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A Resource Unit to Aid in the Integration of Rehabilitation Concepts in a Basic Nursing Curriculum

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A RESOURCE UNIT TO AID IN THE INTEGRATION OF REHABILITATION CONCEPTS IN A BASIC NURSING CURRICULUM

by

Roberta Donelle Thiry

B.A., University of Wichita, 1958

A Thesis submitted to the Faculty of the Graduate School of the University of Colorado in partial fulfillment of the requirements for the Degree Master of Science Department of Nursing 1961
This Thesis for the M.S. degree by
Roberta Donelle Thiry
has been approved for the
Department of
Nursing
by

[Signatures]

Date Aug 12, 1961
The guidance, encouragement, and patience of the Thesis Committee is gratefully acknowledged.
The purposes of the study were to identify the concepts of rehabilitation which may be applied to nursing care, to develop a guide that would provide the nurse instructors of Wesley Hospital School of Nursing with a list of materials from which to select those learning experiences that would aid the nursing student in developing an understanding of the concepts of rehabilitation, and to illustrate how learning experiences could be planned and organized for sequence, continuity, and integration. It was believed that such a resource unit would aid the integration of rehabilitation concepts throughout the curriculum. The resource unit was developed for use in Wesley Hospital School of Nursing.

The study was based on the assumption that all physically and emotionally ill persons would benefit from the application of rehabilitation concepts to nursing care, therefore it was necessary to identify the concepts. Objectives for the resource unit were derived from the concepts of rehabilitation, and were stated in terms of content and student behavior.

All clinical content areas available in Wesley
Hospital were represented in the unit. Three levels of experience were selected corresponding to the three clinical years. Learning experiences were planned for each objective in each clinical area, and were organized for continuity, sequence, and integration. Teaching materials were selected for each learning experience, suggestions were made for evaluation, and a bibliography was compiled for the resource unit.

It was recommended that the guide be used and evaluated by the nurse instructors of Wesley Hospital School of Nursing.

This abstract of about 250 words is approved as to form and content. I recommend its publication.

Signed

[Signature]

Instructor in charge of dissertation
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Rehabilitation has been defined as, "The restoration of the handicapped to the fullest physical, mental, social, vocational and economic usefulness of which they are capable."\(^1\) This modern concept of rehabilitation can be traced to 1918, when the term, rehabilitation, began to appear in the literature. Prior to World War I, expressions such as "physical reconstruction", "restoration of the cripple", and "re-education of the cripple", were commonly used.\(^2\) These terms expressed the emphasis on physical restoration, rather than restoration of the total person. The newer concept of rehabilitation implied a more comprehensive approach to the handicapped individual.

The concept of rehabilitation which took form during World War I, received impetus during World War II, and reached a new peak during the post-war years. Between

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World War I and World War II a number of rehabilitation centers and workshops were established. With the advent of World War II, rehabilitation services became a vital part of the military medical program. These services were continued following World War II through the Veteran's Administration. A similar program was established in a civilian hospital when the division of physical medicine was opened at Bellevue Hospital in 1944. One of the functions of this division was to provide rehabilitation consultation to the various services in the hospital. Three years later this program was expanded to form the Department of Rehabilitation and Physical Medicine. Rehabilitation rapidly became a specialized field closely allied with physical medicine.

Nursing has played a vital role in rehabilitation from the very beginning. Rusk pointed out the application of rehabilitation to nursing when he wrote,

The fundamental idea in all rehabilitation care is that man is a total being -- that he is composed of physical, mental, and spiritual entities which taken together constitute a whole person. Therefore, a basic principle in all nursing practice is the concept that every patient is a person who must be served in many ways in order to aid in restoring him to dignity and usefulness. Every act or procedure of nursing must be directed toward the care of the whole

3 Ibid., pp. 25-26.
Rusk also recognized that the nurse assumed an important role as a member of the rehabilitation team when he stated,

There is no more important member of the team than the nurse. Her intimate contact with the patient makes her invaluable in both the teaching of the physical activities of daily living and in motivating the disabled patient.  

The nurse members of the team soon realized that many of the aspects of rehabilitation nursing were inherent in the nursing care of any patient. Though rehabilitation nursing was regarded as a specialty by many, rehabilitative aspects were identified in most nursing situations. Sholtis and Bragdon stated that, "Rehabilitation has been accepted as a necessary part of all nursing and presents a real challenge as the nurse cares for her patients." Therefore, the rehabilitative aspects of nursing care required consideration in providing comprehensive nursing care.

Recognizing that the nurse required an understanding of the concepts of rehabilitation to provide compre-

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6 Lillian A. Sholtis and Jane Sherburn Bragdon, The Art of Clinical Instruction (Philadelphia: J. B. Lippincott Company, 1961), p. 120.
hensive nursing care, it was assumed that this understanding should be developed during the basic nursing program. The nursing instructor was identified as the individual responsible for providing appropriate learning experiences which would aid the nursing student in developing an understanding of the concepts of rehabilitation.

The faculty of Wesley Hospital School of Nursing recognized the need to integrate rehabilitation concepts throughout the curriculum. Each nursing instructor assumed responsibility for selecting learning experiences within her clinical area which would aid the student in developing an understanding of the concepts of rehabilitation. The selection of learning experiences under this system lacked the organization to provide continuity or to build on previous experiences. It was believed that a guide which would present the nursing instructor with a list of materials from which to select learning experiences would be useful. The preparation of an educationally sound guide would require the identification of concepts of rehabilitation which could be utilized in selecting learning experiences.

Statement of the Problem

The problem of the study was to develop a guide for use by the instructors of Wesley Hospital School of Nursing
to aid students in developing an understanding of the concepts of rehabilitation as they apply to nursing care.

Purposes of the Study

The purposes of the study were: (1) to identify the concepts of rehabilitation which may be applied to nursing care, (2) to develop a guide that would provide the nurse instructors of Wesley Hospital School of Nursing with a list of materials from which to select those learning experiences that would aid the nursing student in developing an understanding of the concepts of rehabilitation, and (3) to illustrate how learning experiences could be planned and organized for sequence, continuity, and integration.

Need for the Study

There were an estimated twenty-eight million persons in the United States in 1958 with chronic disabilities of one sort or another. Increased recognition of the need for rehabilitation services soon caused the existing rehabilitation facilities to become grossly inadequate. They could not provide for total care of the patient over the full range of the illness. According to Rusk,

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Our nation, however, will never have enough of these specialized centers for the rehabilitation of all the patients needing services. We will not have the funds to build and equip such facilities, the trained personnel to staff them, or the funds to pay for service. Therefore, if patients are to benefit from present-day developments in rehabilitation, the concept of rehabilitation and the basic techniques must be made a part of the medical programs of all our hospitals. The concept of rehabilitation and the basic techniques must be made a part of the armamentarium of all physicians; for regardless of the type of disability, the responsibility of the physician to his patient cannot end when the acute injury or illness has been cared for. Medical care is not complete until the patient has been trained to live and to work with what he has left.

The extension of rehabilitation services to the general hospital had implications for the nurse. The development of a concept of comprehensive nursing care paralleled that of rehabilitation. To provide comprehensive nursing care the nurse had to be prepared to meet the rehabilitation needs of the patient as well as his other nursing needs. Many aspects of rehabilitation nursing are inherent in good nursing care, and are reflected in some of the aspects of rehabilitation cited by Terry, et al.:

1. Understand the individual as a person, as a member of the family, and the community.

2. Counsel and guide the patient and his family to help them meet their social, economic, recreational, vocational, and educational needs through referrals to appropriate community resources.

Ibid., p. 23.
3. Recognize the need, counsel, and guide the patient and his family toward maximum health.

4. Know and apply good general nursing care as determined by individual needs, e.g., general health measures, nutrition, skin care, elimination.

From these aspects it was determined that the rehabilitative aspects of nursing were an essential component of comprehensive nursing care.

The application of rehabilitation procedures and techniques to all of nursing was recommended by Morrissey when she said,

A certain amount of disability accompanies every illness, though some illnesses are more disabling than others and for a longer period of time.

The post-operative surgical patient in the general hospital is handicapped when, either because of pain or difficulty in moving about, he is unable to perform the daily activities of self care; the medical patient weakened by weeks and months of debilitating illness is unable to dress or feed himself or to ambulate. The neurological patient is even more dependent on the services of others for fulfilling the simple requirements of daily living which the normally active person takes for granted. . . . In every area of nursing care there are frequent opportunities to use these measures and procedures.

Nursing students preparing to give comprehensive nursing care needed, therefore, to be aware of the

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9 Terry, et. al., op. cit., pp. 72-73.
rehabilitative aspects of nursing. Morrissey recognized this need when she stated, "We must, therefore, teach student nurses, -- and all nurses -- these techniques so that all patients can start on the road to rehabilitation as soon as possible."¹¹

The responsibility for developing an awareness of rehabilitative aspects by the nursing student was placed on the nursing instructor. Allan indicated that, "Those who are in nursing education have the significant task of finding ways and means to . . . develop a consciousness of rehabilitation and all its implications within the nursing student."¹²

To provide comprehensive nursing care for all patients, it would appear that the concepts of rehabilitation should be integrated throughout the curriculum. Sholtis and Bragdon supported this view by stating:

The principles of rehabilitation nursing ought to be woven throughout the fabric of the curriculum just as the principles ought to be applied in caring for the patient throughout his hospital and post-hospital experience. This aspect of nursing care cannot be taught as an isolated course, nor can rehabilitation be acquired by a patient in a short period of


This view was reiterated by Terry, et. al., when they wrote, "The basic principles of rehabilitation must be integrated into all areas of nursing, beginning with nursing arts." The integration of concepts of rehabilitation throughout the curriculum could not be undertaken until the concepts were clearly defined. The identification of the concepts of rehabilitation could then serve as a basis for preparing a guide for nursing instructors to use in selecting learning experiences. Such a guide suggested activities to aid the nursing student in gaining an understanding of the concepts of rehabilitation -- an understanding which would contribute to the ability to give comprehensive nursing care.

Basic Assumptions

The need for integrating the concepts of rehabilitation throughout the curriculum was predicated upon the point of view that all patients would benefit from the application of rehabilitation concepts. Phillips supported this view in writing,

\[13\] Sholtis and Bragdon, op. cit., p. 121.

\[14\] Terry, et. al., op. cit., p. 73.
Certainly rehabilitation nursing should be a part and parcel of generalized nursing care whether that care is given in a hospital or at home. Rehabilitation nursing should be available to all patients not just to a limited few.

Of course, there will be some patients who will not need this specific help of rehabilitation in its widest sense, but we must realize that almost all patients need some type of rehabilitation nursing at some point in their convalescence.\textsuperscript{15}

To facilitate integration of the concepts of rehabilitation throughout the curriculum a guide was developed for nursing instructors which provided a list of materials from which to select learning experiences which would aid the nursing student in developing an understanding of the concepts of rehabilitation. The development of the guide was based upon the following assumptions:

1. Rehabilitation concepts should be applied to the nursing care of all physically and emotionally ill patients.

2. When the concepts of rehabilitation are known and understood by the learner, they could be applied by the nursing student to the nursing care of all patients.

3. Experience in the application of concepts of rehabilitation by the learner to the care of various types of patients would reinforce the learner's knowledge and understanding of the concepts of rehabilitation.

Definition of Terms

For the purposes of this study the following definitions were used:

Rehabilitation. A dynamic process resulting in the restoration of the physically and emotionally ill person to as near normal as possible.

Rehabilitation Nursing. That portion of the rehabilitation process in which the nurse functions.

Comprehensive Nursing Care. A type of nursing care which embodies:

1. The physical and emotional care of the patient.
2. The care of his immediate environment.
3. Carrying out treatments prescribed by the physician.
4. Teaching the patient and his family the essentials of nursing care which they may have to perform.
5. The participation in activities for the prevention of disease and for the promotion of health.
6. Delegating to other workers activities that they can perform for specified patients.

... In addition to the aspects of direct care and teaching, which are listed, another important responsibility of nursing today is the participation in a program for the rehabilitation of the patient.16

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Concept. A statement of a generalization based on specific facts or principles.

Learning Experience. This refers to, "the interaction between the learner and the external conditions in the environment to which he can react." 17

Educational Objectives. "Educational ends, they are results to be achieved from learning." 18


Scope and Limitations

The guide developed in the study was prepared for use in Wesley Hospital School of Nursing. The school offered a three-year diploma program in professional nursing. The guide included selected learning experiences from all the available clinical content areas provided by Wesley Hospital School of Nursing. These were: (1) medicine, (2) surgery, (3) obstetrics, (4) pediatrics, and (5) psychiatry.

The limitations of the study were: (1) that it was

18Ibid., p. 24.
designed to meet the needs of a specific school of nursing, and therefore, could not be applied directly to other situations, (2) the selection of learning experiences was limited to those facilities available in the community and hospital setting, (3) the guide did not include all possible learning experiences, and (4) the guide was not tested in an actual situation so it could not be adequately evaluated.

Methodology

A review of literature indicated that the concepts of rehabilitation were not clearly defined. The literature by authorities in the field of rehabilitation was analyzed for concepts. The analysis revealed that certain concepts recurred frequently in the literature. The concepts were selected by employing documentary frequency. The criterion for selection was that a given concept should be suggested by at least three authorities in the field of rehabilitation. The concepts were restated as necessary to insure clarity and individuality without attempting to change the original intent or meaning. A check list was then prepared of the concepts of rehabilitation.

The concepts of rehabilitation selected from the literature were then submitted to a jury of nurse instructors who were experts in their clinical areas. The jury
members were requested to determine whether each of the con-
cepts applied to nursing. The jury consisted of sixteen
members with equal representation from each of the clinical
areas from four nursing schools in the Rocky Mountain re-
gion.

The concepts selected by the jury were used in pre-
paring a guide for nursing instructors to use in selecting
learning experiences which would aid the nursing student
in gaining an understanding of the concepts of rehabilita-
tion. The resource unit was utilized as the organizational
unit for the guide because of its flexibility.

Objectives for the resource unit were based on the
concepts of rehabilitation and stated in terms of the de-
sired behavior. The behavior was classified as understand-
ing, one of the common elements found throughout the cur-
iculum. The unit objectives were screened through the
philosophy of Wesley Hospital School of Nursing and the
principles of learning accepted by the faculty. These
were evaluated to determine if they were consistent with
the stated objectives of the School of Nursing.

The development of learning experiences was based

19 See Appendix A for the philosophy of Wesley Hos-
pital School of Nursing. See Appendix B for the Princi-
ples of Learning.
upon the unit objectives. The criteria for organization of learning experiences were continuity, sequence, and integration. Three levels of learning were identified which corresponded with the three years of the diploma program. All the available clinical content areas were utilized in selecting learning experiences.

Teaching materials were evaluated and selected for their appropriateness in relation to learning experiences. An extensive bibliography was then prepared for the resource unit.

The structural form of the resource unit used in the study was a modification of that used by Draper and known as the T-form. The form advocated by Draper stated the problem or topic across the top bar of the T. Two parallel columns completed the T-formation. The column at the left contained the suggested learning experiences, while the other column contained teaching materials and procedures in direct relationship with the learning experiences. Draper and Gardner stated that, "Experience has shown that the work of the teacher is facilitated when the learning experiences, teaching materials, and procedures are visualized in relationship..."20

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The modifications made were primarily in the content area of the cross bar. The objective, the clinical area represented, and the level of experience replaced the problem or topic. The modified form is illustrated:

**OBJECTIVE:**

**CLINICAL AREA:**

**LEVEL OF EXPERIENCE** | **TEACHING MATERIALS**

**LEARNING EXPERIENCES**

**Preview of Remainder of Study**

Chapter II of the study consisted of a review of literature to establish the need for integration of the concepts of rehabilitation throughout the curriculum and to guide the development of the resource unit. Chapter III related the detailed development of the concepts of rehabilitation and of the resource unit. The methods used in selecting and evaluating the concepts of rehabilitation were discussed in detail. The resource unit provided the content of Chapter IV. Chapter V summarized the study and stated the recommendations resulting from the study.
CHAPTER II

REVIEW OF LITERATURE

Introduction

A review of literature was done to guide the development of the resource unit in the study, and to establish the value of resource units in curriculum planning. The literature on resource units included primarily education journals and texts.

Literature pertaining to concepts of rehabilitation was also reviewed to establish the need for integrating the concepts of rehabilitation throughout the nursing curriculum. The rehabilitation literature reviewed was concentrated during the period from 1945 to 1961. Great emphasis was placed on rehabilitation during and following World War II, so that the bulk of literature was produced after that time. The literature reviewed consisted of journals and texts pertaining to rehabilitation in medicine, nursing, social work, physical therapy, and other related fields.

The resource unit developed in the study was prepared for use in Wesley Hospital School of Nursing,
therefore, the philosophy of education\(^1\) and the principles of learning\(^2\) espoused by the faculty of the School of Nursing were also reviewed. The material presented in the review of literature included the following divisions: (1) the resource unit, (2) rehabilitation, (3) philosophy of education, and (4) principles of learning.

The Resource Unit

The resource unit had its origin in curriculum-improvement projects. The Virginia Curriculum Program developed a course of study in 1931 to help teachers develop work units. This course of study was flexible and was used as a source book. In 1935, the report of the National Council of the Teachers of English stated broad principles and gave many illustrations while leaving the job of determining curricular materials to the teacher. This report provided flexibility in the curriculum by permitting teacher participation in selecting curricular materials. The Rocky Mountain Workshop, held in 1938, under the sponsorship of the Commission on the Relation of School and College of the Progressive Education Association,

\(^1\)Appendix A.

\(^2\)Appendix B.
pioneered the development of source units.3

The Rocky Mountain Workshop was one of a series of workshops associated with the Eight-Year Study of the Progressive Education Association. Pupil-teacher planning and the exploration of student needs and interests were stressed. The teachers' needs for specific guides to the pupil-teacher planning process led to the preparation of source units, which later became known as resource units.4

The National Association of Secondary School Principals and the National Council for the Social Studies attempted to improve the resource unit by including an analysis of the significance of the problem and factual information needed by the teacher in guiding pupils. Social scientists and teachers cooperated in preparing a series of resource units which were published in 1942 under the title, Problems in American Life.5

Resource units were used in preplanning for


democratic classroom teaching. Quillen stated that,

Democracy in the classroom has been extended by giving pupils opportunity to participate in proposing, planning, executing, and evaluating learning activities. Effectiveness in reflective thinking has been developed by giving pupils practice in the recognition and analysis of problems; the collection, evaluation, and organization of pertinent information; and the formulation, verification, and application of conclusions bearing on the problem being studied. . . .

Krug emphasized that, "the one use for which resource units are developed is to help teachers prepare for the process of planning learning experiences with their students." Anything which stimulates pupil-teacher planning aids democratic teaching.

A resource unit, as defined by Krug, et. al., was "a written document containing suggestions for teaching-learning activities and materials organized around a given topic or problem." They further stated that,

To put these suggested activities and materials into some kind of framework, the writer of a resource unit usually includes also a statement of the significance of the topic or problem, a brief content outline, and a list of possible learning outcomes or objectives.

*A more comprehensive definition was given by Biddick

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6 Ibid., p. 9.
7 Krug, Curriculum Planning, p. 186.
when she described a resource unit as,

*a record of exploration made by a teacher or a
group of teachers of the needs of pupils within some
broad area of living, of ways in which it is be-
lieved these needs might be appropriately met, and of
ways for determining whether or not they have been
met.*9

The resource unit was defined by Alberty,10 Quillin,11
Draper and Gardner,12 Lee and Lee,13 and Leonard14 in es-
sentially the same manner.

Draper and Gardner indicated that a resource unit
was "essentially an instrument to be utilized in promoting
teacher growth."15 They stated further that, "The con-
struction and the use of resource units by a faculty is an
excellent administrative procedure for developing a

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9 Mildred Biddick, The Preparation and Use of Source
Units (New York: The Progressive Education Association,
1939), p. 3.

