)	(75.0)
CURRICULUM	31	91.2	16	88.9	15	93.7
Learning Experiences (Criteria)	(28)	(82.3)	(16)	(88.9)	(12)	(75.0)
Curriculum Understanding	(18)	(52.9)	(9)	(50.0)	(9)	(56.2)
NURSING EDUCATION	24	70.6	12	66.7	12	75.0
Professional Information	(20)	(58.8)	(8)	(44.4)	(12)	(75.0)
Professional Preparation	(7)	(20.6)	(6)	(33.3)	(1)	(6.2)

TABLE 36

Number of Comments on Activities or Plans, by 1960 and 1961 Delegates Two Months After the Workshop*

Type of Activity or Plan	Total Activities No.	Total Activities Percent (N=636)	1960 Activities No.	1960 Activities Percent (N=324)	1961 Activities No.	1961 Activities Percent (N=312)
TEACHING METHODS	257	40.4	131	40.4	126	40.4
Clinical Experiences	(77)	(12.1)	(39)	(12.0)	(38)	(12.2)
Ward Conferences	(52)	(8.2)	(25)	(7.7)	(27)	(8.6)
Classroom Teaching	(128)	(20.1)	(67)	(20.7)	(61)	(19.6)
HUMAN RELATIONS	243	38.2	109	33.6	134	42.9
Modifications of Teacher Behavior (Self)	(92)	(14.5)	(31)	(9.6)	(61)	(19.6)
Teacher-Student Relations, Student Learning	(101)	(15.9)	(42)	(13.0)	(59)	(18.9)
Interpersonal Relations (Staff, Faculty, Administrator)	(23)	(3.6)	(16)	(4.9)	(7)	(2.2)
Communication Activities	(27)	(4.3)	(20)	(6.1)	(7)	(2.2)
CURRICULUM	128	20.1	76	23.5	52	16.7
Learning Experiences (Modifications in Organization, Emphasis)	(100)	(15.7)	(58)	(17.9)	(42)	(13.5)
Curriculum Plans and Changes	(28)	(4.4)	(18)	(5.6)	(10)	(3.2)
PROFESSIONAL PREPARATION	8	1.3	8	2.5	0	0.0

*Comments per Individual

1960-1961: Mean 18.7, Range 1-50

1960: Mean 18.0, Range 1-40

1961: Mean 19.5, Range 5-50

TABLE 37

Number of 1960 and 1961 Delegates Commenting on Activities and Plans Two Months After the Workshop

Type of Activity or Plan	Total Delegates No.	Total Delegates Percent (N=34)	1960 Delegates No.	1960 Delegates Percent (N=18)	1961 Delegates No.	1961 Delegates Percent (N=16)
TEACHING METHODS	33	97.0	17	94.4	16	100.0
Clinical Experiences	(27)	(79.4)	(14)	(77.8)	(13)	(81.2)
Ward Conferences	(30)	(88.2)	(16)	(88.9)	(14)	(87.5)
Classroom Teaching	(28)	(82.3)	(16)	(88.9)	(16)	(100.0)
HUMAN RELATIONS	31	91.2	16	88.9	15	93.7
Modifications of Teacher Behavior (Self)	(28)	(82.3)	(15)	(83.3)	(13)	(81.2)
Teacher-Student Relations, Student Learn.	(28)	(82.3)	(16)	(88.9)	(12)	(75.0)
Interpersonal Relations (Staff, Faculty, Administrator)	(13)	(38.2)	(8)	(44.4)	(5)	(31.2)
Communication Activities	(10)	(29.2)	(5)	(27.8)	(5)	(31.2)
CURRICULUM	30	88.2	17	94.4	13	81.2
Learning Experiences (Modifications in Organization, Emphasis)	(28)	(82.3)	(16)	(88.9)	(12)	(75.0)
Curriculum Plans and Changes	(19)	(55.9)	(11)	(61.1)	(8)	(5010)
PROFESSIONAL PREPARATION	5	14.7	5	27.8	0	0.0

