DOCUMENT RESUME

ED 131 309 CE 008 953

TITLE	Research Project in Vocational Nurse Education. Final Report.
INSTITUTION	South Plains Coll., Levelland, Tex.
SPONS AGENCY	Texas Board of Vocational Nurse Examiners, Austin.; Texas Education Agency, Austin. Div. of Occupational Research and Development.
REPORT NO	VT-103-285
NOTE	85p.
EDRS PRICE	MF-$0.83 HC-$4.67 Plus Postage.
DESCRIPTORS	Curriculum; *Curriculum Development; Guides; Health Occupations Education; Pilot Projects; Post Secondary Education; Practical Nurses; *Practical Nursing; Program Descriptions; Program Evaluation; *Program Planning; Records (Forms); Resource Guides
IDENTIFIERS	Texas

ABSTRACT

This pilot project, primarily concerned with upgrading licensed vocational nurse (L.V.N.) training in Texas, developed a program designed to increase L.V.N. training program productivity. The report lists the program objectives, presents the philosophy, and describes the basic program structure, and the classroom, lab, and clinical curricula. A brief statement evaluates the program according to student performance. It is noted that various individuals connected with the program considered the participating students to be better trained and better qualified than students in previous traditional courses, as verified by positive conclusions drawn from the test results of the state examination. A hospital training manual, developed to furnish information to the hospital concerning hospital and college responsibilities, is appended to the report. The appendixes cover the major portion of the document and contain student application forms and summary record, hospital and training records, cooperative agreement of affiliation, recommended clinical and ward conferences, classroom and laboratory curriculum, and lists of laboratory equipment, library and resource materials, and audiovisual materials. (NJ)

Final Report On Research Project
In
Vocational Nurse Education

Submitted To

The Division Of Occupational Research And Development

Department Of Occupational And Technical Education

Texas Education Agency

And

The Texas Board Of Vocational Nurse Examiners

Submitted By

South Plains College

LEVELLAND, TEXAS 79336

CONTENTS

FINAL REPORT

Introduction

Many areas of the nation are faced with a seriously inadequate supply of qualified nursing personnel; this shortage is becoming increasingly acute in Texas. A U.S. Department of Labor study estimates that an additional 390,000 registered nurses, 290,000 vocational/practical nurses, and 700,000 nurses' aides, orderlies, and attendants must be made available between 1966 and 1975 to maintain health care comparable to existing standards.[1]

Based on the number of nursing student graduations projected by the Surgeon General's Consultant Group, the nation as a whole will not be able to support these anticipated requirements, let alone raise the level to meet the standards recommended by that group.[2] Thus, we are faced with the disturbing possibility of having to compromise the level of medical care available to the public in the foreseeable future.

Present approaches to the problem seem mainly around (a) an increase in the number of training programs available, and (b) a larger enrollment per program.[3] In other words, the emphasis is currently focused on increasing the supply of trained nurses.

However, even with such an emphasis, it is unlikely that supply will be able to match demand, at all levels of care, for many years, particularly in the South.[4] Therefore, it is imperative that existing training programs become increasingly productive in terms of (a) better preparing nurses to effectively perform their roles, and (b) accomplishing the educational mission as economically as possible.

The role of the practical/vocational nurse is gaining substantial importance as part of the total health care system. This trend is bound to continue as registered nurses turn more to administratively oriented duties and the increasingly available practical/vocational nurse assumes a larger share of actual patient care.

The American Nurses' Association makes note of this trend, and at the same time identifies an associated problem of no small consequence, in a position paper on educational preparation:

> Practical nurses—more often than not, are expected to carry job responsibilities beyond those for which they are educated. The job demands made on them are those which more nearly approach those for which the registered nurse is educated. Increasingly, more complex activities have been delegated to practical nurses and, increasingly, their preservice preparation has become more complex, requiring a higher level of ability.[5]

This trend is particularly significant in Texas where statewide projected needs for licensed vocational nurses (L.V.N.'s) was met in 1971 at the time of the latest survey.[6] In spite of the overall availability of L.V.N.'s in the state, a critical shortage still exists in many rural areas unable to attract sufficient personnel—either R.N.'s or L.V.N.'s. Thus, the L.V.N. will be forced to assume an even larger share of patient care than she is now—with no appreciable advance in educational preparation.

Objectives of the Pilot

The pilot program was primarily concerned with the upgrading of Licensed Vocational Nurse training in Texas in order to better prepare the LV.N. to fulfill her changing role. More specifically, it was the aim of the Pilot to develop a program designed to increase L.V.N. training program productivity, resulting in more health care training per dollar. The pilot was designed to encompass the following objectives:

1. A curriculum providing educational experience which would prepare a student for state licensure and employment as a Licensed Vocational Nurse.
2. A re-structured educational program which placed greater emphasis on classroom and laboratory activities, thus establishing a firm theoretical foundation for an expanded patient-care role.
3. A means of control to insure that hospital experience would be meaningfully related to appropriate learning objectives.
4. A model curriculum which was flexible enough to be used in conjunction with limited

educational and clinical resources, particularly in small communities.

Each of these objectives was based implicitly on the underlying goals of minimizing program costs, furthering patient care, and increasing student learning.

Philosophy

The primary guiding factor behind development of the revised program was a desire to maximize the opportunity for learning by the student, so that she would be better equipped to cope with her future job responsibilities. It was felt that in order to accomplish this end there would have to be a considerable amount of flexibility built into the program to take advantage of the diversity of facilities and experiences available in the state of Texas.

On the other hand, it was necessary to maintain a satisfactory degree of structure and control in the program to insure that each student achieves a reasonable level of competence prior to licensing. Thus, the program strived for the flexibility needed to make it equally applicable in both urban and rural training situations; yet maintained the control requisite for the public welfare.

Basic Program Structure

The pilot program increased the emphasis on classroom and laboratory preparation. This shift to a more theoretical orientation provided two significant advantages: (a) the student, with a more comprehensive foundation, would be able to substantially strengthen her insight as she progressed through the clinical phase of her training, and (b) increased exposure to theoretical material would better prepare the student for a continuous learning experience throughout her career—essential in the rapidly changing medical environment of today.

The pilot program retained the widely accepted one-year format and divided the year into the following specific segments:

Preclinical — 820 hours

The preclinical portion was composed of 640 class hours. An additional 140 hours was spent in individualized study which included use of tapes, film-loops, slides, and filmed studies of nursing procedures. Special audio-tutorial study carrels were provided for this purpose. Students spent 80 hours in observation and supervised experience at the Levelland Sick Baby Clinic. Field trips were made for observation to the State School for Mentally Retarded in Lubbock, Methodist Coronary Care Unit and Intensive Care Unit, and the Lubbock Day Care Center.

Clinical — 1040 hours

Students studied full-time in the affiliating hospitals for twenty-six weeks or 1040 hours. Fifty-two hours of individualized clinical study was accomplished through clinical and ward conferences. The 140 hours of individualized study and 40 hours spent on field trips in the preclinical made a total of 1220 clinical hours. This does not include those hours spent by many students in returning to the college resource center for use of the audio-tutorial carrels and additional observation in the hospitals. A complete *Hospital Training Manual* is in Appendix A.

Classroom/Laboratory Curriculum

The curriculum was formulated on the premise that there are two basic types of material to be presented: (a) substantively independent blocks of knowledge that can be treated essentially as individual subjects, e.g., Maternal Nursing, and (b) more generally interrelated groups of information and techniques, e.g., pharmacology, that can most meaningfully be approached on an integrated basis—in conjunction with the more unified "subject" blocks.

Three specific concept groups: Nutrition and Diet Therapy, Pharmacology, and Fundamentals of Nursing, were identified for teaching primarily on an integrated basis. Appropriate aspects of this material will be taught as a part of the various relevant subject blocks. This approach helped the student grasp the significance of the material as it applied to a wide variety of circumstances.

The vocational mission of the program necessitated the inclusion of a considerable amount of laboratory work designed to establish minimum competence levels prior to in-service patient care training. The pilot was designed to go one step further and actually utilize this training to augment

the usual hospital-centered experience. This was accomplished through substantial upgrading of normal nursing practice facilities, to the point where virtually all of the equipment a student would use on the job was available for laboratory simulation and learning.

The availability and use of this highly developed environment made it possible to achieve an unusually well-balanced program which closely approximated the advantages of concurrent teaching. The actual in-service patient experience then served much more effectively to reinforce prior classroom/laboratory learning as the student was prepared to take advantage of opportunities much broader in scope and depth than if she had participated in a less rigorous pre-hospital program.

The classroom/laboratory curriculum was organized into three basic phases, each consisting of several major topics which were further subdivided into a number of smaller units. This organization allowed a high degree of flexibility as the various major topics and/or units could be shifted to facilitate integrated teaching, such as suggested here, or for concurrent teaching, often associated with larger, readily available clinical facilities.

The hours required for each major heading were divided into classroom and laboratory and listed after the number of units included under the heading. Greater detail relating to the specific material and time requirements for each unit are shown in Appendix F.

Phase I — Requisite Sciences and Basic Nursing Relationship - 172 class hours; 92 lab hours; one week observation (twelve weeks based on 24 class hours per week).

A. Anatomy and Physiology — eleven units; 53 class hours.
B. Basic Nutrition — six units; 12 class hours.
C. Basic Pharmacology — three units; 16 class hours; 10 lab hours.
D. Microbiology — two units; 5 class hours; 2 lab hours.
E. Individual, Family and Comunity Health — three units; 24 class hours.
F. Personal and Vocational Relationships — five units; 17 class hours.
G. Basic Math — one unit; 18 class hours.
H. Fundamentals of Nursing I — eight units; 21 class hours; 80 lab hours.
I. Associated Clinical Observation — one week in general care observation.

Phase II — Medical and Surgical Nursing
130 class hours; 86 lab hours; one week observation (ten weeks based on 24 class hours per week).

A. Medical — Surgical Nursing — twenty units; 106 class hours.
B. Diet Therapy II — five units; 10 class hours.
C. Pharmacology II — fifteen units; 10 class hours.
D. Fundamentals of Nursing II — fourteen units; 86 lab hours.
E. Associated Clinical Observation — one week in general care observation.

Phase III — Maternal and Child Health Care Nursing — 78 class hours; 18 lab hours; one week appraisal (five weeks based on 24 class hours per week).

A. Maternal Nursing — five units; 20 class hours.
B. Newborn Nursing — four units; 12 class hours.
C. Normal Growth and Development — six units; 13 class hours.
D. Pediatrics — five units; 21 class hours.
E. Personal and Vocational Relationships II — three units; 6 class hours.
F. Diet Therapy III — three units; 3 class hours.
G. Pharmacology III — three units; 3 class hours.
H. Fundamentals of Nursing III — three units; 18 lab hours.
I. Preclinical Evaluation and Review — one week classroom and laboratory level-of-competence appraisal.

The curriculum was designed to take advantage of a wide variety of multi-media teaching supports to achieve maximum student learning. The laboratory curriculum utilized the facilities and

equipment available through the South Plains College program. Substantial additions were made to achieve a higher level of training effectiveness. A listing of lab equipment is found in Appendix G.

The same approach was used in regard to expanding the library reference material, an area often overlooked by many programs.[7] Library and resource materials are listed in Appendix H. This material assumed greater importance for the program in light of its broadened theoretical orientation. More emphasis was placed on current literature in the nursing field. A complete listing of equipment and audio-visual materials is given in Appendix I.

Clinical Curriculum

The basic philosophy of clinical experience was defined somewhat differently in the pilot program (as opposed to existing programs) at least in practice. Present programs, of necessity, rely extensively on the clinical portion of the program to provide experience with various equipment, methods, and techniques. This is due to the limited facilities available in the classroom/laboratory setting at most institutions, particularly those in rural areas. Thus, the patient tends to become a "case," rather than an individual, to be used for practicing techniques.

An additional complication stems from the fact that many small clinical facilities have an insufficient level of qualified personnel thus forcing them to use student nurses, where available, to fill the "care gap." Consequently, the potentially valuable learning experience may actually become an extended period of routine procedures and wasted time. This is also due partly to the uncertainty of the hospital staff concerning the changing competence level of the student as she progresses through her training period. The pilot program was specifically planned to minimize the effects of these shortcomings.

This program was intended to acquaint each student with practically every procedure, technique, and piece of equipment she would need prior to any in-service clinical exposure. Thus, when she went into the hospital she was better prepared to function in the role of the bedside nurse, having already mastered most of the required procedures in the laboratory setting.

As a result, the student was better able to concentrate on the needs of each patient as an individual and at the same time be fully prepared to take advantage of every opportunity to participate in a variety of experiences as they occurred.

In addition, hospital training personnel were better able to assume a basic level of student competence from the beginning of in-service experience, greatly facilitating patient assignment.

Another area of primary concern was that of control and reporting. At present the primary requirements consist of set minimum days of experience in each of six service areas. In unsegregated hospitals, equivalent days are calculated using a formula and patient assignment figures.

