A REVISION OF THE PRECLINICAL COURSES OFFERED BY THE MONTANA STATE COLLEGE SCHOOL OF NURSING

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ABSTRACT

This study dealt with the preclinical nursing courses, Nursing 111: Community Health, and Nursing 101 and Nursing 103: Introduction to Nursing, as taught by the faculty of Montana State College School of Nursing.

The main objective of these courses is to prepare the student of nursing, while on campus, for the clinical experience.

The aims of this study were: (1) to identify the strengths and weaknesses of the preclinical nursing courses, as they existed prior to the beginning of this study; (2) to evaluate these strengths and weaknesses in terms of the preparation the preclinical nursing student needs for the clinical experience; (3) to change or reorganize the objectives, content and learning experiences of the preclinical nursing courses, with special emphasis on sequence, continuity and integration of material; (4) to teach the first quarter preclinical nursing course, to determine the feasibility and practicability of the course outline as revised by the investigators; (5) and to make recommendations concerning sequence and integration of objectives, content and learning experiences of the material for the preparation of the preclinical nursing students for their clinical nursing experience.

CHAPTER I

INTRODUCTION

ORIGIN OF PROBLEM

Ten years ago, within the curriculum of the students of nursing at Montana State College, there was a three credit course required entitled, Community Hygiene. This course was cataloged within the curriculum of Bacteriology, but was taught by the faculty of the School of Nursing at the Bozeman campus.[1]

The objectives of the course, at this time, included studying the organization and function of community health agencies, developing an awareness of public health problems, and exploring the methods of promoting community health programs, all in relationship to the individual. As the objectives indicate, this course followed the general trend of education at that time; that of being content centered. The learning experiences consisted, generally, of lecture, written assignments for classroom reporting and a few field trips.

This course remained as described until 1954, at which time the School of Nursing accepted full responsibility for the course as to both its cataloging and its instruction. The title was changed to Nursing 111: Community Health (hereafter referred to as N 111). The objectives of the course remained the same.

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[1] Montana State College Bulletin, (Bozeman, Montana: February 1952), p. 206.

An overview of this course was written by the School of Nursing in 1954:

> Community health problems on the local, state, and national levels will be considered in this course. The effect of international health plans as they affect our life and plans will also be introduced. Actual surveys of sanitary conditions will be made by students. The findings and interpretations of the same will be made with the assistance of the local public health officer and his staff. The study of methods that should make health education more effective will be considered in presenting the material in this course. We may study some essentials found effective in teaching such as those advocated by health educators.
>
> Note taking in class may be discussed at the first meeting. A study schedule for this and all other courses will be discussed to aid the student in budgeting her time. Study hints are found attached to the course outline. The importance of understanding terminology that affects this course, nurses and nursing, should start with the first class and continue throughout the course. Word building suggestions that may aid you are attached to the outline. Effective uses of the course outline should be presented.[2]

This overview demonstrates a beginning recognition of the need to correlate the students' college courses with the practical aspect of the nurse as a professional person. It also shows some consideration of the students' own needs as well as the expectations the curriculum holds for the student.

While the course, N 111: Community Health, remained the same in content until Autumn of 1959, learning experiences provided for the students changed with the recognition of more ways of utilizing local facilities to better meet the needs of the student. A better defined correlation between the content areas of the nursing courses on campus,

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[2]Nursing 111: Community Health (Course Outline), Montana State College, School of Nursing (Bozeman, Montana: 1954). (Mimeographed).

the content areas within the courses in the clinical unit plus the correlation of those expectations of the student while on campus and in the clinical unit, accounted for this to a great degree.

The School of Nursing realized the need for a specific bridge between the adjustment a preclinical student makes to college living and the adjustment she must make as a professional student in the clinical unit. A new course was developed by the School of Nursing entitled, Nursing 100: Orientation to Nursing, for the purpose of familiarizing the nursing students with professional nursing, as practiced on campus and in the hospitals. This course was offered throughout the entire year for no credit.[3]

In 1959, the courses, Nursing 101 and Nursing 103: Introduction to Nursing for one credit each and Nursing 111: Community Health for four credits, were incorporated into the preclinical nursing curriculum.

The objective of the courses, Introduction to Nursing, was, "to assist students enrolled in the nursing curriculum to become acquainted with their role and the opportunities in the field of professional nursing."[4]

Overall objectives for the course, N 111, concerned: (1) appreciating the course as basic and initial in nursing; (2) understanding the organization and functions of community health agencies; (3) becoming

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[3]Montana State College Bulletin, (Bozeman, Montana: June 1956), p. 267.

[4]Montana State College Bulletin, (Bozeman, Montana: March, 1958), p. 287.

aware of the application of principles of environmental sanitation in relation to disease prevention and the promotion of community health; (4) and to study some methods utilized in promoting community health programs.[5]

The course objectives and content remained the same until the revision made by the investigators of this study. Until this revision the course, N 111, had not been restricted to students of nursing.

IMPORTANCE OF THE STUDY

There was need for change to more completely fulfill the objectives as stated in the philosophy of the Montana State College School of Nursing, specifically in the areas of communication, interpersonal relationships, and group relations, as related to everyday living and current nursing practices. This goal, if accomplished, would offer opportunity while on campus, for the student to develop an understanding of self in relation to others and to nursing as a profession.

Sands and Tyler state the following concerning the use of the philosophy in determining and accomplishing goals.

> A philosophy of a school, while serving other functions, determines the atmosphere within which the faculty and students work toward the accomplishment of goals.[6]

> For a statement of philosophy to serve most helpfully as a set of standards or a screen in selecting objectives it needs to be stated clearly and for the main points the implications for

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[5]Course Outline for Community Health, Nursing 111, Montana State College School of Nursing, (Bozeman, Montana: 1954). (Mimeographed).

[6]Sand, Ole, Curriculum Study in Basic Nursing Education, (New York: G. P. Putnams' Sons, 1955), p. 42.

> educational objectives may need to be spelled out. Such a clear and analytical statement can then be used by examining every proposed objective and noting whether the objective is in harmony with one or more main points in the philosophy, is in opposition or is unrelated to any of these points. Those in harmony with the philosophy will be identified as important objectives.[7]

The following are quotations from the philosophy of the Montana State College School of Nursing, as related to the areas occurring within the revised courses, N 111: Community Health and N 101 and N 103: Introduction to Nursing, for the purpose of demonstrating the attempt that was made to more adequately fulfill the school's responsibility as stated. "The Montana State College School of Nursing offers an integrated professional education in nursing to basic students. . ."[8]

In this portion of the philosophy, the emphasis is placed on the importance of integration of all college courses and the need to provide, within the basic preclinical nursing curriculum a course in which various aspects of the curriculum are integrated and related specifically to the nursing profession. Examples, within the revised course outline, where this was done are as follows:

1. Terminology from other courses was recognized and taught as directly related to, and an important factor in, the understanding of the terminology in the language of the nursing profession.

2. Problem solving is applied to situations involving self and others as related to all college courses, everyday living, nursing and health practices.

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[7]Tyler, Ralph W., Basic Principles of Curriculum and Instruction, (Chicago: The University of Chicago Press, 1950), p. 24.

[8]Montana State College Bulletin, (Bozeman, Montana: March, 1958), p. 171.

Referring again to the philosophy: "The students have the opportunity for developing competence in nursing and are prepared for positions in all areas of professional nursing service."[9]

Only a basic and initial approach to the development of competence in nursing and professional preparation were attempted within the scope of these courses. The need and responsibility was realized, however, and the following areas were included:

1. The student explores the criteria of a profession and its relation to the functions, standards and qualifications of the nursing profession, specifically.

2. The student has an opportunity to realize her responsibility as a member of a profession as well as the professional responsibility of the graduate nurse.

3. The student is given the opportunity to explore the areas of the nursing profession and the positions available to her within these areas.

As the philosophy further states:

> "The course work in the curriculum offers all types of nursing and related subject matter (biological, physical and social science; medical, psychiatric, and public health principles; skills in interpersonal and group relations and communications) and combines these into knowledge of current nursing principles and practices."[10]

This, again, emphasizes the importance of integration and the realization of a common ultimate goal when relating subject matter and learning experiences. The course must provide a sequence and continuity that is easily recognized by, and is meaningful to, the student. To do this the student was helped to understand herself, as an individual, a

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[9] Ibid., pp. 171-72.

[10] Ibid., p. 172.

family member and a member of a community. Following the development of self understanding, the transfer was then made to others.

The above was accomplished by providing an opportunity for emphasis in the following areas:

1. Understanding the importance of individual differences and developmental tasks in interpersonal relationships, as related to health in everyday living and nursing.

2. Recognizing the importance of the individual as a member of a group, as related to self, family and the nursing profession.

3. Understanding the individual, family and community as separate entities and as a single, communicating group, functioning as a whole.

4. Practice in the use of oral and written communications and understanding the use and application of case material.

5. Through panel discussions, field trips, films and guest speakers, the students see different forms of communication in operation and recognize their value in group dynamics.

6. Recognizing health facilities as related to the definition of health problems protecting and maintaining health.

7. The study of community health agencies, their functions and relationships.

In conclusion the philosophy states:

"Through use and satisfaction in achievement is established a pattern of educational self discipline, and opportunity exists for students to become participating, will integrated, and informed members of society."[11]

This part of the philosophy stresses the importance of helping the student to become a well integrated and informed, participating member of society. The need for respecting and practicing democratic principles

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[11] Ibid.

throughout the student nurse's education, is also emphasized. An attempt to accomplish this has been through:

1. Recognition that attitudes and learning built on past experience and knowledge previously gained.
2. Understanding the relationship of effective study habits to success in the curriculum.
3. Encouraging and expecting the student to be a participating member of Montana Student Nurses Association.
4. Utilizing a basic understanding of mental health concepts as tools for self understanding, self discipline and understanding of others.

This philosophy, as a whole, emphasizes the importance and necessity of continuity, sequence and integration as the basis for structure of educational goals, developing a gradual broadening and deepening of awareness, understanding, skills, and values. Because of this, the investigators felt the need for weighing the objectives of the courses as they previously existed, and as they were revised, against the expectations and stipulations stated in the philosophy of the Montana State College School of Nursing.

With the above in mind, the following overview was written by the investigators for the first preclinical nursing course, catalog number N 111, to be taught Autumn Quarter, realizing that followup courses would be taught Winter and Spring Quarters:

> This course, in conjunction with N 101 and N 103, will serve as a basic preparatory course, helping to prepare the student for her clinical experience and role as a professional nurse. These objectives will be achieved by helping the student to better understand herself, the individual, the family and the community, separately and in relation to one another.
>
> This will be done through focus on study habits, individual differences, developmental tasks, problem solving, the nursing

profession; functions, ethics, and legal aspects, the health team, and community health agencies, with consideration of the physical, mental, social, economic and religious aspects.

In conjunction with student discussion in the classroom, films, field trips, case material and actual practice of nursing skills will also be used in presenting the material in this course. (See Appendix C).

The overall objectives to be achieved in the courses correlating the material from N 111: Community Health and N 101 and N 103: Introduction to Nursing, throughout the entire school year are as follows:

Unit I: The Individual

1. To gain an understanding of self and others as an individual with individual needs, attitudes, interests, and aptitudes, in order to help prepare the student for her clinical experience and the nursing profession.

2. To develop a basic understanding of nursing as a profession; the functions, qualifications, standards, ethics, and legal aspects and the student's role as a member of the nursing profession.

Unit II: The Family

1. To develop an appreciation of the family as a unit and the role of each member in relation to one another.

2. To understand and develop the ability to identify health problems and their effect upon the family unit.

3. To recognize the relationship and effect of the health team and agencies upon the family.

Unit III. The Community

1. To recognize the family as a part of the community.

2. To recognize health problems which may affect a community and the methods a community utilizes to prevent or combat health problems.

3. To understand the effect of the community on health agencies and the effect of health agencies on the community.

4. To recognize the nurse as a contributing member of the community.

STATEMENT OF PROBLEM

Can the preclinical students in nursing on the Montana State College campus be more adequately prepared for their clinical experience; could their preparation be improved through changes in the sequence and continuity of objectives, content and learning experiences, and through an increased effort toward the integration of the material offered within the courses N 111, N 101 and N 103, Community Health and Introduction to Nursing?

DESIGN OF STUDY

The investigators of this study realized the importance of a continually changing curriculum for progress and development within the Montana State College School of Nursing. The main reason for revision was to improve the program through better understanding of the educational and professional objectives of the curriculum in nursing.

In conjunction with this, Sands states the following:

> It seems perfectly obvious that the use of cooperative curriculum research methods is a more effective way of improving educational programs than "curriculum tinkering", which sometimes has resulted in the addition or elimination of courses largely through whim or caprice.[12]

With this in mind, the objectives of the study evolved as follows:

1. To identify the strengths and weaknesses of the preclinical nursing courses, Nursing 111: Community Health and Nursing 101 and Nursing 103: Introduction to Nursing, as they existed prior to the beginning of this study.

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[12]Sands, Ole, Curriculum Study in Basic Nursing Education, (New York: G. P. Putnams' Sons, 1955), pp. xiii-xiv.

2. To evaluate these strengths and weaknesses in terms of preparation, the preclinical nursing student needs for the clinical experience.

3. To change or reorganize the objectives, content and learning experiences of the preclinical nursing courses, with special emphasis on sequence, continuity and integration of material.

4. To teach the first quarter preclinical nursing course, an integration of the courses, N 111, N 101 and N 103, to determine the feasibility and practicability of the outline as revised by the investigators.

5. To make recommendations concerning sequence and integration of objectives, content and learning experiences of the material for the preparation of the preclinical nursing students for their clinical nursing experience.

In order to identify the strengths and weaknesses of the preclinical nursing courses as they existed, the necessity of a check-list or interview was realized. To get as complete an evaluation as possible, the investigators felt it necessary and pertinent to acquire data from the faculty members within the clinical units and from the student nurses. (For the method of construction, administration and success of the check-lists and interviews, see Chapter II.)

Because the interpretation of the check-lists had subjective tendency, the need for a jury of specialists evolved. The faculty of the School of Nursing on the Montana State College campus at Bozeman participated in this role, as the entire investigation demanded their close supervision. Regularly scheduled meetings of the investigators, other graduate students and the jury of specialists were planned, the objective being not only the supervision of progress but also a critical analysis of the interpretations and changes suggested by the investigators.

Following the interpretation of the check-lists and agreement as to the need for changes indicated, a course outline was written with an

attempt to maintain the inherent strengths of the outlines as they had been written previously. Changes deemed necessary by the investigators and the jury of specialists, as determined by the interpretation of the data gathered, were incorporated.

Although the courses were to be a continuum for three consecutive quarters, it was the plan of the investigators to teach the course as revised only Autumn and Winter Quarters. This demanded close supervision and the necessity of step by step evaluation by the faculty members of the School of Nursing on the Bozeman campus.

