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A COMPARISON OF THE SEVEN SCHOOLS OF PRACTICAL NURSING
IN MONTANA

by

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ABSTRACT

The purposes of this study were to compare the seven Schools of Practical Nursing in the state of Montana in order:

1. To identify similarities and differences in their educational programs.
2. To identify similarities and differences in nursing procedures being taught in these programs.
3. To identify procedures that are not being practiced by the practical nurse after completion of the educational program and subsequent employment by the institution where the practical nurse program is located.
4. To obtain information from these programs that may assist professional nurses to understand the educational and clinical experiences that students have in the Schools of Practical Nursing in Montana.

The survey method was selected for the collection of data with the questionnaire as the tool of choice. The questionnaire was mailed to the directors of the seven Schools of Practical Nursing in Montana.

An analysis of the findings obtained from the questionnaires was made by the investigator. Program similarities and differences were identified in admission policies, program, faculty, administration problems, graduate students, and nursing procedures taught in these programs and practiced by the practical nurse after completion of the educational program and subsequent employment by the institution where the practical nurse program is located.

A summary of the data was made and the conclusions reached from the results of the study was that Practical Schools of Nursing were similar in most aspects identified in the questionnaires. The differences may be attributed to the individual school policies or to the interpretation and implementation of the policies.

Chapter I

Introduction

In the past few years, practical nursing has become a major occupational group. Practical nurses have made great contributions to the care of patients in the absence of adequate numbers of registered nurses. In many instances, they are expected to function in situations far beyond the responsibilities for which they are educated. There is an increasing trend to delegate more complex activities to the practical nurse. Because of this, preservice preparation has become more complex. This in turn requires a higher level of ability.¹ In some regions, preparation for practical nursing takes 18 months, and some educators are advocating increasing the program to two years in length, even placing the program in junior or community colleges.

In acknowledgement of the changes proposed for practical nursing education, the American Nurses' Association, in its publication of a position paper on Education for Nursing, has proposed that the nursing profession systematically work to facilitate the replacement of programs for practical nursing with programs for beginning technical nursing practice in junior and community colleges.²

¹American Nurses' Association Committee on Education; "Education for Nursing", American Journal of Nursing; Volume 65, Number 12, December 1965, page 111.

²ibid.

A. Statement of the Problem

The problem dealt with in this study was to identify similarities and differences in the educational programs of the seven Schools of Practical Nursing that have been established in Montana.

B. Purposes of the Study

1. To compare seven Schools of Practical Nursing in Montana and identify similarities and differences in their educational programs.
2. To identify similarities and differences in nursing procedures being taught in these programs.
3. To identify procedures that are not being practiced after completion of the educational program and subsequent employment by the institution where the practical nurse program is located.
4. To obtain information from these programs that may assist professional nurses to understand the educational and clinical experiences that students have in the Schools of Practical Nursing.

C. Assumptions

1. Practical Nursing Programs will display similarities and differences in their educational programs which can be identified from information obtained from a questionnaire sent to Directors of these Schools.
2. Information from these programs may assist professional nurses in understanding the educational and clinical preparation that students have in Schools of Practical Nursing.

D. Methodology

To facilitate gathering of data for this study, the research method used was the descriptive or survey method. This method is "a process for learning pertinent and precise information about an existing situation."³

Because of the nature of the population and the nature of the investigation, a questionnaire was chosen as the most effective tool for research. The population used in the research study was scattered over a wide area, limiting the type of tool that could be used effectively.

The questionnaire was constructed in six parts. The first part of the questionnaire consisted of four questions that pertained to admission policies of the practical nurse programs. Part two was related to questions about the nursing program: the year of establishment, length of the program, teaching and evaluation methods. Part three dealt with questions about faculty. The fourth part was concerned with administration. Part five was composed of questions about graduates of the program. The sixth part was composed of a list of nursing procedures, of which the respondent was directed to check with either a yes or no if she did or did not teach the procedures to the students while they were in the nursing program. The last question in part six directed the respondent to indicate if graduates of her School of Practical Nursing, when employed by the hospital where they received their clinical experience, were permitted to practice all procedures they had been taught in the program.

³Tyrus Hillway, Introduction to Research, (Boston: Houghton Mifflin Company, 1964), p. 209.

The population selected for the study consisted of the seven Schools of Practical Nursing that have been established in Montana. The questionnaires, with a letter of explanation by the investigator, were sent to the Directors of these programs.

E. Limitations

1. The study results were limited to information gathered by the use of a questionnaire as a data collection tool.
2. The study was confined to the seven Schools of Practical Nursing in the state of Montana, which limited the amount of information gathered.

F. Definition of Terms

1. Practical Nursing: The practice of practical nursing means the performance for compensation in the care of the ill, injured or infirm, of acts selected by and performed under the direction of a registered nurse, or a person licensed in this state to prescribe such medications and treatments; and not requiring the substantial specialized skill, judgment and knowledge required in professional nursing.⁴
2. Licensed Practical Nurse: One who has received a license to practice as a licensed practical nurse from the Montana State Board of Nursing, the qualifications of which are:

⁴Montana State Board of Nursing, Nursing Practice Act, Amended 1967, Helena, Montana, Title 66--1221-1245, Replacement Volume 4, Revised Codes of Montana, 1947, pp. 4-5.

- a. Successful completion of an approved four year high school course of study, or the equivalent thereof; as determined by the state board of instruction.
 - b. Successful completion of the prescribed curriculum in an approved school of practical nursing and holding a diploma or certificate therefrom.
 - c. Meeting such other qualification requirement as the board, acting under the practical nursing administration, may prescribe.
 - d. Successfully passing a written examination in such subjects as the board, acting under the practical nursing administration, shall determine. Each written examination may be supplemented by an oral or practical examination.⁵
3. Compare: To examine the character or qualities of, for the purpose of discovering resemblances or differences.⁶
 4. Educational Program: All classroom instruction, nursing procedures and clinical experiences offered in the curriculum of the School of Practical Nursing.

⁵Ibid., pp. 13-14.

⁶Webster's New Intercollegiate Dictionary, Springfield, Mass., 1949. p. 167.

G. Overview of Remainder of Study

The second chapter of the study contains a review of the literature. The third chapter presents an analysis and comparison of the data received from the questionnaires. The fourth chapter presents a summary of the study, conclusions and recommendations for further study.

Chapter II

Review of Literature

A review of literature indicates that practical nursing began long before Florence Nightingale's time. Even before the advent of the Crimean War, religious orders in Western Europe and Ireland were providing skilled, disciplined and dedicated nurses--nuns, deaconesses, and sisters of charity--and had been doing so in some of these countries continuously since the 7th century.

Women were expected to nurse their families. Where there were no physicians, the whole of medical and nursing care came from mother, grandmother or an experienced neighbor. Responsible physicians turned increasingly to these experienced practical nurses for care of their private patients. Until late in the 19th century, it was the only private duty nursing available. In many parts of this country, it is still the only nursing care available.⁷

Prior to World War II, practical nurses were not widely employed in this country. Shortages of nursing personnel during this time swept away many of the restrictions that had retarded the preparation and employment of well-qualified nurses. One of the most important lessons that World War II taught the public and the nursing profession was that no single type of nurse will meet this country's need for nursing care.