This type of control presupposes (a) that days spent in a service area (e.g., newborn nursery) is a measure of experience gained, and, (b) that the same amount of experience can be gained by attending one patient or five patients. The latter assumption is based on the fact that patients are converted into patient day equivalents, which means that attending one patient all day ostensibly amounts to the same experience as attending five patients during the day:

$$\frac{\text{Area Patients}}{\text{Total Number of Patients}} \times \frac{\text{Calendar Days}}{1} = \text{Number of Area Days}$$

$$\text{thus } \frac{1}{1} \times \frac{1}{1} = 1 \quad \text{and} \quad \frac{5}{5} \times \frac{1}{1} = 1$$

As an alternate approach, it was the pilot program proposal that in-service experience be considered in terms of three separate categories: (a) area experience, (b) patient experience, and (c) procedure experience.

The area experience was controlled similarly to present methods, i.e., minimum standards were set

for each service area (in conformity with present state minimum standards):

medical, 30 days	surgical, 30 days
pediatric, 15 days	maternity, 15 days
newborn, 10 days	pharmacology, 5 days

In non-segregated hospitals, the area requirements were counted consecutively with area experience remaining undifferentiated.

The patient experience was controlled by setting minimum standards for nursing each type of area patient, e.g., surgical. The standards initially suggested were:

medical, 150 patients	surgical, 150 patients
pediatric, 60 patients	maternity, 60 patients
newborn, 40 patients	

These minimums were predicted on a review of the last three classes' records at South Plains College. They represented an approximate average number of patient equivalents needed to obtain the required number of area days using the prescribed formula.

ORIGINAL METHOD OF COMPUTING MINIMUM PATIENT EXPERIENCE

	Average Patients		Average Day Equivalent		Average Patients Per Day		Rounded		State Area Minimum		Minimum Patient Experience
Medical	209		40	÷	5.2	=	5	x	30	=	150
Surgical	177		37	÷	4.8	=	5	x	30	=	150
Pediatric	134		32	÷	4.2	=	4	x	15	=	60
Maternity	80		21	÷	3.8	=	4	x	15	=	60
Newborn	66		17	÷	3.9	=	4	x	10	=	40

The minimums calculated above were considered realistic for the pilot program since they were based on figures obtained from a program using small clinical facilities. Also, in each case more patients were attended than the minimums established above based on state requirements for area service.

These standards were altered during the pilot to the following:

pediatric from 60 patients to 40 patients
maternity from 60 patients to 40 patients

These changes were made because of lack of opportunity to meet these requirements of patient care in many rural hospitals.

The third type of control was essentially that which was currently being used on a voluntary basis. This control was a check list of important procedures specifying minimum experience for each type. This type of control was believed to better represent the spirit of the state minimum requirements and at the same time more adequately direct the students' clinical preparation. Sample control forms are shown in Appendix C.

The planned clinical program consists of seven basic segments. Areas A through G may be completed in any order and in some cases (non-segregated hospitals) will be partly undifferentiated.

A. Medical patient/area experience	6 weeks
B. Surgical patient/area experience	6 weeks
C. Pediatric patient/area experience	3 weeks
D. Maternity patient/area experience	3 weeks
E. Newborn patient/area experience	2 weeks
F. Unstructured patient/area experience	2 weeks
G. Administration of medicine	1 week
	23 weeks

Area F represents two weeks of unstructured experience set aside to let the student make up deficient patient/procedure requirements. The student was allowed either five days sick leave or terminal vacation. Each student missing more than five days clinical experience was required to make up these days at the end of the clinical in-service training.

In addition, the student was required to attend a minimum of one hour in clinical conferences twice per week. The ward conferences were no less than one-half hour nor more than one hour in length. Students spent a minimum of two hours per week in ward conferences. The pilot also revealed the need for fifteen to thirty minutes at the close of each day for sharing of the day's learning experience. The hospital is required to provide an appropriate conference area. A clinical or ward conference may be conducted by any qualified registered or licensed vocational nurse.

A clinical conference is a scheduled, prearranged, and structured conference. These conferences include the necessary case presentations which are counted as area experience (in the area of present assignment for the student) and include all students. The student is required to present at least six comprehensive patient history reports: one in each area, A through E, and a diabetic case.

The ward conferences may either be scheduled or spontaneous and as a result may be structured or unstructured. Ward conferences may be attended by one or more students. The clinical and ward conferences are intended to provide a maximum continuity from theory to application. A list of recommended conferences is given in Appendix E.

The hospital was responsible for (1) supervising hospital experience, (2) conducting clinical and ward conferences, and (3) certifying and reporting student progress of hospital experience in a regular manner. Since individual student's abilities vary, the hospital training coordinator, along with college personnel, will determine patient care assignments in relation to the student's ability. Continuity of learning was assured between the preclinical and clinical portions of the program through strict adherence to minimum requirements for patient care; supervision, reporting, and certification of clinical and ward conferences; and periodic visitation by college instructors.

Evaluation of Program

Preclinical Phase:

Twenty-three students (22 female and 1 male) satisfactorily completed the pre-entrance requirements for the pilot program and began classes August 30, 1971. Five female students dropped class during the preclinical phase. One student dropped after two weeks due to family problems. One student dropped in November due to pregnancy. Three failed academically. The three failed to progress satisfactorily in Pharmacology. All three were previously counseled to enter our basic math program, and enroll later in Vocational Nursing, but chose to enter Vocational Nursing without the math. Eighteen students began the clinical phase of the pilot program. Sixteen students successfully completed the clinical phase as scheduled. One student dropped during this phase to join the U.S. Air Force. The sixteen students successfully passed the State Board examinations in October, 1972. The last student completed the clinical phase, but has not taken the state examination at this time.

The utilization of the laboratory facilities and audio-tutorial study carrels would enable the instructor to instruct twice the number of nursing students as have been possible by the traditional program. The upgraded laboratory permitted the students to experience simulated hospital experiences. Audio-tutorial carrels permitted enrichment, repetition, and individualization for all nursing students at their ability level. As a result, not only is it possible to instruct more students in a better manner using the pilot, but the students are better equipped to undertake a meaningful clinical hospital experience quicker than in the traditional program.

Clinical Phase

During the clinical phase the students were praised by hospital personnel for being better trained than the traditional classes. The upgrading of the laboratory facilities enabled the students to experience simulated hospital experiences. Through these experiences the student was given the opportunity to react to various situations which presented a much greater understanding, and consequent confidence, in her decision making capacity. The hospital personnel commented frequently, "These students are the best academically prepared group we have had."

The student nurses were consistently ranked as good to outstanding by their charge nurses for their nursing abilities. The charge nurses changed when the students rotated services. The general ranking of all students indicated the success of the intensification of laboratory experience in the

classroom. The working of students into the clinical portion at a faster rate was noticeable to both charge nurses and college instructors. The students were better equipped to cope with the various problems than the students in previous traditional classes. The various individuals directly connected with the pilot program considered these students as being better trained and better qualified than previous classes. This is even more outstanding when considering that South Plains College has consistently had outstanding classes as indicated by the state examinations.

Hospital Manual

The *Hospital Training Manual* (see Appendix A) was developed to furnish information to the hospital concerning hospital and college responsibilities during the clinical portion of the students' study. During the pilot some hospital personnel did not understand their responsibilities and for this reason the *Hospital Training Manual* was designed as a source book. Many of the problems encountered during the clinical phase occurred as a result of personnel changes in the hospital. The Training Manual should help to alleviate many of these problems, but the situation is most significant and must be watched closely in the future. The Training Manual has proved to be helpful with the present class which has just entered the clinical phase of training.

The pilot indicated that the hospital needed a source to refer to when new personnel started to work with the student nurses. The manual was designed to explain the responsibilities of the hospital, college, and students.

The problems encountered were worked out through meetings between the hospital personnel and the college instructors. One problem encountered concerned the charge nurse. The hospital is required to designate a charge nurse who is responsible for the clinical training of the student nurses. The charge nurse is required to spend fifteen hours a week with the students. This indicated to the college that the hospital had to adhere strictly to its responsibilities for the success of the program. For this reason these responsibilities were set forth in the manual.

The utilization of the *Hospital Training Manual* indicates that the pilot program has the advantage of using the college classroom with the upgraded laboratory at South Plains College for the preclinical portion and then the clinical phase could conceivably be held in any state hospital.

State Examinations

The pilot class took their Texas State Board Vocational Nurses examinations on October 17 and 18, 1972. Since the pilot was composed of a cross section of qualified applicants, and previous classes accepted only top applicants, the comparison of state examination results cannot be considered significant. Other factors may also be considered which serve to make valid test score evaluations difficult.

The constant upgrading of nursing care in the past several years has made it necessary for state examinations to constantly expand the material covered. The constant change in health practices has made the inclusion of more material in all areas necessary. For this reason, it is questionable to compare scores which are several years apart. In addition, the college instructor had major surgery, and was unable to assist the students prior to the state examination as had been done in previous years.

Some positive conclusions may be drawn from the test results of the state examination. First, all sixteen students passed the examination. Second, the scores ranged from 390 to 678. Third, the pilot class averaged 27 points above the state mean standard score which is just under the average of the three previous classes. Fourth, student evaluations following the examination indicated their feeling that they had acquired sufficient technical knowledge to be successful nurses. The validity of this feeling was indicated in the test results.

A state nursing official visited the pilot program and appeared pleased over the progress made. Therefore, the college instructors, hospital personnel, students, state officials, and the state examinations all indicate the success of the program.

Final Conclusions and Future Projections

It is the opinion of the faculty and staff involved in conducting this pilot that it has been a successful venture. We feel that the use of this method can be utilized effectively in both rural and urban conditions. We were fortunate to have a large urban hospital take part in the program, as well

as a number of small rural hospitals. The result of student scholastic attainment was minimal between those trained in the large hospital as compared to the small rural hospital. It is also our opinion that this plan will enable South Plains College to carry much needed vocational nurse training services to the many cities within our service area. The nature of the traditional program, and the distance involved between Levelland and area cities prevented us from accomplishing this end in the past.

We are presently utilizing the pilot method in a second class which has now entered the clinical phase. It is apparent that this class will further prove the validity of the pilot. All modifications and improvements resulting from this second class will be submitted in report form to the State Board of Vocational Nurse Examiners and the Texas Education Agency.

South Plains College is privileged to have had the opportunity to conduct this research project in the field of Vocational Nurse Education. It must be acknowledged that the idea for this program was born in the mind of Miss Sue Alder, Chief Consultant, Health Occupations Education, of the Texas Education Agency. Through Miss Alder's and Mr. Elbert M. Marcom's (Consultant, Health Occupations Education, Texas Education Agency) constant evaluations and interest, the success of this program was assured. Many of the innovations incorporated into the program, and especially the Hospital Manual, came from the interest of Miss Louise E. Krchnak, Director of Education, Board of Vocational Nurse Examiners, for the State of Texas. It must also be noted that a major portion of the organization and research in the beginning phases of the program was accomplished through the expertise of Mrs. Alicia Travis, R.N. The instruction of the program and further evaluation was accomplished in its entirety by Mrs. Nevelle Danner, present Coordinator of Vocational Nursing at South Plains College. Other individuals contributing to the success of the program include Mrs. Helen Brown, Instructor of Vocational Nursing at South Plains College; Davis Carvey, Graduate Assistant Researcher; and Raymond Yell, Graduate Assistant Researcher.

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APPENDIXES

Appendix A

South Plains College

Technical - Vocational Division
Vocational Nursing
Levelland, Texas

Hospital Training Manual

South Plains College

Technical-Vocational Division
Vocational Nursing
Levelland, Texas

Hospital Training Manual

I. Introduction

This manual is designed to furnish information to the hospital concerning hospital and college responsibilities during the clinical portion of study. Students have completed both the preclinical portion of study and previously received acceptable scores on the Vocational Nurses' Aptitude Test administered by the counseling and guidance service at South Plains College. Other entrance requirements included a personal interview by an instructor and a complete check of personal references.

During the preclinical phase, the students spent 640 classroom hours and 140 additional hours in individualized study. The students have spent eighty hours in observation and supervised experience was gained at the Levelland Sick Baby Clinic. Field trips were made for observation to the State School for Mentally Retarded in Lubbock, Methodist Coronary Care and Intensive Care Unit, and the Levelland Day Care Center.

During the clinical period the students will spend approximately 1040 hours in gaining practical experience in nursing. About fifty-two additional hours of clinical study will be spent in clinical and ward conferences in the hospital. The hospital will be responsible for (1) supervising hospital experience, (2) conducting ward and clinical conferences, and (3) certifying and reporting student progress of hospital experience in a regular manner. Individual student's ability will vary. The hospital training coordinator along with college personnel will determine patient care assignments in relation to the student's ability. The hospital will furnish student clinical supervision and instruction to insure continuity of learning. Continuity is assured between the preclinical and clinical portions of the program through strict adherence to minimum requirements for patient care, supervision, reporting, and certification of clinical and ward conferences; and periodic visitation by college instructors.

II. Supervision of Hospital Experience

The hospital will assume the responsibility for the twenty-three weeks of in-service clinical experience phase of the vocational nursing program. The hospital will designate a registered nurse as training coordinator. The training coordinator will be responsible for the student program as a part of her regular duties and insure that a learning atmosphere be maintained. Upon her absence another nurse will be designated to assume responsibility.

The training coordinator will be responsible for the orientation of the student to the hospital, which includes all policies and pertinent information found in the hospital guide. The first day orientation should specifically include a tour of the hospital, introduction of hospital personnel, and information concerning the health care team. The charge nurse, provided this person is different from the training coordinator, should also be introduced to the students the first day.