Final evaluation of the success or failure of the revised course was not within this design but it was felt that this study would be a basis for worthwhile recommendations and further evaluation.

DEFINITIONS OF TERMS USED

Revision. Revision, when referring to the new course outline as prepared by the investigators, was interpreted as meaning the adding to, deleting from or reorganizing the sequence of the content found in the outlines previously used in teaching the courses N 111: Community Health and N 101 and N 103: Introduction to Nursing. In total, this term indicates change.

Preclinical. Throughout the report of this investigation, the term "preclinical" shall be interpreted as meaning, that period spent by the student nurse on the Montana State College campus at Bozeman, Montana prior to entering the hospital in Butte, Billings, or Great Falls, Montana, for her clinical experience. Preclinical courses are,

therefore, those courses specifically for the nursing student, taught at Montana State College during this time.

Clinical unit. This term is interpreted by the investigators as meaning, that area where the student nurses receive their hospital experience. Since this study concerns Montana State College, only, the clinical units referred to are, specifically, Butte Community Memorial Hospital, Butte, Montana, 100 miles west; Billings Deaconess Hospital, Billings, Montana, 150 miles east; and Montana Deaconess Hospital, Great Falls, Montana, 200 miles north of Bozeman.

Clinical experience. This terms is interpreted throughout the report of this investigation as being synonomous with the term "hospital experience"; that part of the student nurses' curriculum offered within the hospital situation, including both classroom learning and the practical application of this learning to the actual situation within the hospital.

PURPOSE OF STUDY

The purpose of this study was to determine the areas, within the previously named courses, where additional emphasis, reorganization of sequence, or change of objectives, content or learning experiences were indicated. These changes were based upon the strengths and weaknesses evidenced through student interviews and check-lists, and check-lists completed by the faculty of Montana State College School of Nursing in the clinical units.

Evaluation of the strengths and weaknesses was made by the investigators with the faculty of the Montana State College School of Nursing on

the Bozeman campus acting as a jury of specialists and as consultants.

While evaluating the strengths and weaknesses, the following points were considered:

1. Is this strength or weakness of importance in relation to the student as a well informed, participating member of society and/or as a practitioner of safe nursing?
2. Is the strength or weakness affected by the student's level of maturity? If this is true, is it feasible or practical to try to do anything about it within the environment of the college classroom?
3. Is it enough only to recognize that the strength or weakness exists?
4. Can the weakness be improved through change in content, learning experience, objective, or sequence?

ASSUMPTIONS OF THE INVESTIGATORS

The assumptions the investigators have used as a basis for this study are: (1) the student is called upon to make adjustments when entering college, the clinical units and in some cases adjustments in everyday living; (2) there are areas in which students of nursing, while on campus, can be prepared for their clinical experience thus making adjustment to the clinical unit a continuum of that already made to college life; (3) knowledge of a situation lessens apprehension; (4) there are both strengths and weaknesses in the courses as they presently exist and these can be identified.

LIMITATIONS OF THE STUDY

The limitations of the study as felt by the investigators include the following:

1. The investigators' interpretation of the objectives, content and learning experiences found in the previous course outlines may be different from that which was originally intended.

2. The replies to the check-lists will tend to be subjective, influenced by the individual, his experience and his associations with the student or the instructor, as the case may be.

3. Objective interpretations of the results obtained from the check-lists will not always persist, although this limitation may tend to affect the study to a lesser degree since there are three investigators with essentially different backgrounds involved.

4. In order to insure a generalized sampling within the total student body, the grade point average of each nursing student was tabulated for the three quarters she had spent on the Montana State College campus. Of the total class entering the clinical unit in June of 1959, three students from the high grade point average group, three from the middle grade point average group, and three from the group with the lowest grade point averages in each clinical unit were chosen to be interviewed and to complete the check-list. This provided a total of twenty-seven students. All faculty currently teaching in the three clinical units completed the check-list.

OVERVIEW OF THE STUDY

The scope of this study entailed establishing the strengths and weaknesses of the courses, as they previously existed. This was accomplished through interviews and check-lists completed by nursing students and the faculty of the Montana State College School of Nursing within the three clinical units at Butte, Billings, and Great Falls, Montana.

Following tabulation of the data gathered and evaluated by the investigators and the faculty of the Montana State College School of Nursing, the objectives, content and learning experiences of the courses were revised and reorganized. Special attention was given to improve the integration and sequence of material.

A complete course outline for Autumn Quarter, 1959, was prepared by the investigators of this study with the guidance of the faculty members of the Montana State College School of Nursing on the Bozeman campus. This outline was used to instruct a class of one hundred preclinical nursing students, sectioned into five groups.

Under direct supervision and following group discussions at regularly scheduled meetings with the faculty of the School of Nursing on the Bozeman campus, the three investigators of this study and two other graduate students instructed these classes for the purpose of establishing the feasibility and practicability of the outline as it had been changed.

A total evaluation of the revised course is not within the scope of this study. A student evaluation of the course, as taught Autumn Quarter, and a simple evaluation by the five instructors provided a basis for the recommendations made concerning objectives, content and sequence of material as well as learning experiences.

CHAPTER II

METHODOLOGY, TABULATIONS, AND RESULTS

REASON FOR THE STUDY

It was decided by the investigators, with the approval of the nursing faculty at the Bozeman campus, that in order to better prepare students for the clinical experience, the three basic nursing courses N 111: Community Health, N 101 and N 103: Introduction to Nursing, should be evaluated in terms of content and learning experiences. After the student entered the hospital Summer Quarter of 1959, the following data was collected:

1. An evaluation by the faculty in the three hospital units of the above-named courses, based on their observations of, and contact with the students.
2. An evaluation by the students who had just completed these courses, based on their feelings and opinions, as to their preparation to enter the hospital units.
3. Suggestions were made by the faculty in the hospitals for improvements in student preparation for clinical experience.
4. Suggestions were made by the students for improvements as to how they might better have been prepared to enter the hospital units.

The investigators thought that the clinical faculty, through their close association with the students, would be able to observe and evaluate the students' applications of some of the concepts taught in these courses. This faculty made suggestions and recommendations as to areas which might be taught on the Bozeman campus to better prepare the students for the clinical experience.

The students, having just completed these three courses, were in a position to evaluate what they had had, and what they felt they had gained from these courses. Thus, they were able at this time to judge the adequacy of their preparation for their first clinical experiences, and to make suggestions regarding areas in which they might have been better prepared. The students made recommendations as to changes in content, sequence, and time involved in these courses.

Participating faculty and students in the clinical units. Faculty and students worked closely together in the clinical experience. Through this the faculty was aware of:

1. The understandings and concepts from these courses that the students had had when they entered the hospital divisions.
2. The major areas in which the students lacked understanding or knowledge which was pertinent to their clinical experience.
3. The concepts the students should have had before admission to the hospital units in order to make a better adjustment.
4. Learning experiences that could be offered and given in the basic campus courses to speed adjustment and understanding of their clinical experience.
5. The level of understanding or familiarity with the areas given on campus.

The students were included in this study because:

1. They had recently completed these preclinical courses and were familiar with the content.
2. They had been in the hospital divisions from six to eight weeks, and were beginning to have a basic understanding of what was expected of them.
3. At this point, they were beginning to be aware of those things which would have made their hospital adjustment and understanding a smoother process.
4. They would have the ability to state what they had learned in their campus courses and whether or not this preparation was adequate.

THE METHODOLOGY

The three course outlines were analyzed; the major objectives were listed from each; the contributing objectives from these courses followed. Major and contributing objectives were incorporated into concepts in the check-list that the students and faculty were to rate as to instructions.

A check-list was utilized as an objective tool to be followed by interviews which would provide needed clarification of the concepts. The investigators found that through the use of these two techniques the necessary data could be obtained for evaluation of the students' preparation for clinical experience.

A pilot study was conducted utilizing students in the Master of Nursing Program to determine the clarity of questions, directions, comments, and content areas. After this pilot study was done, and suggestions carried out, the check-list was given to the students and faculty members in the three clinical units.

Sampling. Time did not allow the investigators to interview all of the new clinical students within the hospital units. It was decided that nine students from each division would complete the check-list and be interviewed allowing a thirty-minute period for each student. This would allow time within the same day for completion of the check-list.

The student sample was selected from high, middle, and low groups. The students were listed as to grade-point average during their freshman year on campus. Three students were selected from the high grade-point average group, three from the group nearest the mean, and three from the lower group in each division.

The high, middle, and low groups were to be used to see if there were any differences in the feelings and opinions. Literature supports the premise that different levels of students gain different experiences and interpretations of those experiences from the same content insofar as they might attach importance to different categories. It was anticipated that differences would be found.

The total faculty in each hospital filled out the check-list and made suggestions as to revision and curriculum change. Due to the limited time that the student had been in the hospital, the faculty members' check-lists indicated beginning adjustment in the clinical areas. After the faculty filled out the check-list, one of the investigators met with the entire faculty of each hospital unit. While a meeting with the entire faculty group might be subjective as to suggestions, recommendations, and comments, the time element involved permitted only this.

Faculty directions. The faculty was instructed to fill out the check-list on the basis of their opinion as to how much the student needed to know when she entered the hospital. Four levels of awareness were listed with the necessary space allowed for ranking each concept. At the end of the check-list, space was provided for comments at which time the faculty was asked to make suggestions, criticisms, and recommendations concerning major points of emphasis or for additions to the campus courses. (See Appendix B.)

Student directions. The student was instructed to check each category as to their readiness for hospital experience. They were asked to check whether or not they had adequate understanding, ability,

or recognition. They were further requested to check each category in which they felt "more or less" emphasis was needed. If the student marked the column "more or less", they were asked to qualify their answer. At the end of the check-list the students were asked for comments, suggestions, and recommendations for the revision of the courses. (See Appendix B)

Methods of tabulation. The check-lists submitted to students and faculty were tabulated separately. The students' tabulations were divided into high, middle and low groups. The results were recorded in whole numbers since the sampling was not large enough to warrant statistical analysis. The student and faculty comments, recommendations, and suggestions were listed and recorded separately. Some difficulty in reporting comparisons between faculty and student results was encountered due to the different levels of awareness.

There was no agreement among the high, middle and low groups of students as to the adequacy of their preparation. Because the groups were small, a statistical analysis on this basis was not deemed feasible. Thus, the students' tabulations were considered as a whole rather than in groups. No conclusions were drawn as to scholastic areas.

Twenty faculty members and twenty-seven students participated in this study. Ten or more faculty members, more than half in agreement in any area, was considered significant. The agreement of fourteen or more students, more than half, on the adequacy of their preparation was considered significant. Nine or more students agreeing in the areas of more or less needed preparation was considered significant by the investigators.

A complete list of faculty and student tabulations may be found in Appendix B of this study. Pertinent data and suggestions follow in this chapter.

During the interviews with the students and faculty, additional comments, suggestions, and recommendations were recorded by the investigators on each individual check-list. This was done to provide continuity.

Through this study, it was hoped to obtain the following:

1. To identify the strengths and weaknesses of the individual students as seen by them and the faculty.
2. To determine what modification was recommended in sequence and emphasis.
3. To locate and eliminate unnecessary duplication and meaningless material.
4. To strengthen the three preclinical nursing courses, new material was suggested and recommended by the students and faculty.

TABULATION RESULTS

Faculty-student agreement in emphasis. Tabulation of the check-list showed that in the following areas the majority of the students reported that while they had adequate preparation they needed more emphasis. The faculty tabulations of these areas showed it was important that the student completely understand and be able to apply these concepts on admission to the clinical units. Faculty-student agreement was shown in the following areas (the item number corresponds with that in the check-list in Appendix B):

Abilities

Item 5 The ability to recognize the problem-solving process.

Item 6 The ability to apply steps in the problem-solving process.

Item 26 The ability to communicate verbally in an effective way.

Item 41 The ability to perceive basic concepts from campus courses as they relate to the hospital experience.

Understandings

Item 15 Basic understanding of the nurse's responsibility to the patient.

Item 33 Basic understanding of the nurse's role in patient-family-community relationships.

Recognition

Item 34 Recognition of the student's responsibility as a member of a profession.

Importance

Item 51 Importance of relating good habits of hygiene to self.

Faculty agreement to recognition of concepts. The majority of the faculty reported that in the following areas they felt the students needed only basic recognition:

Understandings

Item 1 Basic understanding of the hospital rules and policies concerning nurses and patients.

Item 2 Basic understanding of the role of the nurse supervisor.

Item 4 Basic understanding of the role of the non-professional personnel.

Awareness

Item 27 Awareness of different organizations directly associated with major health problems.

This indicated that time be limited in these areas. They indicate that most of the explanation of these areas should be presented in the clinical areas. The above areas were incorporated into the course outline.

Faculty disagreement. The faculty was in disagreement as to what level of understanding or recognition of some areas the student should have when she enters the hospital. They were not in agreement as to whether the student should be able to know and apply, only to know, or only have recognition of the concept. It was shown in the tabulations, however, that these concepts should be taught on campus. The following represent areas of disagreement among faculty:

Abilities

Item 7 Ability to recognize problems within a patient situation.

Understandings

Item 3 Basic understanding of the authority of supervisors and instructors.

Item 4 Basic understanding of the responsibility of supervisors and instructors.

Item 13 Basic understanding of the role of the doctor.

Item 16 Basic understanding of the role of the nurse's responsibility to the hospital.

Item 18 Basic understanding of the functions of hospital departments.

Item 20 Basic understanding of the role of the nurse in sickness and in health.

Item 22 Basic understanding of the qualifications of the nurse.

Item 30 Basic understanding of the functions of the health team.

Item 32 Basic understanding of the nurse-patient relationship.

Recognition

Item 10 Recognition of the importance of mental hygiene concepts in relation to the patient.

Item 68 Recognition of present public health practices with recommended standards for practices in mental health.

Awareness

Item 67 Awareness of health problems; local, national, and international.

Faculty agreement in recognition and understanding of concepts. The majority of the faculty showed that in the following areas the student should recognize and completely understand these concepts. They found, however, that the student need not be able to make application at this point.

Abilities

Item 49 Ability to apply fundamentals of growth and development to others in the hospital situation.

Understanding

Item 66 Understanding of how a community organizes to attack a health problem.

Awareness

Item 12 Awareness of basic ethics in the nursing profession.

These areas were incorporated into the new outlines. It was stressed that the students should understand the basic principles involved in these concepts.

Faculty-student agreement in understandings. At least three-fourths of the faculty reported that it was important that the student be able to recognize, completely understand, and apply these concepts in the following areas. The students felt they had adequate preparation in all but Item 64, and needed more emphasis in Items 6, 26, and 64.

Abilities

Item 6 The ability to apply steps in the problem-solving process.

Item 25 The ability to communicate effectively in written work.

Item 26 The ability to communicate verbally in an effective manner.

Understandings

Item 2 The basic understanding of rules and regulations posed by dormitory living.

Item 15 Basic understanding of the nurse's responsibility to the patient.