⁷John B. Porterfield, "The Practical Nurse, Her Place in the Sun," Nursing Outlook, November 1959, Volume 7, Number 11, pp. 656-659.

It also clarified the necessity for utilizing many patterns of training to prepare all personnel required by a rapidly expanding population in a period of expeditious advance in medicine and public health. By the end of the war, hospitals gladly employed both practical nurses and nurse aides. A few provided licensing for both groups. Health departments, visiting nurse associations, clinics, and other institutions employed practical nurses, whereas, before the war, none of these organizations were interested in the practical nurse.

In the early 1940's, there were 10 recognized schools of practical nursing in the United States; in 1944 only 15 states had practical nurse licensure laws.⁸ In 1965, there were more than 900 Schools of Practical Nursing in the United States, Puerto Rico, Samoa, and the Virgin Islands.⁹

In the past five years alone, an average of 50 new programs were established annually. Recent increases in the number of programs for practical nursing are reflected in the increasing number of graduates seeking licensure. This phenomenal growth in number of programs resulted in part from increased monies available for meeting the cost of practical nursing education. Recent federal legislation, such as the Health Amendments Act of 1956, the Area Redevelopment Act of 1961 and the Manpower

⁸Neva M. Stevenson, "A Look at Practical Nursing," The Journal of Nursing Education, Volume 1, Number 1, January, 1962, p. 17.

⁹American Nurses' Association, Facts About Nursing, (New York: 1966), p. 172.

Development and Training Act of 1962, has stimulated the growth of practical and vocational nursing education programs.¹⁰ This growth also reflects the growing demand for greater numbers of licensed practical nurses and the attempts of educators to meet this demand.¹¹

Licensure for practical nurses is now provided for by law in the 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. With establishment and strengthening of licensure laws, the practical nurse is taking her place on the health team in nearly every setting where nursing is practiced. Under the supervision of the doctor and professional nurse, the practical nurse is employed in all types of hospitals, doctor's offices, convalescent homes, extended care facilities, and in homes.

In spite of increased opportunities for employment, the appropriate employment of the practical nurse and her educational program are still matters of concern. At times, demands of service have placed her in positions for which she was not prepared, positions which nearly approach those for which the registered nurse is educated.

Dorthea Orem has said:

"The practical nurse is a nurse with vocational education for nursing prepared to practice the art of nursing within a limited range of types of situations where patients require nursing. The practical nurse receives basic preparation for nursing through vocational education usually limited to one year. In this time, a practical nurse can develop a limited scientific background for nursing practice. Nursing abilities are of necessity confined to those which can be

¹⁰ibid.

¹¹National League for Nursing, Department of Practical Nursing Programs, Practical Nursing Education Today, (New York: 1966), p. 1.

effectively learned and applied within types of nursing situations where required nursing judgments can be made by a nurse with a sound but minimal scientific background for nursing. Scientific is used here in the broad sense as meaning facts and concepts from the traditionally organized sciences and arts which constitute the foundation from which the central ideas of nursing, and the technologies of its practice are developed. In the light of these, specific measures of practice are developed. These facts from related sciences and arts are sometimes called the science of nursing, or perhaps more properly, the foundation of nursing."¹²

Neva M. Stevenson, Director of the National League for Nursing's Department of Practical Nursing Programs has stated:

"The practical nurse is prepared to assume two roles after completion of her educational program, that have been recognized by the National League for Nursing: (1) the role of nursing patients in situations relatively free of complexity, and (2) the role of assistant to the professional nurse in an institutional or agency setting where she works in more complex situations with the professional nurse and under her direct supervision."¹³

In October of 1963, a "Statement of Functions of the Licensed Practical Nurse" was approved by the Executive Board of the National Federation of Licensed Practical Nurses. It was approved by the Board of Directors of the American Nurses' Association in January, 1964. The purpose of the statement was to serve as a guide to utilization of the licensed practical nurse in nursing service, self-evaluation of practice by the licensed practical nurse, development and evaluation of educational standards in the preparation of the licensed practical nurse, and interpretation of licensing

¹²Dorthea Orem, Guides for Developing Curriculum for the Education of Practical Nurses, U. S. Department of Health, Education and Welfare, United States Government Printing Office, (Washington D. C.: 1966), pp. 6-8.

¹³Neva M. Stevenson, "Roles of the Practical Nurse Should Determine Curriculum Design," Nursing Outlook, Volume 10, Number 1, January, 1962, pp. 30-31.

legislation.¹⁴

The statement also included a role description of the practical nurse. It is as follows:

"The work of the LPN is an integral part of nursing. The licensed practical nurse gives nursing care under the supervision of the registered professional nurse or physician to patient in simple nursing situations. In more complex situations the licensed practical nurse functions as an assistant to the registered professional nurse." ¹⁵

Because of the growing concern about the educational program of the practical nurse, and the possibility of either phasing out these programs or increasing the length to two years, it was decided to investigate the seven Schools of Practical Nursing in Montana to identify similarities and differences in their programs, the nursing procedures they are being taught and whether, when the graduates of the schools are employed in the hospitals where they receive clinical experience, they are permitted to practice all these procedures.

¹⁴American Nurses' Association, "Statement of the Functions of the Licensed Practical Nurse," The American Journal of Nursing, Volume 64, Number 3, March 1964, p. 93.

¹⁵Ibid.

Chapter III

Analysis of Data

The questionnaire was constructed in six parts; admission policies, program, faculty, administration, graduate students and nursing procedures. Description and analysis of the data represents the information obtained from the questionnaires. For the purpose of analysis, each part will be discussed separately.

All of the questionnaires were completed and returned to the investigator within a period of two months.

A. Admission Policies

The policies for recruiting students are determined by the agency responsible for the school. Of the seven schools surveyed, four schools employed more than one method of recruitment; newspaper publicity, representatives of the school at high school career days, radio interviews of school personnel, mention of the school in television discussion of Adult Education programs, speaking engagements by instructors. Recruitment of students is done for two schools by the local Employment Service. One school did not designate methods of recruiting students.

Of the seven schools surveyed, six required that students be high school graduates or the equivalent thereof. One school reported that this will be required, "in the future. Up to this time, only two years of high school was required."

All schools had specific admission policies. Four listed age requirements for admission. Six programs required a personal interview. One school reported that student interviews were with representatives of the Montana

Employment Service; another reported that personal interview of applicants was conducted by the secretary of the Vocational Education Director, any doubtful applicants were interviewed by the Director. Four schools required recommendations for prospective students. Three programs required aptitude testing. One school required personality tests. One program used high school records of personality and aptitude tests in considering student application. One program required that students pass the National League for Nursing's Pre-admission Classification Examination test with at least a 35% (percentile).

Other special admission policies related to health requirements. All programs required physical examinations, x-rays and immunizations for the nursing students. These are required to protect the student during her clinical experience. (See Table I).

TABLE I. SPECIFIC ADMISSION POLICIES FOR NURSING STUDENTS.