TABLE 38

Number of Comments on Satisfactions, by 1960 and 1961 Delegates Two Months After the Workshop*

Type of Satisfaction	Total Satisfactions No.	Total Satisfactions Percent (N=650)	1960 Satisfactions No.	1960 Satisfactions Percent (N=262)	1961 Satisfactions No.	1961 Satisfactions Percent (N=388)
TEACHING METHODS	370	56.9	142	54.2	228	58.8
Clinical Experiences	(64)	(9.8)	(19)	(7.3)	(45)	(11.6)
Student Status	(84)	(12.9)	(34)	(13.0)	(50)	(12.9)
Ward Conferences	(94)	(14.5)	(36)	(13.2)	(58)	(15.0)
Seminar Sessions	(128)	(19.7)	(53)	(20.2)	(75)	(19.3)
HUMAN RELATIONS	89	13.7	35	13.4	54	13.9
Self-Evaluation of Participation	(14)	(2.2)	(2)	(0.7)	(12)	(3.1)
Group Members (Delegates)	(20)	(3.1)	(1)	(0.3)	(19)	(4.9)
Communication and Sharing	(47)	(7.2)	(24)	(9.2)	(23)	(5.9)
Administration and Faculty (V.N.)	(8)	(1.2)	(8)	(3.1)	(0)	(0.0)
CURRICULUM STUDY	64	9.8	35	13.3	29	7.5
MEDICAL CENTER (FACILITIES AND STAFF)	33	5.1	23	8.8	10	2.6
WORKSHOP	94	14.5	27	10.3	67	17.2
General Format, Emphasis, Experience	(65)	(10.0)	(16)	(6.1)	(49)	(12.6)
Leadership	(29)	(4.5)	(11)	(4.2)	(18)	(4.6)

*Comments per Individual

1960-1961: Mean 19.1, Range 4-50
1960: Mean 14.6, Range 4-23
1961: Mean 24.3, Range 6-50

TABLE 39

Number of 1960 and 1961 Delegates Commenting on Satisfactions Two Months After the Workshop

Type of Satisfaction	Total Delegates No.	Total Delegates Percent (N=34)	1960 Delegates No.	1960 Delegates Percent (N=18)	1961 Delegates No.	1961 Delegates Percent (N=16)
TEACHING METHODS	33	97.0	17	94.4	16	100.C
Clinical Experiences	(30)	(88.2)	(14)	(77.8)	(16)	(100.0)
Student Status	(33)	(97.0)	(17)	(94.4)	(16)	(100.0)
Ward Conferences	(32)	(94.1)	(16)	(88.9)	(16)	(100.0)
Seminar Sessions	(30)	(88.2)	(16)	(88.9)	(14)	(87.5)
HUMAN RELATIONS	30	88.2	15	83.3	15	93.7
Self-Evaluation of Participation	(12)	(35.3)	(2)	(11.1)	(10)	(62.5)
Group Members	(10)	(29.4)	(1)	(5.6)	(9)	(56.2)
Communication and Sharing	(24)	(70.6)	(13)	(72.2)	(11)	(68.7)
Administration and Faculty (V.N.)	(6)	(17.6)	(6)	(33.3)	(0)	(0.0)
CURRICULUM STUDY	24	70.6	13	72.2	11	68.7
MEDICAL CENTER (FACILITIES AND STAFF)	16	47.0	11	61.1	5	31.2
WORKSHOP	30	88.2	14	77.8	16	100.0
General Format, Emphasis, Experience	(25)	(73.5)	(9)	(50.0)	(16)	(100.0)
Leadership	(18)	(52.9)	(10)	(55.6)	(8)	(50.0)

TABLE 40

Number of Comments on Dissatisfactions, by 1960 and 1961 Delegates Two Months After the Workshop*