Item 48 Understanding of personal growth and development.

Item 64 Understanding of the importance of health education.

Recognition

Item 9 Recognition of the importance of mental hygiene.

Importance

Item 5 Importance of good habits of personal hygiene to self.

Development

Item 37 Development of study habits.

Knowledge

Item 62 Basic knowledge of modes of transmission of disease.

Intra-faculty variation. In the following areas the faculty demonstrated marked variation in their agreement as to what level of preparedness the student should have upon admission to the clinical units. There was variation as to whether the student should understand and be able to apply, whether they should be able to understand and not be able to apply, or whether they should be able just to recognize the following:

Abilities

Item 28 Ability to identify major health resources.

Understandings

Item 42 to 45 Basic understanding of the terms: nursing diagnosis, medical diagnosis, nursing clinic, medical clinic.

Item 46 Basic understanding of the professional periodicals.

Item 53 Understanding of professional nurse organizations.

Item 54 Basic understanding of the courses offered in the clinical period.

Item 56 Basic understanding of the nurse as a teacher.

Item 57 Basic understanding of the organizations and functions of the community health organizations.

Knowledge

Item 29 Knowledge of the functions of health resources.

Item 31 Knowledge of the availability of resource units.

Item 35 Basic knowledge of the organization of a hospital.

Item 58 Basic knowledge of public health organizations and their functions.

Item 59 Knowledge of official health agencies.

Item 60 Knowledge of voluntary health agencies.

Relationships

Item 16 Relationship between the nurse and the hospital.

Student agreement in inadequate preparation. In the following areas the students felt they did not have adequate preparation and that more emphasis was needed for adequate hospital adjustment. All areas reported, directly relate to the hospital situation and show close correlation with the comments, suggestions, and recommendations on check-lists and interviews. The students expressed a definite lack as to what to expect when entering the hospital unit. They reported this a disadvantage. Many indicated that they would have been less discouraged on campus if more areas had been offered directly relating to nursing. They reported that emphasis placed on the following areas might better prepare the student for the hospital unit.

Abilities

Item 7 The ability to recognize problems within the patient situation.

Understandings

Item 1 The basic understanding of the hospital rules and regulations.

Item 17 Understanding of the nurse's responsibility to the hospital, legal aspects, etc.

Item 18 Understanding of the functions of the different hospital departments.

Item 38 Understanding the importance of the nurse-team relationships.

Item 32 to 35 Understandings of nursing and medical diagnosis, nursing and medical clinic.

Item 54 Understanding of the courses offered in the clinical period.

Item 56 Understanding of the nurse as a teacher.

Item 65 Understanding of health education to the student.

Item 71 to 73 Understanding of the impact of social, economical, and psychological factors involved in illness.

Knowledge

Item 23 Knowledge of different fields and specialities.

Item 35 Knowledge of hospital organizations.

Awareness

Item 12 Awareness of basic professional ethics.

These areas were considered significant as they were shown by the students to be major weaknesses as they saw them. Attention was paid to these when revising and reorganizing the course outlines, even though some of them conflict with faculty findings. The above constitute major and specific findings brought out by the students' comments, suggestions, and recommendations in the check-lists and interviews.

Student agreement in emphasis. In the following areas the students felt that more emphasis was needed in order to adequately prepare them

for the hospital units. They indicated that they had had some preparation in these areas but not enough to be adequately prepared in order to make a good adjustment.

Abilities

Item 26 The ability to communicate verbally in an effective way.

Item 41 The ability to apply basic concepts from campus courses to the hospital experience.

Understandings

Item 13 Understanding the role of the doctor as a member of the health team.

Item 14 Understanding the role of the nurse-supervisor.

Item 15 Understanding the nurse's responsibility to the patient.

Item 16 Understanding the relationship between nurse and the hospital, functions of the nurse.

Item 20 Understanding the nurse's role in sickness and in health.

Item 30 Understanding the functions of the health team.

Item 32 Understanding of the nurse-patient relationship.

Item 33 Understanding the nurse's role in patient-family-community relationships.

Item 36 Understanding the role of the non-professional personnel.

Item 53 Understanding of professional nurse organizations.

Recognition

Item 5 Recognition and application of the problem-solving process.

Item 10 Recognition of the importance of mental health and hygiene concepts in relation to the patient.

Item 34 Recognition of the student's responsibility as a member of a profession.

Item 50 Recognition and relating good personal hygiene to patients.

The responses to the above areas were given recognition and incorporated in the revised and reorganized outline when feasible. Suggestions, comments, and recommendations were made to many of these areas by both the students and the faculty. These were used in the revised outlines.

Faculty comments and suggestions from both interviews and check-list. The faculty reported that in certain areas more emphasis was needed for adequate preparation of the student. Many suggestions and recommendations were made which were used in the revision and reorganization of the course outlines. Suggestions were taken from the check-lists, the comment areas and the interviews. Some expressed the feeling that the student should be aware of all the concepts listed on the check-list. Some felt that more time should be allowed for the basic preclinical courses, and that more content should be offered. The following is a summary of the major points to receive early emphasis as brought out by the faculty:

1. The relationship of campus courses to hospital courses and experience should be correlated early in the preclinical nursing courses. Within this was suggested more lab courses, opportunities for practicing actual nursing concepts to tie students more directly into clinical courses.

2. Oral and written communication should be stressed early with emphasis in all courses. The importance of communication should be stressed so the student is able to see its relationship and its importance to nursing.

3. The students should have some idea of what they might expect in the clinical experience, also what was to be expected of them within the clinical unit.

4. Clinical understanding should be introduced on campus. The inclusion of medical vocabulary, ethics, professional adjustments, bed-making, hospital terminology and familiarity with the hospital and its personnel; drugs and solutions; and basic understanding of the duties of students and their responsibility to their profession, to members of the health team and to the hospital.

5. During Fall Quarter of 1959, the revised course outline was used in which most suggestions and comments were incorporated. During the quarter when this course was offered, the instructors stressed oral and written communication, explaining why these areas were so important in nursing and providing practical experiences for the students through written assignments. Many chances were provided for oral communication in panel discussions, individual reports and buzz sessions. Whenever possible, hospital correlation and content pertaining to nursing were emphasized. The students were asked to evaluate content and teaching methods that had been used. The results of this evaluation are shown in Chapter III.

Student comments and recommendations. This section includes the combined comments and suggestions from the check-lists and interviews with the students. They were asked to give the major point of emphasis they would stress in the preclinical courses in order to better prepare them for their hospital experience. They were also asked at this time

what specific concepts or general areas they felt should be added to the preclinical nursing courses when on campus.

In summary, the students commented and made recommendations on the following areas. The verbatim statements and suggestions may be found in the Appendix A, page 71.

Problem solving. The students indicated that problem solving should be taught with more application to nursing situations and less to their own problems. They wanted to know more about normal situations in order to understand the abnormal ones. This area, the majority indicated, was very important but should be taught more in relation to problems that might arise and in relation to actual situations within a hospital setting. This would not only give them practice in problem-solving but also give them some background as to what to expect.

Hospital orientation. The student expressed lack of orientation to the hospital. Included were such comments as lack of recognition and knowledge of: professional ethics, hospital adjustments that arose, and legal aspects of nursing. The students, in general, felt that, with a more definite idea of what was to come within the hospital and clinical experience, the initial hospital adjustment would be an easier and smoother process causing less confusion and depression among beginning clinical students. They indicated this would contribute to a greater degree of satisfaction among the students when entering the hospital unit.

Course correlation. The students expressed the wish that correlation between nursing and campus courses on the freshman level had

been more clearly defined. These courses were not perceived in relation to the clinical experience. Many of the students reported that they had been discouraged during their campus experience as they could not see the relationship to nursing.

Practical experience. The majority of the students felt that more practical application should have been given regarding basic procedures to be required of them within their clinical experience. Examples were: preparation for drugs and solutions; relationships with hospital personnel, the health team, and instructors; the importance of the patient and his family; bed-making; simple procedures to come; charting and its importance; oral and written communications and its importance to the nurse, the patient, and families involved. More actual hospital situations might have been used so the students would have an idea of "what was to come".

The major point of emphasis shown by the students was on the lack of general preparation for hospital adjustment. Many of these students reported that with even a basic orientation program on campus, they would have been better prepared to enter the clinical units. They believed that the transition from general education to nursing was too great an adjustment. It was with this in mind that the outline in community health was reorganized and revised to provide more opportunities for hospital relationships and basic experiences.

The comments by the students were helpful in this study. The consistency in suggestions for changes in course content were noteworthy and showed homogeneity throughout the three hospitals. Some of the comments indicated both satisfactions and dissatisfactions with all of the

campus courses. These were not entirely limited to nursing courses. The majority of the students thought that the content within the three pre-clinical nursing courses could be expanded, resulting in better preparation and clinical adjustment.

Limitations of the check-list.

1. The sampling was not large enough to warrant a statistical analysis of the results, although approximately one-third of the freshman clinical students were included.

2. Since the students had been in the hospital units for only 6-8 weeks, they were limited in their ability to evaluate themselves and transfer knowledge. The faculty were also limited because their contact with students was not yet sufficient to evaluate their preparation for the clinical experience.

3. Although the investigators received a 100 per cent return of all check-lists, they did not have a 100 per cent response in all areas. This may have been due to faulty directions or the inability of the student to make an evaluation of herself.

4. The levels which the faculty were asked to check may have been too specific to warrant good responses. There may have been some confusion as to terms, such as understanding, recognition, and application. These levels might also have been too specific to draw definite conclusions and might have caused some confusion as to interpretation of the item.

5. The directions to the students were different from those to the instructors. Therefore, fine generalizations as to the agreement between faculty and students cannot be drawn. It may be said that in some areas in which students felt they did, or did not, have adequate preparation, the faculty felt they should or should not, have this preparation.

6. Percentages were not used in this study because of the small sample involved.

7. The perception of course material by instructors may differ from the interpretation of the investigators.

8. The students, although they feel they may know or don't

know a given concept, are sometimes unable to judge the degree to which they understand it.

9. When opinions are requested, one can get a wide variety of answers. This depends on the individual, his past experiences, his associations with other students or instructors.

10. No tabulation standards were set before the check-list was given by the investigators. Some difficulty was encountered in recording and reporting results.

11. Limited space was allowed for qualification of student responses. These in turn were cumbersome to tabulate and sometimes hard to distinguish.

General conclusions.

1. In most areas, students showed a high degree of agreement toward their preparation for hospital experience. In areas where students requested they needed more adequate preparation, they requested that more emphasis was needed.

2. There were no areas within the check-list where the majority of instructors felt that the area should be taught completely within the hospital situation.

3. The majority of the students felt that no area within the check-list had been given too much emphasis. They did report, however, that in several areas the wrong type of emphasis had been placed for adequate preparation.

4. In many areas both students and faculty have made similar suggestions and recommendations.

5. The faculty of the three clinical units were not in agreement as to adequate preparation in some areas. In 12 out of 73 areas there was agreement of more than 15 instructors.

This study has dealt with the suggestions and recommendations made by the students and faculty of the clinical units of Montana State College. The revision and reorganization of the course outline, N 111: Community Health, resulted from these tabulations. Content areas that were added or strengthened may be seen in Chapter III.

Chapter III relates the planning and instruction of the revised outline and student evaluation of the course as it has been taught.

CHAPTER III

PLANNING AND INSTRUCTION OF REVISED OUTLINE

This chapter is concerned with the planning and teaching of N 111: Community Health by the investigators and two other graduate students during Autumn Quarter, 1959. Objectives were studied and revised as needed in order to plan and carry out learning experiences more effectively in an effort to better prepare preclinical students for experience in the hospital units. Areas discussed in this chapter are: (1) formulation of objectives within the outline and concepts underlying their presentation; (2) the teaching methods used, goals desired by their use, and student evaluations of these methods; (3) the major content areas within the outline, factors determining their inclusion, the learning experiences and teaching methods used, and an evaluation of their outcome when feasible; (4) minor content areas, factors determining their inclusion, learning experiences and teaching methods used, and an evaluation of their outcome when feasible; and (5) evaluation of N 111 by the students.

FORMULATION AND PRESENTATION OF OBJECTIVES

The outline for N 111 was revised for the purpose of giving the preclinical student better preparation for her hospital experience. The development of new objectives was needed to improve the sequence and continuity of the objectives, content, and learning experiences for a better integration of the material offered within the course.

Bloom states that the formulation of educational objectives is a matter of conscious choice on the part of the teaching staff, based on previous experience and aided by consideration of several kinds of data. The final selection of the objectives becomes a matter of making use of the learning theory and philosophy of education which the faculty accepts.[1]

A new set of objectives was derived from the objectives of the previous courses and new objectives were formulated as a result of the checklist. The final selection of objectives was determined by the goals for these courses, a theory of learning, and the philosophy of the Montana State College School of Nursing. Suggestion and advice were given by the faculty of the School of Nursing.

These objectives were developed for a three quarter sequence course. They were formulated to give the student a basic knowledge during the first quarter so they would have an understanding of the concepts needed for the entire course. In each succeeding quarter, the content of these objectives was presented in such a way as to broaden and deepen the student's knowledge, building on the basic concepts of the first quarter. The assumption underlying this sequence of objectives was that spaced repetition of these objectives, from basic to deeper concepts, increased understanding and retention of subject matter, thus facilitating the learning of the student. In relation to this Tyler states that concepts can be developed which can be understood at a relatively low level and then developed into a much

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[1] Benjamin S. Bloom et. al., Taxonomy of Educational Objectives (New York: Longmans, Green and Company, 1956), p. 26.

broader and deeper concept at a later date. These concepts could serve as an organizing element in achieving continuity and sequence. This element might also be useful in developing integration.[2]

Objectives were presented first in relation to the individual, then the family, and lastly, the community. (Refer to overall objectives of outline in Appendix C.) They were presented in this way to enable the study to understand the importance of being concerned, not with each person as a set of organs, bones, muscles, and glands to be treated separately, but as an integrated human being in relation to his family and community. By doing this, it was believed the preclinical student would be more able to apply knowledge of individual differences, developmental tasks, problem solving, and mental health in the hospital situation, becoming more competent in giving comprehensive care to the patient.

Sawrey and Telford state that if subject matter is taught in isolation from the problems of students, and as a discipline in and of itself, the utility of the knowledge gained is extremely limited, but if the teaching is specifically to bring about understandings that are useful in dealing with realistic problems, the goals of education are more nearly met.[3] It was believed this could be accomplished by relating these objectives to the individual, family, and community. The content would become more meaningful when related to something familiar and realistic.

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[2]Ralph W. Tyler, Basic Principles of Curriculum and Instruction (Chicago: University of Chicago Press, 1950), p. 56.

[3]James M. Sawrey and Charles W. Telford, Educational Psychology (Boston: Allyn and Bacon, Inc., 1958) p. 171.