Special Requirements	Number of Programs
Age	4
Physical Examination	7
X-rays	7
Personal Interview	6
Immunizations	7
Personality Tests	1
Aptitude Tests	3
Recommendations	4
P.A.C.E. Test	1

Of the seven programs surveyed, six reported limiting student enrollment. (Table II). Reasons for limiting student enrollment were listed as follows:

1. Limited number of faculty.
2. Limited budget.
3. Limited clinical facilities for laboratory experience.
4. Limited classroom facilities.

B. Program

All seven schools surveyed have been established since 1950. Three schools are financed by Vocational Education funds, two are financed with funds from the 1962 Development and Training Act; one program is a private hospital program; the remaining program is financed by Vocational Education funds, student tuition, and the local public school district.

Programs of all schools surveyed were one calendar year in length. Five schools divided their yearly programs into quarters, two designated them only as yearly sessions.

TABLE II. NUMBER OF STUDENTS ADMITTED PER YEAR AND TOTAL ENROLLMENT.

School		Number of student admitted per year	Total Enrollment
1.	A	No limit	13
2.	B	10	10
3.	C	22-24	21
4.	D	20-24	16
5.	E	20	17
6.	F	18-20	21
7.	G	24	24

The teaching methods used in classroom and laboratory are shown in Table III. The lecture, question-answer and demonstration methods of teaching are used in all seven programs. Five respondents said they used discussion groups as a teaching method in the classroom, while four respondents used role playing in their programs. Two programs used movies in teaching. Other teaching methods reported are: use of visual aids, ward-class discussion, and improvised games.

TABLE III. TEACHING METHODS USED IN THE CLASSROOM AND LABORATORY.

Teaching methods used in the classroom	Number of programs	Teaching methods used in the laboratory	Number of programs
1. Lecture	7	1. Deomonstrations	7
2. Question-answer	7	2. Return demonstra- tions	7
3. Demonstrations	7	3. Nursing care plans	6
4. Discussion groups	5	4. Case study method	6
5. Role playing	4	5. Post nursing confer- ence	6
6. Visual aids	1	6. Prenursing confer- ence	5
7. Movies	2	7. Team nursing	3
8. Ward class	1	8. Ward conference	1
9. Improvised games	1		
N = 7			

The demonstration and return demonstration method are used in the laboratory period in all seven schools surveyed. Six respondents reported they used the nursing care plan, case method assignment and the post nursing conference. Five programs utilize prenursing conferences in the laboratory period; three used team nursing plans. One program used the ward conference.

Although all programs provide some laboratory experience in the obstetrical, pediatric, medical and surgical departments, the length of time varied with the program. One program did not report any time the students are assigned to these major departments; but did report time spent in other areas. Table IV shows the length of time that students are assigned to a specific clinical laboratory. Respondents reported the time in months, weeks, days or hours. To give a more uniform picture of the length of the time the student is assigned to each laboratory, the time given in months, weeks and hours was changed to days. This is based on a week of five days.

Since the education of practical nurses involves the application of facts and concepts, the laboratory experiences provided for the students are important. Other health services in the community can and are being used by some of the programs to provide these experiences.

One facility uses a nursing home for laboratory experience. Another uses a home for the aged; one program is to initiate use of this health service for laboratory experience. Two respondents reported that students are sent to the Montana State Training School and Hospital at Boulder for one day of observation; in two programs students are sent on a field trip to the Montana State Hospital at Warm Springs. One program uses a week of Pediatric experience to study the abnormal child in a school for the mentally

TABLE IV. NUMBER OF DAYS STUDENTS ARE ASSIGNED TO SPECIFIED CLINICAL LABORATORY

Pro-gram	Medi-cal	Sur-gery	ER	Psychi-atric	Pedi-atrics	Sur-gical	PT	CS	Obstet-rics	Other
A	40	Obs. only	5	---	20	40	---	---	30	5 days in Doctor's office
B	60	20	5	Field Trip	10 in OB nurs.	60	10	3	60	10 days Pediatrics-spent in newborn nursery, 5 days in recovery room included in Surgery
C	90	10	---	Field Trips	20	40	---	10	20	5 days diet kitchen, 5 days Inhalation therapy, 5 days Geriatrics
D	45	5	5	20	20	45	5	5	20	5 days Recovery Room, 5 days diet kitchen, 20 days nursing home.
E	Not given									1 day to observe in intensive care unit, 1 day in laboratory, x-ray, occupational therapy, 2 days diet kitchen, 6 days in recovery room, 2 days with visiting nurse.
F	60	---	2	---	30	60	1	2	30	5 days intensive care unit included in medical service, surgical includes 10 days orthopedic nursing, 5 days recovery room, 1 day inhalation therapy, 50 days preclinical and Geriatrics.
G	60	---	---	---	40	60	10	5	40	10 days isolation.

retarded. Home visits are utilized by one program. Another program uses a doctor's office and a convalescent hospital for laboratory experience.

Many different tools were reported as being used to evaluate student performance in the classroom. The evaluation of student performance is based on evidence obtained by more than one tool in all the programs. Teacher-made tests and class participation are used by all the programs. Six respondents reported that projects and term papers are utilized in evaluating student performance. Three programs are using National League for Nursing Achievement tests to evaluate students. One program uses case studies to aid in evaluation.

Evaluation tools used in evaluating student performance in the laboratory setting are varied. The evaluation of student performance is based on evidence obtained by more than one tool in all programs surveyed. Instructor observation, conferences with instructor and patient care studies are used by all seven programs. Other evaluation tools being utilized are: rating scales, check lists, nursing care plans, anecdotal records, observation of student by floor personnel. One program also uses ward class to evaluate student performance. (See Table V).

TABLE V. EVALUATION TOOLS USED IN THE LABORATORY AND CLASSROOM EXPERIENCE.

Evaluation Tools used in Laboratory		Number of Programs	Evaluation Tools used in Classroom		Number of Programs
1.	Instructor obser- vation	7	1.	Teacher-made tests	7
2.	Rating scales	3	2.	Class participation	7
3.	Check lists	6	3.	Projects	6
4.	Nursing care plans	6	4.	Term papers	6
5.	Conference with in- structor	7	5.	National League for Nursing Achieve- ment Tests	3
6.	Anecdotal records	6	6.	Case studies	1
7.	Observation of stu- dents by floor personnel	6			
8.	Patient care studies	7			
9.	Ward class discus- sions	1			
N = 7					

Patients are selected for student experience in several ways. Instructors are responsible for patient selection in three programs. One respondent reported that "on one service, the supervisor prefers to select patients for student experience, otherwise the clinical instructor selects patients." Conferences between head nurses or supervisors and the instructor are used as a method of patient selection in three programs. In one program, the instructor attempts to select patients "according to experience, needs and abilities of students"; in two programs, attempts are made for patient selection to meet the needs of students. One respondent reported that attempts are made to select patients so as to "correlate patient diagnosis with illnesses being covered in class." Another instructor evaluates student ability, the procedures and learning experiences available, degree of illness of patient--acute or convalescent--in selecting patients for student experience.

C. Faculty

Each class should consist of not less than ten students and no more than twenty students per instructor load.¹⁶ The size of the nursing faculty varies with the individual school. The number of instructors on the faculty of the seven schools surveyed ranged from one to five. One program employs one faculty member, four employ two faculty members; one program employs two instructors full-time and one instructor part-time. One program employs one full-time instructor, four part-time instructors and one dietitian.