Type of Dissatisfaction	Total Dissatisfactions No.	Total Dissatisfactions Percent (N=262)	1960 Dissatisfactions No.	1960 Dissatisfactions Percent (N=162)	1961 Dissatisfactions No.	1961 Dissatisfactions Percent (N=100)
TEACHING METHODS	126	48.1	70	43.2	56	56.0
Clinical Experiences	(36)	(13.7)	(24)	(14.8)	(12)	(12.0)
Student Status	(12)	(4.6)	(6)	(3.7)	(6)	(6.0)
Ward Conferences	(34)	(13.0)	(18)	(11.1)	(16)	(16.0)
Seminar Sessions	(44)	(16.8)	(22)	(13.6)	(22)	(22.0)
HUMAN RELATIONS	50	19.1	28	17.3	22	22.0
Self-Evaluation of Participation	(23)	(8.8)	(13)	(8.0)	(10)	(10.0)
Group Members (Delegates)	(18)	(6.9)	(9)	(5.6)	(9)	(9.0)
Communication and Sharing	(0)	(0.0)	(0)	(0.0)	(0)	(0.0)
Administration and Faculty (V.N.)	(9)	(3.4)	(6)	(3.7)	(3)	(3.0)
CURRICULUM STUDY	21	8.0	18	11.1	3	3.0
MEDICAL CENTER (FACILITIES AND STAFF)	34	13.0	26	16.1	8	8.0
WORKSHOP	31	11.8	20	12.3	11	11.0
General Format, Emphasis, Experience	(19)	(7.3)	(13)	(8.0)	(6)	(6.0)
Leadership	(12)	(4.6)	(7)	(4.3)	(5)	(5.0)

*Comment per Individual

1960-1961: Mean 7.7, Range 0-32
1960: Mean 9.0, Range 3-32
1961: Mean 6.2, Range 0-15

TABLE 41

Number of 1960 and 1961 Delegates Commenting on Dissatisfactions Two Months After the Workshop

Type of Dissatisfaction	Total Delegates No.	Total Delegates Percent (N=34)	1960 Delegates No.	1960 Delegates Percent (N=18)	1961 Delegates No.	1961 Delegates Percent (N=16)
TEACHING METHODS	31	91.2	17	94.4	14	87.5
Clinical Experiences	(18)	(52.9)	(12)	(66.7)	(6)	(37.5)
Student Status	(7)	(20.6)	(2)	(11.1)	(5)	(31.2)
Ward Conferences	(18)	(52.9)	(10)	(55.6)	(8)	(50.0)
Seminar Sessions	(22)	(64.7)	(12)	(66.7)	(10)	(62.5)
HUMAN RELATIONS	26	76.5	14	77.8	12	75.0
Self-Evaluation of Participation	(15)	(44.1)	(8)	(44.4)	(7)	(43.7)
Group Members (Delegates)	(13)	(38.2)	(6)	(33.3)	(7)	(43.7)
Communication and Sharing	(0)	(0.0)	(0)	(0.0)	(0)	(0.0)
Administration and Faculty (V.N.)	(7)	(20.6)	(4)	(22.2)	(3)	(18.7)
CURRICULUM STUDY	9	26.5	7	38.9	2	12.5
MEDICAL CENTER (FACILITIES AND STAFF)	14	41.2	9	50.0	5	31.2
WORKSHOP	15	44.1	9	50.0	6	37.5
General Format, Emphasis, Schedule	(12)	(35.3)	(8)	(44.4)	(4)	(25.0)
Leadership	(8)	(23.3)	(5)	(27.8)	(3)	(18.7)

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TABLE 42

Number of Comments on Satisfactions, by Eighteen
1960 Delegates One Year After Their Workshops*

Type of Satisfaction	Total Satisfactions No.	Percent (N=193)
TEACHING METHODS	55	28.5
Clinical Experiences	(15)	(7.8)
Student Status	(13)	(6.7)
Ward Conferences	(10)	(5.2)
Seminar Sessions	(17)	(8.8)
HUMAN RELATIONS	56	29.0
Self-Evaluation of Participation	(0)	(0.0)
Group Members (Delegates)	(6)	(3.1)
Communication and Sharing	(13)	(6.7)
Interpersonal, Nursing Staff	(10)	(5.2)
Interpersonal, Faculty	(11)	(5.7)
Interpersonal, Administration	(16)	(8.3)
CURRICULUM STUDY	8	4.1
MEDICAL CENTER (FACILITIES AND STAFF)	3	1.6
WORKSHOP	71	36.8
General Format, Emphasis, Experience	(64)	(33.2)
Leadership	(7)	(3.6)