10 Alberty, op. cit., p. 424.

11 Quillin, op. cit., p. 12.

12 Edgar M. Draper and Gordon Gardner, "How to Con-
struct a Resource Unit," Clearing House, 26:267, January,
1952.

13 J. Murray Lee and Dorris May Lee, The Child and
His Curriculum (second edition; New York: Appleton-

14 J. Paul Leonard, Developing the Secondary School
Curriculum (New York: Rinehart and Company, Inc., Pub-

15 Draper and Gardner, loc. cit.
curriculum-improvement program."16

Krug also supported the role of the resource unit in curriculum development when he wrote,

Good use of resource units therefore provides a means of introducing flexibility and strength into the curriculum development program as a whole and a means of motivating teaching practices consistent with the principles of education professed.17

The resource unit was characterized by several unique features which differentiated it from other organizational units. First, the resource unit was comprehensive in nature. It contained much more material than could possibly be used in one class. Several learning or teaching units could be developed from one resource unit and a variety of possibilities were suggested for achieving the same goals.18

Secondly, the resource unit was developed around broad areas of subject matter. This aided correlation by cutting across traditional subject-matter lines. This approach also facilitated the survey and analysis of pertinent problems. An objective approach was maintained in relation to critical issues, presenting all sides of

16 Ibid., p. 269.
17 Krug, Curriculum Planning, p. 186.
18 Quillen, loc. cit.
A third characteristic was that resource units were prepared by teachers for the use of teachers rather than for student use. The primary purpose was to aid the teacher in selecting learning experiences for the student. It oriented the teacher to the subject and provided up-to-date information which was not readily available. This required frequent revision of the resource unit.

A fourth characteristic of the resource unit was that it was flexible. The resource unit permitted and encouraged adaptation of teaching to meet the needs of the individual and of the group. A wide variety of teaching materials also contributed to the flexibility of the resource unit. Resources within the community were utilized as well as those provided within the educational institution.

A fifth point was, that as a method of organization, the resource unit applied to all teaching fields. The

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22 Draper and Gardner, *loc. cit*.
resource unit was easily adapted to clinical teaching in nursing.

There was general agreement among the authors previously cited in regard to the contents of the resource unit. The resource unit was composed of (1) a title page, (2) an overview which served as an orientation to the content and purposes of the unit, (3) a statement of objectives as desired behaviors which might result from the unique contributions of the unit, (4) the suggested learning experiences which might aid in accomplishing the objectives, (5) a list of teaching materials directly related to the learning experiences, (6) suggested instruments and techniques of evaluation, and (7) the bibliography which included audio-visual materials and other teaching aids as well as literature.  

Rehabilitation

The Bixlers, in discussing the changing concepts of health and health care, stated:

Time was when health was considered to be the absence of disease, but now this is recognized as only a small part of what constitutes health. In the definition of health adopted by the World Health Organization is glimpsed the ideal toward which the world is striving: Health is a state of complete physical, mental,

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24 Draper and Gardner, loc. cit.
and social well-being, and not merely the absence of disease and infirmity. The concept of optimum health, that is, the attainment of the highest health level of which the individual is capable, comes much more often nowadays than formerly into the literature of health and health instruction. Health care and health instruction are expanding to include protection from hazards of many kinds, promotion of health through teaching and other positive measures, prevention of illness by the use of safeguards of great diversity, rehabilitation for vast numbers of individuals whose conditions would previously have been considered impossible of improvement, and restoration through treatment, now nearly miraculous in many diseases, which actually restores the ill person to health and full vigor.  

They recognized rehabilitation as an important aspect of modern health care. The role of rehabilitation in the over-all pattern of health care was discussed more specifically by other writers. Rehabilitation has been referred to by one author as, "being first, a philosophy, second, an objective, and third, a method."  

A philosophy of rehabilitation guides the selection of objectives for the rehabilitation program. According to Deaver,

A rehabilitation program must be based on the philosophy that a person with a disability requires services which will help him overcome or alleviate his handicap. In addition, it should help him to attain

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the most satisfactory physical, psychosocial, educational, and vocational adjustment in the environment in which he must function for the remainder of his life.\(^{27}\)

Whitehouse spoke of the ideal in comprehensive rehabilitation, but also recognized that,

Our teams and facilities are usually incomplete, partially because of lack of funds but also because rehabilitation philosophy is not always understood by the professionals themselves. Some see rehabilitation only from the focal point of their own practice, without recognizing the necessity for a generic philosophy to which all related professions subscribe and through which each profession develops responsibility to which all professions, agencies, and the public contribute their efforts.\(^{28}\)

Other authors agreed that rehabilitation must be brought down to the local level to become an effective program. Rusk pointed out the need for rehabilitation to be practiced in community hospitals and doctor's offices, when he said:

Experience has shown that a majority of the medical rehabilitation procedures can and should be done by the practitioner or specialist responsible for the patient's primary medical care and that such procedures should be an integral part of such medical care. This is the approach that is essential if any substantial gain is to be made in preventing further deterioration and increased disability among the great majority of


our sick and injured; for it is in physician's offices and general hospitals that the overwhelming percentage of our medical care is given.29

Allan elaborated on the function of the general hospital and pointed out its relation to other community agencies. He said that:

Rehabilitation in a general hospital should —

(1) Insure more prompt recovery and a shorter hospital stay for the patient with the acute medical or surgical condition.

(2) Insure maximum functional use of affected body parts.

(3) Prepare the severely disabled patient for self-sufficient living at home.

(4) Assist the long-term patient in arriving at a stage of independence from constant attention, making possible a sort of "residential" or "dormitory" care in the hospital or in a nursing home.

(5) Lay the ground work for much more effective vocational or other special rehabilitation therapy and training after discharge.30

He also pointed out the psychological value to the patient of graduating from the hospital to other agencies, and that many handicapped individuals were not, nor ever had been in a hospital. This indicated a need for effective coordination of all community services to provide a com-


30 Allan, op. cit., p. 42.
plete rehabilitation program.\footnote{Ibid.}

Rehabilitation has also been referred to as an objective. In this respect, Allan wrote,

If we are to define rehabilitation properly in the light of its objectives rather than applied services, rehabilitation is making a person aware of his potential and then providing him with the means of attaining that potential.\footnote{Ibid., p. 1.}

This objective was echoed by Drake,

The objective of the rehabilitation team is to restore the patient's functions to the highest level of which he is capable. The end goal of this restoration is for the patient to return home an independent and productive person.\footnote{Melba F. Drake, "Rehabilitation," The American Journal of Nursing, 60:1105, August, 1960.}

Other authors essentially agreed with these writers,

Rehabilitation was also considered a method to use in achieving the objectives. Allan identified the tools of rehabilitation as: (1) programs, (2) services, (3) personnel, and (4) facilities.\footnote{Allan, op. cit., p. 21.} Facilities may be specialized or general, and programs may be extensive or limited. In either case personnel and services are involved. The personnel, or members of the team, provided one of the many services required in rehabilitation. That nursing provided one of the many services required of a rehabilitation program was related by Hartigan who wrote,\footnote{Ibid.}
The nurse is the person who has the greatest opportunity to help a patient make the early adjustment to his illness which means so much to his total recovery. She is the one to whom the patient looks for not only personal care, but also information, encouragement, motivation, guidance and assistance. No one can doubt that meeting these needs of the patient is the nurse's responsibility. It is equally obvious that this is a major contribution to the patient's rehabilitation.  

Morrissey not only agreed with this but identified the role of the nurse in rehabilitation when she wrote that,

There are three main parts that the nurse is called upon to play in her over-all role of rehabilitation nurse. In the first part, she is a practitioner of basic nursing care in the care of the rehabilitation patient. In the second part, she is a leader and teacher of the arts and skills of rehabilitation nursing. In the third part, she is a coordinator who, charged with carrying the rehabilitation process continuously, weaves the strands of many threads of rehabilitation with care and continuity until rehabilitation is achieved. 

In addition to stating the three parts of the nurse's role, Rusk also maintained that, "The principles of rehabilitation nursing must be made a part of total nursing care in every nursing situation." If this were to be accomplished, then rehabilitation nursing must become an

37 Rusk, op. cit., p. 159.
integral part of the basic nursing curriculum.

In discussing the need for the study it was pointed out that rehabilitation aspects of nursing were an essential component of comprehensive nursing care. In order to provide comprehensive nursing care, rehabilitation should be taught in the nursing curriculum. Authorities agreed that rehabilitative aspects of nursing should be woven throughout the basic nursing curriculum. Special rehabilitation skills also have their place in nursing. Morrissey maintained that,

"Procedures and technics for teaching the activities of daily living to handicapped persons is an essential part of nursing care in rehabilitation. All of the self-care activities in rehabilitation are based on principles which are simple and which involve the use of ordinary common sense. As technics, they should be included in the practical equipment of every professional nurse."\(^{38}\)

Phillips, in an attempt to analyze the reasons why rehabilitation was not adequately treated in the nursing curriculum, reported:

"Rehabilitation nursing calls upon all the fundamental techniques and skills that the nurse has mastered for giving general bedside care. It also is dependent upon specialized rehabilitation techniques. Unfortunately many times our schools of nursing are not in a position to teach these specialized rehabilitation techniques. Perhaps it is because too few

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hospitals have rehabilitation departments in which the student nurse can have experience, but probably it results from a more fundamental reason; and that is that in far too many of our hospitals and schools of nursing the emphasis is on the care of the acutely ill rather than on care for those who have a long-term illness, and even when this last is possible, it is in the acute phases of the long-term illness that the nurse cares for the patient. . . .

'Teaching of self-care activities is another thing we have left out of too many of our curricula. Emphasis in recent years has seemed still to be on teaching the nurse how to do things for the patient rather than teaching the nurse how to help patients do things for themselves.'

The need for integrating rehabilitation throughout the curriculum was established from the survey of literature. The integration of rehabilitative aspects of nursing into a professional curriculum was founded on basic concepts of rehabilitation derived from the literature. Tyler supported this approach in speaking of professions:

For an occupation to be a profession, it should involve complex tasks which are performed by artistic application of major principles and concepts rather than by routine operation or skills. . . .

Seven concepts were selected from the rehabilitation

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using the technique of documentary frequency. The first concept identified was that rehabilitation is a continuous process. The process begins before the illness strikes (preventive measures), continues through the illness, and does not end until the individual returns to his place in the community. Rusk, Deaver, Hartigan, and Allan made similar statements.

Sholtis and Bragdon amplified this concept by providing for continuity of care. They stated that rehabilitation included the, "provision of continuity of care from hospital to home clinic, or other agency or institution."

The second concept stated that rehabilitation is an individualized process. Morrissey indicated that, "the first step in rehabilitating the patient is to consider that all people are united entities with all the facets of

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42 Rusk, loc. cit.
43 Deaver, loc. cit.
44 Hartigan, loc. cit.
45 Allan, op. cit., p. 4.
46 Lillian A. Sholtis and Jane Sherburn Bragdon, The Art of Clinical Instruction (Philadelphia: J. B. Lippincott Company, 1961), p. 120.
personality organization co-ordinated."\textsuperscript{47} Rusk\textsuperscript{48} and Kessler\textsuperscript{49} were in agreement with this concept. Terry, et. al., promoted the concept of the whole patient. They also pointed out that the nurse must emotionally accept the individual with a disability.\textsuperscript{50}

The third concept emphasized that maximum physical and emotional health must be maintained during the rehabilitation process. This was stated by Morrissey in \textit{Rehabilitation Nursing}, where the physical aspects were discussed in detail.\textsuperscript{51} Allan also supported this concept when he wrote, "Physical deformity can be prevented by early and correct exercise, bladder and bowel incontinence can be overcome or controlled, pressure scores can be avoided, amputation stumps can be properly prepared for wearing of the prosthesis [sic].\textsuperscript{52}

\begin{itemize}
\item \textsuperscript{47} Morrissey, \textit{Rehabilitation Nursing}, p. 37.
\item \textsuperscript{48} Rusk, \textit{op. cit.}, p. 152.
\item \textsuperscript{49} Henry H. Kessler, \textit{Rehabilitation of the Physically Handicapped} (New York: Columbia University Press, 1953), pp. 5 and 23.
\item \textsuperscript{50} Florence Jones Terry, et. al., \textit{Principles and Technics of Rehabilitation Nursing} (St. Louis: The C. V. Mosby Company, 1957), pp. 21, 72.
\item \textsuperscript{51} Morrissey, \textit{Rehabilitation Nursing}, p. 67.
\item \textsuperscript{52} Allan, \textit{op. cit.}, p. 34.
\end{itemize}
Rehabilitation as a learning process was identified as the fourth concept. Taylor stated that, "Rehabilitation is a learning process for the patient, and the nurse, functioning as teacher in this process, must keep in mind the psychology of learning and plan for progressive experiences." According to Morrissey, "One aspect of total nursing care is helping our patients achieve maximum efficiency and teaching them to do for themselves many of the things now being done for them. . . ." In this she included the activities of daily living. Rusk also stated that,

All instruction of the patient should run concurrently with his rehabilitation training. Indeed, one might say that the rehabilitation patient is really in "school", for there are some learning situations in most of his contacts; all rehabilitation workers are teachers.

The necessity for close and prolonged association with the patient was suggested by Sholtis and Bragdon. This was considered necessary to provide individualized nursing care.

A fifth concept was that rehabilitation is dependent

55Rusk, op. cit., p. 162.
56Sholtis and Bragdon, op. cit., p. 120.
upon the motivation of the patient and upon his cooperation in the program of rehabilitation. Hartigan expressed this concept when she said, "No rehabilitation program can be successful unless the patient himself wants it to succeed."\(^{57}\) Morrissey reiterated the same concept when she stated, "First, it is essential to get the cooperation and interest of the patient inasmuch as he must do the actual physical work."\(^{58}\) Phillips,\(^{59}\) Rusk,\(^{60}\) and Terry, et al.,\(^{61}\) expressed the same general idea.

The sixth basic concept was that the patient is a member of a family and of a community. Deaver believed that,

to a large extent handicapped individuals are part of a family unit whose other members must be participants in the plan and process of the rehabilitation program and whose needs must be recognized and planned for if the ultimate goal is to be reached.\(^{62}\)

Menninger indicated that there was only one way to understand the relationship of the patient to his family. He

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\(^{57}\) Hartigan, *loc. cit.*


\(^{59}\) Phillips, *op. cit.*, p. 36.

\(^{60}\) Rusk, *op. cit.*, p. 162.


\(^{62}\) Deaver, *op. cit.*, p. 1278.
wrote:

There is only one way that the rehabilitation worker can find out how the patient and his family perceive the handicap—and that is getting to know them, coming to understand their problems, talking to them and above all listening to them.63

The social aspects of group relationships were also considered a part of this concept. Ling and O'Malley indicated that it was important to be aware that changes occurred in the environment as well as in the individual. They stated that, "The group has suffered social amputation of one of its members."64 Therefore, the group must also adjust. All authors agreed in their objectives that one goal of rehabilitation was to return the patient to the community.

The seventh, and last, concept was that teamwork facilitates the restoration of the individual to his fullest capacity. This concept was expressed by Rusk, when he said,

The skills of the rehabilitation team, consisting of the physicians, physical therapists, occupational therapists, nurses, social workers, counselors, and


other trained personnel are integrated as a single force to assist the patient in reaching the maximum of his physical, emotional, social, and vocational potentials. \(^65\)

Terry, et. al., included the patient and his family as members of the team. \(^66\) This was deemed essential in obtaining their cooperation. Sholtis and Bragdon pointed out four aspects of the team concept. They were that the nurse should: (1) understand the functions and skills of members of the health team to promote effective cooperation, (2) assist in the co-ordination of team-care programs, (3) maintain good interpersonal relationships with other members of the team, and (4) know what resources are available both in the hospital and in the community. \(^67\)

Philosophy of Education

Each individual has a philosophy of life based upon the standards and ideals which are acceptable to him. \(^68\) An educational philosophy is built upon a philosophy of life. A philosophy of nursing education includes

\(^{65}\) Rusk, op. cit., preface, p. 7.

\(^{66}\) Terry, et. al., op. cit., p. 72.

\(^{67}\) Sholtis and Bragdon, op. cit., p. 121.

both a philosophy of education and a philosophy of nursing. A philosophy of education consists of the fundamental beliefs through which objectives are screened and upon which a curriculum is built. Heidgerken pointed out the purposes of a philosophy of nursing education when she wrote,

Since all education is the outgrowth of philosophic beliefs, a philosophy of nursing education is the application of these fundamental beliefs to the field of nursing education. Therefore, a philosophy of nursing education formulates the nursing curriculum, its nature and the end that it seeks to achieve. Every phase of nursing education will be influenced by the philosophy upon which it is based. This philosophy will determine the selection of students, the preparation of faculty, the development of the curriculum, attitudes toward patient and community and the personal life and professional growth of every member of the student body and faculty.69

Since the resource unit developed in this study was prepared for use by the faculty of Wesley Hospital School of Nursing, the philosophy of that school of nursing was used in the study.70 The philosophy of Wesley Hospital School of Nursing was reflected in the following objectives or goals:

1. To offer a three-year diploma course in basic professional nursing designed to prepare selected young women for general staff nursing.

69 Ibid., pp. 57-58.

70 See Appendix A for the philosophy of Wesley Hospital School of Nursing.
2. To offer the instruction, observation, and practice which will help the student gain the knowledge, skill, and attitudes necessary to become a competent professional nurse for patients ill with the more common conditions related to medical, surgical, obstetrical, pediatric, and psychiatric nursing.

3. To provide for the understanding and appreciation of the scientific principles for nursing practice.

4. To develop in the student an understanding of health and effective ways of maintaining it so that she may be able to grow in the use of this knowledge for the furtherance of her well-being and that of others.

5. To endeavor to increase the communication skills of the student and develop in her an awareness of the importance of communication in the planning and provision of nursing care.

6. To offer that knowledge, observation, and practice which will develop in the student an understanding and appreciation of her professional responsibilities; this shall include the recognition of the role of nursing within the local, national, and international health fields.

7. To assist the student to recognize her civic responsibility as a person and as a nurse.

8. To provide the atmosphere and the learning experiences that are essential to the development and conservation of the personal and spiritual values of nursing.  

Principles of Learning

The psychology of learning served as a screen for

71 Bulletin of The Diploma Program in Professional Nursing, Wesley Hospital School of Nursing (Wichita, Kansas: Wesley Hospital School of Nursing, 1961-1962), p. 8.
objectives as did the philosophy of nursing education. Educational objectives, as defined by Tyler, are educational ends -- the results to be achieved from learning. He also warned that, "Unless these ends are in conformity with conditions intrinsic in learning they are worthless as educational goals."

The psychology of learning used in the study utilized the principles of learning accepted by the faculty of Wesley Hospital School of Nursing. These principles were based on the premise that learning is a persistent change in behavior resulting from experience. The principles thus stated were: (1) learning is individual, (2) when the learner is ready to act, to act is satisfying and not to act is annoying, (3) learning takes place more effectively in situations where students derive satisfactions, (4) learning is self-active and social, (5) the more often a response is made to a situation, the closer becomes the bond between the two provided that the principles of primacy, intensity, recency, and spaced practice are followed, (6) forgetting takes place almost as soon as learning has taken place, (7) learning takes place through the process

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73 Ibid.
of having parts of our experience associated with another, and (8) learning is goal directed. 74

Summary

The review of literature revealed a need for integrating rehabilitation concepts throughout the curriculum. The value of the resource unit in curriculum planning was established, therefore, it was utilized to accomplish the integration of the concepts of rehabilitation into the curriculum. The literature also served as a guide in developing the resource unit. The philosophy and principles of learning accepted by Wesley Hospital School of Nursing were reviewed since they were to serve as screens for selecting the objectives of the resource unit.

CHAPTER III

DEVELOPMENT OF THE RESOURCE UNIT

Introduction

The resource unit in this study was developed for use by Wesley Hospital School of Nursing. The purposes of the study were: (1) to identify the concepts of rehabilitation which may be applied to nursing care, (2) to develop a guide that would provide the nurse instructors of Wesley Hospital School of Nursing with a list of materials from which to select those learning experiences that would aid the nursing student in developing an understanding of the concepts of rehabilitation, and (3) to illustrate how learning experiences could be planned and organized for continuity, sequence, and integration.

Planning for the resource unit involved the following steps: (1) identification of the concepts of rehabilitation, (2) formulation of objectives for the resource unit, (3) selection of clinical areas to be utilized in the study, (4) selection and organization of learning experiences, (5) selection and organization of teaching materials, (6) suggestions for evaluative devices and techniques, and (7) compilation of the bibliography.
Identification of the Concepts of Rehabilitation

The concepts of rehabilitation were identified from the literature using the technique of documentary frequency. The technique of documentary frequency was most commonly associated with the normative survey or descriptive study method of research. The normative survey or descriptive study method attempts to, "describe a condition or to learn the status of something and, whenever possible, to draw valid general conclusions from the facts discovered."¹ In this study the concepts of rehabilitation were the focus of the description.

Documentary frequency was one form of a technique described by Best as content or document analysis. Content analysis might be either qualitative or quantitative. The qualitative analysis of content involved evaluation by established criteria. The quantitative analysis of content or documents consisted of counting the frequency of a given item or of measuring the space allotted to a given topic.²

Documentary frequency was applied to this study by selecting the concepts of rehabilitation from literature

written by authorities in the field of rehabilitation. The criteria for selection of a concept was that it appear in the writings of at least three recognized authorities. The concepts were then restated as necessary to insure clarity and individuality without attempting to change the original intent or meaning. A check list was then prepared of the concepts of rehabilitation.