During the orientation the training coordinator will explain the hospital services, such as meals, laundry, and other benefits available to nursing personnel and students. The students will receive no monetary stipend since their status is not that of staffing the hospital.

The student patient load will be dictated by learning considerations. The number of patient assignments will vary between one and five per day, with five patients as a maximum depending on the severity of the case and the potential for learning available to the student. The students should be relieved of regular assignments to experience a learning opportunity.

The student experience will be obtained during the hours of 7:00 a.m. to 3:00 p.m. The student must be given a patient report each day prior to starting their duties with the assigned patients. It is recommended that the students be permitted to listen to the morning report. The clinical in-service training will be on a Monday through Friday schedule with Saturday and Sunday as regular days off. The student is allowed either five days of sick leave and/or terminal vacation. Each student missing

more than five days clinical experience must make them up at the end of the clinical in-service training. Students are not permitted to perform operating room duties including scrubs. Other duties not permitted are laboratory or x-ray training and intravenous therapy. Students are permitted to observe these duties being performed. Students are permitted delivery room scrubs.

South Plains College's nursing instructors will furnish a block rotation schedule for each student during the clinical period. If alterations of rotation schedules are necessary the training coordinator and South Plains College's nursing instructor will jointly alter the schedule. Students should be released, upon the request of South Plains College instructors, from assigned hospital clinical experience for special events such as seminars and workshops. Students must wear the uniform, cap, and name pin as designated by the school. South Plains College Vocational Nursing instructors will orientate the hospital staff as to the students' learning situations and performance abilities. The instructors will not directly supervise in-service training during the clinical experience, but will be available during this period to assist, counsel, and evaluate her students as deemed appropriate. The hospital may request that a student be dismissed from the program, but South Plains College's nursing instructors will make the final decision.

III. Clinical and Ward Conferences

The training coordinator will be responsible for the clinical and ward conferences. Students will spend a minimum of one hour in clinical conferences twice per week. The ward conferences will be no less than one-half hour nor more than one hour in length. Students will spend a minimum of two hours per week in ward conferences. It is recommended that fifteen to thirty minutes be set aside for sharing of each day's learning experience. An appropriate conference area must be provided by the hospital. A clinical or ward conference may be conducted by any qualified registered or licensed vocational nurse.

A clinical conference is a scheduled, pre-arranged and structured conference. These conferences include the necessary student case presentations which will be counted as area experience (in the area of present assignment for the student) and include all students.

The ward conferences may either be scheduled or spontaneous, and as a result may be structured or unstructured. Ward conferences may be attended by one or more students.

The intention of these conferences is to provide maximum continuity from theory to application. A list of recommended conferences is given in the Appendix E.

IV. Reports and Certification of Student Records

At the end of twenty-three weeks of in-service participation, the training coordinator will review the student's records to determine if minimum experience requirements have been met. Should any deficiencies be found, the hospital must then provide for training experiences adequate to make up those deficiencies. If necessary, this may mean arrangements will have to be made with another hospital which would provide the specific experiences. Any such arrangements, including travel expenses, will be the responsibility of the hospital.

At the end of the twenty-three weeks clinical period, the training coordinator will (a) review and certify the students' clinical experience, (b) arrange a physical examination for each student, (c) have the VN-3s and VN-8 records notarized, and (d) send the complete package by registered mail or present in person to the college instructor.

The training coordinator will review and certify (initial) the student's experience on at least a weekly basis. These records are in Appendix C on VN-8. The training coordinator will evaluate student progress on at least a monthly basis, or at the end of each service period. The certification of conferences is on pages two and four of VN-8.

At the end of the in-service participation the training coordinator will determine if the following experience requirements have been met.

a. **Area Experience**

1. Medical patients	30 days
2. Surgical patients	30 days
3. Pediatric patients	15 days
4. Maternity patients	15 days
5. Newborn	10 days
6. Administration of medicines	5 days

b. **Patient Experience Standards**

1. Medical	150 patients
2. Surgical	150 patients
3. Pediatric	40 patients
4. Maternity	40 patients
5. Newborn	25 patients
6. Administration of medicines	5 days or 40 hours

Procedure experience will be certified by South Plains College instructors on student procedure experience form VN-5. In non-segregated hospitals the area requirements would be counted consecutively with area experience remaining undifferentiated. The experience records should be totaled and recorded on VN-3 which is also in Appendix C. Make-up experience days should be recorded on VN-3 and outlined in red ink and added to the key on that form. The training coordinator will then send the complete package by registered mail or present in person to the college vocational nursing instructor.

STUDENT APPLICATION FOR ADMISSION

(Complete in ink in own handwriting.)

Date _____ Social Security Number _____ Telephone _____

Name Mr. / Mrs. / Miss _____
(Last) (First) (Middle) (Maiden)

Mailing Address _____

Residence Address _____
(Number and Street) (City) (County) (State) (Zip)

Date of Birth _____ Age _____ Place of Birth _____

Height _____ Weight _____ Marital Status: Single ☐ Married ☐ Divorced ☐ Widow ☐ Separated ☐

Citizenship _____ What foreign language do you speak? _____

Children: Number _____ Ages of Children _____

Have you made satisfactory arrangement for your home responsibilities? _____

Name of husband, parents, or guardian _____

Is your husband (or father) employed? _____ Occupation _____

Name and address of his employer _____

Name, address, and telephone number of person to be notified in case of emergency:

_____

(In blanks below, name schools, their locations, and grades you completed.)

Elementary _____ Grade Completed _____

High School _____ Grade Completed _____

College _____ Years Completed _____

Other Schooling _____ Time Completed _____

Have you attended any nursing program? _____ (Yes, No) Professional ____ Vocational/Practical ____

Name and address of nursing school attended _____

_____

Reason for withdrawal _____

Indicate any nursing experience _____

Have you ever been arrested or convicted of any crime other than a minor traffic violation?

_____ (Yes, No) When? _____ Where? _____

For what reason? _____

Indicate medications you are presently taking prescribed by a physician _____

_____

_____

Indicate medications you are taking which are not prescribed by a physician _____

_____ _____

_____

Have you any chronic illnesses? _____ (Yes, No) Nature of Illness _____

Have you ever been referred to a psychiatrist? _____ (Yes, No) Have you undergone psychiatric therapy?

_____ (Yes, No) When? _____ Where? _____

Do you hereby authorize your doctor(s) to release your health record to this agency? _____ (Yes, No)

Names and addresses of last three employers (including present) and dates of employment:

1. _____

_____

2. _____

_____

3. _____

_____

Names, addresses, and occupations of three references (not relatives):

1. _____

_____

2. _____

_____

3. _____

_____

Desired date of entry _____

I certify that the above statements are true and correct.

_____ (Signature of husband or guardian)

_____ (Signature of applicant)

SOUTH PLAINS COLLEGE INSTRUCTOR'S RESPONSIBILITY

Application: Accepted____
Rejected____
Deferred____

INTRODUCTORY INTERVIEW WITH APPLICANT

Name_____ Date_____

Address_____

State of health_____

_____

_____

Do you have hospital insurance?_____

Hobbies_____

Organizations_____

Interest in people_____

Why interest in this program?_____

Will you need financial help while taking this course?_____

_____

Are your home arrangements such that you will be able to work any hours required in this program?_____

Interviewer's comments:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature of Interviewer

THE UNIVERSITY OF TEXAS
INDUSTRIAL EDUCATION DEPARTMENT
I . (VN-6)

PROSPECTIVE STUDENT'S PRESPONSIBILITY AND EXPENSE

PHYSICAL EXAMINATION OF APPLICANT

1. Name _____ Date _____
2. Address _____ Telephone _____
3. Age _____ Height _____ Weight _____ Temperature _____
4. Past History: (Must be complete with dates)
   Illnesses, operations, injuries: _____
5. Menses: Regular _____ Prolonged _____ Excessive _____ Painful _____
   Menopausal syndrome _____ Amenorrhea _____
   Pelvic exam _____
6. Eyes: Vision - R _____ L _____ With glasses - R _____ L _____
7. Ears: Condition - R _____ L _____ Hearing - R _____ L _____
8. Teeth _____ Tonsils _____
9. Nose _____ Sinuses _____
10. Skin _____ Thyroid _____
11. Posture _____ Orthopedic Conditions _____
12. Varicose Veins _____ Feet: R _____ L _____
13. Heart _____ Blood Pressure: S _____ D _____
14. Abdomen _____ Hernia _____
15. Lungs _____
    Chest X-Rays: Date _____ Findings _____
16. Urinalysis: Sp. Gr. _____ Albumin _____ Sugar _____ Reaction _____
17. Blood Count: RBC _____ WBC _____ Hgb. _____
18. Blood (One test): Kahn _____ Kline _____ Wassermann _____

IMMUNIZATION

19. Smallpox Vac.: Date _____ Satisfactory Scar: Yes _____ No _____
20. Typhoid Vac.: Date 1. _____ 2. _____ 3. _____
21. Typhoid Booster: Date _____
22. Others _____

REMARKS AND RECOMMENDATIONS

Defects found: _____

Corrections made or recommended: _____

In your opinion, is this individual in suitable physical and emotional condition for training in vocational nursing? _____ If not, why? _____

_____
(Signature of examining physician)

_____
(Address: number & street, city, zone)

Telephone number _____

SCHOOL OF VOCATIONAL NURSING
SOUTH PLAINS COLLEGE
Levelland, Texas 79336

INDUSTRIAL EDUCATION DEPARTMENT
University of Texas : VN-2 (11-62)

SOUTH PLAINS COLLEGE RESPONSIBILITY – 3 REFERENCES ON EACH STUDENT

APPLICANT'S PERSONAL REFERENCE

_____ Date _____

_____ City SCHOOL OF VOCATIONAL NURSING

_____ School SOUTH PLAINS COLLEGE
Levelland, Texas 79336

_____ has applied for admission to our Vocational Nursing School and has given us your name as reference. Will you kindly give us your candid opinion of this applicant's suitability for the duties of vocational nursing? All information will be kept confidential. It is not a kindness to recommend one who is not suited to this type of work.

How long have you known the applicant? _____

In what relationship have you known her? _____

_____

_____

What qualities does the applicant have that you believe would contribute to her success as a vocational nurse? _____

Has the applicant any personal peculiarity that might interfere with her success as a vocational nurse? _____ If so, kindly explain. _____

_____

What do you consider the applicant's strongest characteristics? _____

_____

What do you consider the applicant's weakest characteristics? _____

_____

If you or a member of your immediate family were advised by a physician to employ a vocational nurse during an illness, would you have enough confidence in this applicant to employ her after graduation from this school? _____

If not, why? _____

Kindly give us any further information that you have about this individual that will help us to decide upon her suitability for vocational nursing. _____

_____

_____

Date _____ Signature _____

INDUSTRIAL EDUCATION DEPARTMENT
The University of Texas : Vn-7 (Rev. 11-57)

SOUTH PLAINS COLLEGE RESPONSIBILITY

STUDENT SUMMARY RECORD

Name _____ Age _____

Address _____ Birthdate _____

_____ S. S. No. _____

Date Entered _____ Withdrew _____ Re-entered _____ Completed _____

Record grades in numerals

Subjects	Class Hours	Grades	Subjects	Class Hours	Grades	Weeks Practice
Personal & Vocational Adjustments			Medical & Surgical			
Disease Control & Prevention						
Vocational Nursing Skills			Maternity & Newborn			
Nutrition						
Anatomy			Pediatric			
Normal Growth & Development			Geriatric			
Mental Health & Illness			Pharmacology			
First Aid			(Total Patient Care: yes ____ no____)			

Totals: _____	Class Hours	Weeks of Preclinical Period	
_____	Preclinical Experience Hours	Number of Holidays	
	Clinical Experience Hours	Number of Vacation Days	
	Total Hours for Year	Number of Sick Days	

If transfer student, indicate name of school previously attended, and dates of attendance

_____

(School Title) (City and State) (Dates Attended)

If below 10th grade education, give method of establishing equivalency _____

(G. E. D. or Other)

Evaluation:

(Photograph)

Examination Results: TUC: Raw _____, %_____

NIP: Raw _____, %_____

Elementary Psychiatry: Raw _____, %_____

Licensing Examination (SBTP) Date Taken _____ Standard Score _____

Signed _____

R. N., Program Director

THE UNIVERSITY OF TEXAS AT AUSTIN
Instructional Materials Services: VN- 5 (11-71)

RESPONSIBILITY OF HOSPITAL AND TRAINING COORDINATOR. NEEDS TO BE NOTARIZED.
DUPLICATE KEPT BY STUDENT.

ATTENDANCE AND EXPERIENCE RECORD

Name _____ Class _____

Hospital Affiliation _____

Key:
M - Medical
S - Surgical
O - Obstetrics
P - Pediatrics
N B - Newborn
A M - Adm. Medicines
H - Holiday
I - Illness
D - Days off
A - Unexcused Absence

Month _____ Date Entered _____ Date Completed _____ Date Withdrew _____

Area Exp. Pt. Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Pts.	Ward Conference Hours		Days ill	Days H	Days Abs.
M																																				
S																																				
O																																				
NB																																				
P																																				
AM																																				
Total																																				
Area Exp. Days																																			Total Area Days	
M																																				
S																																				
O																																				
NB																																				
P																																				
AM																																				
Total																																				

Signature _____ Student Vocational Nurse

Signature _____ R. N. In Service Training Co-ordinator

S.P.C. - P.P. VN3 (7-71)

Appendix C

EXPERIENCE RECORD

(To be kept when students begin counting patients toward required weeks of practice.)