*Comments per Individual

1960: Mean 10.7
Range 0-25

TABLE 43

Number of 1960 Delegates Commenting on Satisfactions

One Year After Their Workshops

Type of Satisfaction	Total Delegates No.	Percent (N=18)
TEACHING METHODS	12	66.7
Clinical Experiences	(11)	(61.1)
Student Status	(8)	(44.4)
Ward Conferences	(6)	(33.3)
Seminar Sessions	(10)	(56.6)
HUMAN RELATIONS	16	88.9
Self-Evaluation of Participation	(0)	(0.0)
Group Members (Delegates)	(3)	(16.7)
Communication and Sharing	(8)	(44.4)
Interpersonal, Nursing Staff	(8)	(44.4)
Interpersonal, Faculty	(8)	(44.4)
Interpersonal, Administration	(11)	(61.1)
CURRICULUM STUDY	8	44.4
MEDICAL CENTER (FACILITIES AND STAFF)	1	5.6
WORKSHOP	16	88.9
General Format, Emphasis, Experience	(15)	(83.3)
Leadership	(3)	(16.7)

TABLE 44

Number of Comments on Dissatisfactions, by Eighteen

1960 Delegates One Year After Their Workshops*

Type of Dissatisfaction	Total Dissatisfaction No.	Percent (N=78)
TEACHING METHODS	9	11.6
Clinical Experiences	(2)	(2.6)
Student Status	(1)	(1.3)
Ward Conferences	(1)	(1.3)
Seminar Sessions	(5)	(6.4)
HUMAN RELATIONS	59	75.6
Self-Evaluation of Participation	(0)	(0.0)
Group Members (Workshop)	(6)	(7.7)
Communication and Sharing	(0)	(0.0)
Interpersonal, Nursing Staff	(15)	(19.2)
Interpersonal, Faculty	(21)	(26.9)
Interpersonal, Administration	(17)	(21.8)
CURRICULUM STUDY	2	2.6
MEDICAL CENTER (FACILITIES AND STAFF)	1	1.3
WORKSHOP	7	8.9
General Format, Emphasis, Experience	(4)	(5.1)
Leadership	(3)	(3.8)

*Comments per Individual

1960: Mean 4.3
Range 0-20

TABLE 45

Number of 1960 Delegates Commenting on

Dissatisfactions One Year After Their Workshops

Type of Dissatisfaction	Total Delegates No.	Percent (N=18)
TEACHING METHODS	7	38.9
Clinical Experiences	(2)	
Student Status	(1)	(5.6)
Ward Conferences	(1)	(5.6)
Seminar Sessions		
HUMAN RELATIONS	12	66.7
Self-Evaluation of Participation	(0)	(0.0)
Group Members (Workshop)	(4)	(22.2)
Communication and Sharing	(0)	(0.0)
Interpersonal, Nursing Staff	(6)	(33.3)
Interpersonal, Faculty	(7)	(38.9)
Interpersonal, Administration	(5)	(27.8)
CURRICULUM STUDY	2	11.1
MEDICAL CENTER (FACILITIES AND STAFF)	1	5.6
WORKSHOP	6	33.3
General Format, Emphasis, Experience	(3)	(16.7)
Leadership	(3)	(16.7)

TABLE 46

Number of Comments on Improvements and Modifications Which Occurred During the Year Following Their Workshops by Eighteen 1960 Delegates*