Good emphasized that the investigator was responsible for collecting the appropriate documents for study as well as determining which characteristic to count. He also cautioned that,

In interpreting frequency analyses of documentary materials, important questions of permanent values and social significance arise. Frequency of appearance of a topic of interest in the current literature may reflect only the passing fancy of the average reader rather than an appropriate goal or aim in improving interests and activities.3

A disadvantage associated with the use of documentary frequency was that so much was left to the choice of the individual investigator. Unless discriminating judgment was employed in selecting the sources of concepts, bias could easily creep in. An advantage of this technique was that it allowed the examination of current literature on rehabilitation as a source of data, rather than

necessitating a personal contact with each of the authorities mentioned in the review of literature.

Juries have been utilized in recent research to evaluate concepts and principles of the basic sciences. Studies of this nature were conducted at the University of Washington. The methods used there suggested the use of a jury in this study.\(^4\) Pooling the judgments of a jury was defined as a survey-appraisal technique by Good.\(^5\) The rating of items involved direct judgment rather than an objective evaluation. The validity of ratings made by individuals was strongly questioned by Thorndike and Hagan, yet they have stated that,

> The very fact that we have fallen back on ratings usually means that no better measure of the quality in question is available to us. There is usually nothing else against which we can test the ratings.\(^6\)

The prepared check list of the concepts of rehabilitation accompanied by a cover letter was submitted to a jury of sixteen nurse instructors who were experts within

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\(^5\) Good, *op. cit.*, p. 250.

their clinical areas. The jury consisted of representatives of each clinical area from four National League for Nursing accredited schools of nursing in the Rocky Mountain region. The purpose in submitting the check list to a jury was to determine which of the rehabilitative concepts listed were applicable to nursing. Only those concepts were employed upon which at least twelve of the sixteen members of the jury agreed. According to Thorndike and Hagan, pooling the ratings made by the jury members, increased the reliability of the appraisal of the concepts of rehabilitation.

All check lists were returned completed. Analysis of the returned check lists indicated complete agreement among the respondents upon six of the seven concepts. Fifteen of the sixteen jury members agreed that the remaining concept relating to motivation also applied to nursing. Therefore, all of the concepts were utilized in formulating the objectives for the resource unit. These were: (1) Rehabilitation is a continuous process; (2) Rehabilitation is an individualized process; (3) Maximum physical and emotional health must be maintained during the rehabilitation process; (4) Rehabilitation is a learning process; (5) Rehabilitation is dependent upon the

\[7\text{Ibid., p. 346.}\]
motivation of the patient and upon his cooperation in the program of rehabilitation; (6) The patient is a member of a family and of a community; and (7) Teamwork facilitates the restoration of the individual to his fullest capacity. Appendix C contains a copy of the check list of concepts of rehabilitation with explanatory statements and a cover letter.

Formulation of Objectives

The objectives in the resource unit were expressed in terms of both content and behavior. Heidgerken pointed out that, "Learner-centered objectives should be stated in the form of learner activity, indicating the type of behavior desired and in what area of content or life activity the changed behavior is to operate."\(^8\)

The behavior identified in the objectives was classified as understanding. Anderson defined understandings as,

> generalizations of experiences which are used as guides to future experiences. . . . Understandings are built on experiences; they are not learned by the student through memorizing.\(^9\)

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Understanding implies ability to recall, define or illustrate, relate to other experiences, and involves comparison and contrast.

The seven concepts of rehabilitation validated by the jury were utilized in developing over-all objectives for the resource unit. The needs of the learner and the needs of society were considered as well. The seven objectives thus formulated were screened through the philosophy of Wesley Hospital School of Nursing to determine if the objectives were consistent with the values stated in the philosophy. All of the objectives were consistent with the philosophy and were then screened through the principles of learning accepted by the faculty of Wesley Hospital School of Nursing to determine if they were in conformity with the conditions inherent in learning. At the completion of screening, all seven objectives were accepted for use in the resource unit.

Permission was obtained from the director of Wesley Hospital School of Nursing to identify the hospital in the study. Permission was also granted to use the philosophy, objectives, principles of learning, and curriculum plan of

10 Appendix A.

11 Appendix B.
the School of Nursing in developing the resource unit.¹²

**Selection of Clinical Areas**

Since rehabilitation contributes to comprehensive nursing care, it was considered important to provide learning experiences in all clinical areas. Therefore, the selection of clinical areas included all those available. These were: (1) obstetrics, (2) pediatrics, (3) medicine, (4) surgery, and (5) psychiatry.¹³

**Selection and Organization of Learning Experiences**

For the purposes of this study a learning experience was defined as, "the interaction between the learner and the external conditions in the environment to which he can react."¹⁴ The selection of learning experiences for the resource unit was guided by the principles outlined by Tyler: (1) the student must have opportunities to practice the behavior implied by the objective, (2) the student should gain satisfaction from carrying on the behavior implied by

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¹² See Appendix D for letters requesting and granting permission to use the name, philosophy, objectives, principles of learning, and curriculum plan of Wesley Hospital School of Nursing.

¹³ See Appendix E for a copy of the curriculum plan.

the objective, (3) the reactions desired in the experience are within the range of possibility for the students involved, (4) many experiences can be used to attain the same educational objectives, and (5) the same learning experiences will usually bring about several outcomes. 15

Learning experiences were selected for each of the objectives in each of the clinical areas which would contribute to the desired behavior in rehabilitation nursing, and also contribute to the objectives of the clinical area. Planning for organization of learning experiences was the next step. The purpose in organizing learning experiences was to provide meaning to the relationships between various parts of the curriculum. The criteria for organization of learning experiences were continuity, sequence, and integration. These criteria were defined by Tyler when he wrote,

Continuity refers to the vertical reiteration of major curriculum elements. Sequence is related to continuity but goes beyond it. . . . Sequence as a criterion emphasizes the importance of having each successive experience build upon the preceding one, but to go more broadly and deeply into the matters involved. . . . Integration refers to the horizontal relationships of curriculum experiences. The organization of these experiences should be such that they help the student increasingly to get a unified view and to unify his behavior in relation to the elements dealt with. 16

15 Ibid., pp. 42 et. seqq. 16 Ibid., p. 55.
The levels of experience were related to the three academic years of the diploma program. On this basis, first level experiences were planned for Nursing I and Medical-Surgical Nursing I; second level experiences were planned for Medical-Surgical Nursing II and Obstetrical Nursing; and third level experiences were planned for Pediatric Nursing, Psychiatric Nursing, and Medical-Surgical Nursing III.

Selection and Organization of Teaching Materials

The resource unit included a wide variety of teaching materials. Teaching materials referred to all reference materials, audio-visual aids, and community resources. These materials were organized for effective use by placing them directly opposite the learning experience to which they contributed. Whenever possible, a choice of teaching materials was provided for each learning experience, thus adding to the flexibility of the unit. An attempt was made to select materials that were readily available, inexpensive, and appropriate for the particular learning experience. The applicability of the teaching materials was dependent upon the judgment of the investigator.

The criteria for selecting teaching materials were: (1) materials on rehabilitation nursing would contribute to the background knowledge of the nursing instructor, (2) the
materials would contribute to the attainment of the objectives of the resource unit, (3) materials could be used for student assignment, (4) the materials would enhance the meaningfulness of the learning experience for the student, (5) the materials would be obtainable, and (6) whenever possible, the materials would contribute to the attainment of the objectives of the clinical area in which the learning experience was to take place.

Suggestions for Evaluation

Heidgerken has defined evaluation as,

The judging of the worth or value of something that represents the satisfaction of a human need, such as an object, event, or activity. . . . Evaluation includes measurement, but adds to it the concept of factors which are intangible and not subject to quantitative determination.17

The first step in evaluation was to return to the objectives of the unit. The content and behaviors identified in the objectives now served as the basis for evaluation. The second step was to identify situations which gave the student the opportunity to exhibit behavior expressed in the objective. This allowed opportunity to observe the extent to which the objectives were being met. The evaluative devices were selected and checked against

17 Heidgerken, op. cit., pp. 531-532.
the objectives to determine whether they evoked the type of behavior desired. A variety of evaluative instruments were necessary to determine the value of the learning experiences. In selecting evaluative devices, Tyler indicated that, "since evaluation involves getting evidence about behavior changes in the students, any valid evidence about behaviors that are desired as educational objectives provides an appropriate method of evaluation."

Anderson stated that, "Evaluation is a constant process throughout the unit, and the listing of the means at this point in the resource unit does not signify that evaluation is to be left to the end of the unit." Instruments of evaluation included written tests, ratings based on observation, and student self-appraisal. The results of evaluation should be utilized in improving learning experiences.

Compilation of the Bibliography

A bibliography was compiled for the resource unit with three major classifications. These were: (1) books and other publications, (2) periodicals, and (3) audiovisual aids. Under the heading of books and other publications were included bound books, pamphlets, and publications

18 Tyler, op. cit., pp. 71-74.
19 Ibid., p. 70.
of companies or societies. Articles found in periodical magazines were listed under the classification of periodicals. Audio-visual aids included films, film strips, photographs, and charts.

Structural Form of the Resource Unit

The form chosen for the resource unit was a modification of the T-form used by Draper. This form was used to relate teaching materials to the learning experiences selected. The objective to which the learning experience would contribute was stated first. The clinical area in which the learning experience would take place and the level of experience were then identified. The learning experiences and teaching materials were arranged in parallel columns below these. The learning experience was described in detail, while the teaching materials related to it were listed in the adjoining column.

Summary

The resource unit was developed in the following manner. First, the concepts of rehabilitation were identified from the literature using the technique of documentary

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frequency. Second, objectives were formulated which reflected the concepts of rehabilitation in the content. The behavior expressed in the objectives was classified as understanding. The formulated objectives were screened through the philosophy and principles of learning accepted by the faculty of Wesley Hospital School of Nursing. Third, the clinical areas were selected. The fourth step was the selection and organization of learning experiences. Fifth, the teaching materials were selected and organized for effective use. Suggestions for evaluation were made as the sixth step. Compilation of a bibliography constituted the seventh and last step.

The structural form of the resource unit was a modification of the T-form used by Draper. The objective, clinical area, and level of experience were identified at the top. Then the learning experiences and teaching materials were arranged in parallel columns below these to complete the T-formation.
CHAPTER IV

A RESOURCE UNIT TO AID IN THE INTEGRATION OF REHABILITATION CONCEPTS IN A BASIC NURSING CURRICULUM

Introduction

The resource unit was designed to illustrate how the concepts of rehabilitation could be integrated throughout a basic professional nursing program. The purposes of the resource unit were: (1) to provide the nurse instructors of Wesley Hospital School of Nursing with a list of materials from which to select those learning experiences that would aid the nursing student in developing an understanding of the concepts of rehabilitation, and (2) to illustrate how learning experiences could be planned and organized for continuity, sequence, and integration.

Overview of the Resource Unit

The resource unit was developed for use by Wesley Hospital School of Nursing, a diploma program in basic professional nursing, accredited by the Kansas State Board of Nurse Registration and Nursing Education and by the Accreditation Service of the National League for Nursing.

The resource unit was based upon concepts derived
from the writings of authorities in the field of rehabilitation. The concepts were then submitted to a jury of nurse instructors who were experts within their clinical areas. The purpose in submitting the concepts to a jury was to determine if the concepts had application for nursing. All of the concepts of rehabilitation were found to have application for nursing, and therefore, were used in developing objectives for the resource unit.

The formulated objectives were stated in the manner suggested by Heidgerken which included both the behavior desired and the content area in which the student was to demonstrate the desired behavior. The desired behavior for all the objectives was identified as understanding. Understanding implied ability to recall, define or illustrate, relate to other experiences, and involved comparison and contrast. Understanding in the resource unit was viewed as a continuum. Understandings built on experiences, served as guides to future experiences. The content area of the objectives was obtained from the concepts of rehabilitation derived from the literature.

The seven objectives thus formulated were screened through the philosophy of Wesley Hospital School of Nursing.

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Nursing and the principles of learning accepted by the faculty. After screening, the seven objectives were accepted for use in planning learning experiences.

The clinical areas for which learning experiences were planned included all those available in Wesley Hospital. These were: (1) medicine, (2) surgery, (3) obstetrics, (4) pediatrics, and (5) psychiatry. Levels of student development were directly associated with the three academic years of the diploma program. On this basis, first level experiences were planned for Nursing I and Medical-Surgical Nursing I; second level experiences were planned for Obstetrical Nursing and Medical-Surgical Nursing II; and third level experiences were planned for Pediatric Nursing, Psychiatric Nursing, and Medical-Surgical Nursing III. The learning experiences were then organized for continuity, sequence, and integration.

Appropriate teaching materials were selected for the learning experiences. Teaching materials referred to all reference materials, audio-visual aids, and community resources. The teaching materials of the resource unit were organized for effective use by placing them directly opposite the learning experience to which they contributed.

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2 Appendix A.
3 Appendix B.
Instruments and techniques of evaluation were suggested for the resource unit. Evaluation included any technique which provided evidence of behavioral change in the student.

A bibliography was compiled for the resource unit which contained three divisions: (1) books and other publications, (2) periodicals, and (3) audio-visual aids. The bibliography consisted of current materials on rehabilitation, rehabilitation nursing, and related topics.

Objectives of the Resource Unit

The objectives formulated for this resource unit were:

Understanding that the patient is a member of a family and of a community.

Understanding that maximum physical and emotional health must be maintained during the rehabilitation process.

Understanding that rehabilitation is an individualized process.

Understanding that rehabilitation is dependent upon the motivation of the patient and upon his cooperation in the program of rehabilitation.

Understanding that rehabilitation involves a learning process.

Understanding that rehabilitation is a continuous process.

Understanding that teamwork facilitates the restoration of the individual to his fullest capacity.
Learning Experiences of the Resource Unit

Learning experiences in the resource unit were planned for three levels of student development. Student development was correlated with the three years of the diploma program. Learning experiences planned for Nursing I and Medical-Surgical Nursing I were considered first level experiences; learning experiences planned for Obstetrical Nursing and Medical-Surgical Nursing II were considered second level experiences; and learning experiences planned for Pediatric Nursing, Psychiatric Nursing, and Medical-Surgical Nursing III were considered third level experiences.
OBJECTIVE: Understanding that the patient is a member of a family and of a community.

CLINICAL AREA: Nursing I.

First Level Learning Experience

In class the students, drawing from their own experience, discuss the various roles played by family members. The teacher leads this discussion in preparation for the following assignment. Each student is to go to the hospital during visiting hours to see the patient to whom she gave morning care. After meeting and talking with members of the patient's family, and reading the chart, the student is requested to write a brief report in which she identifies the various family roles which she has observed. The effect of illness and hospitalization on the family relationship should also be considered. The following day in class, the instructor leads a discussion of the effects of hospitalization and illness upon member roles and family relationships. She listens to be sure that the students bring out the difference in types of problems created by the illness of the mother, father, sibling, husband, or wife. She also determines that the students are aware of how the illness may interfere with a job, family finances, interrupt an education, require a mother to go to work, leave children in a foster home, or in other ways disrupt the family relationships. In summarizing, the instructor helps the students become aware that illness affects not only the patient, but also the family and community, and points out the need to consider these factors in developing a plan of care.

The following day the student is assigned to give morning care to the patient she had visited. She prepares a written nursing care plan for this patient. The instructor evaluates the nursing care plan to determine the student's understanding that the patient is a member of a family and of a community.
Teaching Materials


Berniece Wagner, "The Nursing Care Plan: As the Instructor Presents It," Nursing Outlook, 9:172-174, March, 1961. Nurses and patients must share the goals if a nursing care plan is to be effective.

OBJECTIVE: Understanding that maximum physical and emotional health must be maintained during the rehabilitation process.

CLINICAL AREA: Nursing I.

First Level Learning Experience

In a class on nursing care of the geriatric patient, a group discussion is led by the instructor on the therapeutic values of good body alignment and full range of motion. She points out the relationship of good body alignment and range of motion to the prevention of deformity in the geriatric patient who is confined to bed. The instructor using a student volunteer demonstrates how proper body alignment and the full range of motion can be accomplished for the bed-fast patient. Following the demonstration the students have an opportunity to practice these measures on each other, using foot boards, pillows, trochanter rolls, and other measures to promote comfort and prevent deformity.

Following the practice period, the student is assigned to care for an elderly patient with severe anemia who is confined to bed. In addition to giving morning care, she practices full range of motion and positions the patient in proper alignment. The instructor observes and assists with these procedures if necessary. The instructor and student together evaluate the effectiveness of the procedures, and the student relates why the full range of motion and proper body alignment were important preventive measures for this particular patient.

The instructor then plans for a field trip to a local nursing home. Each student is assigned to write an observation report of the field trip. Included in the report should be the types of patients observed, the adequacy of the facilities, opportunities observed for patients to socialize, and the patients seen with preventable deformities such as drop foot, flexion contractures, or decubiti. In the report the student is to relate the observations she has made to her nursing practice indicating measures which might have been utilized to prevent such deformities. The observation reports are evaluated by the instructor for an understanding of the role of the nursing home in meeting specific needs of the geriatric
patient. They are further evaluated to determine whether the student has an understanding that the prevention of deformity contributes to the maintenance of maximum physical and emotional health during the rehabilitation process.

**Teaching Materials**


M. Beckett Howorth, "Posture in Adolescents and Adults," *The American Journal of Nursing*, 56:34-36, January, 1956. Proper posture is described and some of the common faults in posture are pointed out.


Nursing Advisory Service for Orthopedics and Poliomyelitis, "Posture Fundamentals," a folder containing forty-two 8-1/2 x 11 inch illustrations in black and white (New York: National League for Nursing, Division of Nursing Education, [n.d.]).
OBJECTIVE: Understanding that rehabilitation is an individualized process.

CLINICAL AREA: Nursing I.

First Level Learning Experience

Following the classes on pre- and post-operative nursing care, the instructor assigns the student to give nursing care to an early post-operative patient on the ward. The same day in the first ten minutes of the class period, the student is requested to write down all the ways she can think of that this patient differed from the last post-operative patient she cared for. The students retain their papers as the instructor leads the discussion of how patients differ during the early post-operative period. The instructor lists on the chalk-board the various differences noted by the students. Cooperatively, the students and instructor draw generalizations from these comments to point out that the method of treatment, the specific physical and emotional needs of the post-operative period, the need to observe for and aid in the prevention of complications, the control of pain, nausea and vomiting, and the observation of vital functions is individual. The students are then asked to point out the individual differences noted among the post-operative patients for whom they have provided nursing care. The instructor listens to determine whether the individual differences include age, sex, cultural and social background, emotional needs, physiological response to surgery, educational and vocational background, status in the family, and religious beliefs and needs.

The following day the student is assigned to give nursing care to the same post-operative patient. The instructor observes the care given and evaluates the nursing care plan prepared by the student. Consideration of the individuality of patient needs in the nursing care plan indicates an understanding that rehabilitation is an individualized process.
Teaching Materials

Kathleen Newton Shafer, Janet R. Sawyer, Audrey M. McCluskey, and Edna Lifgren Beck, Medical-Surgical Nursing (second edition; St. Louis: The C. V. Mosby Company, 1961), pp. 147-161, "Post-operative Care." Discussed the postoperative nursing care to be given and the common complications which may occur.


OBJECTIVE: Understanding that rehabilitation is dependent upon the motivation of the patient and upon his cooperation in the program of rehabilitation.

CLINICAL AREA: Nursing I.

First Level Learning Experience

The instructor plans for a ward conference on the emotional responses of patients with medical-surgical conditions. Each student is assigned to write a brief description of patients she has cared for who exhibit either apathy, antagonism, depression, motivation, or cooperation. Selected references are suggested.

During the ward class, the descriptions are shared with the group. The instructor asks each student to clarify the behavior which led the student to conclude the patient was apathetic, cooperative, etc. The group explores together the possible reasons for each of the emotional responses and the ways in which the nurse can help such patients. The instructor evaluates the students' participation in and the contributions made to the ward class.

In the following days during ward practice the student is assigned to give nursing care to a variety of patients with varying emotional responses to their illness. The instructor is careful to select and assign the student to give care to at least one patient whose behavior indicates a positive response to his illness and one whose behavior indicates a negative response. The instructor evaluates the nursing care plans prepared for these patients to determine whether the student has included encouragement and progression for the positively motivated patient, and considered possible approaches to stimulate the patient who has a more negative response. The nursing care plans are discussed with the student to determine whether she is aware that motivation must come from within the patient if he is to cooperate in the plan for rehabilitation, though the stimulus may come from without. The inclusion of these factors in the nursing care plan indicate an understanding that rehabilitation is dependent upon the motivation of the patient and upon his cooperation in the program of rehabilitation.
Teaching Materials

Margaret Prowse Neylan, "The Depressed Patient," The American Journal of Nursing, 61:77-78, July, 1961. Describes depression as a response to loss in the adult, resulting from anger turned inward. Nursing approaches to this type of patient are suggested.