¹⁶Montana State Board of Nursing, Criteria for Schools of Practical Nursing in Montana, (Helena: 1953), p. 3.

Professional education of the nursing faculty is varied.

Instructors who are graduates of diploma schools of nursing are employed in five schools; one school employs three graduates of diploma schools, the other four have one faculty member who is a diploma school graduate. Six programs employ an instructor who is a graduate of a Baccalaureate nursing program; one program employs two Baccalaureate program graduates as instructors. Two programs employ instructors who have a Masters of Nursing degree.

TABLE VI. NUMBER AND EDUCATIONAL PREPARATION OF NURSES ON FACULTY OF PRACTICAL SCHOOLS OF NURSING

Program	Full time faculty	Part time faculty	Degree earned
1. A	2	0	1 Diploma 1 B.S.
2. B	1	0	1 B.S.
3. C	1	4	3 Diploma 1 B.S. 1 M.N.
4. D	2	0	1 Diploma 1 B.S.
5. E	2	0	2 B.S.
6. F	2	1	1 Diploma 1 B.S. 1 M.N.
7. G	2	0	1 B.S. 1 Diploma

The salary range for the nursing instructors was given in both monthly and annual figures. Monthly salaries ranged from \$550 to \$675. Those given in annual figures ranged from \$5000 to \$8000 per year. The salary range was not given for one program because it is the policy of the school not to disclose this information. (See Table VII).

Four respondents reported that they did not know if their salary was comparable to other Practical School faculty with similar preparation; three respondents believed that their salary was comparable.

Two of the schools provided no incentive for further education of faculty. Four programs provided an incentive for further education. These were listed as: participation in Western Interstate Committee on Higher Education programs, allowance for participation in educational programs without loss of pay; leave of absence without pay for educational purposes. One program reported that the school gave an incentive for further education of faculty, but did not elaborate. One respondent stated only that continuing education is required.

D. Administration

The most serious problems of administration appeared to be screening of student applicants and adequate budget. One instructor stated that the most serious administration problem was "failure to allow instructor to be involved in student interviews before final selection of students." Another stated that responsibility for selection of students was delegated to the secretary of the Adult Education Director. One instructor believed that there should be improved screening of students. Other problems were listed as: lack of instructional

TABLE VII. NURSING FACULTY SALARY RANGE

Program	Monthly Salary Range	Annual Salary Range
1. A	\$466--\$616	\$5,600--\$7,400
2. B	\$600	\$7,200
3. C	---	---
4. D	\$550--\$650	\$6,600--\$7,800
5. E	\$575--\$675	\$6,900--\$8,100
6. F	\$583--\$667	\$7,000--\$8,000
7. G	\$417--\$500	\$5,000--\$6,000

help, lack of understanding between school and hospital, not knowing budget limits, communications, complete dichotomy of classroom and clinical experiences, and need for improved counseling of students. One respondent reported that with new administration, there have been few administration problems.

Aspects of the program recommended for further study by the respondents were:

1. Comparison between programs with psychiatric experiences and programs which do not have this experience.
2. Home nursing in Practical Nursing Programs.
3. Curriculum study in Practical Nursing Programs.
4. Admission policies for Practical Nursing Programs.
5. Screening of students prior to admission to Practical Nursing Programs.
6. Improvement of quality of laboratory experience.

7. Follow up study to evaluate performance of graduates at place of employment.
8. Value of a nurse as co-ordinator of a Practical Nursing program.

E. Graduate Students of Practical Nursing Programs

The total number of students graduated from the seven Schools of Practical Nursing in 1966 was 112. Table VIII shows the number of students who graduated from each program.

Of the seven schools surveyed, two reported failures in the licensing examination for practical nurses between 1962--1967. Four respondents knew of no failures. One respondent knew of no failures in 1965 and had no information on previous classes.

Most of the graduates from these programs were employed in hospitals in the state. Graduates of one program were employed in extended care facilities; several graduates of another program were employed out of state.

TABLE VIII. NUMBER OF STUDENTS COMPLETING PROGRAM IN 1966.

Program		Number of Students
1.	A	10
2.	B	18
3.	C	19
4.	D	15
5.	E	13
6.	F	13
7.	G	24

F. Nursing Procedures

In part VI of the questionnaire, nursing procedures were listed to determine which procedures were being taught in the Schools of Practical Nursing. Table IX lists the procedures which are being taught in all seven schools included in the survey.

Eighty-two of the listed procedures are being taught by all seven schools, although some procedures are taught to be performed only under supervision of the professional nurse or in an assisting manner. These procedures are related to patient care activities such as giving baths, making beds, providing nursing care for the convalescent, infants, children, adolescents, adults and the aged and assisting with providing nursing care for the acutely ill. Other patient care activities include feeding patients, serving trays, and assisting patients with dental and hair care. Included are those procedures that relate to mobilization of the patient, applying restraints and recording conditions and behaviors on the nurses' notes. Those procedures which are pertinent to vital signs are included in this table, e.g., taking temperatures, blood pressures, pulse and respiration. Administration of selected types of medications, pills, capsules, or powders by mouth and preparation and administration of subcutaneous and intramuscular injections. Treatments being taught cover a wide range of activities. These include: administration of eye, ear, and nose drops, administration of bladder and throat irrigations. The remaining procedures relate to application of heat and cold and giving of certain treatments. These are: postpartum perineal irrigations, breast care to both nursing and nonnursing mothers, giving cleansing enemas, colostomy irrigations, and insertion of retention

catheters. Assisting with admission, or discharge of patients, caring for or assisting in care of the patient recovering from anesthesia are also being taught. Certain first-aid measures are considered essential to be taught, namely, first aid to patients suffering from shock, hemorrhage, fractures, animal or snake bite, asphyxiation, and mouth-to-mouth resuscitation.

TABLE IX. PROCEDURES BEING TAUGHT IN SEVEN SCHOOLS OF PRACTICAL NURSING

Nursing Procedures	Nursing Procedures
1. Make beds, both occupied and unoccupied. 3. Utilize isolation techniques, including use of gown and mask, not in surgery. 5. Care for medical and nursing equipment, including cleaning, storage and related activities. 6. Attend conference on ward at change of shift. 7. Give baths, including assisting with baths. 8. Assist patient with dental care. 9. Assist patient with care of hair and scalp. 10. Measure intake and output of fluids. 11. Feeding patients. 12. Serving trays. 13. Give Sitz Bath.	14. Give sponge for temperature reduction. 17. Provide general nursing care for the convalescent. 18. Assist in providing nursing care for the acutely ill. 19. Provide nursing care for infants. 20. Provide nursing care for children, ages 2-13. 21. Provide general nursing care for adolescents. 22. Provide general nursing care for adults. 23. Provide general nursing care for the aged. 24. Shampoo bed patient. 25. Feed newborn infant.