Type of Modification	Total Changes Cited By Delegates No.	Percent (N=962)
TEACHING METHODS	295	30.7
Clinical Experiences	(122)	(12.7)
Ward Conferences	(82)	(8.5)
Classroom Teaching	(91)	(9.5)
HUMAN RELATIONS	497	51.7
Modifications of Teacher Behavior (Self)	(190)	(19.8)
Teacher-Student Relations, Student Learning**	(178)	(18.5)
Interpersonal, Staff	(57)	(5.9)
Interpersonal, Faculty	(48)	(5.0)
Interpersonal, Administrator	(7)	(0.7)
Communication Activities	(17)	(1.8)
CURRICULUM	135	14.0
Learning Experiences (Modifications in Organization, Emphasis)	(101)	(10.5)
Curriculum Plans and Changes	(34)	(3.5)
PROFESSIONAL PREPARATION	35	3.6

* Comments per Individual — 1960: Mean 53.4, Range 6-93

** 45 (25 percent) of these comments pertain to increased understanding of the learning process among V.N. students; the remainder refer to increased effectiveness in teaching and interpersonal relations.

TABLE 47

Number of Delegates Commenting on Improvements and Modifications Which Occurred During the Year Following Their Workshops

Type of Modification	Total Delegates Citing Changes No.	Percent (N=18)
TEACHING METHODS	18	100.0
Clinical Experiences	(18)	(100.0)
Ward Conferences	(16)	(88.9)
Classroom Teaching	(18)	(100.0)
HUMAN RELATIONS	18	100.0
Modifications of Teacher Behavior (Self)	(17)	(94.4)
Teacher-Student Relations, Student Learning	(18)	(100.0)
Interpersonal, Staff*	(15)	(83.3)
Interpersonal, Faculty*	(12)	(66.7)
Interpersonal, Administrator*	(4)	(22.2)
Communication Activities	(8)	(44.4)
CURRICULUM	16	88.9
Learning Experiences (Modifications in Organization, Emphasis)	(15)	(83.3)
Curriculum Plans and Changes	(16)	(88.9)
PROFESSIONAL PREPARATION	13	72.2

* In responding to these questions some confusion seemed to occur in the definition of relationships. Some delegates interpreted this to mean interpersonal relations only (meaning personality conflicts) and did not consider any other types of relationships or interaction (such as modifications in teacher-staff communication or in amount of staff control of students' clinical experience). Discrepancies seem to appear in comparing the data in the "no change" and "change" tables for individual delegates; 50 percent stated "no change" but actually cited many. Two individuals cited negative changes (not included in this table) in relationships with administrators and with either nursing service staff or faculty.

TABLE 48

Area in Which Fifteen 1960 Delegates State "No Change"

Occurred During the Year Following Their Workshops*

Type of Modification	Delegates Stating "No Change" and Citing None		Delegates Stating "No Change" but Citing Changes		Total Delegates stating "No Changes"	
	No.	Percent (N=14)	No.	Percent (N=9)	No.	Percent (N=15)
TEACHING METHODS						
Clinical Experiences	0	0.0	1	11.1	1	6.7
Ward Conferences	2	14.3	0	0.0	2	13.3
Classroom Teaching	0	0.0	0	0.0	0	0.0
HUMAN RELATIONS						
Teacher-Student Relations, Student Learning	0	0.0	4	44.4	4	26.7
Interpersonal, Nursing Service Staff	2	14.3	5	55.6	7*	46.7
Interpersonal, Vocational Nursing Faculty	5	35.7	2	22.2	7*	46.7
Interpersonal, Administration	12	85.7	1	11.1	13*	86.7
CURRICULUM	2	14.3	2	22.2	4	26.7

* Two additional delegates stated there were "no changes except negative ones" with administrators; one stated the same about nursing staff, and the other about V.N. faculty.