Dorothy Gregg, "Reassurance," The American Journal of Nursing, 55:171-174, February, 1955. This article describes the need for reassurance and the ways in which it may be provided by the nurse.

Dorothy Gregg, "Anxiety--A Factor in Nursing Care," The American Journal of Nursing, 52:1363-1365, November, 1952. Tells how to recognize anxiety, differentiates between anxiety and fear, and suggests methods for helping the patient work through his anxiety.

Lois Knowles, "How Can We Reassure Patients," The American Journal of Nursing, 59:834-835, June, 1959. Also discusses the role of reassurance in nursing care and some approaches which may aid the nurse in reassuring the patient.

OBJECTIVE: Understanding that rehabilitation involves a learning process.

CLINICAL AREA: Nursing I.

First Level Learning Experience

In the classroom, the instructor leads a discussion on the nursing care of the convalescent patient. The instructor points out that early ambulation and self care speed the patient's recovery by increasing the circulation and breathing capacity, by decreasing the dangers of thrombi and emboli, decreasing the dangers of limited motion as manifested in deformity, atrophy, kidney stones, and hypostatic pneumonia, and by improving the patient's outlook on life. She also states that for those patients who are convalescing with some handicap resulting from disease or injury, it may be necessary to teach them the activities of daily living. She explains to the student that the activities of daily living are those activities performed by the individual which are essential to daily living, such as personal hygiene, dressing, toileting, ambulating, and feeding themselves. The instructor reminds the students that to maintain his independence, the handicapped person must learn new ways of doing things. The group discusses ways to modify various activities so that the patient may perform the activity himself. In summarizing, the class and the instructor cooperatively reach the conclusion that helping the patient too much only hinders his progress rather than speeding his recovery. The instructor evaluates the students' contributions to the class discussion.

The following day on the ward, the student is assigned to give nursing care to a patient who has some limitation due to disease, injury, or surgery, or to a patient who is reluctant to resume self-care. The instructor observes the student giving nursing care as a means of determining whether she has provided a learning situation to assist the one patient to overcome his limitations or to encourage the other patient to resume self-care by teaching them the body's response to activity and inactivity. In addition, the nursing care plan is evaluated for general nursing care measures and consideration of the patient's individual needs based on his social and cultural background, religion, emotional responses, and family status. The student's awareness that convalescing
patients may need to relearn many activities or gain an understanding of the reasons for early activity, and her ability to arrange appropriate learning situations indicates an understanding that rehabilitation involves a learning process.

Teaching Materials

Carolyn M. Frake, "What Kind of Help is Best for My Patient?" *The American Journal of Nursing*, 54:997-998, August, 1954. Illustrates that the patient's personal needs for love and attention are more important to him than getting well.

OBJECTIVE: Understanding that rehabilitation is a continuous process.

CLINICAL AREA: Nursing I.

First Level Learning Experience

A discussion in the classroom has centered about the roles of the various hospital departments and their contributions to the total care of the patient. Upon completion of the discussion the instructor assigns each student to go with their assigned patient the following day to all other departments in the hospital to which the patient is required to go for services. The student is to observe the services the patient receives. She is then to write a brief summary of the services, their relationship to nursing and nursing care, and tell how they contribute to the continuing care of the patient.

The following day on the medical ward, the instructor assigns the student to give morning care to an arthritic patient who has been admitted for reevaluation of her condition. The student accompanies the patient to x-ray and later to physical therapy for treatments. Following this experience, she submits a written report to the instructor.

The instructor evaluates the written report against specific criteria to determine whether the student is aware of the contributions made by other departments to the care of the patient, and how they affect the recovery or adjustment of the patient. The responsibility of the nurse in relating to these departments should be indicated. The paper should indicate the student's knowledge of how each service contributes to form a continuous pattern of patient care. Visiting the departments and writing a paper to illustrate the contributions made by the other hospital departments helps the student to gain a concept of continuing care. These activities contribute to the student's understanding that rehabilitation is a continuous process.
Teaching Materials


OBJECTIVE: Understanding that teamwork facilitates the restoration of the individual to his fullest capacity.

CLINICAL AREA: Nursing I.

First Level Learning Experience

During the course, the instructor plans a two hour class on the rehabilitation team. The purpose of the class is to inform the students of the contributions made by the various members of the team to the rehabilitation of the patient. Prior to the class the students have been assigned to read about the team members from Principles and Technics of Rehabilitation Nursing by Terry, et al., pp. 44-55. The instructor arranges with representatives of the various disciplines to participate in a symposium on the rehabilitation team. The doctor, the nurse, the social worker, the physical therapist, the dietitian, a vocational counselor, the psychologist, a spiritual advisor, and a person who represents the patient and the family are each allowed five to ten minutes to define their role on the rehabilitation team and to briefly describe their functions. The instructor serves as chairman during the presentation. She introduces the topic and each of the speakers.

Following the presentation of the symposium, the students are free to ask questions. The instructor directs the questions to the appropriate speaker. In summarizing, the instructor emphasizes the importance of each team member in providing services which promote the restoration of the individual to his fullest capacity.

The instructor evaluates the student's knowledge of the functions of each member on the rehabilitation team by giving a paper and pencil test. A knowledge of the contributions made by each team member to the total rehabilitation of the patient contributes to the student's understanding that teamwork facilitates the restoration of the individual to his fullest capacity.
Teaching Materials

Howard A. Rusk, Rehabilitation Medicine (St. Louis: The C. V. Mosby Company, 1958). Devotes a section to each of the members of the rehabilitation team. Describes in detail the functions of each and how they relate to each other in the total rehabilitation of the patient.

Florence Jones Terry and others, Principles and Technics of Rehabilitation Nursing (St. Louis: The C. V. Mosby Company, 1957), pp. 44-55. Devotes a section to the functioning and membership of the rehabilitation team.
OBJECTIVE: Understanding that the patient is a member of a family and of a community.

CLINICAL AREA: Medical Surgical Nursing I.

First Level Learning Experience

The class has completed a review of anatomy, physiology, and pathology of the circulatory system. The students are currently discussing the nursing care of the patient who has had a coronary occlusion. In the classroom the instructor asks four students to role play a situation to illustrate the responses of the family as they visit the husband and father who has recently had a heart attack. The situation follows:

Mr. Jones, a 54 year old white male, has only recently established a small neighborhood grocery after thirty years of working for others in the grocery business. He has invested all his savings in the business and would go bankrupt if the business failed. Mrs. Jones, ten years his junior, is well dressed and attractive. She enjoys security and a steady income, and has been very unhappy with her husband for investing all their money in the business. She takes every opportunity to remind him of this in the presence of others. They have two teen-age daughters, Jan and Jill, who also resent a restriction of their allowances for school activities and clothes. Mrs. Jones has never been interested in the business, so she is now unable to assume responsibility for it. Without competent help, the business must be sold or fail.

Following the role-playing situation, the instructor leads a discussion of the interactions of the family members portrayed in the role-playing situation. The students identify potential problems which might arise from such a situation, such as, increasing anxiety and worry for the patient, lack of acceptance by the family, and rendering medical and nursing measures ineffective. The students explore possible approaches to the problems so that the patient may achieve both emotional and physical rest. The instructor writes the suggestions made by the students on the chalk-board. The suggestions are evaluated for their practicality in such a situation. The instructor listens to determine whether the students have mentioned that anxiety or worry prevents the patient from
getting the needed rest, that the approaches must be geared to relieving the patient's anxiety, and that the cooperation of the family must be gained before the medical and nursing measures can be very effective. Such responses would aid in determining the student's understanding that the family problems must be dealt with as well as the health problems if the patient is to benefit from the care given. In summarizing, the instructor reminds the students that the family comes with the patient and must be considered in planning his care.

Teaching Materials

Thelma Ingles, "Action Within Action," Nursing Outlook, 2:242-243, May, 1954. A skit based on the care of a heart patient used to demonstrate how patients' and nurses' actions are influenced by hidden forces resulting from their past experiences.


OBJECTIVE: Understanding that maximum physical and emotional health must be maintained during the rehabilitation process.

CLINICAL AREA: Medical Surgical Nursing I.

First Level Learning Experience

Nursing care of the ileostomy patient is the topic for discussion in the classroom. The students are assigned the article, "I Have An Ileostomy," as preparation for a visit to the class of a member of the local ileostomy club. The students are to come to class prepared to discuss with this individual his particular physical problems, emotional responses and/or socio-economic problems associated with the condition. Questions which might arise are: What necessitated the ileostomy in your case? How did you personally feel about it? Does the ileostomy interfere with your personal or social life? How does it affect your diet? What kind of appliance do you use? What measures do you find useful in preventing excoriation about the stoma?

Following the visit to class by the guest speaker, a paper and pencil test is used to evaluate the student's knowledge of the indications for an ileostomy, the emotional response of the patient to an ileostomy, dietary implications, care of the stoma, patient teaching, and rehabilitation.

In the clinical situation the student is assigned to give nursing care to the patient with an ileostomy. The instructor evaluates the student's nursing care plan for the ileostomy patient to determine whether she has included the necessary dietary changes, care of the stoma, a plan for teaching, possible approaches to meet the patient's emotional needs, and rehabilitation measures. The inclusion of these factors aids in determining whether the student has an understanding that maximum physical and emotional health must be maintained during the rehabilitation process.
Teaching Materials

Virginia C. Dericks, "Rehabilitation of Patients with Ileostomy," The American Journal of Nursing, 61:48-51, May, 1961. This article makes practical suggestions which contribute to the physical and psychological rehabilitation of the ileostomy patient.

Dorothy Ruth White, "I Have An Ileostomy," The American Journal of Nursing, 61:51-52, May, 1961. A patient describes how she felt about her ileostomy. The things she found necessary for making a good psychological adjustment are listed.


For guest speakers write to Ileostomy Quarterly, 10 Arlington Street, Boston 16, Massachusetts.
OBJECTIVE: Understanding that rehabilitation is an individualized process.

CLINICAL AREA: Medical Surgical Nursing I.

First Level Learning Experience

During the unit on Nursing Care of Patients with Conditions of the Alimentary System, the instructor plans a ward class on the nursing care of the patient with gastric or duodenal ulcers. She selects three patients with these diagnoses and assigns a different student to care for each of them. These students are also assigned to plan a ten minute presentation of the physical, social, and family history of the patient for whom they are caring. The remainder of the students are assigned to read selected references on the nursing care of patients with gastrointestinal ulcers. These students are also expected to visit any one of the three patients assigned and to read that patient's chart.

In the ward class, the instructor leads a brief introductory discussion on the etiology and pathology of ulcers. Each of the three students assigned to care for a patient with an ulcer then gives a concise resume of the history of each patient. The individual differences pointed out in the histories then serve as a basis for the discussion centered around the planning for individualized nursing care for each of these patients. The instructor listens as the students consider the aspects of nursing care which may vary with each patient and those aspects which remain the same. She guides their discussion as they consider that the patients may vary in their treatment medically or surgically, that diet may follow the traditional Sippy diet or be quite liberal, that individual emotional or family problems may alter the progress and care of the patient, and that medications may vary considerably for each patient. In summarizing, the instructor reminds the students that both the medical and nursing care must be individualized to meet the needs of the patient with a gastrointestinal ulcer.

The instructor evaluates the student upon her participation in and the quality of her contributions to the ward class. This is based on her apparent knowledge of the condition, awareness of the patients and their
problems, and ability to contribute to the planning for the individualized nursing care for each patient. The students who presented specific information are also evaluated on their communication skills and upon the content of their presentation. The ability of the student to plan individualized nursing care for these patients indicates an understanding that rehabilitation is an individualized process.

Teaching Materials


Betty Bason Gordon, "Medical Nursing Care of Patients with Peptic Ulcer," The American Journal of Nursing, 52:855-857, July, 1952. The nurse, because of her position, is better able to provide the continuous reassurance and instruction these patients need.


OBJECTIVE: Understanding that rehabilitation is dependent upon the motivation of the patient and upon his cooperation in the program of rehabilitation.

CLINICAL AREA: Medical Surgical Nursing I.

First Level Learning Experience

The instructor plans a two hour class on nursing care of the patient with a cerebro-vascular accident. During the first hour the instructor presents a brief review of the etiology, pathology, and medical treatment for a cerebro-vascular accident. The early nursing measures are discussed, such as provision of oxygen and suction equipment, prevention of deformity on the affected side by proper positioning, careful observation of vital signs, and awareness of the patient's emotional response to paralysis and aphasia.

Following the review, the film, *This Is Nursing*, is shown. The instructor introduces the film, stating the purpose in showing it, and the important aspects for which to observe. Following the presentation, the instructor leads a discussion of the care given the stroke patient in this film. The students are encouraged to point out the various aspects of nursing care, the team approach, and the rehabilitation of the patient. The techniques utilized to motivate the patient are emphasized, since his rehabilitation could not have been completed until the patient desired to get well and to cooperate in the plan of care.

The instructor evaluates the students on their participation in, and their contributions to the class. At the end of the unit a paper and pencil examination is used to evaluate the student's knowledge of the etiology, pathology, treatment, nursing care, rehabilitation, and motivation techniques used in caring for the patient who has had a cerebro-vascular accident.

The instructor assigns the student to give nursing care to a patient on the ward who has had a cerebro-vascular accident. The instructor evaluates the student's nursing care plan and then observes her giving nursing care. She observes the measures used by the student to preserve body functions, the consideration of
the individual physical and emotional needs of the patient, and the prevention of deformity. She also determines the ability of the student to use motivating techniques, such as setting and achieving goals, letting the patient know that he is needed by his family, and praising him for his progress, however slight. The consideration of these factors in the nursing care plan and the way the student uses the care plan in giving nursing care to this patient indicates an understanding that rehabilitation is dependent upon the motivation of the patient and upon his cooperation in the program of rehabilitation.

Teaching Materials

Gwendolyn E. Turner, "Cerebral Vascular Accident Patient," *Nursing Outlook*, 8:326-330, June, 1960. Emphasizes the role of the public health nurse in teaching the patient to do for himself. May be applied to other areas in nursing, in teaching the patient for home care.


Genevieve Waples Smith, "A Stroke is Not the End of the World," *The American Journal of Nursing*, 57:303-305, March, 1957. When he is wanted, needed, and loved the hemiplegic will become more self-sufficient and find a useful place in society and a full, contented life.


Film, *This is Nursing*. A 30 minute color, sound film produced by the University of California. The film shows the nursing care of a stroke patient, and the challenge to nursing to motivate the patient, work with the team, and share in the rehabilitation of such a patient.
OBJECTIVE: Understanding that rehabilitation involves a learning process.

CLINICAL AREA: Medical Surgical Nursing I.

First Level Learning Experience

During clinical practice in Medical Surgical Nursing I, the student is assigned to give nursing care to a patient with a colostomy. The student is responsible for teaching the patient colostomy care so that he will be prepared to return to his home and to the community. The student submits a plan for teaching the patient colostomy care to the instructor prior to the teaching experience.

The instructor evaluates the teaching plan for objectives, content, comprehensiveness, and consideration of the patient's individual needs. The content should include a plan for teaching the patient to irrigate the colostomy and to assume responsibility for this procedure, a discussion of equipment necessary for self-care, advantages and disadvantages of a colostomy bag, care of the colostomy bag if its use is indicated, discussion of diet, specific problems in the care of this patient, and a list of available community resources, such as the visiting nurse service and the colostomy club.

The instructor observes as the student gives the initial instruction to the patient about colostomy care, and demonstrates the colostomy irrigation. The instructor evaluates the content of the presentation, the clarity, and the level of presentation. She has a conference with the student to assist in planning for the progressive assumption of responsibility for colostomy care by the patient. The instructor later observes with the student a return demonstration by the patient of the colostomy irrigation, to evaluate the effectiveness of the student's teaching plan. During the conversation with the patient, she evaluates his knowledge of his condition and whether he is adequately prepared to assume responsibility for his own colostomy care upon returning home. The student's awareness that the patient needs to learn about his condition and self care, and her ability to provide learning experiences to meet this need contribute to the student's understanding that rehabilitation involves a learning process.
Teaching Materials

Janet Linch, "Inexpensive Colostomy Irrigation Equipment," *The American Journal of Nursing*, 58:844, June, 1958. The materials for this home colostomy irrigating set may be purchased for fifty cents.

Thelma Ingles and Emily Campbell, "The Patient With a Colostomy," *The American Journal of Nursing*, 58:1544-1546, November, 1958. The nurse needs to understand the patient's feeling and her own. Three cases are discussed to illustrate the individual needs of the patients.


OBJECTIVE: Understanding that rehabilitation is a continuous process.

CLINICAL AREA: Medical Surgical Nursing I.

First Level Learning Experience

Each student during this clinical experience is to write a nursing study. The instructor assists the student in selecting an appropriate patient. On a surgical patient the student is to give nursing care one day pre-operatively, attend the patient during the surgical preparation, and accompany the patient to the operating room and later to the recovery room. She then accompanies the patient back to the ward and continues to care for the patient post-operatively for at least three days. In the event that the patient is sent to the intensive therapy unit, the student also may accompany the patient there. During the post-operative period the student has an opportunity to become acquainted with the patient and his family, the patient's condition and prognosis, and the patient's social, cultural, and religious background.

The student on a surgical ward is assigned to care for a patient who is going to have a cholecystectomy. The instructor observes the student giving nursing care to this patient periodically throughout the pre-operative, recovery, and post-operative phases of care. She evaluates the student's ability and skill in providing safe nursing care for the surgical patient and her ability to meet the individual needs of the patient.

Following the continuous period of caring for this one patient, the student writes the nursing care study on this patient, and then submits the study to her instructor. The instructor evaluates the nursing care study for content, comprehensiveness, and organization. The study should indicate the student's awareness of the patient as an individual in his emotional responses, his vocation, family relations, social activities, cultural interests, and religious needs. The effect of the surgery and hospitalization on the patient and family should be reflected in the study. It should also indicate the student's ability to identify and solve nursing care problems. Lastly, the study should include a summary of the values the student has gained from doing the study, and an awareness of the need for continuous care of the
surgical patient. The continuity of nursing care observed here in practice, and in correlating these services for a report contribute to the student’s understanding that rehabilitation is a continuous process.

Teaching Materials


Sue Harper, "Continuity of Care," The American Journal of Nursing, 58:871-872, June, 1958. A study written by a student nurse of a similar experience in giving pre- and post operative nursing care to a patient with the opportunity to observe in the operating room and assist in the recovery room.
OBJECTIVE: Understanding that teamwork facilitates the restoration of the individual to his fullest capacity.

CLINICAL AREA: Medical Surgical Nursing I.

First Level Learning Experience

On the ward the instructor assigns the student to give nursing care to a patient who has had an abdominal-perineal resection and is ten days post operative. As a result of the team conference on the ward, the student is aware that the dressings for this patient are supplied by the Cancer Society. She is also aware that the preliminary planning is being done to prepare the patient and his family for the patient's return home.

The instructor evaluates the student's nursing care plan and then observes the nursing care given by the student to determine whether she uses aseptic technique in changing the abdominal and perineal dressings, and in irrigating the perineal wound. She also determines the student's progress in teaching the patient self-care of the colostomy as ordered by the doctor. The instructor listens as the student explains to the family that when the patient returns home he will be wearing a perineal pad to absorb drainage, and that a Sitz bath will replace the irrigations to promote healing from within and prevent abscess formations. The student's explanation should include reassurance that a public health nurse will be notified and informed about the patient and his needs, and that she will visit them upon their return home. She assures them that the public health nurse will help them adapt the procedures to the home situation, and help them solve any new problems that arise in the care of the patient.

The instructor also observes the interpersonal relationships of the student with the patient, the family, nursing personnel, doctors, and personnel from other departments and agencies. In a conference with the student, she determines the values the student places on these relationships in promoting teamwork. She assigns the student to prepare the referral for the public health nurse and to write out instructions for the family about how to obtain dressings from the Cancer Society, the procedure for colostomy irrigation, and the procedure for a
Sitz bath.

The instructor evaluates the public health referral to be sure all pertinent information about the patient has been included along with copies of the procedures given to the family. She also reviews the instructions for the family to be sure they are complete, accurate, and easily understood. Consideration of the family's circumstances and the equipment available to them should be considered in the instructions for home care.