Student Name: _____

	Days of Practice Each Month																		Days Missed			
	Medical			Surgical			Obstetric			Newborn			Pediatric			Others						
Month	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7	7-3	3-11	11-7				Ab.	Ill	Hol.	Vac.
Total Days																						
Weeks																						

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The University of Texas: VN-3s (1-69)

To be notarized by the trainer-coordinator at end of clinical experience year

1. South Plains College Instructor's Responsibility to check and initial procedure as performed in lab.
2. Training Coordinator's (or designated personnel's) responsibility to check and initial procedure at hospital.
3. Needs to be notarized by hospital training coordinator.

VOCATIONAL NURSING
STUDENT EXPERIENCE AND CLINICAL CONFERENCE RECORD

School _____ Date of Entrance _____

Name _____ Affiliation _____
Name of Hospital

Lecture-Demonstration		Supervised Hospital Practice				
		Dates of Supervised Performance			*Satisfactory Performance (Constant Supervision Unnecessary)*	
Date	*Procedure*	*1*	*2*	*3*	*Date*	*Supervised by*
	Admitting Patient					
	Applications: Hot–Cold					
	Hot Water Bottle					
	Heating Pad					
	Ice Collar					
	Ice Cap					
	Others:					
	Airway					
	Insertion of					
	Maintain Clear Passage					
	Bandages					
	Elastic					
	Roller					
	Sling					
	Supportive					
	Bath					
	Bed					
	Tub					
	Shower					
	Newborn					
	Child					
	Baths, Therapeutic					
	Sitz					
	Alcohol					

RECORD OF CLINICAL CONFERENCES

No.	Date	Hours	Topic	Attended	Participated

Lecture–Demonstration		Supervised Hospital Practice				
		Dates of Supervised Performance			*Satisfactory Performance (Constant Supervision Unnecessary)*	
Date	*Procedure*	*1*	*2*	*3*	*Date*	*Supervised by*
	Medicated					
	Others:					
	Bed					
	Closed					
	Crib					
	Occupied					
	Open					
	Surgical					
	Orthopedic					
	Bassinet					
	Bedside Unit, Preparation of					
	Binder					
	Abdominal–Straight					
	Breast					
	Scultetus					
	T-Binders					
	Others:					
	Bladder Care					
	Catherization–Foley					
	Catherization–French					
	Foley Catheter Irrigation					
	Simple Bladder Irrigation					
	Continuous Drainage					
	Tidal Drainage					
	Intermittent Irrigation					
	Bladder Instillation					
	Cardinal Symptoms					
	Blood Pressure					
	Pulse					
	Apical					
	Radial					
	Others:					

RECORD OF CLINICAL CONFERENCES

No.	Date	Hours	Topic	Attended	Participated

Lecture–Demonstration		Supervised Hospital Practice				
		Dates of Supervised Performance			*Satisfactory Performance (Constant Supervision Unnecessary)*	
Date	*Procedure*	*1*	*2*	*3*	*Date*	*Supervised by*
	Temperature					
	Oral					
	Rectal					
	Axillary					
	Respirations					
	Cast Care					
	Application (Assist with)					
	Wet Cast (Care of)					
	Charting					
	Graphic					
	Nurses Notes					
	Vital Signs					
	Diabetic					
	Medications					
	Treatments					
	Intake					
	Output					
	Others:					
	Colostomy Care					
	Irrigation					
	Dressings					
	Regulation of					
	Compresses					
	Cold					
	Hot					
	Sterile					
	Unsterile					
	Medicated					
	Decubitus					
	Prevention					
	Rubber Rings					

Lecture–Demonstration		Supervised Hospital Practice				
		Dates of Supervised Performance			*Satisfactory Performance (Constant Supervision Unnecessary)*	
Date	*Procedure*	*1*	*2*	*3*	*Date*	*Supervised by*
	Doughnuts					
	Skin Care					
	Treatment					
	Flotation Mattress					
	Dismissing Patient					
	Dressings					
	Sterile					
	Clean					
	Pressure					
	Others:					
	Elimination					
	Bedpan					
	Urinal					
	Commode Chair					
	Emesis Basin					
	Enema					
	Carminative					
	Cleansing					
	Retention					
	Colonic Irrigation					
	Rectal Tube, Insertion					
	Electric Equipment					
	Alternating Pressure Pad					
	Heat Cradle					
	Infrared Light					
	Perineal Light					
	Examination of Patient					
	Assist and Drape					
	Ear					
	Eye					

Lecture–Demonstration		Supervised Hospital Practice				
		Dates of Supervised Performance			*Satisfactory Performance (Constant Supervision Unnecessary)*	
Date	*Procedure*	*1*	*2*	*3*	*Date*	*Supervised by*
	General Physical					
	Gynecologic					
	Rectal					
	Proctoscopic					
	Others:					
	Exercises–Pt. Activity					
	Coughing					
	Crutch Walking					
	Dangle					
	Deep Breathing					
	Dorsiflexion					
	Walking					
	Sitting in Chair					
	Active Exercise					
	Passive Exercise					
	Eye Care					
	Irrigation					
	Drops					
	Ointment					
	Dressings					
	Contact Lens					
	Prosthesis					
	Feeding					
	Adults					
	Infants					
	Serve Tray					
	Assist With					
	Newborn					
	Gavage					
	Fluid					
	Intake					
	Output					

Lecture–Demonstration		Supervised Hospital Practice				
		Dates of Supervised Performance			*Satisfactory Performance (Constant Supervision Unnecessary)*	
Date	*Procedure*	*1*	*2*	*3*	*Date*	*Supervised by*
	Foot Protection					
	Cradle					
	Footboard					
	Handwashing Techniques					
	Inhalation Therapy					
	Tent					
	Nasal Catheter					
	Nasal Cannula					
	Mask					
	Croupette					
	I.P.P.B.					
	Cool Mist					
	Warm Mist					
	Isolation Technique					
	Dishes					
	Excreta/Vomitus					
	Gown					
	Hands					
	Linen					
	Equipment					
	Utensils					
	Education of Family–Visitors					
	Terminal Room Disinfection					
	Lifting Patient					
	Hydraulic Lift					
	In Bed					
	Into Chair					
	Stationary					
	Wheelchair					
	On Stretcher					
	Others:					

Lecture–Demonstration		Supervised Hospital Practice				
		Dates of Supervised Performance			*Satisfactory Performance (Constant Supervision Unnecessary)*	
Date	*Procedure*	*1*	*2*	*3*	*Date*	*Supervised by*
	Medications, Administration of					
	Oral					
	Rectal					
	Vaginal					
	Otic					
	Optic					
	Nasal					
	Parenteral:					
	Intramuscular					
	Intradermal					
	Subcutaneous					
	Z-Track					
	Sublingual					
	Topical					
	Oral Hygiene					
	Conscious Patient					
	Unconscious Patient					
	Denture Care					
	Orthopedic Equipment					
	Patient Care					
	AM Care					
	PM Care					
	Conscious Patient					
	Unconscious Patient					
	Patient's Property, Care of					
	Clothing					
	Dentures					
	Eyeglasses					
	Contact Lenses					
	Prostheses					
	Valuables					

Lecture–Demonstration		Supervised Hospital Practice				
		Dates of Supervised Performance			*Satisfactory Performance (Constant Supervision Unnecessary)*	
Date	*Procedure*	*1*	*2*	*3*	*Date*	*Supervised by*
	Pediculosis					
	Observation for					
	Care of					
	Perineal Care					
	Positions					
	Fowler's					
	Knee-Chest					
	Lithotomy					
	Sims					
	Trendenlenburg					
	Maintaining Alignment					
	Postural Drainage					
	Others:					
	Postmortem Care					
	Postoperative Care–Immediate					
	Preoperative Care					
	Routine					
	Skin Preparation					
	Cleansing					
	Shaving					
	Disinfecting					
	Others:					
	Safety Measures					
	Elbow Restraint					
	Restraint Sheet					
	Restraint Ties					
	Bed Rails					
	Use of Fire Extinguishers					

Lecture–Demonstration		Supervised Hospital Practice				
		Dates of Supervised Performance			*Satisfactory Performance (Constant Supervision Unnecessary)*	
Date	*Procedure*	*1*	*2*	*3*	*Date*	*Supervised by*
	Shampoo					
	Solution, Preparation From:					
	Concentrated Solution					
	Powder					
	Tablet					
	Specimen Collection					
	Feces					
	Gastric					
	Sputum					
	Urine					
	Swabs–for Cultures From:					
	Body Cavities					
	Lesions					
	Wounds					
	Special Procedures–Assist With:					
	Hypodermoclysis					
	Infusion (I.V.)					
	Lumbar Puncture					
	Paracenteses					
	Proctoclysis					
	Thoracenteses					
	Venous Cut-Down					
	Blood Transfusion					
	Lavage					
	Others:					
	Sterilization by:					
	Solution					
	Autoclave					
	Terminal (Formula)					

Lecture–Demonstration		Supervised Hospital Practice				
		Dates of Supervised Performance			*Satisfactory Performance (Constant Supervision Unnecessary)*	
Date	*Procedure*	*1*	*2*	*3*	*Date*	*Supervised by*
	Suction					
	Chest					
	Mouth					
	Nasal					
	Naso-gastric					
	Throat					
	Tapes, Preparation of					
	Tie Straps (Montgomery)					
	Butterfly					
	Others:					
	Tracheostomy Care					
	Suction					
	Dressing					
	Inner Cannula, Care of					
	Traction					
	Bucks					
	Cervical					
	Russell					
	Bryant's					
	Pelvic					
	Overhead					
	Adjustment of Weights					
	Others:					
	Transfer of Patient					
	Urine Tests					
	Clinitest					
	Acetest					

Lecture–Demonstration		Supervised Hospital Practice				
		Dates of Supervised Performance			*Satisfactory Performance (Constant Supervision Unnecessary)*	
Date	*Procedure*	*1*	*2*	*3*	*Date*	*Supervised by*
	Vaginal Irrigation					
	Sterile					
	Unsterile					
	Medicated					
	Weighing					
	Adult					
	Baby					
	Miscellaneous:					

VN 33 – Student's Responsibility - Student must turn into training coordinator so he can complete VN 3 and 3s - then student is responsible to mail VN 33 at end of month to South Plains College.

VOCATIONAL NURSING PROGRAM

DAILY NURSING CARE PLAN

Student's Name _____ Date _____ Division _____ Chg. Nurse _____

Pt's Full Name & Room No.	Age	Diagnosis	T. P. R.	B/P	Bath	Br. P.	B. M.	Vd.	L & O	Diet	Meds & Treatment	Patient's Mental & Physical Needs & Student's Observations

VN 22 STUDENT'S RESPONSIBILITY – Student must hand into South Plains College monthly after presentation.

Student's name _____

Room _____ Doctor _____

Patient's initials _____ Provisional diagnosis _____

Date of adm. _____

Date of disch. _____

Surgical procedure if any _____

Final diagnosis _____ Prognosis _____

Home location _____ Cultural heritage _____

Religious preference _____ Economic status _____

Approximate educational level _____ Age _____

Definition of pt's diagnosis	Etiology of disease

Background and history of patient to present illness

PATIENT'S SYMPTOMS	SYMPTOMS AS LISTED IN TEXTBOOK
METHOD OF TREATMENT USED IN THIS CASE	METHOD OF TREATMENT AS LISTED IN TEXTBOOK
SIGNIFICANT NURSING MEASURES – INCLUDE REHABILITATION IF DONE	

SIGNIFICANT LAB WORK AND DIAGNOSTIC PROCEDURES

TEST	NORMAL	PATIENT'S RESULTS	ABNORMALITY AND ITS SIGNIFICANCE TO DIAGNOSIS

HOW DID THE PATIENT REACT, SPIRITUALLY AND EMOTIONALLY?

WHAT DID YOU LEARN FROM THIS CASE STUDY?

MEDICATIONS

MEDICATIONS	DOSAGE	ROUTE	CLASS	DESIRED EFFECT	ADVERSE REACTIONS THE NURSE SHOULD BE ALERT FOR

STUDENT'S RESPONSIBILITY – must be turned in at end of each service.

STUDENT CLINICAL EVALUATION

NAME_____

DATE_____

DIVISION_____

Do you listen to the report on this division?_____

KARDEX:

1. Who reads the Kardex with you?

2. When is the Kardex read?

3. Do you read the p.r.n. cards with the Kardex?

   Alone, or at time team leader is checking cards with you?

4. Do you read your timed medicine cards and daily treatment cards with the Kardex?

5. Are special tests explained to you?

   Do you understand your role in carrying out this procedure?

6. What information was given to you regarding your patients?

   a. Diagnosis and developments

   b. Special patient conditions and requirements (deafness, blindness, etc.)

ORIENTATION:

1. Describe the type of orientation that you received on your first day.

2. Were special routines explained to you?

3. List library references used to prepare you for this division (including page no.).

INDUSTRIAL EDUCATION DEPARTMENT
The University of Texas : VN-34, p.1 (3-66)

PERSONNEL:

1. Were you instructed to go to your team leader or head nurse for instructions?

2. What activities, such as special tests, diagnostic or treatment procedures, took place on this floor?

   Did you assist or participate in any way?