TABLE IX. PROCEDURES BEING TAUGHT IN SEVEN SCHOOLS OF PRACTICAL NURSING (continued)

Nursing Procedures	Nursing Procedures
26. Assist patient in moving, such as in dressing or undressing, moving in bed, or out of bed, or stretcher.	41. Take temperature per rectum.
27. Assist patient in walking with crutches.	50. Prepare and administer liquid medication by mouth.
28. Apply restraints.	51. Prepare and administer pills, capsules and powders by mouth.
32. Record condition and behavior on nurses' notes, including graphic sheets.	52. Prepare and administer medications by subcutaneous injection.
33. Count, observe character of and record pulse and respiration.	53. Prepare and administer medications by intramuscular injection.
34. Take and record blood pressure.	54. Prepare and administer medications rectally or vaginally (suppositories).
35. Collect, observe and measure urine and stool specimens.	56. Prepare and administer medications from vials (divided doses).*
36. Test urine for sugar.	58. Prepare and administer insulin.*
38. Prepare for, place patient in position for, and assist physician with examination of patient.	59. Prepare and administer antibiotics, such as penicillin, or streptomycin.
39. Take temperature orally.	60. Apply ice bag or cold packs.
40. Take temperature per axilla.	61. Apply hot water bottle or hot packs.
	62. Apply heat lamp.

*Permitted only with supervision in some schools.

TABLE IX. PROCEDURES BEING TAUGHT IN SEVEN SCHOOLS OF PRACTICAL NURSING (continued)

Nursing Procedures	Nursing Procedures
63. Apply foot and arm soaks.	78. Give breast care to nonnursing mother.
64. Administer steam inhalations.	79. Give vaginal douche.
67. Apply and remove unsterile dressings, compresses and packs.	85. Insert retention catheter. (Foley).*
68. Administer bladder irrigations.	93. Give cleansing enemas.
69. Catheterize female patient.	94. Give colostomy irrigations.
71. Administer ear drops.	101. Give emollient or colloidal starch baths.
73. Administer eye drops.	102. Assist with admission, transfer of or discharge of patient.
74. Administer throat irrigations.	103. Give postmortem care.†
75. Administer nose drops.	106. Care for, or assist in care of patient recovering from anesthesia.*
76. Give postpartum perineal irrigation.	
77. Give breast care to mother, both before and after nursing.	

*Permitted only with supervision in some schools.

†Permitted to assist with procedure only.

TABLE IX. PROCEDURES BEING TAUGHT IN SEVEN SCHOOLS OF PRACTICAL NURSING (continued)

Nursing Procedures	Nursing Procedures
117. Administer mouth-to-mouth or mouth-to-nose resuscitation.	
119. Give first aid to patients suffering from shock.	
120. Give first aid to a patient who has a suspected fracture.	
121. Give first aid to a patient who is suffering from an animal or snake bite.	
122. Give first aid to a patient suspected of asphyxiation.	
125. Give first aid to a patient with external hemorrhage--arterial or venous.	
126. Give first aid to patient with epistaxis.	
127. Give first aid to automobile accident victim.	

Table X shows the nursing procedures that are not being taught in all Schools of Practical Nursing. Eighteen of the listed procedures were being taught in six schools. These procedures generally relate to making special beds, checking apical pulse rate, assisting with sterile procedures, administering narcotics, applying and removing sterile wet dressings, administering eye irrigations, oxygen inhalations or aerosol therapy, giving care of gastric suction, and giving first aid measures. Several of these procedures were taught to be performed with supervision only. One respondent reported that first aid measures listed are taught by a qualified Red Cross instructor; another respondent replied that a Red Cross Course was taken by the students to learn some of the first aid procedures. Another respondent reported that the Red Cross standard and advanced first aid medical self help program was available to the students. One respondent stated that items 117-128, which concerned first-aid measures, are being taught to the students while they are in the program, but they do not actually perform the procedures as students.

Eight procedures are being taught in five programs. These procedures relate to utilizing sterile techniques, caring for patients in incubators, administration of oxygen, assisting the doctor in treatments of patients, suctioning and cleaning tracheotomy tubes, preparing infant formulas and answering the telephone on the ward.

Eight procedures are being taught in four Schools of Nursing; generally relating to providing care for the acutely ill, preparing solutions for sterilization, cleaning and sterilizing surgical instruments, application and removal of sterile dry dressings, administration

of ear irriations, oxygen administration (by nasal catheter), termination of intravenous fluids and scrubbing in and assisting the doctor in the delivery room. Some of these procedures are taught to be performed with supervision only; these are starred on table X.

Five procedures are being taught in only two schools. These include selection, preparation and cooking of special diets and meals, regulation of intravenous fluids, and termination of blood transfusions. Terminating blood transfusions are permitted only with supervision.

Eight procedures are being taught in one School of Nursing. These procedures are: introducing tube for feeding or irrigation of the stomach, starting intravenous fluids (assisting only), regulating blood transfusions (permitted only with supervision in some schools), giving tetanus antitoxin test (intradermally), giving diathermy treatments, assisting with well-child clinics, circulating in surgery and scrubbing in and assisting the doctor with major surgery.

One procedure is not being taught in any school, namely the taking of verbal orders from the doctor and recording them on the patients' charts. One respondent stated that students are taught the technique but not permitted to do the procedure.

One respondent reported that students are taught one procedure that was not listed on the questionnaire; routine craniotomy care.

TABLE X. NURSING PROCEDURES, SHOWN IN NUMBERS, NOT BEING TAUGHT IN ALL SEVEN SCHOOLS OF PRACTICAL NURSING.

Nursing Procedures	Number teaching procedure	Number not teaching procedure
2. Make special beds, such as fracture, Bradford or Stryker.	6*	1
4. Utilize sterile techniques, including use of gown and masks, in surgery.	5	2
15. Care for patient in incubator.	5*	2
16. Provide general nursing care for the acutely ill.	4*	3
29. Preparation and cooking of meals.	2	5 ⁺
30. Preparation and cooking of special diets.	2	5 ⁺
31. Selecting foods for special diets.	2	5
37. Test urine for albumin.	6	1
42. Take apical pulse.	6	1
43. Assist with spinal tap.	3	4 ⁼
44. Assist with thoracentesis.	3	3
45. Assist with paracentesis.	3	3
46. Assist with suturing of minor lacerations.	6*	1
47. Weigh newborn infant.	6	1

*Permitted only with supervision in some schools.

⁺Permitted to assist with procedure only.

⁼Permitted to observe only.

TABLE X (continued)

Nursing Procedures	Number teaching procedure	Number not teaching procedure
48. Prepare solutions for sterilizations.	4	3
49. Clean and sterilize surgical instruments.	4	3
55. Prepare and administer medications where dosage requires mathematical figuring.	3*	4
57. Prepare and administer narcotics.	6*	1
65. Apply and remove dry dressings, compresses and packs, sterile.	4*	3
66. Apply and remove wet dressings, compresses and packs, sterile.	6*	1
70. Administer ear irrigations.	4	3
72. Administer eye irrigations.	6	1
80. Administer oxygen by nasal catheter, including starting, regulating and terminating.	4*	3
81. Administer oxygen by tent, including starting, regulating and terminating.	5*	2
82. Administer oxygen by mask, including starting, regulating and terminating.	6*	1
83. Assist physician in treatment of patient as in changing of sterile dressings.	5*	2
84. Introduce tube for feeding or irrigating of stomach.	1	6

*Permitted only with supervision in some schools.