These experiences help the student to become aware of the role of the patient and his family on the team and their relation to other team members. The student gains an appreciation of the value of good interpersonal relationships in promoting teamwork and cooperation among the various team members as they participate in the continuing care of the patient. These experiences also contribute to the student's understanding that teamwork facilitates the restoration of the individual to his fullest capacity.

Teaching Materials


Virginia Barckley, "What Can I Say to the Cancer Patient?" Nursing Outlook, 6:316-318, June, 1958. The nurse must work through her own feelings about cancer before she can help the patient with cancer.

Mary M. Bouser, "When Cancer Can Be Cured," Nursing Outlook 5:138-140, March, 1957. Discusses the types of cancer which can be cured if treated early. A mass cytology program proves its value in detecting cancer in its pre-invasive stage.

Ethel M. Strueben, "Nursing Care for the Patient with an Abdomino-perineal Resection," The American Journal of Nursing, 51:226-228, April, 1951. The nurse has an important responsibility in helping the patient adjust to a permanent colostomy.
OBJECTIVE: Understanding that the patient is a member of a family and of a community.

CLINICAL AREA: Medical Surgical Nursing II.

Second Level Learning Experience

The instructor selects a patient with myocardial infarction complicated by left sided congestive heart failure for discussion in ward class. Each student is given responsibility for reading the patient's chart and for visiting the patient. The student who has given nursing care to the patient during the week is assigned to lead the discussion. In the ward class the students discuss the nursing care of this particular patient. The student leader is to describe her patient and emphasize the social and family aspects as well as the physical history. As a group the students identify nursing care problems of this patient, and using the problem-solving technique, attempt to reach practical solutions. Possible problems that could be identified are: (1) the need to promote rest to reduce the body's oxygen requirements, (2) the need to increase the intake of oxygen by proper positioning and providing a higher concentration of oxygen, (3) the need to increase the cardiac output by proper administration of medications, (4) low salt diet, and limitation of fluids, which accompany the use of diuretics to remove the problem of edema, (5) helping the patient and his family adjust to the illness, and (6) provision for teaching when needed.

Evaluation of the contributions of each of the group members is based upon their knowledge of the patient, his condition, the family situation, the nursing care problems presented, the use of a problem-solving approach to the nursing problems of this patient, and the quality of the solutions reached. The evaluation is used as a means of determining the student's understanding that the patient is a member of a family and of a community.
Teaching Materials


Mildred Crawley, "Care of the Patient with Myocardial Infarction," *The American Journal of Nursing*, 61:68-70, February, 1961. The recovery period of these patients can be shortened by better planning, improved communications, and individual understanding and management.

Edwin C. Wood, "Understanding the Patient with Heart Disease," *Nursing Outlook*, 7:90-92, February, 1959. The cardiac patient is unique in his interpretation of his illness and in his patterns of adjustment to the illness; many factors alter his response to his hospitalization and illness.
OBJECTIVE: Understanding that maximum physical and emotional health must be maintained during the rehabilitation process.

CLINICAL AREA: Medical Surgical Nursing II.

Second Level Learning Experience

Each student is assigned a project during the unit on tuberculosis nursing. Four students are selected to present a symposium on tuberculosis nursing to the class. The topics to be presented are: (1) Current Status of Tuberculosis; (2) Social and Emotional Problems of the Patient with Tuberculosis; and (3) Meeting the Physical and Nutritional Needs of the Patient with Tuberculosis. One student is to serve as chairman during the presentation in the classroom. She is to introduce the speaker and the topic each speaker is presenting. Each of the speakers is to give their presentation in ten to fifteen minutes. Following the presentation, the class is given an opportunity to ask questions or add to the discussion. At the close of the class the chairman summarizes the material briefly.

The presentation of each member of the symposium is evaluated by the instructor using written criteria on knowledge of content, method of presentation, interest shown, and the ability to communicate ideas. The instructor and student also evaluate together the effectiveness of the presentation.

A paper and pencil test is given at the end of the unit to determine the student's knowledge of the etiology, pathology, diagnosis, and nursing care of patients with tuberculosis. If there are patients with tuberculosis on the wards, the student is assigned to care for a patient with tuberculosis. The nursing care plan for this patient is evaluated by the instructor for the inclusion of measures to prevent the spread of infection, provisions for adequate rest and nutrition, and approaches to meet the patient’s emotional needs, since emotional problems often interfere with healing. The inclusion of these factors in the nursing care plan indicate an understanding that maximum physical and emotional health must be maintained during the rehabilitation process.
Teaching Materials

Jane M. Hoey, "Tuberculosis Today," Nursing Outlook, 4:181-183, March, 1956. Discusses the status of tuberculosis in recent years, and suggests that by a concerted team approach tuberculosis could be eliminated as a public health problem.

Lillian Pompian, "We Haven't Whipped Tuberculosis," Today's Health, 34:20-21, 47, December, 1956. Points out that tuberculosis is still an important disease in this country. Though the death rate has decreased, the number of cases is increasing. Suggests a number of ways that everyone can help in eliminating tuberculosis.


Julia M. Jones, "Tuberculosis Among the Aged," Nursing Outlook, December, 1956, pp. 675-678, Tuberculosis in elderly persons shows few symptoms, is hard to diagnose, and usually occurs in those who could easily infect others.

Marie L. Novak, "Social and Emotional Problems of Patients with Tuberculosis," Nursing Outlook," 6:210-211, April, 1958. Rehabilitation cannot be successful if the social and emotional needs of the individual are ignored.
OBJECTIVE: Understanding that rehabilitation is an individualized process.

CLINICAL AREA: Medical Surgical Nursing II.

Second Level Learning Experience

During the unit on Nursing in Conditions of the Endocrine System, the instructor plans for correlated clinical practice. The instructor assigns the student to give nursing care to two diabetic patients during the clinical practice period. Each student is to write a process recording of the initial interview with each of these patients. Prior to turning in the process record, the student is to analyze the content and speculate on the reasons the patients responded in the manner they did.

The instructor evaluates the process records for the interrelationships, communications, and the insight into patient behavior gained by the student. The instructor then discusses with the student the two process recordings she prepared. The student is encouraged to indicate the information gained which was different for each individual including the interactions between the nurse and the patient.

The student is assigned to provide nursing care for these patients for a period of one or two days. The instructor evaluates the student's nursing care plans to determine whether the student has utilized the information gained from the process records in planning for individualized nursing care. The nursing care plan should indicate the age of the patient; the method of medical control, such as with insulin, oral hypoglycemic agents, or by diet; the dietary restrictions; complications, if any; and identification of problems, either personal, family, or associated with the disease. Other factors, such as cultural background, eating habits, and personal habits of hygiene, drinking, or smoking, may also be important. The ability of the student to utilize information gained in personal contacts with the patient and from other sources in planning nursing care indicates her understanding that rehabilitation is an individualized process.
Teaching Materials


Bernice C. Hudson, "The Nursing Process Record," Nursing Outlook, 3:224-226, April, 1955. A written record by the nurse about what takes place between her and the patient while she is giving nursing care helps the student see what she is doing and helps the instructor teach her.
OBJECTIVE: Understanding that rehabilitation is dependent upon the motivation of the patient and upon his cooperation in the program of rehabilitation.

CLINICAL AREA: Medical Surgical Nursing II.

Second Level Learning Experience

During the unit on Nursing Care in Conditions of the Respiratory System, the instructor plans a class on the post-operative nursing care of patients having chest surgery. The instructor leads the discussion and listens for the following points to be made: (1) observation of the patient's vital signs for hemorrhage, shock, or other complications, and of the closed chest drainage system, (2) administration of oxygen and medications for pain, (3) assisting the patient in coughing, deep breathing, turning and positioning, and in taking fluids, and (4) exercises to prevent stiffness and deformity of the affected side should begin early. The instructor also emphasizes that the patient's normal response to pain is immobilization by splinting, rapid and shallow breathing, and failure to move about, and points out that unless the nurse gains the patient's cooperation many of these measures, such as coughing and deep breathing, cannot be accomplished.

The following day on the ward, the student is assigned to give nursing care to a patient who has had a lobectomy, and is one day post-operative. The instructor observes portions of the nursing care as a means of determining whether the student has observed and recorded vital signs, the character of the drainage from the chest drainage system, provided for adequate intake of fluids, and has started teaching the patient about exercises of the arm and shoulder on the affected side. The nursing care given should indicate that the student is aware of the patient's individual needs, and if this has precipitated any difficulties in motivating the patient and in gaining his cooperation. The ability of the student to motivate the patient and to gain the patient's cooperation, contributes to the student's understanding that rehabilitation is dependent upon the motivation of the patient and upon his cooperation in the program of rehabilitation.
Teaching Materials


Ellinor Bickford and Esther Budd, "Pulmonary Resection," The American Journal of Nursing, 52:40-43, January, 1952. Discusses the pre- and post-operative nursing care of patients who have had pulmonary resection.


John D. Steele, "Those Mysterious Drainage Bottles," The American Journal of Nursing, 55:1358-1359, November, 1955. The drainage bottles used in chest surgery are described, their function and purposes are discussed, and the precautions that the nurse needs to observe are outlined.


OBJECTIVE: Understanding that rehabilitation involves a learning process.

CLINICAL AREA: Medical Surgical Nursing II.

Second Level Learning Experience

During the unit on Nursing in Conditions of the Integumentary system, the film, After Mastectomy is shown. A doctor has lectured previously on the indications for mastectomy, the surgical procedures, and the post-operative treatment. The instructor introduces the film by telling the students that it is a case history of a patient who has had a mastectomy. The students are asked to observe the nursing care given, the feelings that the patient has in relation to these experiences, and the learning experiences provided for the patient.

Following the film, the instructor leads a discussion of the nursing care of the mastectomy patient, including the early positioning to prevent deformity, the activities and exercises taught the patient, and the support and reassurance provided the patient when she faced selection of a breast prosthesis. The instructor points out that the emotional reactions of this patient are quite typical of patients following a mastectomy and may be used as a guide when working with patients.

The instructor evaluates the student's contribution to the class discussion. Later a paper and pencil test is given to evaluate the student's knowledge of the indications for mastectomy, the types of operation, the post-operative nursing care, teaching aspects, and rehabilitation of the mastectomy patient. The student's ability to identify the teaching needs of the mastectomy patient indicates an understanding that rehabilitation involves a learning process.
Teaching Materials

Film, *After Mastectomy*, a 20 minute, color, sound film produced by the American Cancer Society, Oregon Division. A case history of a patient who has had a mastectomy is presented. It portrays the nursing care, teaching, rehabilitation, and the patient's responses to the surgery and post-operative activities, and her eventual adjustment.

Charlotte George, "I'm Glad I Had My Breast Removed," *Today's Health*, 35:50-51, August, 1957. One woman describes her adjustment to having a mastectomy. Helpful to gain understanding of the patient's feelings and may be of help to other patients.


OBJECTIVE: Understanding that rehabilitation is a continuous process.

CLINICAL AREA: Medical Surgical Nursing II.

Second Level Learning Experience

The instructor assigns the student to care for a patient who has had a ureterostomy, and who will soon be discharged. The student is to do the patient teaching and make out the public health referral.

The instructor observes the student as she gives nursing care to this patient to determine the student's skill in nursing measures and in interpersonal relationships. The student prepares a teaching plan for the patient and submits it to the instructor prior to teaching the patient. The instructor evaluates the teaching plan for content, comprehensiveness, and organization. She then observes the student as she teaches the patient about changing the ureterostomy cup, tubing, and urinal, and about cleaning the equipment. In teaching the patient, the student should indicate an awareness of the patient's needs and problems, particularly those anticipated upon the patient's return home. Written instructions should also be presented the patient at this time with the assurance that a public health nurse will visit the patient later to be sure he is doing the procedure correctly. The student then writes out the public health referral including copies of the instructions given to the patient. The referral is checked by the instructor to be sure all pertinent information has been included to facilitate the continuity of care. These experiences in planning for the continued care of a specific patient contribute to the student's understanding that rehabilitation is a continuous process.
Teaching Materials


OBJECTIVE: Understanding that teamwork facilitates the restoration of the individual to his fullest capacity.

CLINICAL AREA: Medical Surgical Nursing II.

Second Level Learning Experience

During the unit on Nursing in Conditions of the Eye and Ear, the instructor assigns group projects. Four students are assigned to compile a list of community resources for persons with eye conditions including the blind. With each resource listed is a description of the facility, its location, functions, purposes, and limitations.

The students meet in their groups to organize the planning, preparation, and presentation of the project. Each member of the group participates in background reading, selection of facilities, and in securing information about the facilities. The information about community resources is placed on file cards, and each card is filed under an appropriate heading. The instructor evaluates the group for democratic functioning, the successful completion of the project, and the use of appropriate resources and references.

On the ward the student is assigned to care for a patient with glaucoma who is becoming blind. The instructor evaluates the student's nursing care plan to determine whether she has considered the protection of the patient from hazards, the emotional response of the patient to this information, the specific problems encountered by the patient and his family in relation to the approaching blindness, and the possibility of assistance from community resources.

Both the instructor and student attend a team conference with the doctor, head nurse, social worker, patient and a family member. The instructor observes and evaluates the contributions made by the student. The student offers the list of community resources which may be used in planning for the home care and rehabilitation of the patient. The opportunity to participate in a team conference and the knowledge and use of community resources contribute to the student's understanding that
teamwork facilitates the restoration of the individual to his fullest capacity.

Teaching Materials


OBJECTIVES: Understanding that the patient is a member of a family and of a community.

CLINICAL AREA: Obstetric Nursing.

Second Level Learning Experiences

The instructor assigns a family study during the student's clinical experience in obstetrics. The purposes of a family study are to help the student to gain an understanding of the family as a unit, and to give greater depth to the experience in obstetric nursing. With the instructor’s assistance, the student selects a family and obtains permission to do the study. The study consists of an evaluation of the patient and her family, i.e., their needs, problems, and future plans, and what the nurse has been able to contribute to the patient and her family. The student gathers information from the chart and the patient about the family's membership, spiritual and cultural background, housing, educational attainment, occupational pattern, nutrition, social activities both at home and in the community, health problems and practices, and particulars concerning the antepartal period, delivery, and postpartal period. The study also includes the student's evaluation of what she has gained from the study, how she can use the information, and identification of the contributions she has already made to the patient and her family through her nursing care.

The instructor uses written criteria to evaluate the family study for content, organization, and grammar. The instructor then has a conference with the student to assist her in applying the information she has gained. The instructor observes the student in giving nursing care to this patient to determine whether she has incorporated her knowledge of the family into her nursing care plan, in patient teaching, or in suggesting referral to community agencies, as a means of evaluating the student's understanding that the patient is a member of a family and of a community.
Teaching Materials

Gerald Caplan, "The Mental Hygiene Role of the Nurse in Maternal and Child Care," Nursing Outlook, 2:14-19, January, 1954. Suggests that the mental hygiene role of the nurse is to give emotional support to the patient, aid in case finding, and to interpret the patient's needs to other disciplines and the contributions of the other disciplines to the patient. Suitable for the instructor's use.


Reina F. Hall, "Interviewing As A Nursing Procedure," The American Journal of Nursing, 52:707-709, June, 1952. Skillful use and understanding of interviewing techniques by the nurse may have therapeutic value for the patient.

OBJECTIVE: Understanding that maximum physical and emotional health must be maintained during the rehabilitation process.

CLINICAL AREA: Obstetrical Nursing.

Second Level Learning Experience

In class the instructor discusses with the students the observation of the newborn for any abnormality or deformity. She stresses that they observe for indications of congenital deformities. For example, the failure to move a part may indicate paralysis due to a nerve injury, asymmetry of the right and left halves of the body may be due to shortening of a limb, absence of a limb, or torticollis, a tumor or mass may occur in torticollis or hematoma, an extragluteal fold or broad perineum are indicative of a congenitally dislocated hip, and abnormal positions may be assumed in such conditions as club feet, torticollis or contractures.

For a subsequent ward class, the instructor selects a mother who has just delivered a child with bilateral club feet. The discussion centers around the parents' reaction to their child's deformity, and how this will affect the child, since correction of club feet requires a relatively long period of treatment. The instructor aids the student in understanding that unless the mother's emotional needs are met now, she will be unable to provide love and security for the infant, and points out that lack of such attention has been deemed so important it has been called "maternal deprivation." The students are also helped to realize that the emotional and physiological processes of the infant are so closely related that a lack of love and security can lead to actual physical changes. The group discussion centers around the need for this infant with club feet to have more love and security perhaps than a normal child because of the experiences he will undergo for correction of the deformity. Approaches to meet the mother's needs are discussed.

The instructor assigns the student to write a paper on the emotional response of a mother to the newborn with a congenital deformity, and the effect this will have on the newborn. She is then to identify the
possible approaches the nurse may use to meet the mother's emotional needs, such as reassurance and acceptance. The instructor evaluates the papers to determine whether the students are aware of the possible reactions of the mother to a child with a deformity, such as guilt, non-acceptance, or over-protection, and the possible effects of the mother's reaction on the infant. The papers are also evaluated for the possible approaches the student would use in meeting the mother's emotional needs. The student's understanding that meeting the mother's needs now contributes to the emotional and physical development of the child, especially through the period of correcting the deformity, indicates her understanding that maximum physical and emotional health must be maintained during the rehabilitation process.

Teaching Materials


Hazel Corbin, "Meeting the Needs of Mothers and Babies," The American Journal of Nursing, 57:54-56, January, 1957. Discusses the nurse's role in meeting the needs of both the mother and the child.


David S. Grice, Barbara J. Williams, and Mary Macdonald, "Talipes Equinovarus," The American Journal of Nursing, 51:707-712, December, 1951. Clarifies the diagnosis and describes the treatment of club feet. Nursing care is discussed from the point of view of nurses in the hospital, and those in the community.
OBJECTIVE: Understanding that rehabilitation is an individualized process.

CLINICAL AREA: Obstetric Nursing.

Second Level Learning Experience

In the classroom, during the course in Obstetric Nursing, the admission procedure to the delivery rooms is presented and discussed by the instructor. She points out that the nurse's responsibilities in the admission of an obstetric patient include obtaining pertinent information from the patient about her condition, the contractions, amount and character of show, and whether the membranes have ruptured. The nurse is to record the time that labor began and the frequency of the contractions, explain the procedures to be done, take the TPR, blood pressure, and listen to the fetal heart tones, and collect a urine specimen. Additional responsibilities include shaving and cleansing the vulva and giving a cleansing enema. The instructor indicates that during this period the nurse has an opportunity to become acquainted with the patient, and to obtain information about the individual which will be useful in planning the nursing care for this patient during labor. She aids the students to recognize that each mother is an individual with hopes and fears, different cultural, social and religious backgrounds, specific family and emotional problems, and different expectations for this experience. The instructor points out that the nurse must be aware of these factors to provide the sympathetic understanding, encouragement, and reassurance the mother needs.

The following day the student is assigned to admit a primipara to the delivery rooms. The instructor observes and evaluates her technique in carrying out procedures such as taking the TPR, blood pressure, fetal heart tones, shaving and cleansing the vulva, giving the cleansing enema, and recording the information gained. She also evaluates the student's ability to establish an effective interpersonal relationship with the patient while obtaining information for records, in explaining procedures, and in providing reassurance during the process of labor. The nursing care plan is evaluated by the instructor to determine whether the student has considered
the patient's feelings and expectations about labor, her social, cultural, and religious background, or any emotional or family problems. Consideration of these factors indicates the student's understanding that rehabilitation is an individualized process.

Teaching Materials


Anne A. Swendig, "I'm Taking a New Look at OB Nursing," R.N., 24:51-54, 78-81, January, 1961. A vivid description of how the nurse assists the patient both physically and emotionally through the experience of labor and delivery.
OBJECTIVE: Understanding that rehabilitation is dependent upon the motivation of the patient and upon his cooperation in the program of rehabilitation.

CLINICAL AREA: Obstetric Nursing.

Second Level Learning Experience

During clinical practice in the post partum unit, the instructor assigns the student to give nursing care to a new mother who has just delivered her first child. The student is assigned to prepare an individual teaching plan for this patient and to carry out the plan.

The instructor evaluates the teaching plan to insure that the patient's individual needs are met. The plan should include an explanation of the color and amount of lochia which should be expected; the technique and purpose of perineal care; care of the breasts; postpartum exercises; diet; and the importance of the six-week check-up at the physician's office. The student organizes the teaching to meet the daily needs of the patient. She is expected to gain the patient's cooperation and to motivate the patient to utilize the teaching to promote her own return to normal.