   If so, what did you learn from this? If not, why?

3. Are patient assignments made to give you variety of experiences in the care of different illness or conditions?

4. Do you feel you had sufficient help?

   If not, what other help do you feel could have been given?

ATTITUDES:

1. Were you interested in this division?

   How did you seek knowledge on your own?

2. Were there any incidents that needed clarifications?

   What did you do about it?

3. Do you do procedures the way you were taught?

   In what way are you doing them differently?

   Why?

4. What problems did you have getting along with others?

TRAINING COORDINATOR'S RESPONSIBILITY (MAY DESIGNATE PROPER PERSONNEL TO COMPLETE).
VN-4 MUST BE TURNED INTO SOUTH PLAINS COLLEGE AT THE END OF EACH SERVICE.

PROGRESS EVALUATION

(For Student Self-Evaluation and Evaluation by Others)

Student's Name_____ Department _____ Date from: _____ to: _____

Thorough ratings are necessary to help the student progress personally and to progress in vocational nursing.

To rate effectively each individual, be sure to read the rating fork thoroughly:
a. Consider one factor and one degree at a time.
b. Rate student on current level.
c. Free your ratings from general impressions and personal feelings.
d. Check appropriate comment(s) under numbers 1, 2, 3, 4, or 5.

Attempt to avoid the following pitfalls:

a. Giving "halo" effect. No one is perfect; but give credit when due.
b. The tendency to rate on particular incidents rather than overall performance.
c. The tendency to rate on potential ability rather than what was actually done.

FACTOR	1	2	3	4	5
DEPENDABILITY					
A. Promptness in reporting on duty	Habitually late ☐	Frequently late with no reason ☐	Occasionally late with no reason ☐	Occasionally late with valid reason ☐	Always on time except in emergencies ☐
B. Attention to duty	Wastes time, never looks for work; needs constant supervision ☐	Inclined to take things easy; requires occasional prodding ☐	Is steady and willing worker ☐	Is fairly energetic; uses good judgment ☐	Is exceptionally industrious, resourceful, and attentive ☐
C. Duty performance and output	Very poor output and performance ☐	Poor performance and poor output ☐	Average performance and output ☐	Usually above average performance and output ☐	Far exceeds expected performance and output ☐
D. Trustworthiness	Unstable and unpredictable ☐	Occasionally loses poise and self-control ☐	Stable under ordinary circumstances ☐	Maintains reasonable stability even under difficult events ☐	Exceptionally well ballanced; retains composure under most adverse conditions ☐
E. Honesty	Questionable:		Unquestionable:		
QUALITY OF WORK					
A. Ability to follow instructions	Is very slow to learn; seems unable to comprehend new ideas ☐	Takes more time than normal to absorb instructions ☐	Learns reasonably well with moderate instructions ☐	Learns rapidly; grasps new ideas rapidly ☐	Is extremely quick and intelligent; has excellent comprehension ☐
B. Organization and completion of work	Needs constant assistance ☐	Needs occasional assistance in planning work ☐	Usually systematic in planning work ☐	Very systematic in planning work ☐	Has outstanding ability to plan, schedule, and complete work ☐
C. Ability to work without supervision	Is inadequately informed; needs constant supervision ☐	Has fair knowledge; needs frequent instruction ☐	Has sufficient knowledge for acceptable performance ☐	Has above average knowledge and skill ☐	Has outstanding grasp of knowledge and skills ☐

42

INDUSTRIAL EDUCATION DEPARTMENT
The University of Texas: VN-4 (Rev. 1-69), p. 1

FACTOR	1	2	3	4	5
D. Recognition of, and attendance to, patient's total needs	Recognizes but ignores needs ☐	Inconsistent; seldom perceives needs ☐	Reasonably perceptive and attentive ☐	Usually anticipates and attends to needs promptly ☐	Anticipates and attends to all needs promptly ☐
E. Recognition of own limitations	Does not recognize at all ☐	Usually gives understanding to ☐	Has average recognition ☐	Has good understanding ☐	Has outstanding ability to recognize ☐
F. Exercise of judgment	Overlooks facts; jumps to conclusions ☐	Sometimes acts without weighing facts ☐	Usually assembles facts and judges accordingly ☐	Analyzes and judges correctly most of the time ☐	Shows sound judgment at all times ☐
G. Ability to observe and report	Poor ☐	Fair ☐	Average ☐	Good ☐	Very good ☐
ATTITUDE					
A. Eagerness to learn	Is uninterested; poor team worker; only interested in self ☐	Occasionally lacks interest and enthusiasm; is fair team worker ☐	Is fairly cooperative and interested; works reasonably well with others ☐	Is a good team worker; cooperates well; is fairly conscientious ☐	Is exceptionally cooperative and enthusiastic; is very conscientious ☐
B. Cooperation and loyalty	Uncooperative and disloyal ☐	Fairly cooperative; sometimes creates friction ☐	Usually cooperative and loyal ☐	Loyal; cooperates willingly ☐	Promotes harmony and loyalty ☐
C. Ambition	Is not promising ☐	Has limited advancement above present level ☐	Shows average progress ☐	Will make a good nurse with further experience ☐	Has superior capacity; should go far ☐
D. Self-control	Has poor self-control ☐	At times, has poor self-control ☐	Loses control occasionally ☐	Is in control most of the time ☐	Is always in control ☐
E. Courtesy	Needs improvement ☐	Shows improvement ☐	Acceptable ☐	Usually courteous ☐	Always courteous ☐
F. Accepts constructive criticism	Resents and rejects criticism; blames others ☐	Resents and tries to justify herself ☐	Usually accepts and shows improvement ☐	Appreciates criticism and shows improvement ☐	Asks for suggestions for improvement ☐

PERSONAL APPEARANCE	HYGIENE					ATTIRE				
	Oral	Personal	Hair	Shaving	Cosmetics	Shoes & Strings	Hose	Uniform	Cap	Jewelry
Acceptable										
Unacceptable										

Evaluated by: _____ Title: _____ Date: _____

Student's Comments: _____

Student Signature: _____ Date: _____

STUDENT'S RESPONSIBILITY to send to South Plains College before Wednesday of the following week.

STUDENT EVALUATION

A written evaluation on "your own feelings in the work situation"

USE THESE QUESTIONS FOR EACH WEEKLY EVALUATION.

1. How did you get along this week? Discuss briefly

2. As you see them, what are your greatest needs?

3. What do you suggest be done to help you meet these needs?

4. Any comments you wish to make?

Date: From _____
To _____

VOCATIONAL NURSING PROGRAM

COOPERATIVE AGREEMENT OF AFFILIATION

Between the South Plains College School of Vocational Nursing and the _____ Hospital, hereinafter called the Affiliating Agency. It is mutually agreed between _____ _____ Hospital and the South Plains College School of Vocational Nursing that:

The Affiliating Agency will:

1. Assume responsibility for the in-service clinical experience phase of the vocational nursing program, totaling approximately twenty-three (23) weeks.
2. The following will be adhered to in carrying out this phase of the program.
   a. A registered nurse will be designated as training coordinator who will, as a part of her regular duties, be responsible for the student program and insure that a learning atmosphere is maintained, or upon her absence, delegate such responsibilities to one person. The person designated by the hospital as training coordinator is _____. Her/or his duties consist of:
      1. Orientation of student to hospital.
      2. Preparing rotation schedules, with the approval of South Plains College Vocational Nursing instructors.
      3. Making patient assignments.
         Charge Nurse: _____
         or Training Coordinator: _____
         a. The student/patient load should be dictated by learning considerations.
         b. The number of patient assignments per day will vary between one and five, depending on severity of the case and the potential for learning available to the student.
   b. Give to the student clinical supervision and instruction such that learning is encouraged, tempered by the individual student's competence and with regard for maintaining safe levels of patient care.
   c. The training coordinator will review and certify (initial) the student's experience records on at least a weekly basis.
   d. The training coordinator will evaluate student progress on a monthly basis.
   e. The training coordinator or instructor(s) will conduct ward conferences of not less than ½ hour each totaling at least 2 hours per week.
      1. These conferences will include the necessary student case presentations and be counted as area experience (in the area of present assignment) for the student. (See attached example, page 48)
      2. Appropriate conference area must be provided.
      3. Coordinate and document ward conferences with student and hospital in-service Director. (See attached example, page 49)
   f. At the end of 21 weeks in-service participation, the training coordinator will review the student's records to determine if minimum experience requirements have been met.

1. Minimum Clinical Experience Requirements

a. **Area Experience**

1. Medical patients	30 days
2. Surgical patients	30 days
3. Pediatric patients	15 days
4. Maternity patients	15 days
5. Newborn	10 days
6. Administration of medicines	5 days

b. **Patient Experience Standards**

1. Medical	150 patients
2. Surgical	150 patients
3. Pediatric	40 patients
4. Maternity	40 patients
5. Newborn	25 patients
6. Administration of medicines	5 days or 40 hours

c. **Procedure Experience** as designated on student procedure experience form.

d. In non-segregated hospitals the area requirements would be counted consecutively with area experience remaining undifferentiated.

g. Should deficiencies in the minimum experience requirements be found:

1. The affiliating agency must then provide for training experience adequate to make up these deficiencies.
2. If necessary, this may mean arrangements will have to be made with another affiliating agency able to provide specific experiences.
3. Any such arrangements, including travel expense, will be the responsibility of the affiliating agency.

h. At the end of the clinical period, the training coordinator will:

1. Review and certify the student's records.
2. Have experience record totaled and notarized (VN form number 3).
3. Make up experience days should be recorded on VN #3 and outlined in red ink and added to key on form.
4. Send the complete package by registered mail to the college vocational nurse instructor.

i. No stipend of any type will be paid to students.

j. The following personnel policies will be followed during the clinical in-service training:

1. Student experience will be obtained during the hours of 7:00 a.m. and 3:00 p.m. (this time will vary slightly according to hospital policy).
2. Clinical in-service training will be on a Monday through Friday schedule.
3. Regular days off: Saturday and Sunday
4. No sick leave will be allowed - each day missed with the affiliating agency must be made up at the end of the clinical in-service training period, and before records can be certified and forwarded to the school.
5. Holiday vacation, and graduation day will be designated by the school.
6. Students must wear the uniform, cap, and name pin as designated by the school.

South Plains College:

1. Operating with the support of its advisory committee will retain the basic responsibility for

administering the program.

2. The South Plains College Vocational Nursing instructors will orientate Hospital staff as to the students' learning situations and performance abilities.
3. In addition:
   a. No attempt will be made to specially select students; normal screening devices will be utilized.
   b. National League of Nursing periodic progress evaluation tests will be administered as appropriate.
   c. The curriculum and laboratory facilities will be furnished by the college to satisfy the curriculum.
   d. The program instructor will not directly supervise in-training clinical experience but will be available during this period to assist, counsel and evaluate her students as deemed appropriate.
   e. A complete file will be maintained on each student, which will be reviewed, certified as accurate and forwarded to the State Board with application to take the licensure test.
   f. The final decision for withdrawal of students from the program for any reason, will be the responsibility of South Plains College.
   g. Student holiday and vacation assignments will be the responsibility of South Plains College.
   h. A final report will be prepared reviewing and critically evaluating the total program with recommendations for further action.
   i. A hospital training manual will be provided by South Plains College prior to the beginning of the clinical training.
   j. The South Plains College will furnish a block rotation service for the twenty-three week period, for each student in preparing clinical schedules. Where alterations are necessary, the College and designated hospital coordinator will work together.

If either party to the agreement wishes to withdraw, it is understood that notice of at least six (6) weeks shall be given to the participating agency and that the students enrolled in the course at the time of notice are given an opportunity to complete the full program offered in the curriculum.

EDUCATION DEPARTMENT
28 April 1972

COOK MEMORIAL HOSPITAL
Levelland, Texas

SOUTH PLAINS COLLEGE SCHOOL OF VOCATIONAL NURSING CONFERENCE

NURSING CARE STUDY — OBSTETRICS

LEADER:

Wilkinson, Barbara

OUTLINE:

Nursing Care Study Outline

ATTENDANCE:

1. Brown, Ethel
2. Frazier, Gurlie
3. Wilkinson, Barbara
4. Urbantke, LeRoy E., R.N., Education Director

TIME:

1 hour

(This is an example of a nursing case study presented by a student.)

EDUCATION DEPARTMENT
3 May 1972

COOK MEMORIAL HOSPITAL
Levelland, Texas

SOUTH PLAINS COLLEGE SCHOOL OF VOCATIONAL NURSING

CONFERENCE

IMMOBILITY

LEADER:

Urbantke, Le Roy E., R.N., Education Director

OUTLINE:

I. Physical Immobility
II. Emotional Immobility
III. Intellectual Immobility
IV. Social Immobility
V. Etiology - Duration - Depth
VI. Related to Patients

HANDOUTS:

Olson, Edith V. and others, "The Hazards of Immobility," **The American Journal of Nursing,** 67:4, April, 1967.

ATTENDANCE:

1. Brown, Ethel
2. Frazier, Gurlie
3. Wilkinson, Barbara
4. Brown, Helen, R.N., South Plains College
5. Danner, Nevelle, R.N., South Plains College
6. Urbantke, Le Roy E., R.N., Education Director

TIME:

1 hour

(This is an example of a ward conference presented by the In-Service Director)

The Cooperative Agreement is subject to review and renewal at completion of the entire project. Terms of the agreement shall become effective as of _____.