TEACHING METHODS

An attempt was made to include a variety of teaching methods which would require student participation. This was based on Tyler's rationale that "learning takes place through the active behavior of the student; it is what he does, not what the teacher does."[4] Students who completed the check-list had indicated a need for more practice in verbal communication. An effort was made to meet this need by using these methods which required student participation. The teaching methods used are described in the following paragraphs. Also included are evaluations of these methods by the preclinical students. These evaluations were made by the ninety-nine students approximately three weeks before the end of the quarter and indicated the teaching methods from which they gained the most benefit and major areas in which they were most interested. (Refer to form in Appendix B.) This chapter is concerned only with teaching methods. Evaluations of teaching aids have been omitted.

Discussion method. The discussion method is the pooling of experiences, knowledge, and ideas by teacher and students. The teacher guides the discussion and attempts to bring out the best in the group. Everyone is free to participate. The students evaluated this as the teaching method from which they gained the most benefit.

Lecture method. The lecture method consists of explanation and interpretation of information by the instructor. In their evaluations

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[4]Tyler, op. cit., p. 41.

of teaching methods, the students ranked this second of the methods from which they gained the most benefit.

The field trip is a procedure by which the student studies first-hand objects, materials, and situations in their natural environment. Objectives of the trip should be well understood by students. Of the teaching methods from which students gained the most benefit, this ranked third.

Individual reports. Individual reports are topics assigned to individual students for presentation to the class. All available facts are obtained and presented clearly and objectively. Class members are free to ask questions and discuss the information following the report. Of the teaching methods from which students gained the most benefit, this ranked fourth.

Buzz session. A buzz session is a method whereby a large group is divided into small groups of from five to ten individuals for discussion of a specific problem for a limited time, usually from five to ten minutes. The teacher announces the purpose the session is to serve, exactly how the buzz groups are to be divided, what problem they are to discuss, how much time will be allowed, and what they are expected to report.[5] Buzz sessions ranked fifth in evaluation of teaching methods from which students gained the most benefit.

Panel method. The panel method is a conference for the purpose of discussion and deliberation upon questions of mutual interest. The members

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[5]Ruth E. Grout, Health Teaching in Schools. (Philadelphia: W. B. Saunders Company, 1953), p. 94.

represent different points of view on a subject. Presentation is in a conversational manner, brief and to the point. A chairman directs the panel and asks questions. This is followed by an open discussion with audience participation. Of the teaching methods from which the students gained the most benefit, this was ranked sixth.

Symposium. A symposium is a conference at which a particular topic is discussed and opinions gathered. A planning conference is held to clarify the question, be aware of conflicting points of view, avoid overlapping and repetition of material, and assure complete coverage of topic. A chairman direct the symposium and it is concluded with a summary of important statements. This method was not evaluated as it was used by only one instructor.

Problem solving. Problem solving is used to make objective decisions. A problem is selected and defined by stating it clearly. Data or pertinent facts that will aid in solving the problem are collected. The implications of the findings are interpreted and objective conclusions drawn. The conclusion is applied to a definite plan of action and the results are evaluated. This method had not been used at the time evaluations were made by the students.

The demonstration method is teaching by exhibition and explanation. This trains the student in careful observation. This method had not been used at the time evaluations were made.

The variety in learning experiences was combined in such a way as to attempt to accomplish a number of goals:

1. To familiarize the students with various ways of approaching content and acquiring pertinent information.

2. To help the student work with others, recognize her role within a group, accept responsibility, and participate constructively in the group process. This will be her foundation for a professional role.

3. To enable the student to participate in class discussions without fear of rejection so she may be able to develop a concept of self-realization.

4. To help the student to become acquainted with others of her group.

5. To increase proficiency in verbal communication.

Learning is evidenced by a change in behavior which involves the way an individual thinks and feels as well as by his overt action. The student does not really learn unless these changes persist and become permanent by use in actual practice.[6] Bloom states there are three domains in which these changes may occur: (1) cognitive, (2) affective, and (3) psychomotor.

The cognitive changes are concerned with the intellectual skills and ability to think. This includes factual knowledge and is central to the work of test development.

Affective changes are those which involve changes in interest, attitudes, and values, the development of appreciations, and an adequate adjustment. This concerns covert feelings and emotions as well as the overt behavioral manifestations. Because of this, affective changes are the hardest to evaluate.

Psychomotor changes are changes in the manipulative or motor skill area.[7] Little is done with this in the preclinical nursing student. When

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[6]Ole Sand, Curriculum Study in Basic Nursing Education (New York: G. P. Putnam's Sons, 1955), pp. 53, 54.

[7]Bloom, et. al., op. cit., p. 7.

she transfers to her clinical training in the hospital, there will be an increased demand for psychomotor changes.

To bring about the desired behavior change in the student, certain principles were considered when selecting learning experiences. The learning experiences must provide:

1. Opportunities to deal with the content and practice of the behavior desired.
2. Satisfaction which is obtained by the student as he practices the behavior and the related content.
3. Within the range of probability for the student--maturation, background, and mental situation considered.
4. Variety in character. Many kinds of experiences may attain the same objective.
5. For meeting individual differences. Many outcomes may originate in one learning experience.[8]

An attempt was made to take these points into consideration when planning the learning experiences. Most of the learning was expected to be in the affective and cognitive domains. Throughout the course, an attempt was made to influence the attitude and interests of the preclinical student in a way which would be compatible with safe nursing.

Information was made available which would increase the student's knowledge in order to facilitate transfer of the knowledge from the college campus to the hospital clinical experience.

This revised outline was then used in teaching N 111. The freshman nursing class of ninety-nine students was divided into five sections. Each graduate student taught one section under the supervision of the

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[8]Tyler, op. cit., pp. 42-43.

the nursing faculty responsible for the course. This was an experience in cooperative planning between faculty and graduate assistants.

By frequent meetings of the graduate students, plans were made to teach all five sections of the class in a similar manner. Teaching methods, learning experiences, and subject matter to be presented, were agreed upon for each lesson. However, due to the interest and needs of the individual students as well as the individual differences of the instructors, it must be recognized that there was some difference in the way the content was finally presented.

MAJOR AREAS

Individual differences. The first major area presented concerned individual differences. This area was included as a result of the check-list and because nursing students are closely associated with others of different race, color, religion, custom, and beliefs. It was desirable they accept and try to understand these differences.

Nurses need to learn early in their education to consider the patient as a human being. The pathological process has to be considered by the nurse but she must also be aware of the problems with which the patient is concerned so she may better understand his behavior. In good comprehensive nursing, both the patient and his family will be helped socially, emotionally, and physically. A nurse must be capable of accepting the idiosyncrasies of the patient if she is to provide the necessary support to strengthen his feelings of security, enabling him to make a more rapid and complete recovery, both physically, and emotionally.

Approximately eight per cent of total class time was spent on individual differences.

The content in this area included the basic difference which one may encounter in an individual. These differences are due to various factors throughout his life--his race, religion, cultural background, beliefs, socio-economic status, or the atmosphere of his home as a child.

The initial learning experiences in this area provided background and support for the later learning experiences. The students first met in a fifteen minute buzz session to discuss their concepts of the terms to be used. These terms were individual, differences, personality, culture, social, and economic. The class then participated as a group in arriving at a common definition of these terms. The individual was discussed in relation to his physical, social, economical, emotional, and religious traits. A lecture was given concerning the assets, liabilities, prejudices and biases as related to the individual. A film, "Facing Reality"[9] which presented simple illustrations of the mechanisms of defense, was viewed. With this background, the students were able to discuss behavior problems and identify their cause on a basic level.

The next learning experience in this area was a discussion of individual differences and their importance in interpersonal relationships, both in nursing and everyday living. The students discussed behavior characteristics of individuals whom they had known and attempted

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[9]"Facing Reality", (New York: McGraw-Hill Book Company, 1954).

to interpret what factors in their background had made them behave in this manner. They appeared to develop some insight into human behavior as was evidenced in this example given by one of the students. This student related the following:

> One girl in her group of friends would always have to be asked repeatedly to go anywhere with them before she would give her consent. This continued until the group became tired of the situation and told her they liked her, wanted her with them, but were not going to continue begging her every time. Thereafter, she went at the first invitation.

The students recognized this girl had a need for reassurance of their friendship, and were able to give some reasons for this on a basic level.

The students reacted with much interest to this area. This was evidenced by the full participation in discussions. The learning experiences appeared to have been successful. The behavior manifested by the students in general indicated they accepted these differences as they usually showed respect for classmates and their opinions although they did not agree. However, this behavior could also have been the result of home environment.

In the test covering this area, students maintained consistently high grades in relation to final grades. In the evaluations of the course, the students ranked this area second as to areas in which they gained most additional knowledge and first in relation to interest. The majority thought it had been adequately covered.

> Developmental tasks. Developmental tasks are tasks which arise at or about a certain time in the life of an individual. Growth is continuous and the specific developmental tasks fit together to

> form a pattern. Throughout an individual's life, emotional needs have to be met so he may achieve the developmental tasks. Whether or not he achieves these tasks successfully can determine his happiness and acceptance by society.[10]

This area was emphasized as a result of the check-list and it is desirable that these students, as nurses, become aware of the psychological needs of patients in all age groups. When the nurse understands what emotional needs a patient is likely to have, she is more able to help the patient meet these needs. This assists the patient to become a better adjusted person and to accept his role as a patient. Recovery from his illness is thereby facilitated.

Approximately thirteen per cent of class time was allotted to this area.

The content included the developmental tasks, needs, and behaviors of: (1) infancy and early childhood, (2) middle childhood, (3) adolescence, (4) early adulthood, (5) middle age, and (6) later maturity. The social and psychological implications of achieving these were brought out in relation to the individual, his family, and community.

The first learning experience in this area was a lecture explaining the developmental tasks and their importance. Following this the students gave individual reports on the developmental tasks of the various age groups including implications for them as nurses. The next learning experience was an observation of individuals of various age groups in social or business situations. These situations were analyzed for the

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[10]Robert J. Havinghurst, Developmental Tasks and Education (New York: Longmans, Green, and Company, 1952), p. 2.

developmental tasks present, whether or not they were successfully achieved, if they were helped or hindered by other members of the group, and how failure might possibly affect the individual. It was required that all written assignments such as this be printed concisely to give the students practice for charting nurse's notes in the hospital.

The lecture apparently was effective in getting the basic idea across as the students utilized material from this lecture in the learning experiences which followed.

In the classes where individual reports were given, the instructors felt this was not the most effective teaching method to use for this content. There were too many reports, eventually becoming tedious. After a time, the students did not appear to be interested. It was believed this material could have been presented more effectively in less time. The instructor who used a symposium was more satisfied with the results.

The observations were used to focus their knowledge of developmental tasks and apply it in a practical way. Some of these observations were read by students in class and discussed. One student gave the following example:

> A three-year old child was trying to dress himself. The mother insisted on doing it. This stopped him from achieving this task successfully.

The class decided that the mother should have let the child do this himself and then praised him for his effort. This would have satisfied his need for approval and independence.

It was not originally intended to allot this much time to the content of this area but the individual reports were more time consuming

than expected. The instructors recommended that the material be assigned to groups of four or five to be developed and a member selected to present this information to the class through a symposium.

The students designated this area as the one in which they had gained the most knowledge but ranked it third as to interest. The majority thought it had been adequately covered.

> Mental health. Mental health is the capacity in an individual to form harmonious relations with others, and to participate in, or contribute constructively to, changes in his social and physical environment. It implies his ability to achieve harmonious and balanced satisfaction of his own potentially conflicting instinctive drives--harmonious in that it reaches an integrated synthesis rather than the denial of satisfaction to certain other instinctive tendencies as a means of avoiding the thwarting of others.[11]

A concept of mental health was included because this is a basic foundation for nursing and should become a part of the student's philosophy early in her professional education. Many students associate mental health with mental illness so it is important to correct this misunderstanding and present mental health concepts from a positive approach--not only prevention of illness but promotion of health. This will given the student background for her care of all patients as well as the mentally ill.

A nurse must be mentally healthy if she is to give safe and beneficial patient care. She needs to understand and accept herself before she is able to understand and accept others. To have a working knowledge

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[11]Expert Committee on Mental Health, World Health Organization Technical Report Series, Series No. 31 (Geneva: World Health Organization, 1951), p. 17.

of mental hygiene which she is able to apply in both professional and personal relationships, she must gain an understanding of human behavior, recognizing that all behavior has a cause and has meaning to the individual.

Five per cent of total class time was allotted to this area.

The content in this area included such basic mental health concepts as: (1) Do not allow emotions to bottle up. (2) Feel comfortable with yourself. If not, find out why. (3) Respect your own personality as well as that of others. (4) Find someone in whom you can confide. (5) Recognize that you have limitations and that others also have limitations.[12]

The first learning experience in this area was listening to a lecture on mental health in relation to everyday living of the individual with his family and community. This was in preparation for the film "Sibling Rivalries and Parents".[13] This film shows interaction of families and resultant influences on behavior. A mental health nurse consultant conducted a discussion after the film, bringing out these concepts as related to themselves and friends.

The students were extremely interested as was evidenced by their participation in the discussion. This area was not tested individually but was included on the midquarter examination. Students indicated they were well aware of the mental health concepts. It was not feasible at this time to measure the practical application.

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[12]Herbert A. Carroll, Mental Hygiene (New York: Prentice-Hall, Inc., 1951) p. 12.

[13]"Sibling Rivalries and Parents" (New York: McGraw-Hill Book Company, 1956).

The students ranked mental health eighth of the areas in which they gained the most knowledge and sixth in relation to interest. The majority of the students indicated they wanted mental health covered more adequately.

Problem-solving. When confronted with problems, individuals tend to use limited techniques in making decisions and be satisfied with partial solutions. It is sometimes difficult to make a direct attack due to the complexities or disinclinations of human nature. In such instances, indirect methods known as defense mechanisms: namely apathy, anxiety, nervousness, or withdrawal are used. These behavior traits are not desirable in a nursing student.[14]

Because nursing students continually face new situations with problems which have to be solved in an objective and competent manner, problem solving was included as a major area. Mature individuals are expected to solve their own problems and make wise decisions. Unless one can do this, he loses his status as an individual personality. Since one cannot foresee problems which are to be faced, it is necessary that students acquire generalized intellectual abilities and skills which can be applied to a wide range of situations.

Thirteen per cent of total class time was allotted to this area.

Included in this area was an orientation to the value of problem solving and its relation to the democratic process and nursing the individual, the family, and community. The steps in problem solving and their application was presented.

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[14]Luella J. Morrison, Steppingstones to Professional Nursing (St. Louis: C. V. Mosby Company, 1957) p. 79.

The first hour was used to listen to a lecture by a professor of nursing concerning problem solving as an important part of the democratic process. She brought out its relationship to nursing and the individual, family, and community. This was followed by a fifteen minute buzz session to determine a common definition of each term assigned. These terms were problem situation, task, and solution. The steps in problem solving had been previously given the students in mimeographed form. These were read and discussed. The students volunteered a number of problems associated with dormitory living. They selected one by voting and participated in applying the problem-solving steps to obtain a solution. They were then assigned to apply the problem-solving steps to minor problems of their own.