The instructor observes portions of the patient teaching process and evaluates these for content, completeness, level of presentation, techniques used to gain cooperation and to motivate the patient to follow these suggestions, communication skills, and individualization of the plan to meet the needs of this particular patient.

Following the patient's discharge, the student makes a follow-up home visit. In addition to observing the home care of the baby and the family relationships, the student is to interview the patient as a means of evaluating the effectiveness of her teaching plan.

Following the home visit, the instructor holds a conference with the student, and the effectiveness of the teaching is discussed. The student's ability to motivate the patient to carry out the teaching plan contributes to the student's understanding that rehabilitation is dependent upon the motivation of the patient and
upon her cooperation in the program of rehabilitation.

**Teaching Materials**

Juanita G. Millsap, "Teaching is a Part of Nursing," *The American Journal of Nursing*, 53:54-55, January, 1953. Describes a project carried out by sixteen senior nurses in public health nursing, which included planning and teaching the mother's classes.


Emma J. Wilson, Mildred E. Gilpatrick, Frances L. Boyle, and Susan G. Sampbell, "Teaching Students to Teach," *Nursing Outlook*, 1:79-82, February, 1953. Suggests ways to teach students to teach patients in all areas of obstetric nursing.

Marion S. Lesser and Vera R. Keane, *Nurse-Patient Relationships in a Hospital Maternity Service* (St. Louis: The C. V. Mosby Company, 1956). Explores the relationships developed between nurses and patients in the maternity division of a general hospital.

OBJECTIVE: Understanding that rehabilitation involves a learning process.

CLINICAL AREA: Obstetric Nursing.

Second Level Learning Experience

During the clinical experience in Obstetric Nursing, the student is assigned to teach one class in the series of classes presented by the hospital to prospective parents who are members of the "Stork Club." The classes include an orientation to the hospital's maternity service, a discussion of the normal processes of pregnancy and delivery, the importance of medical supervision in obstetrics, care of the mother and baby, and family relationships. The instructor assists the student in selecting a topic, and confers with her during the preparation of a teaching plan. She reminds the student that the patient who has learned what to expect during the antepartum, labor, delivery, and postpartum periods can cooperate more effectively in the plan of care.

The instructor evaluates the teaching plan for content, comprehensiveness, and consideration of the special needs of the group. She observes the presentation of the class by the student to the prospective parents. She evaluates the content and level of presentation, the organization of material, the techniques and method of teaching, and the ability of the student to stimulate group discussion.

The student's recognition that the patient has a need to learn about the maternal health program in order to cooperate in the plan of care, and her ability to assist in meeting this need contribute to the student's understanding that rehabilitation involves a learning process.
Teaching Materials

Beatrice R. Hillard, "Teaching Patients in a Maternity Pavilion," The American Journal of Nursing, 56:324-326, March, 1956. A program to help mothers with their problems during and after pregnancy was established at Mt. Sinai Hospital, which included clinic care, counseling and teaching.


Aline B. Auerbach and Gertrude Goller, "How Do Nurses Take to 'New Ways' in Leading Parent Groups?" Nursing Outlook, 6:674-677, December 1958. An attempt to improve teaching of expectant mothers by using discussion groups is explored, and the nurses' reactions to this method were recorded.
OBJECTIVE: Understanding that rehabilitation is a continuous process.

CLINICAL AREA: Obstetric Nursing.

Second Level Learning Experience

The student observes in a staff physician's office. During the visit she observes the examination of patients, the laboratory tests that are routinely run, and the measures used to prevent or control complications. With the help of the physician and his nurse, the student selects a patient to follow who will deliver within two months. The student may return to the physician's office to observe other examinations of this patient in order to follow the progress of the patient. When the patient is admitted to the hospital delivery rooms, the student is called. If possible, she remains with the patient during labor and delivery. She then follows the patient to the ward where she continues to give nursing care to this patient. After the patient returns home, the student makes one home visit to determine how the mother and child are adjusting, to follow up her teaching, and to give further instructions.

The student is assigned to write an Obstetric Nursing Care Study on the above patient. The nursing care in each phase of maternity care should be discussed. The instructor evaluates the paper on content and organization. The content should include the identification and solution of nursing care problems, patient teaching, and a description of the patient's antepartum, delivery and post-partum experiences. The opportunity to have an experience in all phases of maternal care contributes to an understanding that rehabilitation is a continuous process.
Teaching Materials


Mabel L. Fitzhugh, "Is This Part of Your Antepartal Program?" *The American Journal of Nursing*, 50:742-744, November, 1950. Teaching relaxation and approved exercises are an important part of the physical therapist's contribution to preparation for labor and delivery.

Patricia Murphy, "Expectant Mothers Organize for Natural Childbirth," *The American Journal of Nursing*, 56:1298-1301, October, 1956. The Natural Childbirth Association of Milwaukee helps prepare mothers for natural childbirth, attempts to alleviate loneliness for the mother by having special nurses to stay with patients, and promotes special training for nurses.

Elizabeth Peck and Ruth Carney, "Guidance Programs for New Mothers," *The American Journal of Nursing*, 51:184-189, March, 1951. Describes two teaching programs for new mothers; one associated with rooming-in and the other, a parent teaching program. Both are designed to guide the mother so she will be prepared to care for the baby when she goes home.
OBJECTIVE: Understanding that teamwork facilitates the restoration of the individual to his fullest capacity.

CLINICAL AREA: Obstetric Nursing.

Second Level Learning Experience

During the Obstetric Nursing experience, the students observe in the pre-natal clinic of the Booth Memorial Hospital (Salvation Army Home for unwed mothers). They are assigned to read, "The Nurse and the Unwed Mother," prior to their observation. When they arrive at the clinic they are oriented to the program of the hospital by one of the Salvation Army staff members and their role while observing in the clinic is also defined.

Following the observation, a discussion of the unwed mother is held in the classroom. The roles of the doctor, nurse, social worker, and other personnel from the special facilities for unwed mothers are discussed in relation to the unwed mother and her family. The students examine the problems precipitated by the situation and attempt to define how the nurse can be most helpful, and when to refer the mother to another more qualified person.

During the last half of the class, a speaker from a local adoption agency describes how the agency functions to place the children of unwed mothers in suitable homes with maximum protection and consideration for both the mother and the foster parents. He discusses the emotional, ethical, and legal aspects of adoption, especially those problems relating to the unwed mother. A question and answer period follows the talk. By an oral quiz the instructor encourages the students to summarize the roles of the various team members in counseling, guiding, and caring for the unwed mother.

To evaluate, the instructor gives a paper and pencil test at the end of the unit, and includes on it an essay question asking the student to discuss the functions of the team, and the roles of the team members in restoring the unwed mother to her place in society. These experiences contribute to the student's understanding that teamwork facilitates the restoration of the individual to his fullest capacity.
Teaching Materials


H. Catherine Donnell and Selma J. Glick, "The Nurse and the Unwed Mother," *Nursing Outlook*, 2:249-251, May, 1954. The nurse plays an extremely important role in advising the unwed mother and guiding her to the community resources which offer assistance.
OBJECTIVE: Understanding that the patient is a member of a family and of a community.

CLINICAL AREA: Pediatric Nursing.

Third Level Learning Experience

During a class on rheumatic fever the film, The Valiant Heart, is shown. The instructor introduces the film by telling the class that it is a story about eight year old Lee Sawyer who has rheumatic fever. They are encouraged to observe for the interactions between the patient, the family, and the community portrayed in the film. Following the showing of the film, the instructor leads a discussion on rheumatic fever. The instructor listens to the students' contributions to the discussion to determine their understanding of the etiology, symptoms, nursing care, teaching aspects, and that the patient with rheumatic fever is a member of a family and of a community. Further evaluation may be accomplished by including these items on a paper and pencil test.
Teaching Materials

Film, The Valiant Heart, 16 mm., Sound, black and white, 30 minutes. Produced by MPO Productions for the American Heart Association, 1954. A heartwarming story of an eight-year old boy and how a community rallied to help him recover from rheumatic fever. Family problems are presented in a realistic manner. Preventive aspects are considered a community responsibility.


OBJECTIVE: Understanding that maximum physical and emotional health must be maintained during the rehabilitation process.

CLINICAL AREA: Pediatric Nursing.

Third Level Learning Experience

In the classroom a doctor lectures on the surgical repair of a cleft lip and palate. He discusses the embryology of the condition, the difficulties in feeding the infant, the need for good nutrition to promote healing, the advisability of early repair, and the cosmetic results of repair. He illustrates his lecture with slides and drawings on the chalk board.

The following day on the ward, the student is assigned as team leader. The head nurse asks her to explain to the other personnel on her team about the problem associated with nutrition of the child with cleft lip and palate. The student prepares a written outline for the teaching situation for presentation on the following day during the team conference.

The instructor evaluates the teaching plan for content, clarity, organization, and appropriateness for the personnel. She checks to be sure the student has included the reasons why feeding the patient with cleft lip and palate is difficult, the need for adequate nutrition prior to surgical repair to promote wound healing, and care in feeding post-operatively to prevent injury or infection of the wound. Proper feeding methods would also be included. The instructor later observes the student during the teaching situation to determine if the presentation is appropriate for the group, interesting, and accurate. The student's understanding that maximum physical and emotional health must be maintained during the rehabilitation process is indicated in her knowledge of the nutritional needs and problems of the child with cleft lip and palate.
Teaching Materials

Children's Hospital, Cincinnati, Ohio, "Nursing Care of the Child with Cleft Palate," Nursing World, 127:19-21, 37, May, 1953. A report of how one family responded when their child was born with cleft palate.

Donald W. MacCollum and Sylvia Onesti Richardson, "Care of Child with Cleft Lip and Cleft Palate," The American Journal of Nursing, 58:211-216, February, 1958. The cosmetic and functional result following cleft lip and palate repair depends on attention to details of pre- and post-operative care.


Dorothy M. Prinzing, "Cleft Palate Habilitation," Nursing Outlook, 7:577-579, October, 1959. The care of the child with cleft lip and palate has developed into an organized team activity. Discusses parent's questions about nutrition, oral hygiene, surgical repair, dental care, and speech preparation.
OBJECTIVE: Understanding that rehabilitation is an individualized process.

CLINICAL AREA: Pediatric Nursing.

Third Level Learning Experience

During the course in Pediatric Nursing, the nursing care of a severely burned child is discussed in ward class. One of the students is assigned to give nursing care to a child on the ward who is burned. She is also assigned the responsibility for presenting the ward class. With the approval of the instructor the student gives the reading assignment for the ward class to the rest of the group. She is to prepare an outline for her presentation and submit it to the instructor prior to class.

The instructor evaluates the ward class outline for comprehensiveness. The outline should include the history, the cause of the burns, personal information which may alter the nursing care such as the social and cultural background, the family situation, and religion, the method of treatment in use, the methods used to prevent infection, meeting the fluid and electrolyte needs, nutritional needs, emotional and recreational problems, and general nursing measures.

The instructor acts as an observer during the presentation of the ward class. The presentation is not only evaluated for content, organization, accuracy, and ability to elicit group participation, but also for the student's ability to apply the principles of nursing care of burns according to the individual needs of this child. The instructor evaluates the students on their contributions to the ward class. Evaluation of the presentation and of the student's contribution serves as a means of determining whether the students have an understanding that rehabilitation is an individualized process.

A. E. Hiebert, "Burns," *Journal of the Kansas Medical Society*, June, 1956, pp. 344-347. Describes the method of treating burns, including the control of fluid and electrolyte balance, nutrition, the various methods such as open and closed, and the skin-grafting procedures.

OBJECTIVE: Understanding that rehabilitation is dependent upon the motivation of the patient and upon his cooperation in the program of rehabilitation.

CLINICAL AREA: Pediatric Nursing.

Third Level Learning Experience

During the clinical practice in Pediatric Nursing, the instructor assigns the student to care for a six year old child who has an arm amputation. The instructor has a conference with the student to assist her in planning the nursing care for this child. After reading the chart, and talking with the doctor, the problem is primarily defined that the child is very withdrawn, apathetic, and depressed. He makes no effort to help himself in any way. The student and instructor first attempt to find out why the child is so depressed and withdrawn. Some of the reasons they might explore are: (1) Does the mother fail to visit the child so that he lacks the mother's love and support? (2) Does he suffer from an injury to his own self-image? or (3) Does he fear the hospital personnel because this is where he lost his arm? They try various approaches to find the cause, by getting information about the family from the social worker and by observing the child closely for any response. The student then prepares a nursing care plan for the child.

The instructor evaluates the nursing care plan which should include consideration of personal hygiene, passive exercises for the affected arm, social, emotional and religious factors, and adequate wrapping of the stump. The plan should also include a series of activities designed to stimulate the child's interest outside himself and to participate in activities once again. These might begin with reading a story to him, taking him to the play room to watch T.V. and later encouraging him to hold his own glass, or to feed himself, leaving him in view of but out of range of toys he has previously enjoyed very much, and helping him to excel intellectually so he will feel more confident. The instructor observes the student occasionally to determine her progress in motivating the child.

From the nursing care plan and the student's
to the patient, the instructor evaluates the student's understanding that rehabilitation is dependent upon the motivation of the patient and upon his cooperation in the program of rehabilitation.

Teaching Materials

Virginia Barckley and Everett I. Campbell, "Helping the Handicapped Child Achieve Emotional Maturity," The American Journal of Nursing, 59:376-379, March, 1959. Describes the nurse's role in helping the child and his parents accept a disability, so that the child may achieve emotional maturity.

Catherine J. Patton and Virginia Barckley, "Almost All's Right with Their World," Nursing Outlook, 7:31-33, January, 1959. Hope and pride replace bitterness and despair when the child amputee is fitted with a prosthesis and trained to use it to the best advantage.


Mildred I. Lineberger, "Children Who Need Prostheses," Nursing Outlook, 7:28-30, January, 1959. The change to treatment at an early age has been made possible by the work done in prosthetic research labs and by education of more professional workers in this field.
OBJECTIVE: Understanding that rehabilitation involves a learning process.

CLINICAL AREA: Pediatric Nursing.

Third Level Learning Experience

The student serves as team leader for one month during the clinical experience in Pediatric Nursing. As team leader she assumes responsibility for identifying and providing for the teaching needs of patients assigned to her team. One of the patients is a recently diagnosed teen-age diabetic. The team leader determines when the patient is amenable to teaching, and identifies the teaching needs. She prepares a tentative plan which is submitted to the doctor and the instructor for approval.

The instructor evaluates the teaching plan for content, selection of learning experiences needed by the patient, and the organization of the material. The content should include the administration of insulin, care of the needle and syringe, testing urine for sugar and acetone, reinforcement of diet teaching, skin care, importance of medical and dental supervision, symptoms and treatment of insulin shock, diabetic acidosis, and other complications.

The team leader administers the teaching plan by either selecting qualified team members to participate in teaching the patient or doing it personally. The team leader and instructor evaluate the effectiveness of the teaching by observing the patient as he returns a demonstration of each procedure, and by discussing with him the other aspects of self care to test his knowledge. The understanding that rehabilitation involves a learning process is the basis for teaching the patient to care for himself and to assume responsibility for maintaining his own health.
Teaching Materials


OBJECTIVE: Understanding that rehabilitation is a continuous process.

CLINICAL AREA: Pediatric Nursing.

Third Level Learning Experience

During clinical practice in Pediatric Nursing, the student is assigned to assist in the Kansas Crippled Children's Clinic. An orthopedist, his office nurse, a clerk, and a representative of the Kansas Crippled Children's Association are present at the Clinic. The doctor describes some of the conditions which are treated primarily on an out-patient basis, and explains the type of treatment being given to the others. The student assists by preparing the patients for examination, cutting casts for removal, assisting with cast application and dressing changes, and providing supplies. She meets some children who were on the Pediatric ward recently and observes their follow-up care. She also observes the prescriptions for orthopedic shoes, braces, crutches, or other appliances. She may also instruct the mothers about cast care, observations to make, and instruct them about when to return to the clinic.

The student writes an observation report of this experience describing the types of patients observed, the treatment and nursing care required, and the social significance of the organization. The instructor evaluates the observation report to determine what experiences the student had and how she relates this to the total care of a crippled child. The opportunity to observe in a clinic which provides continuing care for the crippled child contributes to the student's understanding that rehabilitation is a continuous process.
Teaching Materials


OBJECTIVE: Understanding that teamwork facilitates the restoration of the individual to his fullest capacity.

CLINICAL AREA: Pediatric Nursing.

Third Level Learning Experience

The instructor arranges for a field trip to the Institute of Logopedics to correlate with a class discussion of the care of the child with cerebral palsy. At the institute, one of the staff members gives a brief orientation which includes the history and purpose of the institute, the team approach to each child's problems, the educational possibilities in the field of speech correction, and an outline of the tour.

The class is then divided into smaller groups for separate tours. Each group eventually observes through one-way windows the speech teachers working with cerebral palsied children, the physical therapy with play equipment and mats for protection, the occupational therapy with a wide variety of crafts and activities, the dining room with special facilities for wheel chairs and other equipment, the school room designed for handicapped children, the sound-proof room used to evaluate hearing, and the administrative offices.

Following the tours, each group returns to the original meeting place. The staff presents a brief review of the services offered and answers any questions the students may have. Some of the things the students may learn from the question and answer period are: (1) the methods of testing and evaluation that are used for admission and progression in the program, (2) the cost of the program and financial arrangements that may be made, (3) the philosophy of child development and rehabilitation accepted by the institute, (4) the techniques used to help the child become independent, and (5) how the staff functions as a team.

The student has an opportunity in his experience to observe a team, all working together to rehabilitate the child with cerebral palsy. The students write an observation report of the field trip. The instructor evaluates the observation report for the student's
understanding of the functions of the team, the role of each team member, and the benefits received by the child from the team approach. This experience is designed to contribute to the student's understanding that teamwork facilitates the restoration of the individual to his fullest capacity.

Teaching Materials

Marjorie Abel, "Feeding the Child with Cerebral Palsy," The American Journal of Nursing, 50:558-560, September, 1950. The feeding and physical handicaps met in caring for a child with cerebral palsy must be handled with common sense and minimum of emotional tension for the child and for his parents.

Selma E. Glick and Catherine Donnell, "Non-medical Problems of the Child with Cerebral Palsy," Nursing Outlook, 1:101-103, February, 1953. There are many non-medical problems of the child with cerebral palsy. The public health nurse sees the child and parents early in the treatment program and can help the parents and the community to understand the child and his problems.

Mary Stewart, "The Child with Cerebral Palsy and the Nurse," The American Journal of Nursing, 52:1228-1231, October, 1952. The child with cerebral palsy is first of all a child with a child's needs. The people who work with him must provide learning experiences within his range of capability.
OBJECTIVE: Understanding that the patient is a member of a family and of a community.

CLINICAL AREA: Psychiatric Nursing.

Third Level Learning Experience

During the course in Psychiatric Nursing, the instructor plans a class on recent trends in psychiatric care. Four students are assigned to present a symposium on the following aspects of the topic: (1) The One-to-one Therapeutic Relationship, (2) Group Psychotherapy, and (3) Out-patient Treatment of Mentally Ill Patients. Selected references are provided each of the students to aid in preparing for the class. One student is selected to serve as the chairman who introduces each topic and the speakers. Each speaker has approximately twenty minutes to present her topic.

The symposium is presented during a two hour class. The instructor evaluates each presentation by written criteria on references, content, organization, and ability to communicate ideas. Following the presentation the class participates in a discussion of the aforementioned topics. The discussion is led by the student chairman. The instructor listens to ascertain that during the discussion the students indicate an understanding that a one-to-one therapeutic relationship is so close that the patient may reveal how he feels about his family, that in group therapy the inter-action is primarily between patients and staff thus limiting reference to the family, and that in out-patient treatment the patient remains in the home during treatment so that family relationships are maintained. The instructor points out that the rationale for home care of the mentally ill is that if the patient is to resolve his problems, he needs to be in contact with his family rather than separated from them.
Teaching Materials

Mary E. Ashford, "Home Care of Mentally Ill Patients," *The American Journal of Nursing*, 57:206-207, February, 1957. Describes the contributions made by public health nurses to the home care of mentally ill patients in Georgia.

Marjorie J. Kvarnes, "The Patient Is the Family," *Nursing Outlook*, 7:142-144, March, 1959. An experiment in psychiatric care which admits the whole family for treatment when one member is mentally ill.


OBJECTIVE: Understanding that maximum physical and emotional health must be maintained during the rehabilitation process.

CLINICAL AREA: Psychiatric Nursing.

Third Level Learning Experience

A clinical conference is held in which the dietitian discusses the nutritional needs of the alcoholic patient. The dietitian emphasizes that the alcoholic becomes so engrossed in his need for alcohol that he neglects himself in every way, including the nutritional aspect. She points out that this dietary neglect makes the alcoholic more susceptible to infectious diseases and the aging process. The students are urged to encourage the alcoholic patient to maintain an adequate diet.