Endorsements:	Signatures:
_____	_____
Director of Nursing Service of Affiliating Agency	Administrator of College
_____	_____
Instructor-Coordinator of School	Administrator of Affiliating Agency

RECOMMENDED CLINICAL AND WARD CONFERENCES

Nursing Care Plans
Disaster–Fire–Safety Procedures
Nursing Case Study–TURP
Inhalation Therapy Workshop
Nursing Case Study–Congenital Heart
They Called It Fireproof
Nursing Case Study–Total Knee
Inhalation Therapy Conference
Labor and Delivery Procedures
I.C.U. Procedures
Nursing Case Study–Psychiatric
Operating Room Procedures
Nursing Case Study–Spinal Fusion
Salem Sump Tubes
Nutrition Education
Immobilization
Nursing Case Study–Obstetric
Nursing Case Study–Nephrectomy
Physical Therapy
Application and Removal of Casts
Nursing Case Study–Prostatism
Orientation
Circ–O–lectric Bed
Orthopedic Nursing Review
I.V. Therapy and Techniques
Hansen's Disease
Nursing Case Study–Embolectomy
Tuberculosis
Drainage Systems
Myocardial Infarction
Drug Interactions
Nursing Case Study–Mastectomy
Congestive Heart Failure
Nursing Case Study–Diabetic
Basic EKG's
Laboratory Procedures
Nursing Case Study–Myeloma
Isolation
Nursing Case Study–Diabetes
Death and Dying
"Immunization"
Needle and Syringe Destruction
Colostomy Care
Nursing Case Study–Appendectomy
Team Nursing
Mastectomy
Gastrointestinal and Mental Health Review
Allergy, Urology, Male Reproductive and Circulatory Review
Nursing Case Study–Porphoria
Nursing Case Study–T&A

South Plains College
Technical-Vocational Division
Vocational Nursing
Levelland, Texas

LICENSED VOCATIONAL NURSING

CLASSROOM AND LABORATORY CURRICULUM

Phase I — Requisite Sciences and Basic Nursing Relationships – 172 Classroom hours; 92 lab hours; one week observation (twelve weeks based on 24 class hours per week).

A. Anatomy and Physiology – eleven units; 53 class hours
B. Basic Nutrition – six units; 12 class hours.
C. Basic Pharmacology – three units; 16 class hours; 10 lab hours.
D. Microbiology – two units; 5 class hours; 2 lab hours.
E. Individual, Family and Community Health – three units; 24 class hours.
F. Personal and Vocational Relationships – five units; 17 class hours.
G. Basic Math – one unit; 18 class hours.
H. Fundamentals of Nursing I – eight units; 21 class hours; 80 lab hours.

Phase II — Medical and Surgical Nursing 130 class hours; 86 lab hours; one week observation (ten weeks based on 24 class hours per week).

A. Medical – Surgical Nursing – twenty units; 106 class hours.
B. Diet Therapy II – five units; 10 class hours.
C. Pharmacology II – fifteen units; 14 class hours..
D. Fundamentals of Nursing II – fourteen units; 86 lab hours.
E. Associated Clinical Observation – one week in general care observation

Phase III — Maternal and Child Health Care Nursing – 78 class hours; 18 lab hours; one week appraisal (five weeks based on 24 class hours per week).

A. Maternal Nursing – five units; 20 class hours.
B. Newborn Nursing – four units; 12 class hours.
C. Normal Growth and Development – six units; 13 class hours.
D. Pediatrics – five units; 21 class hours.
E. Personal and Vocational Relationships II – three units; 6 class hours.
F. Diet Therapy III – three units; 3 class hours.
G. Pharmacology III – three units; 3 class hours.
H. Fundamentals of Nursing III – three units; 18 lab hours.
I. Preclinical Evaluation and Review – one week classroom and laboratory level-of–competence appraisal).

Appendix G

South Plains College
Technical-Vocational Division
Vocational Nursing
Levelland, Texas

LICENSED VOCATIONAL NURSING
LABORATORY EQUIPMENT

QUANTITY	DESCRIPTION
4	Hospital Beds, Mattresses, Pillows
4	Overbed Tables – adjustable, formica top, single pedestal, casters, 29" x 45"
3	Bedside cabinets with drop leaf formica tops, door and drawer, height: 34 inches
3	No–tip footstools, non–skid ribbed rubber top, height: 9", top: 11 inches by 15"
4	Wastebaskets – plastic; height: 13 inches, Floor area: 12 inches by 12 inches
1	Formica Top Dresser, 3 drawers, height: 35 inches
1	White metal hospital chair
1	Steel sink unit, 54 inches, avocado
1	Wall unit, 54 inches, avocado
2	Corner wall cabinets, 25 inches wide by 30 inches high, avocado
3	Wall cabinets, 12 inches, avocado, 12 inches wide by 30 inches high
2	Storage cabinets, 63 inches by 14 inches by 24 inches, avocado
2	Corner, 36" wide, avocado
2	12 inch base cabinets, avocado
1	15 inch base cabinets, avocado
2	Single panel screens – plastic curtain; height; 64 inches, width: 41 inches
1	Screen-folding panel (2 panels)
2	Triple panel screens – plastic curtains, height: 64 inches, length: 75 inches by 87 inches
1	Chrome hamper stand with bag, size: 25 inches
1	Dressing carriage, stainless steel, basin and pail, tape cutting equipment, length: 54 inches, height, 37 inches, width: 20 3/4 inches
1	Pair side rails: height: 24 inches, adjust length: 75 inches by 87 inches
1	Floor Mobil Nursing scale
1	Ille Mobile Sitz bath chair, size: 35 inches high, 29 inches deep, 24 inches wide.
1	Instruments container – Pyrex, stainless steel cover, rubber gasket removable stain less steel instrument tray. Holds up to 8 inch instruments..
1 set	Sundry jars with glass overlapping covers
2	Wearever Aluminum bedside or sterile water pitchers with covers; capacity: 1 quart
2	Wearever stainless bowls, capacity: 1 3/4 pint
1	Stainless steel catheter or covered instrument tray 8 1/2 inch x 3" x 1 1/2"
2	Detachable blade knife – surgical handles, nos. 3 & 4 with one dozen blades
1	Enamelware arm bath with sliding cover
20	Aluminum chart holders – book type, Size: 9 inch x 12 inch
4	Call bell cords
1	Perineal heater
1	Luer trachea tube
1	Utility cart, 2 shelves

QUANTITY	DESCRIPTON
1	Instrument container
1	Dec Bed Cradle, Adult FLDB
1	Electric sterilizer
1	Chart – Health Hygiene (with Metal stand)
1	Hospital basin–emesis
1	Hospital–bath
2	Forceps – dressing and sterilizer (sponge type, straight)
1	Forcep – thumb
1	Forcep – serrated
1	Forcep – toothed
2	Forcep – artery (hemostat, straight)
1	Suture scissors 5 1/2 inch
1	Standard operating scissors, 5 1/2 inch straight
1	Taylor Percussion hammer
1	Aquamatic K Pad
2	Microscopes
2	Stethoscopes – Lucos Double Head
4	Stethoscopes
1	Otoscope
1	De Lee Hollis obstetrical stethoscope
1	Eva Hospital demonstration doll
1	Adult Chase doll
1	Chair style commode, covered pail
1	Male urinal
2	Standard bedpans, stainless steel
1	Fracture Bedpan
3	Vollrath Urinal
1	Lucos Pocket Aneroid Blood Pressure Instrument
2	Manometer Baum
2	Manometer with metal stands
1	Irrigator stand – chrome casters, adjustable height to 8 or 9 feet, double hook
1	Portable aspirator – 32 oz. bottle, 0–20 inch of mercury suction, safety overflow valve, 12 inch x 9 inch base, 115 v. 60 cycle current
1	Table for portable aspirator
1	Airway (adult size) soft foam rubber
1	Thermotic drainage pump
1	Pulmonator
1	Colson inhalator
2	Naso–pharyngeal resuscitube airway
1	Nasal humidifier unit complete with single stage Bourdon tube regulator, forged brass chromium, plate nasal humidifier with wing nut and silk screened bottle with rubber tubing
1	Standard Yankauer mask, non–collapsible mask of wire netting, grooved metal frame
1	O.E.M. croup tent for cold steam therapy and administration of detergents complete with Jet Nebulizer and Cleerlite permanent canopy
1	Vienna nasal specula, adult size, stainless steel

QUANTITY	DESCRIPTION
1	Closed thoracic drainage bottle, Complete with 3 one gallon jugs, rubber stoppers, glass connectors and rubber tubing.
1	Wheeled stretcher – overall size: 72 inches long by 26 inches wide by 33 inches high with plastic pad
1	Wheel chair
1	Invalid walker – adult, overall width: 23 inches, overall length: 33 inches
1	Stryker turning frame
1	Simmons Uni–traction and patient helper bar
3 pr.	Adjustable type crutches with 1 inch graduations, hardwood, adjustable from 38 inches to 50 inches
3 pr.	Rubber crutch tips to fit above
1	Colles splint, ventilated, rolled end for finger grip, aluminum right side, adult size
1	Thomas adult leg splint – full ring, padded, on 3/8 inch plated steel rod, adult size 25 inch ring x 43 inner rod
1	Buck's extension hood – adjustable, covered with vinyl, stainless steel pulley
1	Weight, 5 lbs., for above extension
1	Weight carrier 3/4 inch diameter, 8 3/4 inch length, for above
1	Traction cord – 100 ft. hank for above
1	Head halter – cloth with Cadmium–plated spreaderbar, adult size
1	Cloth pelvic sling – adult size
1	Mono–splint – intravenous arm board, plastic
1	Bucks, extension, metal attaches to bed
1	Adult Immobilizer
1	Needle holder, 8 inch
1	Needle case with 2 dozen assorted Anchor needles
3	Enamelware custard or iodine cups
2	Utility or dressing jars, enamelware, 2 qt.
2	Asepto Syringes, 2 oz., catheter tip
2	Medication trays, aluminum
2	Vollrath Dressing Jars – 2 1/2 qts.
1	Tomac Med Card Holder
1	Med tray
3	Lucos Pocket Aneroid
1	Eye flushing bottle, Ziegler
1	Youth crib – adjustable sides to four positions, casters heights to head and foot: 50 inch, spring: 25 inch, overall size: 36 inch x 72 inch.
1	Mattress (crib): 32 x 68 inches
1	Detecto Infant Scale
1	Armstrong X–4 Baby incubator (Nurser type), complete with stand, tilting bed with foam mattress and 40% oxygen limiting nebulizer
1	Infant Feeder, Vitax 8 drams
1	Enamelware oval foot or baby bath – 9 1/2 quart
1	SIMA Model – 3 month old baby
1	Infanette with full cabinet
1	SIMA 1xQ Kneejoint. Model shows both bony and ligamentous components of knee joint
1	SIMA 5 Larynz and trachea, twice natural size, dissectible into 5 parts, fully indexed, with key card
1	SIMA 7 Ear Model, greatly enlarged, on board, dissected into 6 parts, fully indexed, with key card.

QUANTITY	DESCRIPTION
1	SIMA 7a Labyrinth, greatly enlarged, semi–circular canals, cochlea and vestibule dis–sectible, on stand, fully indexed, with key card.
1	SIMA 8a Eye model, fivefold enlarged, dissectible into 7 parts, showing muscular attach–ments and detailed anatomy of eyeball including vitreous body, on stand, indexed, with key card.
1	SIMA 9 Brain model, life size, dissected into 4 parts, hinged for opening like a book, fully indexed, with key card
1	SIMA 11 Kidney model, greatly enlarged, showing detailed structure of organ, on stand, fully indexed, with key card.
1	Arm sling – white cotton, adult size
1	SIMA 13 Transparent obstetric phantom model, with outline of bony pelvis anatomi–cally marked on model; with foetal doll, placenta plus cord, in attractive plastic car–rying case.
1	SIMA 26 Skin model, very greatly enlarged, composed of sections of both hairy scalp and the sole of the foot to show the anatomy of the hair – bearing and non-hairbearing part of the skin. The sectional dissection of the model clearly demonstrates all layers. Fully indexed, with key card, mounted on board.
1	Model head Toroso human (with chart)
1	Skeleton with stand

Appendix H

South Plains College
Technical-Vocational Division
Vocational Nursing
Levelland, Texas

LICENSED VOCATIONAL NURSING
LIBRARY AND RESOURCE MATERIALS

ANATOMY AND PHYSIOLOGY:

Dean – BASIC CONCEPTS IN ANATOMY AND PHYSIOLOGY
Dienhart – BASIC HUMAN ANATOMY AND PHYSIOLOGY
Jacob & Francone – STRUCTURE & FUNCTION OF MAN
Jacob & Francone – LABORATORY MANUAL OF STRUCTURE AND FUNCTION
Jung – ANATOMY AND PHYSIOLOGY
Kimber – ANATOMY AND PHYSIOLOGY
Manner – ELEMENTS OF ANATOMY AND PHYSIOLOGY
Memmler – HUMAN BODY IN HEALTH & DISEASE, 3rd edition, 1970

BASIC TEXTS:

Beck – REFERENCE HANDBOOK FOR NURSES
MERCK MANUAL – 11th edition
Thompson and LeBaron – SIMPLIFIED NURSING (Practical Nursing)

CHEMISTRY:

Riddle – CHEMISTRY AND LABORATORY MANUAL FOR NURSES

DICTIONARIES AND MEDICAL TERMINOLOGY:

Brady – MEDICAL TERMINOLOGY PROGRAMMED DICTIONARY
Dorland – POCKET MEDICAL DICTIONARY INDEXED
Fitch – MACMILLAN DICTIONARY FOR PRACTICAL NURSES, 1st edition, 1966
Taber – TABER'S CYCLOPEDIC MEDICAL DICTIONARY
Webster – COLLEGIATE DICTIONARY (Indexed)

DIET AND NUTRITION:

Cooper – NUTRITION IN HEALTH AND DISEASE
Field – FOOD IN HEALTH AND DISEASE
Krause – FOOD NUTRITION AND DIET THERAPY
Mowry – BASIC NUTRITION AND DIET THERAPY FOR NURSES
THE AMERICAN JOURNAL OF CLINICAL NUTRITION

DOSAGE, SOLUTIONS AND MATHEMATICS:

Jessee – SELF TEACHING TEST IN ARITHMETICS
Weaver – PROGRAMMED MATHEMATICS OF DRUGS AND SOLUTIONS

ENCYLOPEDIAS:

Rodale and Stall – ENCYCLOPEDIA OF COMMON DISEASES

FIRST AID:

Farrow – THE NURSING OF ACCIDENTS
Henderson – EMERGENCY MEDICAL GUIDE
Rains – URGENCIES AND EMERGENCIES FOR NURSES
American Red Cross – HOME NURSING TEXT
American Red Cross – STANDARD FIRST AID

FUNDAMENTALS OF NURSING:

Dison – ATLAS OF NURSING TECHNIQUES
Fuerst & Wolff – FUNDAMENTALS OF NURSING, 2nd edition
Fuerst & Wolff – FUNDAMENTALS OF NURSING, 4th edition
Henderson – NATURE OF NURSING
Jodais – PERSONAL CARE OF PATIENTS
McClain & Gragg – SCIENTIFIC PRINCIPLES IN NURSING
Price – ART, SCIENCE AND SPIRIT OF NURSING
Seedor – INTRODUCTION TO ASEPSIS – A Programmed Text
Skipper – SOCIAL INTERACTION AND PATIENT CARE
Sutton – BEDSIDE NURSING TECHNIQUES
Tracy – NURSING – AN ART AND A SCIENCE

HEALTH:

Johns, Sutton, Webster – HEALTH FOR EFFECTIVE LIVING
Turner – PERSONAL AND COMMUNITY HEALTH
Hasler – PERSONAL, HOME AND COMMUNITY HEALTH (1967)

HISTORY AND BIOGRAPHY:

Dolan – HISTORY OF NURSING

MEDICAL AND SURGICAL NURSING:

Darlington – INTRODUCTION TO MEDICAL SCIENCE
Eliason – SURGICAL NURSING
Feter, West, Zetzche, Barker – SURGICAL NURSING, 7th edition
Funsten – ORTHOPEDIC
Laing – MANAGEMENT AND NURSING OF BURNS
Shafer – MEDICAL – SURGICAL NURSING – 3rd edition
U. S. HEW – ALCOHOL AND ALCOHOLISM
Clinoptikon – E.E.N.T. DISORDERS
Mason – BASIC MEDICAL – SURGICAL NURSING
Wiebe - ORTHOPEDICS IN NURSING
American Cancer Society – A CANCER SOURCE BOOK FOR NURSES

MICROBIOLOGY:

Sinclair – MICROBIOLOGY FOR NURSES

NURSING EDUCATION

GUIDES FOR DEVELOPING CURRICULA FOR EDUCATION OF PRACTICAL NURSES
Anderson – NURSING EDUCATION IN COMMUNITY JUNIOR COLLEGES

OBSTETRICS:

De Lee – OBSTETRICS FOR NURSES
Fitzpatrick & Eastman – MATERNITY NURSING
Maternity Center Association – A BABY IS BORN
Young and Lee – QUICK REFERENCE BOOK FOR NURSES – MATERNITY NURSING
Kalafatich and Meeks – MATERNAL & CHILD HEALTH
Nursing Examination Review – MATERNAL AND CHILD HEALTH NURSING, Volume I and III

PEDIATRICS:

Blake and Wright – NURSING CARE OF CHILDREN
Broadribb – FOUNDATIONS OF PEDIATRIC NURSING
Leifer – PRINCIPLES & TECHNIQUES IN PEDIATRIC NURSING

Lyon – MITCHELL'S PEDIATRICS & PEDIATRIC NURSING
Marlow – T.B. OF PEDIATRIC NURSING
THE INFANT AND CHILD IN HEALTH AND DISEASE

PHARMACOLOGY AND THERAPEUTICS:

Asperheim – PHARMACOLOGY FOR PRACTICAL NURSES
Emerson – ESSENTIALS OF MEDICINE
Falconer – THE DRUG, THE NURSE, THE PATIENT
Keane and Fletcher – DRUGS AND SOLUTIONS
Krueger – ELEMENTARY MATERIA MEDICA
Squire – BASIC PHARMACOLOGY FOR NURSES
AJN – DATA FOR NURSES ON MODERN MEDICATION
AJN – A GUIDE FOR NURSES TO CURRENT DRUGS AND MEDICINES
PDR – 1962 - 1972

PROFESSIONAL ORIENTATION AND ETHICS:

Spalding – PROFESSIONAL ADJUSTMENTS

PSYCHIATRY AND NEUROLOGY:

Crawford and Buchanan – PSYCHIATRIC NURSING
Evans – ROLE OF NURSE IN COMMUNITY MENTAL HEALTH
Hofling – BASIC PSYCHIATRY CONCEPTS IN NURSING
Robinson – THE PSYCHIATRIC AIDE

PSYCHOLOGY:

Lindgren and Byrne – PSYCHOLOGY
O'Hara and Reith – PSYCHOLOGY AND THE NURSE
Smeltzer – PSYCHOLOGY EVALUATION AND NURSING EDUCATION
Strecker – PSYCHIATRY
Kempf & Useem – PSYCHOLOGY DYNAMICS OF BEHAVIOR IN NURSING

REVIEWS AND STATE BOARDS:

Foote – STATE BOARD QUESTIONS AND ANSWERS (1943–45)
Hansen – STUDY GUIDE AND REVIEW FOR PRACTICAL NURSING
Mosby – COMPREHENSIVE REVIEW OF NURSING

SOCIOLOGY:

Bogardus – SOCIOLOGY APPLIED TO NURSES

VOCATIONAL AND PRACTICAL NURSING:

Aikens – STUDIES IN ETHICS FOR NURSES
Anthony – STRUCTURE AND FUNCTION OF THE BODY
Bleier – MATERNITY NURSING, 1st and 2nd editions
Brigley – PEDIATRIC FOR PRACTICAL NURSE
Bush – PERSONAL AND VOCATIONAL RELATIONSHIP FOR PRACTICAL NURSING
Culver – MODERN BEDSIDE NURSING, 6th and 7th editions
Fitch – ARITHMETIC REVIEW AND DRUG THERAPY FOR PRACTICAL NURSE, 2nd edition
Fitch – ROLE AND RESPONSIBILITY OF PRACTICAL NURSE – 1st edition
Hamilton – BASIC MATERNITY NURSING
Hasler – PRACTICAL NURSE AND TODAY'S FAMILY
Hornemann – BASIC NURSING PROCEDURES
Ingalls – MATERNAL AND CHILD HEALTH NURSING
Keane – ESSENTIALS OF NURSING (Medical–Surgical Nursing), 2nd edition
Marison and Farris – APPROACHES FOR CO–WORKERS IN PROFESSIONAL NURSING

Memmler – HUMAN BODY IN HEALTH AND DISEASE, 3rd edition
Memmler – STRUCTURE AND FUNCTION OF HUMAN BODY, 1st edition
Mosby – REVIEW OF PRACTICAL NURSING – 5th edition
Peyton – PRACTICAL NUTRITION, 2nd edition
Rapier – PRACTICAL NURSING, 4th edition
Rasmussen – FOUNDATIONS OF PRACTICAL AND VOCATIONAL NURSING – 1st edition
Robinson – BASIC NUTRITION AND DIET THERAPY – 1st edition
Ross – PERSONAL AND VOCATIONAL RELATIONS – 3rd edition
Scott – FOUNDATIONS AND FUNDAMENTALS OF NURSING, Vol. I, 1st edition
Scott – CLINICAL AND COMMUNITY NURSING, Vol II, 1st edition
Skelley – MEDICATIONS FOR THE NURSE – 3rd edition
Staton – HOW TO STUDY
Stevens – GERIATRIC NURSING FOR PRACTICAL NURSE – 1st edition
Stevens – PERSONAL AND VOCATIONAL RELATIONSHIP FOR PRACTICAL NURSE
Thompson – TEXTBOOK OF BASIC NURSING – 1st edition and 2nd edition
Von Gremp – PRACTICAL NURSING STUDY GUIDE AND REVIEW – 2nd edition
Weiss – OPPORTUNITIES IN NURSING CAREERS
American Medical Association – HORIZONS UNLIMITED (1969)
Keane – SANDERS REVIEW FOR PRACTICAL NURSES
Hoffman and Lipkin, PRACTICAL NURSING WORKBOOK
Speelman – EXAMINATION REVIEW FOR PRACTICAL NURSE
Sutton – WORKBOOK FOR PRACTICAL NURSES
Massachusetts Department of Mental Health – WE ORGANIZE
Massachusetts Department of Mental Health – WE TEACH AND LEARN TOGETHER

Appendix I

South Plains College
Technical-Vocational Division
Vocational Nursing
Levelland, Texas

LICENSED VOCATIONAL NURSING

EQUIPMENT AND AUDIO – VISUAL MATERIALS

EQUIPMENT:

Programmer/Recorder Sound-O-Matic
Playback Version Sound-O-Matic
Student Response Board Coxco
Projector Cartridge Technicolor
Projector Slide Eastmen
Projector Slide Eastmen
Cart, Service
Projector Bell and Howell Film and Sound
Cabinet, Storage
Cabinet, Storage
Microscope Cenco Medium Power
Microscope Cenco Medium Power
Carrel 42 in Series 1000
Carrel 42 in Series 1000
Rear Pro jector Box
Rear Projector Box
Cassette Super Micromatic

FILMS:

Pharmacology:

Medicines: Oral-Setting Up
Medicines: Rectal
Medicines: Vaginal
Medicines: Adding to I.V.
Medicines: Ampules
Medicines: Closed Injection System
Medicines: Eye Drops & Ointment
Medicines: Intradermal
Med icines: Intramuscular Injection
Medicines: Reconstituting a Dry Drug
Medicines: Multiple-Dose Vial
Medicines: Tablet Preparation for Injection
Medicines: Nose Drops
Medicines: Subcutaneous Injection
Z-Track Injection Technique
Setting Up I.V. Solutions
Subcutaneous Injection: Site Selection & Administration
Site Selection I.M.: Lateral Thigh
Site Selection I.M.: Deltoid
Site Selection I.M.: Dorsogluteal
Site Selection I.M.: Ventrogluteal
Administration of I.M. Injection

ANATOMY:

Anatomical Terminology
Congestive Heart Failure
Congestive Heart Failure
What is Emphysema?
What is Diabetes?
Personal Adjustments
Nurse-Patient Interaction Series
The Hospitalized Person
The Nurse
The Interaction
Techniques of Therapeutic Communication
Blocks to Therapeutic Communication
Interactions for Study

OBSTETRICS & NEWBORN

Postpartum Care
Application of Heat: Perineal Lite
Application of Heat: Perineal Compresses
Checking the Fundus
Delivery Room Care of Mother Stage IV
Fetal Heart Tones
Growth & Development: Neonate Part I
Growth & Development: Neonate Part II
Labor: Admission Shave Prep.
Pad Placement: Female
Nursery: Discharge of Infant Part I
Nursery: Discharge of Infant Part II
Nursery: Bathing Newborn 2 Part III
Nursery: Infant to Mother Arm Carry Part I
Nursery: Infant to Mother Arm Carry Part II
Perinal Prep. Delivery Room
Timing Contractions
Nursery: Bathing Newborn 2 Part I
Nursery: Bathing Newborn 2 Part II
Nursery: Bathing Newborn 1 Part III
Nursery: Bathing Newborn 1 Part I
Nursery: Bathing Newborn 1 Part II
Infant to Mother: Crib Transport, Part I
Infant to Mother: Crib Transport, Part II
Delivery Room Care of Newborn, Part I
Delivery Room Care of Newborn, Part II
Introduction to Infant Care
Infant Care--Breast Feeding

NURSING SKILLS:

Positioning to Prevent Contracures
Use of Patient Lifters
Maintaining the Patient's Chart
Observation and Charting
Admission and Discharge
Transcribing the Doctor's Orders
Assisting With a Physical Examination
Local Applications of Heat and Cold
The Prevention and Treatment of Decubiti
Personal Care in Long-Term Illness