Appendix D, Part 2

TABLE 49

Unsuccessful Modifications in the Vocational Nursing Program Attempted by Nine 1960 Delegates During the Year Following Their Workshops*

Type of Modification	Delegates Stating Changes Attempted But Unsuccessful No.	Percent (N=9) **
TEACHING METHODS		
Clinical Experiences	4	44.4
Ward Conferences	1	11.1
Classroom Teaching	2	22.2
HUMAN RELATIONS		
Modifications of Teacher Behavior (Self)	0	0.0
Student Relations (Selection and Counseling)	3	33.3
Nursing Staff Relations (Team Nursing)	1	11.1
CURRICULUM (Philosophy and Implementation	5	55.6

* Nine instructors stated there were no modifications attempted which failed to materialize. Over half of these had attended workshop B but there was no marked difference in the average number of successful modifications cited by this group compared with the others.

** The nine instructors mentioning unsuccessful attemptes to modify the vocational nursing program averaged a higher number of successful changes than did the instructors with no failures (62 compared to 44). Failures were attributed to resistance from the nursing service staff in nine instances, from the director of the vocational nursing program (or faculty) in seven, and from administration (policy and budget) in three cases (three failures had resistance from dual sources).

TABLE 50

Number of Plans for Improvements or Modifications, by Eighteen 1960 Delegates One Year After Their Workshops

Type of Plan	Total Plans Cited by Delegates* No.	Percent (N=126)
TEACHING METHODS	32	25.4
Clinical Experiences	(17)	(13.5)
Ward Conferences	(1)	(0.8)
Classroom Teaching	(14)	(11.1)
HUMAN RELATIONS	26	20.6
Modifications of Teacher Behavior (Self)	(12)	(9.5)
Teacher-Student Relations, Student Learning	(10)	(7.9)
Interpersonal Relations (Staff, Faculty Administration)	(3)	(2.4)
Communication Activities	(1)	(0.8)
CURRICULUM	62	49.2
Learning Experiences (Modifications in Organization, Emphasis)	(43)	(34.1)
Curriculum Plans and Changes	(19)	(15.1)
PROFESSIONAL PREPARATION	6	4.8

*Comments per Individual

1960: Mean 7.0
Range 2-16

TABLE 51

Number of 1960 Delegates Planning Improvements Or Modifications One Year After Their Workshops

Type of Plan	Total Delegates Citing Plans No.	Percent (N=18)
TEACHING METHODS	11	61.1
Clinical Experiences	(7)	(38.9)
Ward Conferences	(1)	(5.6)
Classroom Teaching	(9)	(50.0)
HUMAN RELATIONS	11	61.1
Modifications of Teacher Behavior (Self)	(7)	(38.9)
Teacher-Student Relations, Student Learning	(9)	(50.0)
Interpersonal Relations (Staff, Faculty, Administration	(3)	(16.7)
Communication Activities	(1)	(5.6)
CURRICULUM	17	94.4
Learning Experiences (Modifications in Organization, Emphasis	(16)	(88.9)
Curriculum Plans and Changes	(13)	(72.2)
PROFESSIONAL PREPARATION	5	27.8

TABLE

Distribution of Evaluation Comments

of the 1960 and 1961 Workshops and

Type of Comment	Terminal Evaluations			
	Comments Written by 35 Delegates			
	Number	Percent	Range	Mean
Satisfactions	632	35.6	6-37	18.1
1960 Delegates	(240)	(30.3)	(6-24)	(12.7)
1960 Delegates	(392)	(39.9)	(13-37)	(24.7)
Dissatisfactions	312	17.6	1-27	8.9
1960 Delegates	(158)	(19.9)	(1-18)	(8.3)
1961 Delegates	(154)	(15.7)	(3-27)	(9.6)
Learnings	614	34.6	4-58	17.5
1960 Delegates	(305)	(38.5)	(6-42)	(16.1)
1961 Delegates	(309)	(31.4)	(4-58)	(19.3)
Plans & Activities*	217	12.2	0-15	6.1
1960 Delegates	(89)	(11.2)	(0-11)	(4.7)
1961 Delegates	(128)	(13.0)	(3-15)	(8.0)
Total Comments	1775	100.0	--	50.7
1960 Delegates	(792)			(36.4)
1961 Delegates	(983)			(61.2)