The instructor makes arrangements for the class to visit the regularly scheduled meetings of Alcoholics Anonymous in groups of two or three. The programs consist of at least one speaker who tells how Alcoholics Anonymous has helped him. The president of the local group describes the functions of Alcoholics Anonymous, then asks if anyone would like to make additional comments. There is usually a sprinkling of "testimonies" from the group, and some who say they still need help. Everyone stays for coffee after the program thus allowing the students the opportunity to visit with members or ask other questions of the president.

The students are requested to write an observation report of their visit to Alcoholics Anonymous. They are to describe the functions of the organization, who is eligible to become a member, how it operates, and what effect it has in the community. They are also asked to relate the social, emotional, or physical benefits the individual might derive from membership in Alcoholics Anonymous. They are requested to determine what application they can make of this knowledge in nursing, specifically in psychiatric nursing.

The instructor evaluates the observation reports for content and clarity. The students are expected to indicate that the main purpose of Alcoholics Anonymous is to provide emotional support so that the individual does
not need to drink. She should also be aware that Alcoholics Anonymous insists that the person consider his physical health to eliminate any existing disease processes or to gain control of them, as they also have bearing on the emotional status of the individual. How the community benefits from the work of the organization should also be indicated. In applying the new knowledge to nursing, the student must be able to explain the functions and purposes of Alcoholics Anonymous to her alcoholic patients and their families. Her understanding of these factors indicates an understanding that physical and emotional health must be maintained during the rehabilitation process of the alcoholic.

Teaching Materials

Mary Louise Brown, "Helping the Alcoholic Patient," The American Journal of Nursing, 58:381-382, March, 1958. Discusses techniques that the nurse may use in helping the alcoholic patient to seek and accept help in the hospital, home, or industry.

Grace Golder, "The Nurse and the Alcoholic Patient," The American Journal of Nursing, 56:436-438, April, 1956. Patients with alcoholism have an illness which can improve if they receive proper care from persons emotionally suited to give it.


Agency, Al-Anon. Information for families of alcoholics may be obtained from Al-Anon, Family Group Headquarters, P.O. Box 182, Madison Square Station, New York 10, New York.

Agency, Alcoholics Anonymous. Visitors are welcome at the local chapters of Alcoholics Anonymous. The Wichita Chapter is located at 127-1/2 North Topeka, Wichita, Kansas. Literature may be obtained from local chapters or from the General Service Office, Alcoholics Anonymous, P.O. Box 459, Grand Central Station, New York 17, New York.
OBJECTIVE: Understanding that rehabilitation is an individualized process.

CLINICAL AREA: Psychiatric Nursing.

Third Level Learning Experience

During the course in Psychiatric Nursing, the film, The Nurse-Patient Relationship, is shown. The instructor introduces the film telling the students that the purpose of the film is to illustrate the therapeutic nature of the relationship which a nurse may develop with a patient. The students are requested to observe the interactions of the staff, and particularly, the interactions between the nurse and the patient.

Following the film, the instructor leads a discussion of the events in the film with the group as a means of analyzing the reasons behind the behavior the various people in the film exhibit. As a group, the students are encouraged to attempt to identify the approaches which led to specific responses from the patient. The instructor points out in summary that it is necessary to get to know and understand a patient before one can help them on an individual basis. She emphasizes that the one-to-one relationship is important since the patient needs prolonged contact with one individual in order to have someone who respects his individuality, someone who can be trusted, and someone who will remain non-judgmental.

On the psychiatric ward the student is to keep a written record of her progress in establishing a relationship with a particular patient over a two week period. The instructor has a conference each week with the student to discuss the interpersonal processes evident in the student's record, and plan the approaches for the future. The instructor evaluates the student's ability to establish a therapeutic nurse-patient relationship by studying the student's record, holding conferences with the student, and observing the student's relationship with the patient. The student's ability to establish a relationship with such a patient indicates some understanding that rehabilitation is an individualized process.
Teaching Materials


M. Audrey Kachelski, "The Nurse-Patient Relationship," *The American Journal of Nursing*, 61:76-81, May, 1961. Excerpts from the daily record kept by a nurse in her work are presented, and the interactions are analyzed to illustrate how this relationship was of a therapeutic nature.

Film, *The Nurse-Patient Relationship*, a black and white teaching film which emphasizes the importance of therapeutic nurse-patient-relationships in the care of the mentally ill. Produced by Dynamic Films, under a grant from the Mental Health Education Unit of Smith, Kline and French Laboratories, with production supervised by the ANA-NLN Film Service and the SKF Medical Film Center. 1958.
OBJECTIVES: Understanding that rehabilitation is dependent upon the motivation of the patient and upon his cooperation in the program of rehabilitation.

CLINICAL AREA: Psychiatric Nursing.

Third Level Learning Experiences

Previous class discussions in Psychiatric Nursing have pointed out that many emotional disorders leave the individual emotionally dependent upon others; they are unable to or unwilling to function outside the protection of the hospital or other institution. Motivation frequently is prescribed as an answer to the problem. Prior to the class period the instructor assigns selected readings on motivation.

During a two-hour class period, the instructor suggests that round-table discussions might lead to a better understanding of the role of motivation in caring for psychiatric patients. The instructor divides the class into "buzz" groups of approximately five to seven members each. Each group is asked to define motivation, relate some of the factors affecting motivation, suggest some condition in which motivation is a prime ingredient for regaining health, and make some decisions about how the nurse goes about motivating the patient. The "buzz" sessions continue for thirty minutes, then the groups reassemble for a general discussion of the conclusions reached.

The instructor leads the general discussion asking each group to share their conclusions with the others. A definition agreeable to the class is reached, such as, motivation means to be provided with a motive which incites action. The factors which affect motivation are then related by the students. Each group states the condition in which they considered motivation a prime factor in recovery and describes the techniques the nurse might use to initiate a motive for recovery. The instructor points out, during the summary, that though the initiation of motivation may arise in nurse-patient relationships, there are no rules for achieving this. Motivation is an individual matter, and must be consistent with the patient's other emotional responses.
The instructor evaluates the students on their effectiveness as group participants and upon the quality of the group product. The consideration of motivation in relation to a specific condition and the factors involved in achieving motivation indicate the student's understanding that rehabilitation is dependent upon the motivation of the patient and upon his cooperation in the program of rehabilitation.

Teaching Materials

Walter F. Pullinger, Jr., "Remotivation," *The American Journal of Nursing*, 60:682-685, May, 1960. In the technique of remotivation, selected aides are taught to meet with groups of psychiatric patients and read and talk about the world around them. This appeals to the uninjured portion of the personality.


Annie P. Findley, "They're Learning to Live Again," *The American Journal of Nursing*, 61:84-86, June, 1961. When personnel were motivated to participate in an active therapeutic program, a group of severely regressed psychiatric patients were also motivated.
OBJECTIVE: Understanding that rehabilitation involves a learning process.

CLINICAL AREA: Psychiatric Nursing

Third Level Learning Experience

During clinical experience in Psychiatric Nursing, the instructor selects a patient with schizophrenia to discuss in ward class. Three students are assigned to present the ward class; one is responsible for presenting the characteristics of the illness, the second is responsible for presenting the patient, and the third is responsible for presenting the nursing care.

The instructor listens to determine whether these important ideas are expressed: (1) That the main characteristics of the disease are apathy, associative looseness, autistic thinking, and ambivalence; (The patient presented should be representative of the condition, though the individual aspects of the patient are discussed.) (2) That the patient has never learned to relate to others, so that in situations which require a close personal association, the patient draws on his defenses which are then manifested as an emotional illness; (3) That the purpose of treatment is to assist the patient to learn how to develop satisfactory relationships; and (4) That the function of the nurse is to provide learning experiences in inter-personal relations, so that the patient can experience some satisfying relationships as a basis for growth. The presentations are followed by a period of general discussion.

The instructor evaluates the students' presentations for knowledge of psychiatric conditions, understanding of the concepts of treatment and nursing care, and an awareness of the patient as an individual. The students are also evaluated upon their contributions to the general discussion. The student's awareness that interpersonal relationships are learned experiences indicates an understanding that rehabilitation of psychiatric patients involves a learning process.
Teaching Materials


Ruth V. Matheney and Mary Topalis, "Nursing Care for the Acutely Ill Psychotic Patient," The American Journal of Nursing, 50:27-29, January, 1950. Some suggestions are made for creating a psychotherapeutic environment and managing interpersonal relations.

OBJECTIVE: Understanding that rehabilitation is a continuous process.

CLINICAL AREA: Psychiatric Nursing.

Third Level Learning Experience

In the classroom the instructor discusses the development of a therapeutic environment or "milieu" which promotes the recovery of the psychiatric patient. She points out that changes in patient behavior are significantly affected by the environment in which he lives and that the staff in a psychiatric unit are largely responsible for that environment. Therefore, she states, that the nurse is primarily responsible for providing the supportive, remedial, comforting, and protective measures which help the patient to function at his maximum level; it is an environment characterized by a concern for and interest in what happens to the individual patients and to the group of patients around the clock.

On the psychiatric ward, after some experience on the day shift, the student is assigned to spend two weeks on the evening shift. She is assigned to write a comparative critique of the therapeutic environment observed on the two shifts, such as the similarities, differences, or continuity in the relationships between personnel and patients. Illustrations should be given to support the student's point of view.

The instructor evaluates the critique for the student's ability to survey and compare the therapeutic aspects in force on the day shift and the evening shift. The importance of continuity of a therapeutic environment for the welfare of the patients should be indicated in the paper. These experiences of working on two consecutive shifts, and comparing them for continuity could contribute to the student's understanding that rehabilitation is a continuous process.
Teaching Materials

Gertrude Cherescavich and Murray E. Tieger, "Coffee Break Therapy," *Nursing Outlook*, 5:227-228, April, 1957. When patients and personnel share the coffee break, this social period becomes another form of group therapy.

Helena Willis Render, "Creative Aspects of Psychiatric Nursing," *The American Journal of Nursing*, 50:433-434, July, 1950. Success in psychiatric nursing depends upon the nurse's creative capacity and drive, her freedom to use that capacity, and her courage to step beyond the protection of tradition.

OBJECTIVE: Understanding that teamwork facilitates the restoration of the individual to his fullest capacity.

CLINICAL AREA: Psychiatric Nursing.

Third Level Learning Experience

On the psychiatric ward clinical conferences are held twice a week. The participants include the psychiatrist, the social worker, the head nurse, the psychiatric nursing instructor, staff members, and student nurses. The topics for these informal discussions are usually types of behavior manifested by the patients, such as, depression, hostility, aggression, regression, or apathy. The psychiatrist defines the behavior and points out particular patients who exhibit this behavior. The students are encouraged to ask questions and to contribute observations about their patients which illustrate the behavior being discussed.

After clearly defining the behavior and its manifestations and causes, the group then turns to a discussion of the approaches which are most successful in dealing with the behavior. Once a particular approach is agreed upon by the group, then everyone on the team is asked to use this approach in dealing with that particular behavior. The therapist explains that unless each member of the staff responds in a similar manner providing a consistent approach to the patient, much of the value of therapy is nullified.

The students identify with the group in implementing the approach, thus insuring closer cooperation among the members of the group. The improved interpersonal relationships resulting from the conferences stimulate teamwork. The experience of actively participating in team conferences contributes to the student's understanding that teamwork facilitates the restoration of the individual to his fullest capacity.
Teaching Materials

Gertrude M. Church, "Understanding Each Other to Achieve A Common Goal," The American Journal of Nursing, 56:201-204, February, 1956. This article recommends ways in which nurses and social workers may improve the effectiveness of their relationships.


Dorothy E. Gregg, "The Psychiatric Nurse's Role," The American Journal of Nursing, 54:848-851, July, 1954. The psychiatric nurse is to help create an environment in which the patient will have an opportunity to develop new behavior patterns, to examine his beliefs with a new perspective, and to work on his problems with new capacities.

Theresa G. Muller, "The Clinical Specialist in Psychiatric Nursing," Nursing Outlook, 5:22-23, January, 1957. Special preparation should be attained in psychiatry by the nurse who is a clinical specialist in psychiatric nursing.

OBJECTIVE: Understanding that the patient is a member of a family and of a community.

CLINICAL AREA: Medical Surgical Nursing III.

Third Level Learning Experience

During her clinical experience in Medical Surgical Nursing III, the student assumes responsibility for management of the ward under direct supervision of the head nurse. She is assigned the responsibility of providing adequate patient care through daily assignments, teaching both staff and patients, administering the ward by noting orders and delegating duties, and supervising personnel. One of her experiences is to teach a cardiac housewife with limited functional ability so that she may safely return home. The student must consider the family's limited finances and the patient's need to reduce her workload. The instructor requests a written plan for teaching the patient.

The instructor evaluates the student's written plan for teaching the patient, which indicates her ability to utilize information gained from the chart, personnel, patient, and family in planning for the patient's return home. She discusses the teaching plan with the student. The plan should indicate any rearrangement in the home to adjust for the patient's activity limitations such as those suggested for the "Cardiac Kitchen" which save energy. Any instructions for diet, medication, fluids, and medical check-ups should be included and related to the needs of the individual patient. Sources of help in the community should not be overlooked.

The instructor observes the student during the patient teaching process. She evaluates the student's ability to present the content of the teaching plan at the patient's level. The student's relationship with the patient and her family and her ability to help the patient plan to return to the family and community indicate her understanding that the patient is a member of a family and of a community.
Teaching Materials

Jane Callaghan, "Making the Cardiac Patient's Work Easier," *The American Journal of Nursing*, 55:950-952, August, 1955. Some practical suggestions are given which will be helpful to the nurse in counseling patients who need to conserve energy.

American Heart Association, *The Heart of the Home* (New York: The American Heart Association, 1950), 28 pp. A booklet describing the principles of work simplification and how to apply them to save time and energy in the kitchen.


*The Head Nurse at Work* (New York: Prepared by the Department of Hospital Nursing, National League for Nursing, 1953). Describes the functions of the head nurse and basic techniques for achieving her responsibilities.

OBJECTIVE: Understanding that maximum physical and emotional health must be maintained during the rehabilitation process.

CLINICAL AREA: Medical Surgical Nursing III.

Third Level Learning Experience

During the course in Orthopedic and Neurologic Nursing, the instructor presents a class on nursing care of the paraplegic patient. The presentation includes the objectives of medical treatment: (1) To maintain the general health and to prevent systemic infections; (2) To prevent or treat decubiti; (3) To prevent urinary calculi and urinary tract infections; and (4) To institute a method of bowel control to insure regularity. The instructor stresses that the nurse has responsibilities in each of these objectives, assisting the patient with diet, preventing infections and decubiti, and assisting with bowel and bladder rehabilitation. She also points out that the nurse has a responsibility to assist the patient through the emotional responses to his condition so that he can use what he has left to the fullest.

Following the class, the student is assigned to give nursing care to a paraplegic patient on the orthopedic ward. The paraplegia resulted from an injury and the patient is very bitter. The student is asked to make a detailed nursing care plan for this patient which may be used by the permanent staff. The plan is to include short term goals, immediate problems, and possible solutions. Some long-term goals should be mentioned which may be helpful to the permanent nursing staff.

The instructor evaluates the nursing care plan for completeness, consideration of the social, emotional and spiritual needs of the patient as well as his physical needs, setting reasonable goals, identification of nursing problems and the approaches suggested. The physical needs should consider prevention of urinary infections and calculi by providing adequate fluids and using aseptic technique with catheters; maintaining physical health through high protein diet and proper exercise; prevention of decubiti through adequate nutrition, skin care, turning and positioning; developing regular bowel habits through use of laxatives and enemas at first, and later
by rectal stimulation; and to prevent systemic infections by controlling contacts, personal hygiene, and a clean environment. Planning for emotional needs should indicate an awareness that there is an initial reaction of either bitterness or severe depression, which may soon give way to hope or apathy. Providing emotional support during the initial stage, thus allows the patient to be as dependent as necessary, but also to assert as much independence as possible. Following this stage, there should be constant encouragement to become self sufficient. Long range goals may continue many of the physical needs, but should plan for increasing independence. Coordination with all other services that contribute to the patient’s rehabilitation, such as physical therapy, social work, diet therapy, medical staff, and vocational rehabilitation workers is also a part of the overall nursing plan. The consideration of these factors in the nursing care plan by the student indicates an understanding that physical and emotional health must be maintained during the rehabilitation process for the paraplegic patient.

Teaching Materials


Alice B. Morrissey, Rehabilitation Nursing (New York: G. P. Putnam's Sons, 1951). Includes a section on the specific needs of the paraplegic patient.

Edith Buchwald, Margaret McCormack and Emilie Raby, A Bladder and Bowel Training Program for Patients with Spinal Cord Disease (Rehabilitation Monograph III; New York: The Institute of Physical Medicine and Rehabilitation, New York University-Bellevue Medical Center, 1952). Makes many practical suggestions for handling the problems associated with the bowel and bladder resulting from injury and disease of the spinal cord.
OBJECTIVE: Understanding that rehabilitation is an individualized process.

CLINICAL AREA: Medical Surgical Nursing III.

Third Level Learning Experience

During the course in Orthopedic and Neurologic Nursing each student is to write a rehabilitation study on a patient with a major orthopedic or neurologic condition, such as an amputation, craniotomy, multiple sclerosis, back surgery and so forth. The instructor assists the student in selecting a patient suitable for this type of study and plans her assignments so that she will have opportunity to plan nursing care for this patient for at least one week. A printed guide is provided the student which suggests various areas to consider in writing the study, such as, the cause of the condition, the family relationships, social and emotional aspects, religious needs of the patient, economic and vocational needs, and the available hospital and community resources. The students are also to consider the needs of the individual patient in identifying nursing care problems and the approaches to these problems. In the study the student is to indicate the role of the nurse in relation to other members of the team and the contributions each can make to the total rehabilitation of this patient.

The instructor evaluates the study for organization and content according to written criteria. She determines if consideration has been given to the patient as an individual, a total patient who has physical, emotional, and spiritual aspects. She also evaluates to determine whether planning for nursing care considered the patient as a family member and the specific factors related to his condition. The student should be aware of the contributions made by other team members as well as the role of the nurse in the rehabilitation program for this patient. The consideration of these factors in the rehabilitation study indicates an understanding that rehabilitation is an individualized process.
Teaching Materials


Alice B. Morrissey, *Rehabilitation Nursing* (New York: G. P. Putnam's Sons, 1951). Discusses the general functions of the nurse in rehabilitation, then makes application to specific conditions which require comprehensive rehabilitation.

Carroll B. Larson and Marjorie Gould, *Calderwood's Orthopedic Nursing* (fourth edition; St. Louis: The C. V. Mosby Company, 1957). Discusses the etiology, signs and symptoms, treatment and nursing care of the more common orthopedic conditions. Sections on the amputee and fractures of the spine are included.


C. G. de Gutierrez-Mahoney and Esta Carini, *Neurological and Neurosurgical Nursing* (third edition; St. Louis: The C. V. Mosby Company, 1960). A textbook of nursing which includes the more common neurological conditions including head injuries, brain tumors, and medical conditions.
OBJECTIVE: Understanding that rehabilitation is dependent upon the motivation of the patient and upon his cooperation.

CLINICAL AREA: Medical Surgical Nursing III.

Third Level Learning Experience

During the clinical experience in Orthopedic and Neurologic Nursing the student serves as team leader on the evening shift of an orthopedic ward. An elderly patient with a hip fracture has resisted crutch walking, though it has been ordered twice a day. She has been assisted in muscle setting, turning, and being up in the wheel-chair prior to this time. She now refuses to crutch walk even though she has been thoroughly instructed in physical therapy for this procedure.

The student discusses this problem with the team during the team conference. She attempts to use a problem solving approach in the situation. After the team agrees that the problem is to motivate this patient to crutch walk, they discuss the possible reasons why she refuses. It may be that the patient has a fear of falling or of pain. The patient may not want to progress, since she likes the security of the hospital and the attention of her relatives. She may assume that ambulation on crutches indicates immediate dismissal, and she may not have anyone to assist her at home. The team members contribute information they have learned about the patient, and other information is gained from records. From the data obtained they suggest possible approaches which may stimulate the patient to walk again. The team leader asks the cooperation of the others in trying out one or more of the approaches.

The instructor sits in on the team conferences and observes the student as team leader, the interpersonal relationships displayed, the approach to the problem, and her knowledge of the patient and her condition.