Following this, case studies of hospital situations were given to groups who, through buzz sessions, participated in solving problems presented in the case studies. They were also required to indicate individual differences, developmental tasks, and mental health concepts of individuals in the case studies. This was to focus their knowledge of these areas and apply it in a realistic situation. Sand states that ". . . group discussions of problem-solving situations should serve as a powerful influence in the student's personal motivation as a group member."[15] This is considered important to students who will always have to function as part of a group directed toward the health and welfare of others.

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[15]Sand, op. cit., p. 107.

Some students were adept in applying the problem-solving process objectively. Others used the steps but appeared to choose the solution which they preferred rather than resolving an objective solution. This would probably indicate that some students are more mature and make sound decisions. However, it was hoped that those who did not, would become cognitive of a better way to solve problems in an objective way.

The students ranked problem solving fifth as to the area of most knowledge gained and sixth in relation to interest. The majority of students thought it had been adequately covered.

Professional adjustments.

> Adjustment is a part of the growing up process and is a mark of maturity. It presupposes changes in the individual's habits and ways of living and prepares him to meet these changes effectively and satisfactorily.[16]

This area was presented to help the freshman student gain knowledge and understanding of nursing as a profession and its application in relation to self as a professional student. During interviews with students who completed check-lists, they indicated they had entered the hospital not realizing their role and responsibilities or those of other personnel with whom they associated. To give students a better preparation and facilitate adjustment, various aspects concerning the nurse as a member of a profession and as a member of a hospital organization were presented.

The content included the criterion of nursing as a profession and what it means to be a professional nurse. The functions, standards,

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[16]Morrison, op. cit., p. 79

qualifications, and ethics of nursing was presented in relation to the hospital and community. The legal responsibilities of the nurse and their implications were stressed since interviewed students felt this had been an important area which they had been unaware of before entering the hospital. To give the students a basic orientation to a hospital, the line of authority of a hospital organization, terminology of organization, and a tour through the Bozeman Deaconess Hospital, were given. Practice in bed-making was also given. Opportunities in the various fields of nursing were presented in student reports.

Approximately twenty-five per cent of total class time was spent in this area.

The students first listened to a lecture concerning the criterion of nursing as a profession. The booklet, Functions, Standards and Qualifications of Nursing[17] was assigned for reading and then discussed. Nursing ethics, a code for professional nurses, her appearance and responsibilities were presented in a lecture and the group participated in a discussion of these.

A guest speaker, the Executive Secretary of the Montana Board of Nursing, presented a discussion concerning the legal responsibilities of the nurse. The speaker was excellent but it was felt the material presented was beyond understanding of students at this level. This was evidenced later by their lack of understanding when the lecture was discussed.

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[17]American Nurses' Association, Functions, Standards, and Qualifications of Nurses (New York: American Nurses' Association, 1959).

A lecture describing hospital organization, line of authority, the functions of specific departments and the personnel within the departments were given. The terms nursing clinic, medical clinic, nursing diagnosis, medical diagnosis, and nursing team were defined and discussed. The students were then taken on a tour through the Bozeman Deaconess Hospital. Following this, the students participated in a discussion of factors they had observed which contributed to the comfort and safety of the patient.

While at the hospital, the principles involved in bed-making were demonstrated and discussed. The groups alternated between making tours and practicing bed-making.

The last learning experience consisted of student reports concerning opportunities in the various fields of nursing. These included opportunities in the armed forces, public health, industry, schools of nursing, offices, hospitals, and international health agencies.

These areas were tested on the final examination although not extensively. In the evaluations, this area ranked high in relation to the knowledge gained and was considered the most interesting. The students indicated they would like to have more experience in the hospital. To do this, it was planned to have the students spend some time at the local hospital and rest homes during spring quarter.

Community health. Nurses have too often limited their thinking toward health and health problems which were observed in the hospital. They overlooked, and still do, prevention of disease and maintainance of health as essential to human welfare in a society. Community health

was introduced into the curriculum for students in nursing over ten years ago. Its purpose was to make the students more aware of health problems in relation to the family and community health, and how these problems might be solved. It has become more important through the years that preclinical students develop a basic understanding of the major health agencies in the community and their relationship to the individual, family, and community. When nursing students understand their role as nurses in the community, they make contributions in preventing illness and preserving health in the community as a whole.

Approximately ten per cent of total class time was spent in this area. It was planned to go into this more extensively during winter and spring quarters.

The content in this area included the criteria of a health problem, how it is combated, and the importance of protecting and maintaining the health of the family in order to have a healthy community. Also included were the voluntary and official health agencies and their functions in relation to the individual, the family, and the community.

To give the students background for this area, the following criteria of a health problem was given: (1) Is it communicable? (2) Does it constitute a hazard? (3) Is it preventable? (4) Is it amenable to solution through systematized local action? (5) Morbidity or mortality rate high?[18] A film, "Welton, A Healthy Community", was shown.[19] This

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[18]Harry S. Mustard and Ernest L. Stebbins, An Introduction to Public Health (New York: Macmillan Company, 1959) pp. 15, 16.

[19]"Welton, A Healthy Community" (Seattle: University of Washington Press, 1949).

film showed how community resources can be used to combat health problems. It was later discussed in relation to health problems which existed in the communities represented by the students and how they might be solved.

The public health officer of Gallatin County was a guest speaker. He presented the philosophy, organization, and services of the County Health Unit. The functions of the welfare department and its relationship to the public health department were later presented in a lecture which was discussed. To emphasize the functions and inter-relationship of voluntary and official agencies, a panel composed of a minister, public health nurse, welfare worker, medical-social consultant, and an assistant professor of public health nursing, presented a theoretical welfare case and demonstrated how they worked together to help an individual help himself.

This area was not tested except in the final examination. There was evidence of confusion between the functions of the welfare and public health departments. Since the evaluations were done before this area was presented, there was no information concerning their interest or of the knowledge gained.

MINOR AREAS

Also included in this class was some content to which less time was allotted. Although less emphasis was placed on these areas, they were an important part of the education of preclinical students.

Terminology. Results of the check-lists indicated students felt they needed a better understanding of medical terminology before entering

the hospital. To do this, we conferred with the instructor of anatomy and physiology and compiled a list of word stems which would give the students some background for their course in anatomy and physiology, as well as in the hospital. By doing this, the instructor could then reinforce their learning in this area by using the words in his class which they took winter quarter. These stems and words were presented in groups of ten throughout the quarter with quizzes over each group. The grades for terminology were, with a few exceptions, consistently high. The anatomy and physiology instructor said he thought this had been a benefit to the students and himself.

Montana Student Nurses Association. The students were required to participate in this organization. Here they could become aware of their responsibility to participate in their professional organization and recognize how they could achieve desired goals by the group process. They meet other members of their profession and can participate as a member of the total nursing group. They also learn parliamentary procedure which will be an asset to them as a member of the Nurses Association when they become registered nurses and as a member of a community.

Meetings were held during scheduled class time and consumed approximately twelve per cent of total time.

Study habits. Since the approach to subject matter in college classes is quite different than in high school, it was felt some guidance on how to take notes, read, and present material, would be helpful. Tips on how to study were mimeographed, handed out and discussed. The students were then assigned to write a paper on their present study

habits and how they could be improved. These were discussed in class. By doing this, it was hoped the students would become aware of the importance of good study habits and make an effort to improve.

It was felt this was of some assistance. Several students presented problems such as note taking and studying in the dorm which they had been unable to solve. Other members of the class participated in offering solutions which had helped them. Approximately three per cent of total class time was used for study habits.

The remainder of the class time, approximately ten per cent, was used for various purposes. Each student filled out the Mooney Check List to help her recognize her own needs and problems. It was believed this would facilitate self-understanding as well as help the instructors meet the individual needs of the students. Filling out of the check-list was also related to individual differences.

EVALUATION OF REVISED COURSE: N 111

Several weeks after mid-quarter (Fall, 1959) the students were asked to evaluate the N 111: Community Health course. The class of ninety-nine students completed an evaluation form to determine their perception of this revised and reorganized course. They were asked to identify teaching methods that were the most beneficial; areas of interest: their feelings about the class; ease of atmosphere of learning, pertinence of the course, the ways in which they most like to work: singly, in groups, or both; the relationship between nursing and the areas taught until this time. They were further asked about adequacy of time spent in the areas listed. The evaluation form and total results

may be seen in Appendix B. The following are the results of the evaluation forms:

1. The students reported that they gained the most knowledge from the areas: individual differences, developmental tasks, problem solving, professional ethics, and simple nursing tasks.
2. The students reported that the areas of most interest to them were: individual differences, simple nursing tasks, hospital tour, developmental tasks, and mental health.
3. Eighty-four students reported that they could see the relationship between the areas taught and nursing. One student reported that she could see no relationship.
4. The majority of the students felt that the following areas had had adequate time spent on them: problem solving, individual differences, hospital tour, developmental tasks, study habits, and ethics.
5. In the following areas the students felt that too much time had been spent: developmental tasks, study habits, individual differences, and problem solving.
6. In the following areas the students felt that too little time had been spent: mental health, professional adjustments, hospital tour, ethics, and opportunities in nursing.
7. The students reported that the teaching methods they benefitted from the most were the following: class discussion, lecture, films, field trips, and question and answer periods.
8. Changes suggested by the students in the course were as follows: 36 of the students felt that more time should be devoted to

actual nursing orientation which included more hospital situations, more observations of the hospital and of patients, and more actual nursing application during this period. This was the major change as suggested by the students. Other minor changes such as more assigned work, more concrete application of the course and the material, more mimeographed material, more class discussions, more individual differences, and less study habits were suggested by a few of the students. The majority of the students reported that no changes were needed or that the changes suggested were minor in comparison to the over-all course.

9. It was reported by the students in these evaluations that 79 felt free to talk out in class. They were comfortable in the small class and the interest in the material presented put them at ease so they felt free to participate. Eight students reported that they did not feel free to participate in class. They gave as reasons: "not knowing the answers", "feeling afraid of the wrong answer", and "not sure of themselves".

10. Eighty students reported the nursing course to be worthwhile as preparation for clinical experience and better understanding of the functions of nursing. The major reasons expressed were: that it helped in their adjustment to nursing; to their preparation for nursing, and that self-evaluation was possible through these course. Five students did not feel this to be

a worthwhile course and gave lack of enthusiasm, the need for procedures to be taught, and the need for more hospital application and practice as reasons for non-adequate preparation.

11. Sixty-one students reported they would rather work in groups. The main reasons given were: the opportunity to share ideas, that they felt more at ease, and that it gave them an opportunity to see and observe how others felt.

12. Nine students reported that they liked to work both in groups and singly depending on the situation and the material and that both were needed for good adjustment. Fifteen students reported they would rather work singly due to more competition, some were unable to work effectively in groups, and that many of them felt they gained more when working by themselves.

This chapter has been concerned with the planning and teaching of N 111 and student evaluation of the course as it was taught. The final chapter which follows contains a summary of the entire study and recommendations for further study.

CHAPTER IV

SUMMARY AND RECOMMENDATIONS

SUMMARY

The investigators realized the importance of a continually changing curriculum for the progress and development of any educational program. The reason for any change in a curriculum is improvement through better understanding of the educational and professional objectives.

For the past several years, the Montana State College School of Nursing has followed the trend in education for curriculum change and instruction, namely, that of exposing the student to situations related to the content areas.

This investigation was concerned only with those nursing courses taught by the faculty of Montana State College School of Nursing at Bozeman, Montana; N 111: Community Health; N 101 and N 103: Introduction to Nursing. The main objective of these courses is to prepare the student nurse, during her freshman year, for the clinical experience.

The problem with which this investigation was concerned, originated when this faculty and the investigators realized that some revision of these nursing courses might be indicated. This study was undertaken to better accomplish this objective and to more completely fulfill the responsibilities of the School of Nursing as stated in its philosophy.

The aims of this study were (1) to identify the strengths and weaknesses of the preclinical nursing courses as they existed prior to

this study; (2) to evaluate these strengths and weaknesses in terms of the preparation which the preclinical student needs for the clinical experience; (3) to change or reorganize the objectives, content and learning experiences of the preclinical nursing courses with special emphasis on sequence, continuity, and integration of material; (4) to teach the first quarter preclinical nursing course, and determine the feasibility and practicability of the course outline as revised; (5) and to make recommendations concerning sequence and integration of objectives, content and learning experiences for the preparation of the preclinical nursing students.

Any changes made by the investigators were based on the strengths and weaknesses of the nursing courses as previously taught. These were determined through interviews and check-lists completed by faculty members and students in the clinical units. Following tabulation of the results from the check-lists and interviews, the investigators incorporated the indicated changes into a new course outline. The material from the courses N 111: Community and Health and N 101 and N 103: Introduction to Nursing was integrated into one course. The course was to be a continuum for three consecutive quarters rather than three distinct courses, as it had been previously.

Within this outline, as attempt was made to maintain the strengths of the previous courses. Although content was added, many areas of the course remained unchanged. There was reorganization of sequence and integration of material.

To accomplish the objectives, new learning experiences were developed with an attempt to give the student the opportunity to

directly participate in situations related to the content areas. Active participation in the various situations was not always feasible, and often desirable situations were not available. Whenever possible, however, the situation was simulated through the use of teaching aids such as case material, films, and guest speakers. The student then participated in the role of the listener, observer and as an active member of a discussion group. The investigators tried to plan for student needs on the basis of the results of this study.

The students and the faculty indicated through the tabulations that they felt more preparation was needed in practical areas such as orientation to the hospital, medical vocabulary, ethics, professional adjustments, simple nursing procedures, and patient contact before entering the clinical units. These were incorporated into the revised outline as shown in previous chapters.

The factors of concern in planning objectives and learning experiences were in terms of the following:

1. The development of social understandings on the basis of student needs and desires.

2. The promotion of optimal personal development based on the individual differences of the student.

3. The promotion of continuity of experience as shown by relating this content to nursing in every way possible. Some of the material covered was related to growth and development, psychology, sociology, and the humanities. This was pointed out to the students with explanations as to its importance in the nursing curriculum.

4. The maintenance of balance among all goals relating to self, peers, accomplishments and disappointments.

5. The provision for all educational goals planned within the nursing curriculum and exemplified by the guidance and counseling program in the department and individual classes.

6. The emergence of learning experiences and situations. Wherever possible, each objective was implemented by multiple learning experiences, through cooperative planning and activation of the outlines.

7. Effective learning experiences and resources. The students participated in a variety of learning experiences which included reports, discussions, panels, field trips, laboratory work, and opportunities for practice in oral and written communication.