* In the analysis of the one-year post-workshop evaluations, Plans were tallied since the earlier evaluation (25 Plans & 611 Activities were specified at two

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52

Written by Delegates at the Termination

after Periods of Two Months and One Year

Two-Month Evaluations				One-Year Evaluations			
Comments Written by 34 Delegates				Comments Written by 18 Delegates			
Number	Percent	Range	Mean	Number	Percent	Range	Mean
650	27.4	4-50	19.1	--	--	--	--
(262)	(21.9)	(4-23)	(14.6)	(193)	(14.2)	(0-25)	(10.7)
(388)	(33.1)	(6-50)	(24.3)	--	--	--	--
262	11.1	0-32	7.7	--	--	--	--
(162)	(13.5)	(3-32)	(9.0)	(78)	(5.7)	(0-20)	(4.3)
(100)	(8.5)	(0-15)	(6.2)	--	--	--	--
823	34.7	5-64	24.2	--	--	--	--
(450)	(38.4)	(7-55)	(25.0)	(0)	(0.0)	(0)	(0)
(373)	(31.8)	(5-64)	(23.3)	--	--	--	--
636	26.8	1-50	18.7	--	--	--	--
(324)	(27.1)	(1-40)	(18.0)	(1088)*	(80.1)*	(2-93)*	(60.4)*
(312)	(26.6)	(5-50)	(19.5)	--	--	--	--
2371	100.0	--	69.7	--	--	--	--
(1198)			(66.5)	(1359)	(100.0)		(75.5)
(1173)			(73.3)	--	--		--

separately from Activities because of the significant numerical increase in Plans months). One-Year post-workshop evaluations: Plans 126; Range 2-16; Mean 7.0
Activities 962; Range 6-93; Mean 53.4

TABLE 53

Opinions of the 1960 Delegates About the Value of Establishing Two Resource Centers in California (North and South) for Vocational Nursing Education

Potential Values	Total Delegates Citing Values* No.	Percent (N=18)
COMMUNICATION MEDIUM	12	66.7
Promote Sharing (Methods, Course Material)	(10)	(55.6)
"Idea" Exchange Center	(9)	(50.0)
"Problems" and "Solutions" Pool	(3)	(16.7)
RESOURCE MATERIALS POOL	11	61.1
Information (Nursing, Curriculum, Research)	(8)	(44.4)
Teaching Materials (Lesson Plans, Outlines)	(6)	(33.3)
Films and Other Audio-Visual Aids	(4)	(22.2)
Reference Books and Text Books	(4)	(22.2)
SERVICE ACTIVITIES	10	55.6
Consultation (Instruction and Curriculum)	(8)	(44.4)
Sponsor Workshops, Courses and Institutes	(3)	(22.2)
RESEARCH ACTIVITIES		
Evaluate Texts, Films, A.V. Aids (& Create)	(4)	(22.2)
Evaluate Student Selection; Construct Tests	(3)	(16.7)
Evaluate Curriculum Patterns, Content Depth	(2)	(11.1)
LEADERSHIP ACTIVITIES	6	33.3
Liaison -- State Department of Education and Board of Vocational Nurse Examiners	(5)	(27.8)
Interpret Research Findings	(2)	(11.1)
MISCELLANEOUS VALUES	8	44.4
Local and Regional Assistance and Pools	(4)	(22.2)
Stimulation, Standardization, Continuity	(4)	(22.2)
PROBABLY VALUABLE (NON-SPECIFIC)	2	11.1

*Comments per Individual — 1960: Mean 4.4, Range 1-7

Appendix E

Recommendations from

A STUDY OF VOCATIONAL NURSING IN CALIFORNIA

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Recommendations from A Study of Vocational Nursing in California*

The study of vocational nursing in California was undertaken to provide the data from which specific decisions for action and for further investigation might be made by authoritative, professional or faculty groups. Such groups are encouraged to review in detail the findings of the main body of the report (and the appendix) as they seek to establish specific procedures leading to improvement of instruction and to increasing the degree of basic similarity of vocational nursing programs throughout the state.