Care of the Dying Patient
Cleansing Enema
Patient Care Series
Restraints: Leather
Enema: Ready to Use
Cultures: Wound, Throat, Nose
Asepsis: Simple Dressing
Ice Collar Filling and Application
Restraints: Posey Belt
Restraints: Soft
Asepsis: Sterile Glove Application
Rectal Tube Insertion
Bed Shampoo
Asepsis: Simple Compresses
Crutch Walking
Hot Water Bottle Filling
Draping: Left Lateral Sim's
Draping: Knee-Chest - Genupectoral
Draping: Horizontal Recumbent
Draping: Dorsal Recumbent
Binder Application: Scultetus
Bandaging: Elastic-Toes to Heel
Fundamentals of Back Rub
Bedmaking: Mitered Corner
Handwashing Scrub Without Brush
Handwashing Scrub with Brush
Handwashing Routine
Showers and Tub Baths
Bed Bath, Part I
Bed Bath, Part II
Moving Helpless Patient Up In Bed 2 Worker: Sheet Pull
Working with Very Weak Patient, 2 Worker
Moving Helpless Patient Up in Bed, 1 Worker
Moving Weak Patient Up in Bed
Stretcher: Helpless Patient
Weak Patient: Into Chair, Walk, Back To Bed (1 worker)
Bedmaking: Occupied, Part I
Bedmaking: Occupied, Part II
Bedmaking: Unoccupied, Part I
Bedmaking: Unoccupied, Part II
Manipulation of Linen, Part I
Manipulation of Linen, Part II
Prevention Foot Drop, Part I
Prevention Foot Drop, Part II
Care of Dentures
Patient Care, Special Needs Series

DIET THERAPY:

Diabetic Meal Planning
Teaching the Patient with Diabetes

MEDICAL - SURGICAL

Viewpoint: The Nurse - Perspectives on Dying
Psychological Reactions of the Dying Person - Perspectives on Dying
Cardiopulmonary Resuscitation - The Arrest Team Phase
Introduction to Supraventricular Arrhythmias and Supraventricular Arrhythmias of Sinus Origin

Arrhythmias of Junctional Tissue Origin, Wandering Pacemaker, and Parozysmal Atrial Tachycardia
Premature Atrial Contractions, Atrial Flutter, and Atrial Fibrillation
Introduction to Seizure Disorders
Nursing Care in Seizure Disorders
The Pathophysiology of Emphysema
Care of the Patient with Emphysema
Myocardial Infarction: Nursing Care
Potassium Imbalances
Sodium Imbalances
Fluid Retention - Edema
Rapid Fluid Gain
Introduction to Tracheostomy Care
My Heart Attack
Feeding: Tube - Gastrostomy
Colostomy Irrigation
G.I. Drainage by Suction Siphonage & Irrigation of G. I. Tube
Gastric Lavage, Part I
Gastric Lavage, Part II
Irrigation: Levine Tube
Feeding: Oral Asepto
Gastric Aspiration
Gastric and Gastrointestinal Decompression
Living with Your Back
Tracheostomy Care, Part I
Tracheostomy Care, Part II
Oxygen Administration
Oxygen Tent
Oxygen: Nasal Catheter
Oxygen: Cannual and Mask
Preoperative and Postoperative Care
Preoperative Skin Preparation
Urine Testing: Sugar and Acetone
Application of Heat: Perineal Compresses
Care of the Patient in Traction
Care of the Patient in a Cast
The Stroke Patient Series, Basic Skills: Postioning, Range of Motion Exercise, Transfer Techniques
Perinal Care: Female Clean
Irrigation: Throat
Postioning to Prevent Contractures
Log-Rolling
Traction: Pelvic
Stryker Frame
(IPPB) - Bird Mark VII
(IPPB) - Bennett PR-1
Traction: Cervical
Sterile Field Preparation: Wound Care
Perinal Care: Male
Insertion of Foley Catheter: Male, Part I
Insertion of Foley Catheter: Male, Part II
Removal of Foley Catheter: Male
Urinary Catheterization
Range of Joint Motion Exercises
Closed Chest Drainage: 1 & 2 Bottle Method
Care of the Patient with Diabetes Mellitus
Diabetic Meal Planning
What is Diabetes?

The Stroke Patient Series - Causes and Effects of Stroke and Acute Care
Surgical Asepsis: Isolation
The Stroke Patient Series - Basic Skills: Positioning, Range of Motion Exercise, Transfer Techniques
The Stroke Patient Series - Language Disorders - Aphasia
The Stroke Patient Series, Deficits & Emotional Reactions
The Stroke Patient Series, Post Critical Care, Discharge and Planning
Nurse-Patient Interaction Series, The Nurse
The Rotating Tourniquets
Compresses: Burn
Postural Drainage
Thoracentesis & Abdominal Paracentesis
Teaching the Patient with Diabetes
Congestive Heart Failure
Range of Joint Motion Exercises
Peritoneal Dialysis: Nursing Care of
Irrigation: Intermittent Bladder
What is Emphysema?
Lumbar Puncture
Tracheostomy Aspiration by Patient
Irrigation: Clean Vaginal (Douch)
Apical-Radial Pulse
Nurse-Patient Interaction, The Hospitalized Person
Nurse-Patient Interaction Series, Blocks to Therapeutic Communication
Nurse-Patient Interaction Series - Interactions for Study
Nurse-Patient Interaction Series - Techniques of Therapeutic Communication
Nurse-Patient Interaction Series, The Interaction
Eye Compresses
Perineal Care: Prep, Female
Preparing the Child for Procedures
Parents and Their Ill Child
Pediatric Restraints: Arm Cuff and Crib Net
Pediatric Restraints: Mummy
Medical Asepsis: Isolation, Part I
Medical Asepsis: Isolation, Part II
Oxygen: Croupette
Blood Pressure in Isolation
Isolation Technique

NORMAL GROWTH AND DEVELOPMENT:

Growth and Development: 9 months, Part I
Growth and Development: 9months, Part II
Growth and Development: 1 Year
Growth and Development: Neonate, Part I
Growth and Development: Neonate, Part II
Growth and Development: 2 years, Part I
Growth and Development: 2 years, Part II
Growth and Development: 18 months, Part I
Growth and Development: 18 months, Part II
Growth and Development: 15 months, Part I
Growth and Development: 15 months, Part II
Growth and Development: 1 month, Part I
Growth and Development: 1 month, Part II
Growth and Development: 3 months
Growth and Development: 6 months, Part I
Growth and Development: 6 months, Part II

TABLE 1
TEXAS STATE BOARD OF VOCATIONAL NURSE EXAMINERS

SOUTH PLAINS COLLEGE
SCHOOL OF VOCATIONAL NURSING
Levelland, Texas

Grade Report
October 17 - 18, 1972

NAME	STANDARD SCORE
BROWDER, Marilyn Kaye	449
BROWN, Ethel Fern	637
COOK, May Dell	464
COPELAND, Joseph M.	416
DRENNAN, Dortha O.	445
FRAZIER, Gurlie L.	516
GAGE, Becky Ann	678
GORE, Linda Karen	508
JACKSON, Janice Rankin	593
MARTINEZ, Connie B.	486
NICHOLS, Betty Jo	597
SEPULBEDA, Sulema G.	420
SMITH, Debbie Joy PARKER	578
SORIA, Maria Del Rosario	390
SORIA, Marianne	479
WILKINSON, Barbara T.	597
School Average	515

*Denotes one of the 10 top scores achieved by 19 students.

†Denotes failure.

Minimum Passing Standard Score 350
State Mean Standard Score 488

State mean standard score is based only on Texas Vocational Nurse graduates first time writers. Re-examinees are not included.

TABLE 2

TEXAS STATE BOARD OF VOCATIONAL NURSE EXAMINERS

SOUTH PLAINS COLLEGE
SCHOOL OF VOCATIONAL NURSING
Levelland, Texas

Class Scores of Pilot Class October 17, 18, 1972

Name	Age	Education	General Mental	Spelling	Natural Sciences	Judgment	Personal Adjustment
Joseph Copeland	25	3 yrs. College	.43	.58	.76	.26	.64
Marianne Soria	27	6th	.30	.25	.29	.49	.61
Sulema Sepulbeda	25	10th	.25	.58	.39	.21	.96
Debbie Smith	18	12th	.82	.91	.76	.91	.57
Maria Soria	20	12th	.28	.87	.53	.11	.21
Barbara Wilkinson	31	12th	.93	.64	.71	.96	.91
Becky Gage	19	12th	.99	.96	.82	.91	.88
Connie Martinez	25	12th	.58	.71	.56	.49	.88
Janice Jackson	40	12th	.40	.51	.23	.91	.76
Betty Nichols	42	12th	.28	.87	.84	.96	.98
Gurlie Frazier	47	12th	.43	.21	.64	.07	.57
Ethel Brown	37	10th	.30	.58	.39	.69	.64
Marilyn Browder	18	12th	.76	.87	.40	.49	.45
Linda Gore	18	12th	.58	.34	.51	.21	.42
Dortlia Drennan	49	11th	.49	.82	.32	.59	.54
May Dell Cook	48	12th	.26	.58	.80	.49	.76
Total	489	184	8.08	10.28	8.95	8.75	10.78
Average	31	115	.50	.64	.56	.55	.67

27 points above State Mean Standard Score of 488
Average 515 - Minimum Passing Score of 350

TABLE 3

TEXAS STATE BOARD OF VOCATIONAL NURSE EXAMINERS

SOUTH PLAINS COLLEGE
SCHOOL OF VOCATIONAL NURSING
Levelland, Texas

Class Scores for 1971 – April 11, 1972

Name	Age	Education	General Mental	Spelling	Natural Science	Judgment	Personal Adjustment
Winnie Harrison	55	8th	.25	.15	.31	.69	.57
Mary Holt	53	11th	.49	.38	.40	.32	.91
Paula Spence	19	12th	.67	.64	.61	.91	.99
Ann Sinclair	38	13th	.86	.98	.71	.96	.98
Frenchie Patterson	51	11th	.18	.77	.34	.77	.50
Catherine Ray	39	12th	.70	.87	.51	.69	.50
Wanda Wolfenbarger	25	10th	.79	.02	.43	.96	.98
Carolyn Phillips	32	11th	.24	.34	.31	.77	.50
Delores Lunsford	41	11th	.60	.03	.31	.40	.88
Ylda Mesa	18	12th	.40	.30	.10	.26	.91
Faye Jackson	45	10th	.41	.77	.59	.32	.80
Patricia Reynolds	30	13th	.25	.30	.29	.91	.50
Donnie Sanders	36	14th	.70	.87	.84	.96	.98
Total	482	148	654	642	575	892	1000
Average	37	11.4	.50	.49	.44	.69	.77

39 points above State Mean Standard Score
Average Score of 526
Minimum Passing Standard Score 350
State Mean Standard Score 487

TABLE 4

TEXAS STATE BOARD OF VOCATIONAL NURSE EXAMINERS

SOUTH PLAINS COLLEGE
SCHOOL OF VOCATIONAL NURSING
Levelland, Texas

Class Scores for 1970 – March 27, 1971

Name	Age	Education	General Mental	Spelling	Natural Science	Judgment	Personal Adjustment
Ernestine Evans	22	10th	.60	.21	.13	.32	.04
Sharen Woods	26	12th	.54	.25	.51	.32	.45
Mary Rivera	19	12th	.38	.51	.02	.26	.14
Laverne Fleming	18	12 1/2	.70	.58	.80	.59	.37
Martha Gibson	39	12th	.43	.71	.82	.69	.88
Cynthia Hester	20	12 + 2	.67	.87	.71	.91	.99
Janice Holley	29	12 + 1	.41	.71	.09	.03	.64
Derotha King	31	6th	.80	.25	.45	.69	.84
Bonnie McDowra	37	12th	.74	.71	.91	.69	.80
Billye Pollock	35	10th	.79	.15	.68	.91	.84
Mary Salas	29	12th	.51	.82	.68	.40	.34
Rebecca Williams	20	10th	.60	.82	.15	.69	.96
Totals	325	136	677	659	595	650	729
Average	27	11	.56	.55	.50	.54	.61

Average 539
State Mean 490

350 Minimum Passing

TABLE 5

TEXAS STATE BOARD OF VOCATIONAL NURSE EXAMINERS

SOUTH PLAINS COLLEGE
SCHOOL OF VOCATIONAL NURSING
Levelland, Texas

Class Scores for 1969 – March 26-28, 1970

Name	Age	Education	General Mental	Spelling	Natural Science	Judgment	Personal Adjustment
Pauline Dodd	23	12 + 1	.30	.77	.32	.69	.64
Thelma Turney	39	9th	.65	.71	.76	.96	.57
Doris Reese	16	10th	.72	.39	.71	.59	.76
Betty Pierce	30	9th	.77	.64	.71	.96	.57
Linda Martin	20	12th	.82	.58	.51	.91	.50
Artie Kelley	37	10th	.46	.25	.39	.59	.24
Carolyn Gladden	19	12th	.24	.39	.26	.21	.26
Dorothy Jewell	30	12th	.38	.51	.43	.40	.71
Mildred Price	45	12 + 1/2	.99	.91	.95	.96	.84
Rena Shelby	25	9th	.13	.46	.48	.49	.54
Nellie Turner	43	10th	.30	.04	.16	.59	.10
Minnie Willard	19	12th	.51	.46	.17	.69	.26
Totals	346	131	627	657	585	804	599
Average	29	10.9	.52	.55	.49	.67	.50