TABLE X (continued)

Nursing Procedures	Number teaching procedure	Number not teaching procedure
86. Start intravenous fluids.	1 ⁺	6
87. Regulate intravenous fluids.	2	5
88. Terminate intravenous fluids.	4*	3
89. Regulate blood transfusions.	1*	6
90. Terminate blood transfusions.	2*	5
91. Suction and clean tracheotomy tube.	5	2
92. Give tetanus antitoxin test (intradermally).	1	6
95. Give care of gastric suction.	6*	1
96. Give aerosol therapy.	6*	1 ⁺
97. Give IPPB treatments.	3* ⁺	4
98. Prepare and sterilize formula for newborn infants.	5	2
99. Order supplies of drugs.	3*	4
100. Give diathermy treatments.	1	6
104. Arrange for last offices for dying patients.	3 ⁺	4
105. Prepare patient for surgery (skin preparation and medication).	6	1

*Permitted only with supervision in some schools.

⁺Permitted to assist with procedures only.

TABLE X (continued)

Nursing Procedures	Number teaching procedure	Number not teaching procedure
107. Prepare skin for surgery (scrub and shave).	3	4
108. Assist with well-child clinics.	1	6
109. Shave patient in preparation for delivery.	6	1
110. Set up sterile table and equipment in delivery room.	6*	1
111. Scrub in and assist Doctor with delivery of newborn.	4*	3
112. Circulate in surgery.	1	6
113. Scrub in and assist Doctor with major surgery.	1	6
114. Answer telephone on ward.	5	2
115. Take verbal orders from Doctor and record on patients' charts.	0	0
116. Give external cardiac massage.	3	4
118. Give first aid for burns.	6	1
123. Give first aid to a patient suspected of being poisoned.	6	1
124. Give first aid to a patient with internal hemorrhage.	6	1
128. Practical nurse's responsibility in the Civil Defense program.	6	1

*Permitted only with supervision in some schools.

Answers to the final question were varied. Two programs stated that students are allowed to practice all procedures listed when they are employed as graduates by the institution where they received their clinical experience. One respondent stated that graduates are permitted to practice these procedures, depending on the ability of the graduate. Another respondent stated that graduates in most instances are permitted to practice procedures "taught and allowed by Montana Law." One respondent stated that graduates are permitted to practice all procedures taught in the program. Additional information as submitted by one respondent was, "In this case, it is not a matter of not allowing them to do procedures, but rather one of expecting graduates to do procedures beyond their preparation. Examples of this are: discontinue intravenous; assume functional method of administration of all medications with very little, if any, inservice preparation, not selected medications; administration of all medications and treatments; employment in the intensive care unit, left in charge while professional nurse is away from ward; and employed during evening and night shifts to administer medications, during hours when it is difficult to employ registered professional nurses." One program stated that students are usually allowed to practice all procedures taught in practical schools, and stated that procedure number thirty two, "recording condition and behavior on nurses' notes, including graphic sheets", is taught in the school, but policies of the extended care facility where students obtain a portion of their laboratory experience, does not permit the student

to practice this procedure. Licensed practical nurses are permitted to practice this procedure. After graduation, practical nurses are requested to assume team leadership responsibilities for which they are not prepared in the nursing program. One program reported that graduates of the school are not permitted to practice procedures numbered 56, 58, 70, 71, and 73 when they are employed in the hospital where they receive their clinical experience.

Chapter IV

Summary, Conclusions, Recommendations and Significance

The purposes of this study were to compare seven Schools of Practical Nursing in Montana to identify similarities and differences in their educational programs, to identify nursing procedures being taught in these programs, and to identify procedures that graduates do not practice after completion of the educational program when they are employed by institution where the practical nurse program is located. Another purpose of the study was to obtain information from these programs that may assist professional nurses to understand the educational and clinical experiences that students have in the Schools of Practical Nursing.

The survey method was selected for collection of data with the questionnaire as the tool of choice. The questionnaires were sent to Directors of the seven Schools of Practical Nursing in Montana.

The educational programs had similarities and differences in relation to: admission policies, program, faculty, administration problems, graduate students and nursing procedures.

The similarities found in the admission policies were:

1. The most common methods of recruitment of students were newspaper publicity, recruitment of high school career days, radio interviews and use of television time.
2. Six schools required that practical nursing students have a high school education or the equivalent thereof.

3. All seven schools had specific admission requirements for practical nursing students.
4. Six programs limited the enrollment of the nursing program. The chief reasons for limitation of enrollment were limited budget, limited number of faculty, limited clinical facilities for laboratory experience, and limited classroom facilities.

The differences were:

1. The types of admission policies for students. These were listed as personal interview, personality tests, aptitude tests, recommendations and Pre-admission Classification Examination tests, specific health requirements such as age, physical examinations, x-rays and immunizations.

Similarities of the program were:

1. All seven programs had been established since 1950.
2. Each program is completed within a period of one calendar year.
3. General hospitals are being used to provide the students with the laboratory experiences.
4. The instructors in all seven programs are responsible for selecting patients for student experience-- either by conferences with hospital personnel or by basing selection on student needs.

Differences in the program were identified as:

1. Schools are financed in various ways: Vocational Education funds, Manpower Development and Training Act funds, private hospital funds, and multiple funding of the program.
2. The length of time that each student is assigned to a specific clinical laboratory varied with the individual program.
3. The type of health facilities being used for the laboratory experience are varied, such as doctor's offices, nursing homes or homes for the aged.

4. The evaluation tools being used in the classroom and the laboratory to evaluate student performance are numerous and varied with the program.

The size of the nursing faculty varied with the individual school. The number of nurses on the faculty ranged from one to five. Two programs employed part time faculty members. The monthly and annual salary range of faculty was comparable to other faculty in six of the programs. Five of the schools surveyed provided incentive for further education of faculty.

Educational background of the nursing faculty varied. Professional education of the instructors ranged from graduates of a three year diploma program to a Masters of Nursing degree.

Administration problems appeared to be individualized. The problems listed most frequently were screening of student applicants and limited budget.

Similarities of the nursing procedures being taught in the programs were:

1. Of the 128 nursing procedures listed, eighty two were taught by all seven Schools of Practical Nursing. These related to less complex procedures such as giving patient care, observing vital signs, administration of selected medications, simple treatments, first aid measures and recording of patients' conditions on nurses' notes. One nursing procedure was not being taught in any of the schools. The remaining forty five procedures were being taught in some of the schools.
2. Graduates of the Schools of Practical nursing are usually permitted to practice all nursing procedures taught in the educational program when employed by the institution where the practical nurse program is offered.

Differences in the nursing procedures being taught were:

1. Students were being taught to observe or assist with some of the nursing procedures listed. These were related to more complex activities such as preparation

and administration of medications whose dosage requires mathematical figuring, assisting with sterile procedures, and administration of inhalation therapy. This appeared to be a matter of policy of the individual school.

2. Graduates of one program are expected to assume team nursing leadership responsibilities for which they are not prepared in the program.
3. Graduates of one program are expected to assume duties far beyond their preparation in the practical nurse program when employed by the institution where the program is located.