The recommendations which follow have their origin in the findings of the research study and are presented for discussion and study. Some of the recommendations will require statewide consideration and action by an authoritative group in order that uniform patterns may be established. Others will require only the approval and adoption by a professional group to stimulate their acceptance as worthy goals of vocational nursing. In some instances the recommendations will require merely that the faculty in a particular school adopt them as guides for improvement of instruction and set about effecting the appropriate adjustments. It is recommended:

1. That the minimum basic vocational nursing curriculum comprise integrated learning experiences focused on student competency in "fundamental nursing"--nursing concerned with physical and emotional needs characteristic of most patients.

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* Division of Vocational Education, University of California, Los Angeles, 1959.

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2. That the mental health and human relations content of the minimum basic curriculum be identified, and that criteria be established for evaluation of desired student competencies in this area.

3. That the minimum basic curriculum for Licensed Vocational Nurses in California include learning experiences to develop competency in caring for the mentally ill.

4. That learning experiences not directly related to fundamental nursing (e.g., housekeeping, physicians' and administrative nurses' activities) be eliminated from the minimum basic curriculum.

5. That learning experiences related to intrinsically critical or complex treatments (e.g., dry phlebotomy, water-seal chest drainage) be deleted from the minimum basic preparation.

6. That courses to prepare the L.V.N. for "specialty services" (e.g., operating room, premature infant care) be deleted from the minimum curriculum and offered as post-basic courses.

7. That a workshop be called, appropriately authorized and constituted to determine the competencies to be developed in the minimum basic curriculum in areas which are controversial (e.g., medications) and in areas which are to be added to the minimum curriculum (e.g., care of mentally ill patients).

8. That criteria be established for selection of psychiatric facilities in which student learning experiences are to be provided.

9. That workshops for instructors be provided to facilitate the integration of human relations and psychiatric nursing concepts with the existing minimum basic curriculum.

10. That additional educational consultants be provided by the State Board of Vocational Nurse Examiners or other appropriate agency to assist the state-accredited schools in the implementation of the minimum basic curriculum herein recommended.

11. That the National League for Nursing Pre-Admission and Classification Examination be used in the selection and guidance of students, supplemented by a standardized personality test and occupational interest inventory; and that the suitability of the Meyer's Picture Item Test and the NLN Experimental Reading Test for Practical Nurses in selection and guidance of vocational nurses be evaluated.

12. That all state-accredited vocational nursing programs establish and maintain organized plans for student guidance.

13. That consideration be given to devising ways and means on a statewide basis to provide financial assistance to, or to reduce the expense of, students enrolled in vocational nursing programs.

14. That all state-accredited vocational nursing programs establish and maintain organized plans for the placement and follow-up of graduates.

15. That an annual study of students withdrawing from state-accredited vocational nursing programs be undertaken to provide a basis for continuous improvement of selection and guidance procedures.

16. That instructors' teaching loads be modified to allow time for class preparation, student guidance activities, and participation in faculty activities related to coordinating, implementing, evaluating, and improving the vocational nursing curriculum.

17. That the existence in a single public school of both an Associate in Arts Registered Nurse program and a Licensed Vocational Nurse program (each accredited by a separate board of examiners) be investigated in terms of such factors as the effect on vocational nurse student achievement and the utilization of faculty and clinical resources.

18. That interpretations be made to physicians, Registered Nurses, and employing health agencies of the limits of the pre-licensure preparation of the L.V.N.

19. That the California Administrative Code be amended to require that a Registered Nurse be responsible for the supervision of nursing in nursing and convalescent homes.

20. That a statewide survey of all types of health service institutions be undertaken to determine the current utilization of, and future needs for, Licensed Vocational Nurses.

21. That a statewide survey be undertaken to determine the nature of orientation, supervision, and in-service education provided Licensed Vocational Nurses by employing health agencies.

22. That a follow-up study of the graduates of the 910 vocational nurse students who were identified in the student testing phase of this project be carried on for a period of at least five years.

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