8. The improvement of educational opportunities through the student's use of the revised outline.

9. The broad scope of the nursing program as it influenced student preparation.

It is a concern of the investigators that a final evaluation be carried over the entire college year in order to determine the effectiveness of the outlines. Content being used at the present time should be evaluated by the faculty and students upon completion of this course.

The students were more highly motivated to learn when the content could be related to and demonstrated in the practical aspects of nursing. They had many questions pertaining to these areas. No doubt, they feel that certain areas, within the outlines, could be omitted entirely. In many of these areas we, as instructors, know that these concepts are basic to nursing and must be taught as a basis for content to come within the clinical units, in order to have knowledge and understanding.

The investigators know and recognize that there is bound to be some disagreement in the faculty-student evaluation of the course content. This, we have considered, as a basic premise throughout the study. We recognize, also, the interpretation of the content areas may vary from person to person.

In the steps throughout this study, we have tried to allow for the individual differences of the students, in background, experience,

goals, abilities, and needs. In the overall planning for this course and in individual classroom work, these differences have been basic to the planning of learning experiences. We used many aids in allowing for these differences, such as, group and individual discussions, conferences, the Mooney Check List, and total faculty conferences and discussions.

RECOMMENDATIONS

The following recommendations have been suggested by the investigators:

1. An evaluation to be made as to whether or not the revised outline accomplished the purpose for which it was intended--better preparation of the student for her clinical experience.

2. An evaluation to be made to promote concensus between faculty on the campus and the faculty in the hospital regarding their expectations of the student at the time of entrance into the clinical unit.

3. An evaluation to be made which would identify the most effective teaching methods as applied to specific content.

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APPENDIX A

APPENDIX A

Major content areas from N 101: Introduction to Nursing

1. Appreciation of the school of nursing.
2. Participating in Montana Student Nurses Association.
3. Problem-solving.
4. Self-understanding.
5. Concepts of practical, professional nursing and educational requirements.
6. Nursing organizations.
7. Individual responsibilities as students.
8. Campus organizations.
9. Reading abilities.
10. Understanding self.
11. Personal growth and development.
12. Traditions and all-school events.
13. Curriculum understanding.
14. Office procedure of nursing office.
15. Acquainted with the staff.
16. Participation in a social hour.
17. Study habits.
18. Understanding of courses.
19. Parliamentary law.
20. Available resources.
21. Hospital associations.
22. Social hour.

23. Fields of nursing.

24. Pre-registration.

Major content areas from N 103: Introduction to Nursing

1. Preparing students to enter clinical units.
2. Participating in M. S. N. A.
3. Preferences for speakers or topics.
4. Understanding mental hygiene concepts.
5. Understanding of philosophy of school.
6. Participation in student social hour.
7. Identifying elements of interpersonal relationships.
8. M. S. N. A.
9. Assisting students in their adjustment as a member of the nursing profession.
10. Social hour.
11. Increasing understanding in field of special interest.
12. M. S. N. A.
13. Periodicals.
14. Application of mental hygiene concepts.
15. Preparing student for entering clinical experience.
16. Pre-registration.

Over-all objective for this course was: To assist students enrolled in the nursing curriculum to become acquainted with their role and the opportunities in the field of professional nursing.

Major objectives from N 111: Community Health

Over-all objective for the course:

1. To appreciate community health as the basic and initial course in the nursing curriculum.
2. To study and gain understanding of the organization and function of community health agencies.
3. To develop an awareness of the application of principles of environmental sanitation in relation to prevention of disease and the promotion of community health.
4. To study some methods used in promoting community health programs.

Contributing objectives:

1. To study some methods used in promoting community health programs.
2. To learn about desirable patterns of organization and function of community health agencies.
3. To study the inter-relationships of local, state, and national health problems.
4. To become aware of the major health problems of importance, locally, nationally, and internationally.
5. To develop an appreciation of the interdependency of health, education, and welfare agencies in working for improved health status.
6. To develop an appreciation of the growth and development of health problems.

7. To compare existing public health practices with recommended standards for practice.
8. To become aware of the adequacy of available facilities for overcoming health problems.
9. Learning how to evaluate a film.
10. To determine why some methods are more effective than others in teaching health.
11. To determine ways or methods used to motivate citizens to actions concerning expansion and improvements of community health programs.
12. To determine how to aid the individual with health problems to define and achieve his health goals.
13. To learn the essentials in a health education program.
14. To develop an appreciation for the responsibility each individual must assume in protecting the health of the community by safeguarding his own health and maintaining good health practices.

Faculty Comments for Part II--Taken from Check-list.

The following comments and suggestions were taken directly from the check-list filled out by faculty members. Direct quotations have been used.

1. I feel that a student should be helped to know herself and to be realistic in what she wishes from nursing education. So many students have little or no idea of what they are seeking or just why they are in nursing. The "poor" student frequently has difficulty in reading and knows she has this problem but does little or nothing about it.
2. I would begin correlation or integration early with prerequisite courses and those taught within the School of Nursing. It is my belief that the courses 101 and 103 need more hours for instruction and maybe the start of principles in bed-making and some basic vocabulary to lessen the hospital adjustment necessary.
3. I feel that she should have competency in all areas listed within the check-list.
4. The ability to communicate effectively, oral and written seems low. Increased ability in this phase may lead to better understanding and retention.
5. I believe that more emphasis should be placed on the importance of written and verbal communication in relationship to nursing. Many of the students are having difficulty in expressing themselves adequately and are unable to spell.

6. I would suggest a method of teaching contents similar to the Red Cross Home Nursing course to provide more contact with nursing skill requirements.
7. I wish the students had more opportunity to practice knowledge and principle before coming into the clinical experience.
8. Help assimilating Bacteriology, Anatomy and Physiology and Chemistry and seeing relationships to the clinical period. Teaching more detailed physiology could omit the detail of muscles and use it for the above.
9. Not enough time on campus allowed for lab experience. The students should be given basic clinical concepts on campus and be shown how to relate to these.
10. If the students could have the course Drugs and Solutions on campus they would be better prepared to begin Nursing Arts, etc. Basic Nursing Arts or parts of it might be given on campus to prepare the students.
11. The vast majority of the questions might well be covered at the college. The student should have awareness of all of them and then the faculty in the hospital could build from this.
12. The students should be able to relate knowledge from campus courses to nursing.
13. Arithmetic, reading, spelling, communication tools of the most basic type are too poor in some students. Orientation to the responsibilities and organizations of the hospital would make

a more even group. Some basic nursing arts might be added to the campus courses.

14. I believe that professional adjustments, basic medical vocabulary, recognition of the health team, hospital and nursing in general might be added. Would like to see some basic math required and principles of bed-making, plus practical done on campus.

15. Acquaint student with basic vocabulary, add professional adjustments, basic math that would apply to drugs and solutions. If when presenting a vocabulary list, stress spelling and its importance to word meaning. Start bed-making on campus so students have general idea when they come to clinical experience.

16. I think bed-making on campus would be very beneficial. Also I would recommend the giving of abbreviations list pertaining to nursing; prefixes, suffixes, medical-combining forms. Stress the meaning of a nursing team, health team, what is a hospital.

17. Some basic nursing arts (bed-making, etc.) could be taught on campus if a hospital environment could be provided. The addition of professional adjustments, ethics, and basic medical vocabulary would give the students a better background when entering the hospital divisions.

Student Comments to Part II.

The following consists of direct comments, recommendations and suggestions as revealed by the student participants of this study. All were listed; either in the comment section of the check-list, or during the personal interviews which followed and are direct quotations.

1. I believe in the problem-solving area we could have had more experience in helping others recognize their problems and help them to solve them. I feel we could have been better prepared for our role as a student in the hospital. By this, I mean what was to be expected of us in our relationship with patients and our place in the professional team.
2. I feel that we should have become more acquainted with the hospital and the basic role of the nurse, and what was expected of us when we got here to the hospital. I feel that the learning how to chart and write more compositions, to learn how to better express ourselves both oral and written would have better prepared us.
3. I felt that the courses weren't really directed or related to the nursing we would be doing. Nothing was really said as to just what the hospital was like. We did a lot of problem solving, but I feel this wasn't taught in a way that we could apply to the problem-solving method. I couldn't see the relationship between nursing and the hospital in relation to the problem solving we learned. I felt that more relationship should have been made in all three courses to the hospital, classes there, and general understanding of it.

4. I think less time should have been spent in basic problem solving and other basic stuff that was offered and more time on what actually happened in the hospital. I do not believe I had adequate adjustment for the hospital. I could not see what many of the presented programs had to do with our future hospital experiences. Especially I think more should be taught about the subjects you'll take in hospital training.
5. We had very little or no discussion of the actual hospital environment, relationship with other health team members, responsibilities of a new student of what to expect or what would be expected of us as students. Much time was spent on on the difference between a professional and practical nurse. Problem solving was directed to us personally and not to solve other's problems.
6. I believe that more stress should have been put on the nurse's responsibilities to the patient, the hospital, the community, and to herself. New students should be taught the importance of teaching hygiene to patients because she is a leader and will not be aware of this unless this is stressed.
7. I think we should have had some actual contact with actual experiences, procedures and regulations. More effective contact or discussion as to actual cases and how they are to be met. I really feel that less time should be spent on campus or else have some type classes at the hospital so as to better prepare us for the experiences that you meet all at once.

8. I believe that we should have been presented with more actual problems that we are meeting in the hospital. Some that might have been presented are: talking to patients, assisting with various types of patients, learning to answer their questions and questions of the family. I feel we should have been presented with an idea of what our courses here include and what we could expect. I don't think the way in which problem solving was stressed was good. It is something we should learn but it should be applied to patients' problems and not our own. We should have been told how the classes at the college should apply to our hospital experience.
9. I feel that a hospital orientation program should be offered. The students should be instructed as to what to expect, the charge of the hospital and floors, what is to be worn, what she will be expected to do, etc. I feel also that some drugs and solutions could be given on campus.
10. I feel that pharmacology might be given partially on campus. For those who have never been in contact with a hospital before should be more prepared as to what to expect, as to working, class hours, and what is expected of her.
11. I feel the students do not have a knowledge of what a hospital is like. They do not know the major divisions or floors. I feel that tours in a hospital, basic rules and knowledge, responsibilities would better prepare them.
12. I think more emphasis should have been placed on the actual

hospital situation. I had no experience with the hospital at all before my training and this was too difficult an adjustment to make.

13. I feel that if the hospital plan was more clearly explained, to the student, on how the hospital is run, what team work means, who comprises a team on a ward, a student would be more sure of herself. I think a drugs and solutions class should be taught on campus so we can be somewhat prepared. The role of the student should be stressed more so we would have some idea of how much is to be expected of us and what we are expected to do. Hospital policies and routines could be stressed and worked on in the nursing classes.

14. I think that more should be taught about the relationship of supervisors, head nurses and staff nurses. The responsibilities of these people should be more clear. I feel that problem solving is good but should be taught in a clearer and more practical manner. Legal aspects should be included in the campus.

15. I think more emphasis should be placed on what we, as students, will be doing in our first quarter of clinical experience. It would have been helpful, if, in these courses we could have had some of the basic principles that we get in our first quarter of clinical training such as administration, staff, drugs, and solutions.

16. I think the campus course should have included something on drugs and solutions.

17. I feel that preparation for drugs and solutions is necessary. Something that is about a hospital would be more helpful. Students leave Bozeman with no idea about what they're getting into unless they have worked in a hospital before.

18. When many of us entered nursing we were very anxious to go right into the nursing profession. Many times we saw no relationship in our courses. I feel too much emphasis was placed on problems of our own and not enough on other types. Valuable courses might have been given such as pharmacology, had this been done, plus some orientation, we would have been more prepared to enter the hospital units. More fundamental courses could be added to give better relationship between what we are doing and our future.

19. Problem solving was stressed too much in relation to our own problems and not enough in nurse-patient relationships, not enough practical application. Didn't have a good understanding of what the hospital training was really like, what it involved; should have had this. Should have a better idea of course material. Didn't have adequate understanding of patient-student-nurse relationship regarding approach to the patient. More hospital experience before going into divisions; more application in relation to nursing.

20. We needed more experience, more practical application in problem solving. Not enough about hospital adjustment. Needed more on hospital policies, nursing arts and bed-making

on campus. Needed some association with the patients and some idea of what the hospital is like and what is expected.

21. I believe too much time was spent discussing things that had no application to nursing care and that more emphasis should have been placed on that phase. I think more preparation is necessary to the actual duties of a student nurse. This could be accomplished by trips to the local hospitals where students could see actual situations, and to be acquainted with the actual concept of the patient before entering the hospital. Basically, if what nursing actually consists of, nursing care, duties of a nurse, were stressed more, the adjustment to the hospital would be easier.

22. I would stress the application of problem solving, more on the relation of the nurse and role to the hospital, team, Dr., etc., conversations with patients, some of the basic procedures could be given. I think definitely that a nurse's role, what she actually does should be stressed. More about the hospital, policies, and charting and their importance. More on uniforms, and the practical application of campus courses.

23. More emphasis on problem solving and its application, communications, adjustments. Examples of problem situations could be given for more real life situations. There should be more information in class as to what the training courses include and some nursing arts procedures introduced at this time. The major points of emphasis should be the basic understanding

of clinical courses, nurses function in the hospital, organization of a hospital, nurse-patient relationship, responsibility of a nurse, functions of hospital and health teams.

24. Basic concepts should be given in relation to the hospital, the nurse, and the patient. Problem solving should be related to more practical experience. Need orientation to the hospital and what is expected of us. More relationship between the campus courses and the nursing courses. The start of nursing arts could be given on campus.

25. The teaching of problem solving should be related to actual problems. More taught on actual hospital and staff, departments. Something given pertaining to nursing, hospital talk, the integration of campus and clinical courses. Should give basic nursing arts on campus to better prepare students for adjustment.

26. I believe that the students should have more practical application of their courses. Some of the pre-clinical courses should be put in with the nursing courses on campus. Basic nursing courses should be considered. Students should be better prepared to go into the hospital, application of problem solving to actual problems. I did not know anything about nursing and what it is actually until I entered the hospital. Preparation in this might limit the drop out and great adjustment.

27. Concepts concerning the following should be stressed or presented: the patient; we considered the idea of our mental

health but never actually learned to apply this to a patient. I always wondered how he felt. Nurses ethics-professional, concerned with self and personal behavior, with doctor, hospital, responsibility. Should teach some nursing arts practices in campus nursing courses not only procedures but some of the above.

APPENDIX B

APPENDIX B

CHECK-LIST CONCERNING CONCEPTS TAUGHT IN PRE-NURSING COURSES ON CAMPUS

The following are concepts that might be taught in the campus courses, N 101, N 103, and N 111. In order to help us revise these courses, we feel that we need your opinions as to how much you feel the student need know when she enters the hospital. We should like you to rank the following concepts in accordance with how much you feel we should attempt to teach the students in these courses to more adequately prepare them for their hospital experience.

Rank these concepts according to the following descriptions by placing a check in the column of the corresponding of the description which best describes how much knowledge you think the student should have when entering the hospital.