A. Conclusions

1. The Practical Schools of Nursing are similar in most aspects identified in the questionnaire. The differences may be attributed to the individual school policies or to the interpretation and implementation of the policies.
2. Students are being taught a fairly uniform list of nursing procedures.
3. When graduates of the program are employed by the institution where they receive their clinical experience, they are usually permitted to practice most of the procedures taught in the Schools of Practical Nursing.

B. Recommendations for further study

From the analysis of this study, the recommendations for further study in the Practical Nurse Programs are in agreement with those suggested by the respondents of these programs. These were:

1. A study to compare Practical Nurse Programs with psychiatric experience and Practical Nurse Programs which do not have psychiatric experience.
2. A study of the curriculum in the Practical Nurse Programs.
3. A study on the development of more effective admission and screening methods of the prospective practical nursing student.

4. A study of the Practical School of Nursing graduate to determine her level of performance in her place of employment.
5. A study on the development of the laboratory experience to improve the quality of clinical experience.
6. A study on the value of home nursing experiences in the Practical Nurse Programs.

C. Significance of the Study

From the findings of this survey, it would seem that this study might prove of value to directors of Schools of Practical Nursing and to the State Board of Nursing personnel who wish to compare programs as a whole, or to determine what is being taught and what is being practiced in these schools in the state of Montana.

It also points up strengths and weaknesses of program offerings in relation to the role of the Licensed Practical Nurse as defined by law in this state.

The position paper published by the American Nurses' Association indicated the need for nurse educators to take a careful look at nursing programs, especially at the technical or skill level if the profession is to provide the nursing care that our rapidly changing society demands. As skills increase in complexity, it would seem that practical nursing programs may need to be lengthened and strengthened and attention given to establishment of additional Associate Degree programs within the nursing profession.

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APPENDIX

1207 Fox Street
Bozeman, Montana 59715
October 10, 1967

Dear

As partial fulfillment of the requirements for a Master of Nursing degree at Montana State University, I am attempting to complete a survey of the Schools of Practical Nursing in Montana. To obtain this information, I am submitting a questionnaire to the Directors of these Schools.

I would greatly appreciate it if you would complete the enclosed questionnaire and return it to me as soon as possible. A self-addressed stamped envelope is enclosed.

Would you please send me a copy of your current program?

My sincere thanks for your cooperation.

Sincerely yours,

Mrs. Mildred Hom, R. N.

The faculty and staff of Montana State University, School of Nursing, greatly appreciate your assistance with this study.

Mrs. Laura Walker, R. N. Ph. D.
Director, School of Nursing

QUESTIONNAIRE

I. Admission Policies

1. How are student recruited?
2. Are students required to be high school graduates or the equivalent thereof? ☐ Yes ☐ No
3. Do you have particular admission policies for students? ☐ Yes ☐ No
 - ☐ Age ☐ Immunizations
 - ☐ Physical Examination ☐ Personality tests
 - ☐ X-rays ☐ Aptitude tests
 - ☐ Personal Interview ☐ Recommendations
 - ☐ Other: Specify
4. Are classes limited to a predetermined number of students? ☐ Yes ☐ No
 - a. Maximum number of students
 - b. Number of students now enrolled in your program
 - c. List reasons for limiting number of students:

II. Program

1. When was your program established?
2. How is your program financed? (Vocational education, hospital program, etc.)
3. What is the length of your program?
 Yearly sessions Semesters Quarters Weeks
4. What teaching methods are used in the classroom?
 - ☐ Lecture ☐ Question-answer
 - ☐ Discussion groups ☐ Demonstrations
 - ☐ Role-playing ☐ Other: please specify
5. What methods of teaching are used in the laboratory period?
 - ☐ Demonstrations ☐ Return-demonstrations
 - ☐ Nursing care plans ☐ Case Method assignment
 - ☐ Prenursing conference ☐ Post nursing conference
 - ☐ Team nursing ☐ Other: please specify

6. What length of time are the students assigned to each department?
- | | |
|---|--|
| ☐ Obstetrics | ☐ Pediatrics |
| ☐ Medical | ☐ Surgical |
| ☐ Surgery | ☐ Physical-therapy Department |
| ☐ Emergency Room | ☐ Central Service |
| ☐ Psychiatry | ☐ Other: please specify |
7. What facilities other than the hospital are being utilized?
Please explain the purpose of using these facilities.
- ☐ Nursing Homes
- ☐ Homes for the Aged
- ☐ Schools for the Mentally Retarded
- ☐ Home Visits
- ☐ Other: please specify
8. What evaluation tools are being used in the classroom?
- ☐ Teacher-made tests
- ☐ Class participation
- ☐ Projects
- ☐ Term papers
- ☐ Other: please specify
9. What evaluation tools are being used in the laboratory periods?
- ☐ Instructor observation
- ☐ Rating scales
- ☐ Check lists
- ☐ Nursing care plans
- ☐ Conferences with instructor
- ☐ Anecdotal records
- ☐ Observation of student by floor personnel
- ☐ Patient care studies
- ☐ Other: please specify
10. How are patients selected for student experience?

III. Faculty

1. How many nurses do you have on your faculty?
2. Are they graduates of:
- ☐ Associate Degree program
- ☐ Diploma school of nursing
- ☐ Baccalaureate program
- ☐ Master of Nursing program

3. Do you have budgeted positions unfilled? (How many, which positions)
4. What is your faculty salary range?
5. Is this salary comparable to other Practical School faculty with similar educational preparation? ☐ Yes ☐ No
6. Does the school provide an incentive for further education of faculty? ☐ Yes ☐ No

IV. Administration

1. What do you feel are your most serious administration problems?
2. What aspect of your program would you recommend for further study?

V. Graduate Students

1. How many students completed the program in 1966?
2. Did you have any students who failed the Practical Nurse Licensure examination between 1962-1967? Please check the area.
☐ Obstetrics
☐ Pediatrics
☐ Medical
☐ Surgical
3. Where are the largest proportion of your graduates employed?
☐ Hospitals
☐ Extended care facility
☐ In the state
☐ Out of state
☐ Other: please specify

VI. Nursing Procedures

Following is a list of nursing procedures. Please check the duties students are taught to perform while in your nursing program.