The term basic, as used in this check-list, means primary understanding. Directions to the faculty:

1. Important the students entering the hospital recognize, completely understand and are able to apply this concept.
2. Important that the students recognize and completely understand this concept but need not be able to apply it at this point.
3. Important that the students only recognize the existence of the concept when entering the hospital so as to gain a better understanding of it and develop the ability to apply it during their hospital experience.

4. This concept should not be taught before the students enter the hospital but should be left to the clinical instructor.

Directions to the Students:

Place a check in the column which best describes to what extent you are aware of the following concepts or whether you feel you needed more or less emphasis in your classes concerning these concepts.

Each column is headed with a number corresponding to the description below. Check the column having the same number that corresponds to the description you choose. If your response is number 3 or 4, please qualify your response by indicating why you feel this way. You may use any combination of responses, if you need to, to more thoroughly explain your feelings.

1. You have . . . . . You have adequate understanding, ability or recognition, depending on how the concept is stated, to prepare you for your hospital experience.
2. You do not have . . . . . You do not have an adequate understanding, ability, or recognition, depending upon how the concept is stated, to prepare you for your hospital experience.
3. More . . . . . You feel more emphasis was needed in this area to adequately prepare you to understand, apply or recognize the concept in the hospital situation.
4. Less . . . . . You feel less emphasis should have been placed on this concept in relation to its importance in preparing you for your hospital experience.

(1)	1	2	3	4
1. Basic understanding of the hospital rules and regulations, general policies concerning nurses and patients.				
2. Basic understanding of rules and regulations posed by dormitory living.				
3. Basic understanding of the authority of supervisors and instructors.				
4. Basic understanding of the responsibility of supervisors and instructors.				
5. The ability to recognize the problem-solving process.				
6. Ability to apply steps in the problem-solving process.				
7. Ability to recognize problems within the patient situation.				
8. Awareness of mental hygiene concepts.				
9. Recognition of the importance of mental hygiene.				
10. Recognition of the importance of mental hygiene concepts in relation to the patient.				
11. Recognition of various stages of development in the various age groups.				
12. The awareness of basic ethics in the nursing profession; uniforms, accessories, actions, etc.				
13. Basic understanding of the role of the doctor as a member of the health team.				
14. Basic understanding of the role of the nurse supervisor.				
15. Basic understanding of the nurse's responsibility to the patient.				

(2)	1	2	3	4
16. Basic understanding of the relationship between the nurse and the hospital; the functions of the nurse in the hospital situation.				
17. Basic understanding of the nurse's responsibility to the hospital; legal, etc.				
18. Basic understanding of the functions of the different hospital departments.				
19. Basic understanding of the role of the nurse.				
20. Basic understanding of the role of the nurse in both sickness and in health.				
21. Basic understanding of the standards of nursing.				
22. Basic understanding of the qualifications of the nurse.				
23. Basic knowledge of the different fields and specialities offered in nursing.				
24. Basic understanding of parliamentary law.				
25. Ability to communicate effectively in written work.				
26. Ability to communicate verbally in an effective way.				
27. Awareness of different organizations directly associated with the major health problems; cancer, T.B., etc.				
28. Ability to identify major health resources such as public health, mental hygiene clinics, etc.				
29. Knowledge of the functions of the above resources.				
30. Basic understanding of the functions of the health team.				

(3)	1	2	3	4
31. Knowledge of the availability of resource units.				
32. Basic understanding of the nurse-patient relationship.				
33. Basic understanding of the nurse's role in patient-family-community relationship.				
34. Recognition of the student's responsibility as a member of a profession.				
35. Basic knowledge of the organization of a hospital; line of authority, etc.				
36. Basic understanding of the role of the non-professional personnel.				
37. Development of study habits.				
38. Basic understanding of the importance of nurse-team relations.				
39. Awareness of individual differences in patients.				
40. Awareness of individual differences in the team.				
41. Ability to perceive basic concepts from campus courses as they relate to the hospital experience; anatomy, bacteriology, etc.				
42. Basic understanding of the term nursing diagnosis.				
43. Basic understanding of the term medical diagnosis.				
44. Basic understanding of the term nursing clinic.				
45. Basic understanding of the term medical clinic.				
46. Basic knowledge of the professional periodicals.				

(4)	1	2	3	4
47. Ability to locate periodicals for reference; use of the library.				
48. Understanding of personal growth and development.				
49. Ability to apply fundamentals of growth and development to others in the hospital situation.				
50. Importance of relating good habits of personal hygiene to patients.				
51. Importance of good habits of personal hygiene to self.				
52. Understanding of the student nurse organizations.				
53. Understanding of professional nurse organizations.				
54. Basic understanding of the courses offered in the clinical period.				
55. Basic understanding of the functions of the nurse in the hospital situation.				
56. Basic understanding of the nurse as a teacher.				
57. Basic understanding of the organization and functions of community health organizations.				
58. Basic knowledge of public health organizations and its functions.				
59. Knowledge of official health agencies. 60. Knowledge of voluntary health agencies.				
61. A basic knowledge of environmental sanitation.				
62. Basic knowledge of modes of transmission of disease, such as food, water, etc.				

(5)	1	2	3	4
63. Basic understanding of disease control measures.				
64. Understanding of the importance of health education to the public.				
65. Understanding of the importance of health education to the student.				
66. Understanding of how a community organizes to attack a health problem.				
67. Awareness of health problems that are important locally, nationally and internationally; cancer, t. b., heart disease.				
68. Recognition of present public health practices with recommended standards for practices in mental health.				
69. Recognition of environmental sanitation in relation to prevention of disease and the promotion of community health.				
70. Recognition of environmental factors in disease control.				
71. Basic understanding of the impact of social factors on illness.				
72. Basic understanding of the impact of economical factors on illness.				
73. Basic understanding of the psychological factors involved in illness.				

OTHER COMMENTS: Judging from other classes you have had in your hospital divisions, previously, what do you believe was lacking in the campus courses? If you were to revise the three pre-clinical nursing courses, being considered in this study, what would your major points of emphasis be, keeping in mind that the major objective is to better prepare the student for her hospital experience. What specific concepts or general areas do you feel should be added in order to help the students to make a better adjustment or which would help you in your hospital association with these students?

(6)

This is designed as a purely opinionated question. Please do not sign your name, but do indicate in what area you are associated with the students, and whether you are a faculty member or member of the nursing service personnel.

_____Area

Faculty_____ Nursing Service_____

1. The areas in which I have gained the most (additional) knowledge are:

_____ 1. Study habits
_____ 2. Individual differences
_____ 3. Developmental tasks
_____ 4. Problem solving
_____ 5. Mental health
_____ 6. Professional adjustments
_____ 7. Professional ethics
_____ 8. Bed-making
_____ 9. Hospital tour
_____ 10. Opportunities in nursing

For further information on this question, consult Table II in Appendix B.

2. List from the above the areas which were of the most interest to you. Briefly explain why.

See Table II, in Appendix B.

3. Do you see the relationship between nursing and the above areas? Yes or no. In what areas do you see no relationship?

84 students reported yes.

1 student reported no.

4. Do you feel that enough time was spent on the above areas? List which ones were adequate, those in which too much time was spent, those in which too little time was spent.

Adequate	Too much	Too little

See Table II, in Appendix B.

5. The teaching methods I benefitted the most from were:

56	1.	Lecture	54	6.	Films
24	2.	Individual reports	17	7.	Use of black-boards
22	3.	Panel discussions	27	8.	Guest speakers
63	4.	Class discussions	25	9.	Buzz sessions
32	5.	Question and answer periods	44	10.	Field trips

6. I feel free to talk out in class. Yes or no. Qualify your answer.

79 felt free to talk in class

8 did not feel free to talk

7. I feel at ease in class. Yes or no. Qualify your answer.

81 felt at ease

4 did not

8. I feel the nursing course is worthwhile as basic preparation for my career as a professional nurse. Yes or no. Qualify your answer.

80 felt it was worthwhile

5 felt it was not worthwhile

9. I would rather work in groups or singly in class. Why?

61 liked to work in groups

9 liked to work in both

15 liked to work singly

TABLE II

TOTAL STUDENT TABULATIONS OF THE EVALUATION
OF THE CONTENT AREAS IN
N 111: COMMUNITY HEALTH

AREAS TAUGHT	MOST INTERESTING	ADEQUATE TIME	TOO MUCH TIME	TOO LITTLE TIME
1. Study habits	9	51	24	3
2. Individual differences	40	62	13	4
3. Developmental tasks	24	51	27	10
4. Problem solving	20	64	8	8
5. Mental health	22	20	2	60
6. Professional adjustments	11	40	2	42
7. Professional ethics	23	49	1	25
8. Bed-making	29	70		10
9. Hospital tour	29	51		30
10. Opportunities in nursing	15	45		24

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APPENDIX C

MONTANA STATE COLLEGE

SCHOOL OF NURSING

N 111 - COMMUNITY HEALTH

&

N 101 - N 103 - INTRODUCTION TO NURSING

September 1959

MONTANA STATE COLLEGE

School of Nursing

Overview: N 111

This course, in conjunction with N 101 and N 103, will serve as a basic preparatory course, helping to prepare the student for her clinical experience and role as a professional nurse. These objectives will be achieved by helping the student to better understand herself, the individual, the family, and the community, separately and in relation to one another.

This will be done through focus on study habits, individual differences, developmental tasks, problem solving, the nursing profession; functions, ethics, and legal aspects, the health team, and community health agencies, with consideration of the physical, mental, social, economic and religious aspects.

In conjunction with student discussion in the classroom, films, field trips, case material and actual practice will also be used in presenting the material in this course.

Overall Objectives: To be achieved in the courses N 111, N 101 and N 103

Unit I: The Individual

1. To gain an understanding of self and others as an individual with individual needs, attitudes, interests, and aptitudes, in order to help prepare the student for her clinical experience and the nursing profession.

2. To develop a basic understanding of nursing as a profession; the functions, qualifications, standards, ethics, and legal aspects and the students' role as members of the nursing profession.

Unit II: The Family

1. To develop an appreciation of the family as a unit and the role of each member in relation to one another.

2. To understand and develop the ability to identify health problems and their effect upon the family unit.

3. To recognize the relationship and effect of the health team and agencies upon the family.

Unit III: The Community

1. To recognize the family as a part of the community.

2. To recognize health problems which may affect a community and methods a community utilizes to prevent or combat health problems.

3. To understand the effect of the community on health agencies and the effect of the health agencies on the community.

4. To recognize the nurse as a contributing member to the community.

N 111 - COMMUNITY HEALTH & INTRODUCTION TO NURSING

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT
Introduction: To gain knowledge and understanding of the nursing course N 111, and the relationship of the courses N 101 and N 103. 1. To accept the general format as an aid to study. 2. To recognize the contribution of this course in preparation of a nurse.	Lesson 1. 1. Meeting with the group for introduction to faculty. 2. Becoming acquainted with class members by self introduction. 3. Distributing and reviewing course outline. 4. Discussing course requirements such as: a. Written assignments with emphasis on: 1) Content - scope and presentation 2) Spelling - accuracy and word usage 3) Improvement in printing, in preparation for hospital charting b. Oral participation in class c. Testing as a means of evaluating student progress 1) Midquarter examination 2) Final examination 3) Examination at intervals for purposes of review d. Student's responsibility for attending classes 5. Assigning autobiographies as a tool used to develop self-understanding. Crucial Area for Lesson 1: 1. Purpose of course, use of outline and overview of content.

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT
To begin to acquire an awareness of self understanding and its importance in every day living.	Lesson 2. 1. Filling out the Mooney Check List to be used as a tool in developing self understanding
To acquaint student with the student organization MSSNA.	Lesson 3. 1. Explaining parlimentary procedure, the organization, and functions of MSSNA by faculty advisor. 2. Participating actively in the organization as a professional responsibility. 3. Learning to participate in MSSNA as a member and a leader.

Crucial Areas for Lessons 2 and 3.

1. The importance of self understanding
2. Understanding the organization and function of MSSNA

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT
Assignment for Lesson 4: 1. Read handout material concerning: a. Tips on taking tests b. Study tips c. Format for written assignments 2. Write a short paper on your study habits now, and how they can be improved.	
To gain an understanding of the importance of good study habits. To apply this knowledge to your own individual needs.	Lesson 4. 1. Discussing present study habits and ways in which they may be improved. 2. Identifying individual adaptation to study habits based on individual needs and academic problems. 3. Discussing courses being taken and their relationship to nursing. 4. Introducing through lecture and discussion, the medical dictionary and its relationship to and use in the classroom and clinical experience. 5. Acquainting the student with the content and use of professional nursing periodicals. Crucial Areas for Lesson 4 1. Recognition that attitudes and learning builds on past experience and knowledge previously gained. 2. Relationship of effective study habits to success in the curriculum.

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT

Assignment for Lesson 5:

1. Be prepared to be tested on terminology; prefixes, suffixes, and root for a better understanding of reference reading. To be assigned in class.

2. Write a paper on the subject "My Concept of Nursing".

3. Define the following terms, to be handed in, and discussed in class, pertaining to the lesson on <u>Individual Differences</u>.

   a. individual
   b. differences
   c. personality
   d. culture
   e. social
   f. economical

To gain some understanding and appreciation of the individual and his differences, recognizing their impact on interpersonal relations.

<u>Lesson 5</u>

1. Presenting for discussion the terms previously assigned.

2. Defining and discussing the traits of an individual e.g. physical, social, economical, emotional and religious.

3. Viewing and discussing film: "Facing Reality" (State Film Library)

4. Listening to lecture on and discussing the assets, liabilities, prejudices and biases as related to the individual.

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT

5. Discussing individual differences and their importance in interpersonal relationships both in nursing and everyday living.

Crucial Areas for Lesson 5

1. Understanding the importance of individual differences in interpersonal relationships.

2. Understand and know terminology; prefixes, suffixes, roots. General and medical terms.

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT
Assignment for Lesson 6: 1. Reading reference: Havighurst, Robert J., Developmental Tasks and Education. Chapters to be assigned in class. 2. Read the assignment, and be prepared for class discussion. Text: Mustard, chapter 12. Smillie, Preventive Medicine & Public Health, chapter 23, 24, 40. 3. Write a paper in which you discuss individual differences and developmental tasks in relation to your family, and your community, using your autobiography as a reference.	
To gain some understanding of the developmental tasks of the various age groups and their application and effect on the health of the individual, family and community in everyday living and nursing.	Lesson 6. 1. Listening to lecture on and discussing in class the developmental tasks, needs and behaviors of 1) infancy and early childhood 2) middle childhood, 3) adolescence, 4) early adulthood, 5) middle age and 6) later maturity as related to everyday living and nursing. 2. Observation of developmental tasks of the various age groups in situations such as: a. Kindergarten b. Play grounds c. Home visits d. Closed circut T.V. e. Other social situations

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT

3. Introducing, case material for analyzing and discussion, during class time in relation to developmental tasks.

Crucial Areas for Lesson 6

1. The importance of developmental tasks to health in everyday living and nursing.

2. Understanding and applying the use of case material.

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT
Assignment for Lesson 7: 1. Read and be prepared to discuss references. To be assigned in class. 2. Text: Mustard, chapter 8. Pamphlet: "You and Your Behavior" (Copy from Instructor)	
To gain a basic understanding of mental health as related to the individual, family and community in everyday living.	Lesson 7. 1. Listening to lecture on mental health in relation to everyday living of the individual, the family and the community as related to film and reference reading. 2. Viewing and discussion film: "Parent and Sibling Rivalry" - State Film Library
	Crucial Area for Lesson 7 1. Basic mental health concepts in everyday living. Review those concepts taught.

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT
Assignment for Lesson 8: 1. Define the terms concerning problem solving, to be assigned in class, such as: a. Problem b. Situation c. Task Be ready to discuss in class. 2. Text: Mustard, Chapter 4 3. Written assignment: Apply the problem solving process to the case material which will be handed out in class, including your methods of solution and giving reasons for the solution decided upon.	
To gain an understanding of the concept of problem solving, its process application, to self and others.	Lesson 8 1. Listening to panel discussion of the relationship of democratic process, education, and problem solving. 2. Discussing the terms previously assigned. 3. Lecturing on steps in problem solving. 4. Demonstrating the process of problem solving in relation to case study to be handed out in class. 5. Discussing the relationship between problem solving, nursing and the individual, nursing and the family, and nursing and the community.

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT

Crucial Areas for Lesson 8

1. Ideas fundamental to concept of problem solving
   a. Pooled intelligence as method of dealing with problems
   b. Individual differences and personal worth and contribution.
   c. Participation in democracy

2. Knowledge of the concept of problem solving, its process and application.

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT
Assignment for Lesson 9: 1. Review course objectives thus far in outline. 2. Review references and written materials and identify concepts as related to crucial areas.	
To understand and clarify the student's understanding and her own concepts in relation to the objectives and crucial areas.	<u>Lesson 9</u>. 1. Taking a written examination related to the previous lesson objectives to determine the student's understanding and learning at midquarter of this course. 2. Sharing in class concepts expressed by students in written terms for clarity of meaning. <u>Crucial Areas for Lesson 9</u> 1. Purpose of course, use of outline and overview of content. 2. The importance of self understanding. 3. Understanding the organization and function of MSSNA. 4. Recognition that attitudes and learning builds on past experience and knowledge previously gained. 5. Relationship of effective study habits to success in the curriculum. 6. Understanding the importance of individual differences in interpersonal relationships.

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT

Crucial Areas for Lesson 9 - Continued

7. Understand and know terminology, prefixes, suffixes, roots. General and medical terms.

8. The importance of developmental tasks to health in everyday living and nursing.

9. Understanding and applying the use of case material.

10. Basic mental health concepts in everyday living. Review those concepts taught.

11. Ideas fundamental to concept of problem solving.

    a. Pooled intelligence as method of dealing with problems.
    b. Individual differences and personal worth and contribution
    c. Participation in democracy

12. Knowledge of the concept of problem solving, its process and application.

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT

Assignment for Lesson 10:

1. Define the following terms relating to professional ethics and the legal responsibilities of nursing to be assigned in class.

2. Jensen, History and Trends of Professional Nursing, Chapter 35. Other reference reading to be assigned.

3. Select problem for paper in assignment 13, submit outline and indicate source of material.

To gain knowledge and understanding of nursing as a profession and its application in relation to self as a professional student.

To learn the basic principles of bedmaking to promote the comfort, rest and sleep of the patient.

To develop same skill in making a bed that meets the needs of the patient.

Lesson 10.

1. Discussing the terms previously assigned.

2. Listening to lecture concerning "What is a Profession?"

3. Presenting and discussing the functions, standards, qualifications and ethics of nursing.

4. Discussing and sharing ideas on the role of the nurse in:
   a. Sickness
   b. Health
   c. Teaching
   d. Hospital and community

5. Listening to lecture on and discussing the legal aspects of nursing in preparation for guest speaker.

6. Listening to lecture by and discussing with guest speaker concerning the legal responsibilities of the nurse and their implications in hospital function and organization.

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT

7. Discussing the principles involved in making a bed that promotes the comfort, rest, and sleep of the patient.

8. Learning to make a bed that meets the needs of the patient.

Crucial Areas for Lesson 10

1. "What is a Profession?" Criteria for a profession.

2. The functions, qualifications and standards of nursing.

3. Ethics in nursing.

4. Legal aspects of nursing.

5. Basic principles of bedmaking to meet the patient's needs.

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT
Assignment for Lesson 11: 1. Reference reading to be assigned. 2. Write a paper and be prepared to present in class concerning the specific field of nursing to be assigned to you individually.	
To gain understanding of the roles and functions of the health team, and the student's responsibility to the various members.	<u>Lesson 11.</u> 1. Presenting through lecture the definitions and organization of the: a. Health team b. Nursing team 2. Defining and discussing: a. Nursing clinic b. Medical clinic c. Nursing diagnosis d. Medical diagnosis 3. Presenting the lines of authority in hospital organization. 4. Listening to lecture concerning the specific departments in the hospital unit and the functions of the non-professional personnel and those professional persons involved. 5. Visiting Bozeman Deaconess Hospital and the various departments. 6. Presenting student reports concerning opportunities in nursing. <u>Crucial Areas for Lesson 11</u> 1. Understanding hospital organization 2. Scope of professional nursing as a career

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT
Assignments for Lesson 12: 1. Reference reading in Mustard, to be assigned in class. 2. Make a list, to be handed in, of individual, family, and community health problems of which you are aware and state why you feel this is a health problem. Be prepared to present this to the class.	
To recognize health as an essential factor in human welfare and to understand that its protection and maintenance are of social importance.	Lesson 12. 1. Discussing the criteria of a health problem in relation to those presented by the student in class. 2. Discussing the previous assignment. a. Is it a health problem? b. Could it have been prevented? c. In what way does this problem affect the individual? the family? the community? d. What was done about it by the individual, family and community? 3. Recognizing the function of the various kinds of health facilities in this community such as college health service, physicians and hospital.

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT

Crucial Areas for Lesson 12

1. The importance of protecting and maintaining health.
2. Criteria of a health problem.
3. Recognition of health facilities.

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT
Assignment for Lesson 13: 1. Reference reading to be assigned in class. 2. Smillie, Preventive Medicine & Public Health, Chapters 41, 46. To develop a basic understanding of major health agencies in the community and their relationship to the individual, family and community.	Lesson 13. 1. Discussing and viewing films on health agencies and their functions such as official and voluntary agencies. 2. Listening to panel concerning the organization and function of the Public Health Department. 3. Listening to a panel discussion by a doctor, minister, welfare worker and public health nurse concerning their functions individually, and as a group, toward the solutions of a health problem. Crucial Areas for Lesson 13 1. The organization and function of community health agencies--official and voluntary. 2. Understanding the service relationships of social agencies (welfare, health, service clubs)

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT
Assignment for Lesson 14: 1. Reference reading to be assigned by the instructor. 2. Write a paper on a major health problem in which you discuss: a. Why it is a health problem? b. How it affected the individual, family, and community? c. What part did the individual, family and community play in solving this problem? The presentation will be a part of the final examination.	
To acquire an understanding of how individuals, families and communities prevent and combat health problems. To recognize how a healthy individual and a health family make a healthy society.	Lesson 14. 1. Sharing in class the extent and scope of individual health problems. 2. Discussing how the individual and society or culture interact and the relationship in the total health picture. 3. Presenting their health problems as a member of a panel. Crucial Areas for Lesson 14 1. Understanding how communities, families and individuals organize to combat health problems.

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT
	Crucial Areas for Lesson 14 - continued 2. Presentation of problem graded for quality of content, clarity of meaning, time usage and group participation.

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT

Assignment for Lesson 15.

1. Review course outline, references, special assignments and class notes.

2. Examine objectives and crucial areas for pertinent principles.

To review the roles of organized services and facilities available to individual and family for dealing with health problems.

To determine to what extent the objectives of the course have been achieved.

Lesson 15.

1. Sharing in class the student's views in regards to evaluation of course.

2. Summarizing knowledge and evaluating own learning and increased ability to recognize and participate in good community health practices.

Crucial Areas for Lesson 15

1. Knowledge of the role and function of health agencies in the community.

2. Recognition of the effect of the individual upon the community and the effect of the community upon the individual in relation to health.

3. The development of self understanding and its relationship to the professional nursing.

4. The effectiveness of study habits and its relationship to success in the curriculum.

5. Recognition of own personal and professional philosophy in relation to a realistic concept of nursing as a profession.

OBJECTIVES & ASSIGNMENTS	EXPERIENCES & ACTIVITIES INCLUDING CONTENT

Crucial Areas for Lesson 15 - continued

6. Recognition of professional responsibility to actively participate in the professional organization.

7. Mental health concepts in everyday living related to nursing.

8. Knowledge of the concept of problem solving, its process and application.

9. Ideas fundamental to concept of problem solving.

10. Scope of professional nursing as a career.

11. Introduction to the hospital in the community and its organization of pattern.

TABLE I

FACULTY AND STUDENT RESPONSES TO CHECK-LISTS AND PREPARATION OF STUDENTS FOR CLINICAL EXPERIENCE, MONTANA STATE COLLEGE SCHOOL OF NURSING
SUMMER 1959

CONCEPTS	Faculty Tabulations Final: Students should recognize, understand, and apply	Students should recognize, understand but not apply at this time	Students only recognize existence of this concept	Concept should not be taught on campus	Student Tabulations Final: Have adequate understanding, ability or recognition for hospital preparation	Do not have adequate understanding, ability or recognition for hospital preparation	More emphasis needed for hospital preparation	Less emphasis needed for hospital preparation	
Hospital rules and regulations, policies.	2	3	12	3	6	21	0		
Rules and regulations of dormitory living.	18	1	2	0	23	4	2		
Understanding of the authority of supervisors and instructors.	9	5	6	0	20	7	3		
Understanding of the authority of supervisors, instructors.	16	6	8	0	18	9	15		
Recognize the problem-solving process.	14	4	2	0	16	6	15		
Applying problem-solving process.	16	3	1	0	19	5	15	2	
Ability to recognize problems in the patient situation.	6	6	8	0	9	18	16	1	
Awareness of mental hygiene concepts.	12	6	1	1	25	2	4	1	
Importance of mental health.	16	2	1	1	27	0	2	0	
Mental hygiene in relation to the patient.	6	7	7	0	19	8	11	0	
The stages of development in the various age groups.	14	2	4	0	18	9	15	0	
Basic ethics in the nursing profession.	7	13	0	0	19	18	14	0	
Role of the doctor in the health team.	8	5	7	0	15	10	11	0	
Role of the nurse supervisor.	4	2	11	3	18	15	14	0	
Nurse's responsibility to the patient.	16	2	2	0	18	8	11	0	
Relationship between nurse and hospital--function of the nurse in the hospital.	5	4	7	4	14	12	11	0	
Nurse's responsibility to the hospital, legal aspects.	9	7	4		8	19	14		
Function of hospital depts.	7	6	7	0	12	16	11		
Understanding role of nurse.	10	4	6	0	20	7	17		
Understanding role of nurse in sickness and in health.	9	6	5	0	20	7	11		
Standards of nursing.	11	4	5	0	20	7	5		
Qualifications of nurse.	11	6	2	1	25	3	2		
Fields and specialities in nursing.	8	7	5	0	11	14	12		
Parliamentary law.	13	4	3	0	20	6	3	5	
Communication-written work.	19	0	1	0	19	7	5	2	
Communication-verbal.	19	1	0	0	19	7	13	1	
Organizations associated with major health problems.	2	7	11	0	25	2	4	1	
Major health resources.	3	8	6	3	23	4	6	1	
Functions of health resources.	2	8	5	5	20	7	5		
Functions of health team.	5	6	9	0	19	6	9		
Availability resource units.	8	6	2	4	16	12	3		
Understanding nurse-patient relationships.	9	3	8	0	15	11	12		
Nurse's role in patient-family-community relationships.	12	4	2	2	15	11	14		
Student's responsibility to a member of a profession	12	4	4	0	15	11	14		
Organization of hospital, lines of authority.	4	4	6	6	8	16	14		
Understanding role of non-professional personnel.	3	2	11	4	14	11	11		
Development of study habits.	20	0	0	0	23	1	5		
Understanding of importance of nurse-team relations.	12	5	2	1	11	15	15		
Individual differences in patients.	10	4	6	0	22	6	4		
Individual differences in the team.	10	3	7	0	24	5	4		
Basic concepts related to the hospital.	13	0	4	2	18	7	13		
Understanding nursing diagnosis.	6	6	2	6	7	19	12		
Understanding medical diagnosis.	6	6	2	6	11	14	11		
Understanding nursing clinic.	6	6	2	6	4	22	14		
Understanding medical clinic.	6	6	2	6	13	15	13		
Knowledge of professional periodicals.	8	4	5	3	24	2	2		
Locating periodicals.	13	2	3	2	27		2		
Personal growth and developments.	16	2	1	1	26	2	2		
Application of growth and development to others.	3	11	3	3	18	9	5		
Relating hygiene to patients.	12	5	2	1	19	4	17		
Relating hygiene to self.	20	0	0	0	27	0	2		
Student nurse organizations.	14	4	2	0	27	0	2		
Professional nurse organizations.	1	6	8	5	15	11	11		
Courses offered in clinical period.	9	4	4	3	12	14	15		
Functions of nurse in hospital situations.	7	5	5	3	12	11	15		
Nurse as a teacher.	7	4	5	4	13	14	16		
Organization and functions of community health organizations.	5	5	9	1	22	5	1		
Public health organization and functions.	2	8	9	1	24	3	1		
Official health agencies.	3	6	9	2	25	2	1		
Voluntary health agencies.	3	6	9	2	24	3	1		
Environmental sanitation.	14	4	1	1	26	1	2		
Transmission of disease.	16	4	0	0	26	1	2		
Disease control measures.	13	4	3	0	24	3	3		
Importance of health education to the public.	14	4	2	0	26	1	1		
Importance of health education to the student.	16	3	1	0	0	27	16		
Community organization to attack a health problem.	6	11	3	0	26	1	3		
Awareness of health problems locally, nationally, and internationally.	9	7	4	0	26	1	2		
Present public health practices with recommended standards of mental health.	6	9	5	0	20	7	5		
Environmental sanitation in relation to prevention of disease and promotion of health.	10	5	5	0	25	2	1		
Environmental factors in disease control.	9	6	5	0	24	3	4		
Social factors in illness.	12	5	3	0	10	17	16		
Economical factors in illness.	12	4	4	0	8	19	16		
Psychological factors in illness.	11	5	4	0	9	18	16		