Yes	No	
☐	☐	1. Make beds, both occupied and unoccupied.
☐	☐	2. Make special beds, such as fracture, Bradford, or Stryker.
☐	☐	3. Utilize isolation techniques, including use of gown and mask, not in surgery.
☐	☐	4. Utilize sterile techniques, including use of gown and masks, in surgery.
☐	☐	5. Care for medical and nursing equipment, including cleaning, storage, and related activities.
☐	☐	6. Attend conference on ward at change of shifts.
☐	☐	7. Give baths, including assisting with baths.
☐	☐	8. Assist patient with dental care.
☐	☐	9. Assist patient with care of hair and scalp.
☐	☐	10. Measure intake and output of fluids.
☐	☐	11. Feeding patients.
☐	☐	12. Serving trays.
☐	☐	13. Give sitz bath.
☐	☐	14. Give sponge for temperature reduction.
☐	☐	15. Care for patient in incubator.
☐	☐	16. Provide general nursing care for the acutely ill.
☐	☐	17. Provide general nursing care for the convalescent.
☐	☐	18. Assist in providing nursing care for the acutely ill.
☐	☐	19. Provide nursing care for infants.
☐	☐	20. Provide nursing care for children 2-13.
☐	☐	21. Provide general nursing care for adolescents.
☐	☐	22. Provide general nursing care for adults.
☐	☐	23. Provide general nursing care for the aged.
☐	☐	24. Shampoo bed patient.
☐	☐	25. Feed newborn infant.
☐	☐	26. Assist patient in moving, such as in dressing or undressing, moving in bed, or out of bed or stretcher.
☐	☐	27. Assist patient in walking with crutches.
☐	☐	28. Apply restraints.
☐	☐	29. Preparation and cooking of meals.
☐	☐	30. Preparation and cooking of special diets.
☐	☐	31. Selecting foods for special diets.
☐	☐	32. Record condition and behavior on nurses' notes, including graphic sheets.
☐	☐	33. Count, observe character of, record pulse and respiration.
☐	☐	34. Take and record blood pressure.
☐	☐	35. Collect, observe and measure urine and stool specimens.

Yes	No	
☐	☐	36. Test urine for sugar.
☐	☐	37. Test urine for albumin.
☐	☐	38. Prepare for, place patient in position for, and assist physician with examination of patient.
☐	☐	39. Take temperature orally.
☐	☐	40. Take temperature per axilla.
☐	☐	41. Take temperature per rectum.
☐	☐	42. Take apical pulse.
☐	☐	43. Assist with spiral tap.
☐	☐	44. Assist with thoracentesis.
☐	☐	45. Assist with paracentesis.
☐	☐	46. Assist with suturing of minor lacerations.
☐	☐	47. Weigh newborn infant.
☐	☐	48. Prepare solutions for sterilizations.
☐	☐	49. Clean and sterilize surgical instruments.
☐	☐	50. Prepare and administer liquid medications by mouth.
☐	☐	51. Prepare and administer pills, capsules and powders by mouth.
☐	☐	52. Prepare and administer medications by subcutaneous injection.
☐	☐	53. Prepare and administer medications by intramuscular injection.
☐	☐	54. Prepare and administer medications rectally or vaginally (suppositories).
☐	☐	55. Prepare and administer medications where dosage requires mathematical figuring.
☐	☐	56. Prepare and administer medications from vials (divided doses.)
☐	☐	57. Prepare and administer narcotics.
☐	☐	58. Prepare and administer insulin.
☐	☐	59. Prepare and administer antibiotics, such as penicillin, or streptomycin.
☐	☐	60. Apply ice bag or cold packs.
☐	☐	61. Apply hot water bottle or hot packs.
☐	☐	62. Apply heat lamp.
☐	☐	63. Apply foot and arm soaks.
☐	☐	64. Administer steam inhalations.
☐	☐	65. Apply and remove dry dressings, compresses and packs, sterile.
☐	☐	66. Apply and remove wet dressings, compresses and packs, sterile.
☐	☐	67. Apply and remove unsterile dressings, compresses and packs.
☐	☐	68. Administer bladder irrigations.
☐	☐	69. Catheterize female patient.
☐	☐	70. Administer ear irrigations.
☐	☐	71. Administer ear drops.
☐	☐	72. Administer eye irrigations.

Yes	No	
_____	_____	73. Administer eye drops.
_____	_____	74. Administer throat irrigations
_____	_____	75. Administer nose drops.
_____	_____	76. Give postpartum perineal irrigation.
_____	_____	77. Give breast care to mother, both before and after nursing.
_____	_____	78. Give breast care to nonnursing mother.
_____	_____	79. Give vaginal douche.
_____	_____	80. Administer oxygen by nasal catheter, including starting, regulating, and terminating.
_____	_____	81. Administer oxygen by tent, including starting, regulating and terminating.
_____	_____	82. Administer oxygen by mask, including starting, regulating, and terminating.
_____	_____	83. Assist physician in treatment of patient, as in changing of sterile dressings.
_____	_____	84. Introduce tube for feeding or irrigating of stomach.
_____	_____	85. Insert retention catheter (Foley).
_____	_____	86. Start intravenous fluids.
_____	_____	87. Regulate intravenous fluids.
_____	_____	88. Terminate intravenous fluids.
_____	_____	89. Regulate blood transfusions.
_____	_____	90. Terminate blood transfusions.
_____	_____	91. Suction and clean tracheotomy tube.
_____	_____	92. Give tetanus antitoxin test (intradermally).
_____	_____	93. Give cleansing enemas.
_____	_____	94. Give colostomy irrigations.
_____	_____	95. Give care of gastric suction.
_____	_____	96. Give aerosol therapy.
_____	_____	97. Give IPPB treatments.
_____	_____	98. Prepare and sterilize formula for newborn infants.
_____	_____	99. Order supplies of drugs.
_____	_____	100. Give diathermy treatments.
_____	_____	101. Give emollient or colloidal starch baths.
_____	_____	102. Assist with admission, transfer of or discharge of patient.
_____	_____	103. Give postmortem care.
_____	_____	104. Arrange for last offices for dying patients.
_____	_____	105. Prepare patient for surgery (skin preparation and medication).
_____	_____	106. Care for, or assist in care of patient recovering from anesthesia.
_____	_____	107. Prepare skin for surgery (scrub and shave).
_____	_____	108. Assist with well-child clinics.

Yes	No	
☐	☐	109. Shave patient in preparation for delivery.
☐	☐	110. Set up sterile table and equipment in delivery room.
☐	☐	111. Scrub in and assist Doctor with delivery of newborn.
☐	☐	112. Circulate in surgery.
☐	☐	113. Scrub in and assist Doctor with major surgery.
☐	☐	114. Answer telephone on ward.
☐	☐	115. Take verbal orders from Doctor and record on patients' charts.
☐	☐	116. Give external cardiac massage.
☐	☐	117. Administer mouth-to-mouth or mouth-to-nose resuscitation.
☐	☐	118. Give first aid for burns.
☐	☐	119. Give first aid for patients suffering from shock.
☐	☐	120. Give first aid to a patient who has a suspected fracture.
☐	☐	121. Give first aid to a patient who is suffering from an animal or snake bite.
☐	☐	122. Give first aid to a patient suspected of asphyxiation.
☐	☐	123. Give first aid to a patient suspected of being poisoned.
☐	☐	124. Give first aid to a patient with internal hemorrhage.
☐	☐	125. Give first aid to a patient with external hemorrhage--arterial or venous.
☐	☐	126. Give first aid to patient with epistaxis.
☐	☐	127. Give first aid to automobile accident victims.
☐	☐	128. Practical nurse's responsibility in the Civil Defense program.

List in the following space other procedures not listed above that practical nurse students are taught to perform while in your nursing program.

When graduates of your School of Practical Nursing are employed by the hospitals where they receive their clinical experience, does hospital policy permit them to practice all procedures that they are taught in your program? ☐ Yes ☐ No

If your answer is no, please indicate by number the items you feel are restricted. (For example, if graduates are not allowed to perform procedure number 91, list it by number only in the space below.)