The instructor also visits the patient at a later time to determine how successful the attempts to motivate the patient were. In a conference, the student relates the results of the various approaches to motivating the patient and whether or not they were successful. She
is asked if she thinks that rehabilitation of this patient has been successful, considering her reluctance to crutch walk. The student's ability to relate the effectiveness of the rehabilitation to the patient's motivation, indicates an understanding that rehabilitation is dependent upon the motivation of the patient and upon her cooperation in the program of rehabilitation.

**Teaching Materials**


Marjorie Gould, "Nursing Care of the Patient with A Fractured Hip," The American Journal of Nursing, 58: 1561-1563, November, 1958. The elderly patient who is frightened and in pain needs much care and encouragement to regain a measure of their former independence.
OBJECTIVE: Understanding that rehabilitation involves a learning process.

CLINICAL AREA: Medical Surgical Nursing III.

Third Level Learning Experience

On the orthopedic ward the student is assigned to give nursing care to a patient who has had a mid-thigh amputation due to diabetic gangrene. She is also assigned to prepare a progressive teaching plan for this patient during the two weeks that she is on the day shift. The teaching plan is submitted to the instructor prior to the implementation of the plan.

The instructor evaluates the teaching plan for content, sequence of learning situations, and comprehensiveness. The plan should provide for meeting the individual patient's needs and include a review of the complications of diabetes and the preventive measures, a review of diet, care of the stump, proper positioning to prevent flexion deformity, bed exercises to strengthen the muscles of the shoulder girdle in preparation for crutch walking, crutch walking, and preparation of the stump for the prosthesis.

The student performs as many aspects of the teaching plan as possible within the allotted time. The teaching plan remains on the ward, so that when the patient is ready for the next phase of teaching, the ward personnel will be prepared to complete the teaching. The instructor observes the teaching activities of the student and evaluates them for content, level of presentation, and acceptance by the patient. The student's ability to identify the teaching needs of the patient and to provide learning experiences to meet these needs contributes to an understanding that rehabilitation involves a learning process.
Teaching Materials

Mary Elizabeth Moskoff and Jane Sloane, "Nursing Care for the Amputee," The American Journal of Nursing, 50:550-555, September, 1950. Intelligent thoughtful care given during the first few postoperative days will set the pace for the patient's recovery and rehabilitation.

Lester A. Smith, "An Orthotist, Prosthetist--What Are They?" Nursing Outlook, 7:34-35, January, 1959. The nurse needs to know the difference in order to counsel her patients wisely.

John R. Glover, "The Major Amputation," The American Journal of Nursing, 50:544-550, September, 1950. From the selection of the site to the reeducation of the muscles, the treatment of the amputee is focused on enabling the patient to use a prosthesis effectively.
OBJECTIVE: Understanding that rehabilitation is a continuous process.

CLINICAL AREA: Medical Surgical Nursing III.

Third Level Learning Experience

During the Orthopedic and Neurologic Nursing Class the instructor assigns each student to visit an agency in the community that contributes to the rehabilitation of orthopedic and neurologic patients. From a list of available agencies, each student selects the one she would like to visit. The list includes such agencies as the Office of Vocational Rehabilitation, Handicapped, Inc., Kansas Crippled Children's Commission, Muscular Dystrophy Association, and the Multiple Sclerosis Association. The student arranges an interview, then visits the agency. She seeks information about the objectives of the organization, the services offered by the agency, who is eligible for aid from the agency, and whether the agency is privately or government supported.

The student gives an oral report of the agency she visited during a specific class period. The student who visited the Kansas Crippled Children's Commission gives her report during a class on congenital and developmental conditions of bone, the one who visited the Muscular Dystrophy Association reports during the class on muscular dystrophy, and so on. The instructor evaluates the presentation for content, organization, and communication skills. The content includes the objectives of the agency, the services offered, who is eligible for services, how to apply for services, and who supports the agency. Suggestions for using the information gained in nursing practice are included. The instructor emphasizes that these agencies provide an important link in the continuum of patient care.

A paper and pencil test at the end of the course is used to evaluate the student's knowledge of these agencies and how they provide continuing services for the patient after he leaves the hospital. A knowledge of how various community agencies enter into the care and rehabilitation of the orthopedic and neurologic patient contributes to an understanding that rehabilitation is a continuous process.
Teaching Materials

Kansas Crippled Children's Commission. The commission supports the clinic for crippled children, which aids in case-finding, treatment, and follow-up to age twenty-one.

Muscular Dystrophy Association. Provides for public education and for some local assistance to families with children who have muscular dystrophy, particularly for wheelchairs and other equipment.

Kansas Vocational Rehabilitation Service. A federal and state supported agency which provides vocational testing, counseling, and education or training if necessary for employment. Some equipment is provided if it is necessary for the individual to become employable.

Winkley Artificial Limb Company. The student has an opportunity to observe how artificial limbs are made and fitted, and the problems resulting from poor preparation of the stump.

Multiple Sclerosis Association. Provides primarily for public education with literature and films. Aid in supporting the local multiple sclerosis clinic.

Handicap Foundation, Inc. A self-supporting sheltered workshop which employs only the handicapped individual over sixteen.

Each of these organizations have pamphlets and brochures available to inform the public of their services. The student may obtain copies of these to distribute to the members of the class.
OBJECTIVE: Understanding that teamwork facilitates the restoration of the individual to his fullest capacity.

CLINICAL AREA: Medical Surgical Nursing III.

**Third Level Learning Experiences**

On the orthopedic ward, the instructor selects a patient with a back injury for discussion in ward class. The patient is being treated conservatively with pelvic traction and medications. The student assigned to give nursing care to this patient is responsible for presenting the nursing care problems. Other members of the group are assigned to review the etiology and pathology of back injuries, the patient's physical and history, and the diagnostic workup and plan for treatment. Each student is assigned to read the chart and prepare for the ward class by selecting and reading appropriate references.

During the ward class each student presents the assigned material. Following the discussion of the etiology and pathology, history and physical, and plan for treatment, the nursing care problems are presented which reflect the individual needs of this patient. During the discussion of the nursing care in rehabilitation of this patient, the instructor listens to be sure the students are aware of the following functions of the nurse: (1) The nurse acts as a coordinator of services by timing the patient's personal care in relation to visits to physical therapy, the doctor's visits, and appointments with members of other disciplines, (2) The nurse acts as a teacher in reinforcing the exercises taught by the physical therapist, and by teaching posture and protective body mechanics, (3) The nurse interprets the roles of other team members to the patient, (4) She promotes interpersonal relations by briefing the other team members and introducing them to the patient, (5) The nurse communicates with other team members to arrange appointments, and (6) She utilizes community resources, such as the Office of Vocational Rehabilitation which guides the patient in finding more suitable employment.

The instructor evaluates each student's contribution to the ward class for content and quality of material presented. The knowledge of a nurse's coordinating
functions in relation to the rehabilitation team contributes to the student's understanding that teamwork facilitates the restoration of the individual to his fullest capacity.

Teaching Materials


Barbara B. Stimson, "Backache," The American Journal of Nursing, 51:672-674, November, 1951. Discusses the common causes of backache and the significance of pain in the back. Prevention of backache for patients in bed is possible, and the techniques are described.
Evaluation

Evaluation of the learning experiences in the resource unit was based on the content and behavior identified in the objective. The situation which provided the student with an opportunity to exhibit behavior expressed by the objective was then identified. Evaluative devices which would assist in measuring the attainment of the objectives were then selected. Evaluative procedures were incorporated in each of the learning experiences.

Suggestions for evaluation included paper and pencil tests, ratings based on observations, student self-appraisal, conferences, interviews, and products prepared by the learner. Some of the products prepared by the learner were written reports, nursing care plans and patient teaching plans, projects, oral reports, and presentations to the class, such as symposia or role playing situations.

Bibliography

A bibliography was compiled for the resource unit under three major classifications. These were: (1) books and other publications, (2) periodicals, and (3) audio-visual aids. All bound books, pamphlets, and publications of companies or societies were included under
the heading of books and other publications. The classification of periodicals included all articles found in periodical magazines. Any films, charts, or photographs were included under the heading of audio-visual aids. The bibliography included all teaching materials used in the resource unit. A list of agencies referred to in the resource unit supplements the other bibliographical material and is found in Appendix F.
BIBLIOGRAPHY FOR THE RESOURCE UNIT

Books and Other Publications


Periodicals


Children's Hospital, Cincinnati, Ohio. "Nursing Care of the Child with Cleft Palate," *Nursing World*, 127:19-21, and 37, May, 1953.


Audio-Visual Materials

After Mastectomy, film, (no date). Twenty minutes, sound and color. Produced by the American Cancer Society,
Oregon Division. Available from American Cancer Society, Inc., 521 West 57th Street, New York 19, New York. Also available from local Cancer Societies.

Posture Fundamentals, a folder containing forty-two illustrations, 8-1/2 x 11 inches, in black and white. New York: Nursing Advisory Services for Orthopedics and Poliomyelitis, National League for Nursing, Division of Nursing Education, (no date).


The Valiant Heart, film, 1954. Thirty minutes, sound, black and white. Produced by MPO Productions for the American Heart Association. Available from the Sedgwick County Heart Association, 2827 East Central, Wichita, Kansas.

This Is Nursing, film, (no date). Thirty minutes, color and sound. Produced by the University of California. Available from the Bureau of Audio-Visual Instruction, The University of Colorado, Boulder, Colorado.
CHAPTER V

SUMMARY AND RECOMMENDATIONS

Summary

The resource unit in this study was developed for use in the Wesley Hospital School of Nursing. The purposes of the study were: (1) to identify the concepts of rehabilitation which may be applied to nursing care, (2) to develop a guide that would provide the nurse instructors of Wesley Hospital School of Nursing with a list of materials from which to select those learning experiences that would aid the nursing student in developing an understanding of the concepts of rehabilitation, and (3) to illustrate how learning experiences could be planned and organized for sequence, continuity, and integration.

A basic assumption of the study was that rehabilitation concepts should be applied to the nursing care of all physically and emotionally ill patients. Two other assumptions were based on the first. The second assumption was that when the concepts of rehabilitation are known and understood by the learner, they could be applied by the nursing student to the nursing care of all patients. The last assumption indicated that experience in the application of concepts of rehabilitation by the learner to the care of
various types of patients would reinforce the learner's knowledge and understanding of the concepts of rehabilitation. The review of nursing and rehabilitation literature supported the need for the study by indicating a need to integrate rehabilitative concepts throughout the curriculum.

The resource unit was chosen as the organizational unit to present the suggested learning experiences and teaching materials. The review of literature in education substantiated the choice of the resource unit for curriculum improvement. The steps in developing the resource unit were: (1) identification of the concepts of rehabilitation, (2) formulation of the objectives for the resource unit, (3) selection of clinical areas to be utilized in the study, (4) selection and organization of learning experiences, (5) selection and organization of teaching materials, (6) suggestions for evaluative devices and techniques, and (7) compilation of the bibliography.

The concepts of rehabilitation were selected from rehabilitation literature by the technique of documentary frequency. The application of the concepts of rehabilitation to nursing was validated by a jury of sixteen nurse instructors who were experts in their clinical areas. The objectives selected for the resource unit were derived from the concepts of rehabilitation, and contained both content
and behavioral aspects. **Understanding** was the behavior found in each objective. All of the clinical areas available in Wesley Hospital were represented in the guide. Learning experiences were planned for three levels of experience corresponding to the three years of the diploma program. **First level** learning experiences were planned in Nursing I and in Medical Surgical Nursing I. **Second level** learning experiences were planned for Medical Surgical Nursing II and in Obstetric Nursing. **Third level** experiences were planned for Pediatric Nursing, Psychiatric Nursing, and Medical Surgical Nursing III. A learning experience was planned for each objective in each clinical area and these learning experiences were organized for continuity, sequence, and integration.

Teaching materials were selected which would contribute to the knowledge of the instructor, to the student's assignment, to the meaningfulness of the learning experience for the student, to the attainment of the objectives of the unit, and to the attainment of the objectives of the clinical area in which the learning experience was to take place. The teaching materials were organized for effective use by placing them directly opposite the learning experiences to which they contributed.

A variety of evaluative instruments and techniques were suggested to aid in determining the achievement of the
objectives. The bibliography for the resource unit consisted of books and other publications, periodicals, and audio-visual aids. A list of agencies used in planning learning experiences supplements the bibliography and is found in Appendix F.

Limitations of the study were: (1) that it was designed to meet the needs of a specific school of nursing, and therefore, could not be applied directly to other situations, (2) the selection of learning experiences was limited to those facilities available in the community and hospital setting, (3) the guide did not include all possible learning experiences, and (4) the guide was not tested in an actual situation so it could not be adequately evaluated.

Recommendations

As a result of this study, the following recommendations are made:

1. That the usefulness of the guide be tested by the nursing instructors of Wesley Hospital School of Nursing.

2. That further means of evaluation be developed by nursing instructors so that the value of the guide can be determined when it is used.
BIBLIOGRAPHY

Books


*Professional Nursing Program.* Bulletin of the Diploma Program in Professional Nursing, Wesley Hospital and School of Nursing, Wichita, Kansas: Wesley Hospital and School of Nursing, 1961-1962.


**Periodicals**


Unpublished Materials

Wesley Hospital School of Nursing. "Schedule of Courses and Clinical Experience." Wichita, Kansas: Curriculum Plan for the class beginning September, 1961, at Wesley Hospital School of Nursing, 1961. (Multilithed.)

Wesley Hospital School of Nursing. "Some Suggested Methods for Implementing Principles of Learning." Wichita, Kansas: Arrived at and accepted by the Executive Faculty of the Wesley Hospital School of Nursing, July 31, 1957. (Mimeographed.)
PHILOSOPHY OF WESLEY HOSPITAL SCHOOL OF NURSING

We, the faculty of the school of nursing, believe that the education of the student is the sole function of the school. Our primary responsibility is to provide for the student those learning experiences necessary to practice professional nursing and to offer to her wise guidance over her learning efforts. Within the resources available to us, we believe it is our responsibility also to help the student attain those democratic, spiritual, social and emotional values essential for personal growth and happiness and for responsible citizenship.

The philosophy of the school of nursing is based upon a belief that nursing includes a ministry to the emotional and spiritual as well as to the physical needs of the sick. Nursing also embodies those individual and group activities that make it possible for the individual to keep well, and when ill to return to her home environment in as good a state of health as possible.

We believe that learning is a persistent change of behavior resulting from experience that such behavior can best be modified in a democratic setting which satisfies the needs of the learner, and in which the student seeks to
extend her knowledge, skills, and understanding. In addition, we believe that the learning process includes the utilization of one’s own leadership potentials and the ability to function cooperatively under the leadership of others.¹

APPENDIX B

WESLEY HOSPITAL SCHOOL OF NURSING

SOME SUGGESTED METHODS FOR IMPLEMENTING PRINCIPLES OF LEARNING

(Arrived at and accepted by the Executive Faculty, July 31, 1957)

<table>
<thead>
<tr>
<th>PRINCIPLES OF LEARNING</th>
<th>METHODS OF IMPLEMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Learning is individual.</td>
<td>1. a. Each student cannot be expected to achieve to the same degree of knowledge, skills, and attitude as another.</td>
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<td></td>
<td>b. A good teacher will provide a variety of testing and learning experiences.</td>
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<td></td>
<td>c. Pre-testing followed by individual or group conferences clarifies previous learning and student needs.</td>
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<tr>
<td>2. When the learner is ready to act, to act is satisfying and not to act is annoying (Law of Readiness).</td>
<td>2. a. Let students progress at their own rate in so far as time permits.</td>
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<tr>
<td></td>
<td>b. Planning is necessary for good teaching. This planning must be flexible in order to adjust to the mindset of the learner.</td>
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</tbody>
</table>
2. (continued)
   a. Readiness to learn is physiological and thus depends on maturity, as well as psychological and thus depends on mind-set or purpose of the learner.
   b. Readiness to learn is stimulated by pre-planning.

3. Learning takes place more effectively in situations where students derive satisfactions (Law of Satisfaction or Effect).
   a. Learning is affected by the interest the teacher arouses in the subject.
   b. Learning is affected by the teacher's attitude and interest in the student.
   c. Learning is affected by the consideration of individual differences.

3. a. Leading questions prepared ahead of time will stimulate discussion. Utilizing new ways of teaching stimulates interest and arouses curiosity.
   b. A warm friendly attitude toward the student is an aid to learning.
   c. A good teacher strives not to embarrass a student, she is never sarcastic, she is impartial to all students, and accepts their individual worth.

A distasteful situation handicaps learning -- if unavoidable, the student needs to be challenged to see her contribution to the experience.
<table>
<thead>
<tr>
<th>PRINCIPLES OF LEARNING</th>
<th>METHODS OF IMPLEMENTATION</th>
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</table>
| 4. **Learning is self-active and social.**  
  a. Learning does not take place without activity of the learner.  
  b. Learning is affected by the social environment in which the student is placed during the learning process.  
  c. Even though learning is self-active, it must be directed. | 4. a. Student participation increases learning. A good teacher uses varied methods; she uses the lecture method with caution.  
  b. Understanding the individual in her relationship with her classmates, co-worker, supervisory personnel, and patients, facilitates learning in the student.  
  c. A good teacher leads rather than dictates. |

5. The more often the response is made to a situation, the closer becomes the bond between the two (Law of Exercise) provided that the principles of primacy, intensity, recency, and spaced practice are followed.  
   a. Practice may or may not fix learning; it does so only if the student evaluates her progress during practice, and organizes and reorganizes her material as she practices.  
   b. Essential material may need to be re-emphasized in several courses and in clinical experiences and at various levels of the program.  
   c. The clinical instructor should base assignments on an examination of the student's clinical experience folder.
5. (continued)
   b. Common strands of learning that are re-emphasized at the same level through-out the curriculum (continuity) helps learning -- essential material needs repetition.

c. Whatever the student is learning, she should have the opportunity to practice.

6. Forgetting takes place about as soon as learning has taken place.
   a. The rate of forgetting depends upon the meaningfulness of the material learned, the connection established between that and related learning, the value the learner places upon the material learned, and whether the evaluation has been continuous.

   b. The rate of forgetting is related to the amount of over-learning and whether the material learned is categorized as memory or skill.

   c. Factors of fatigue and loss of interest lessen the productivity of long periods of study and practice.

5. c. (continued)
   Practice should be concurrent with, or should follow, formal learning immediately.

6. a. For content that is meaningful, the two-hour study period is satisfactory. For rote memory, shorter periods are better.

   Developing objectives with the student increases motivation for learning.

   Periodic individual and group conferences in which student progress is analyzed reinforce learning.

   b. The instructor should control the amount of over-learning so that time may be used most profitably.
### PRINCIPLES OF LEARNING

**7. Learning takes place through the process of having parts of our experience associated with another (one stimulus recalls a second; Law of Association).**

- **a. Ideas are retained longer than verbatim material.**
- **b. In addition to the objectives of the course, the learner acquires concomitant learning such as attitudes, which may be good or bad.**
- **c. Learning is unitary.**
- **d. Interweaving of related parts helps produce a whole product (integration and correlation).**

### METHODS OF IMPLEMENTATION

**6. (continued)**

- **c. Eight hours of uninterrupted rest are essential for learning. Not more than five hours a day of class should be held. Class and practice together should not exceed eight hours in twenty-four. There should be a ten minute break between classes and between a class two hours long.**

**7. a. As a new procedure is learned one step should be associated with the preceding step or with a related procedure.**

- **A good teacher limits the memorization of facts to those that are essential.**
- **b. It is desirable for the teacher and/or the faculty to examine probable concomitant learnings arising out of an activity.**
- **c. A syllabus helps the student to unify her learning.**
- **d. The clinical instructor should aid the student in applying theory to practice.**
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<tr>
<th>PRINCIPLES OF LEARNING</th>
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<td>e. Learning is facili-</td>
<td>d. It is advisable to</td>
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<td>and psychiatric nurs-</td>
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<td>treatment (sequence).</td>
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<td>f. Learning is transfer-</td>
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<td>e. The Curriculum Com-</td>
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<td>f. The instructor should</td>
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<td>help the student search</td>
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<td>for relationships between</td>
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<td>the old and new to facilitate</td>
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<td>utilization of pre-</td>
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<td>tests.</td>
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<td>g. The good instructor</td>
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<td>helps the student</td>
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<td>gain satisfaction</td>
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<td>from her learning.</td>
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</table>
7. (continued)

h. Diversified experiences may be used to attain the same objective.

8. Learning is goal directed.

a. The intensity of the goal will affect the learning process.

b. Educative experience should be unified around the purpose of the learner.

7. (continued)

g. The student's learning experiences do not have to be broad if they are well selected.

h. The faculty should evaluate and plan for the use of several diversified experiences for the development of understanding, skills, and attitudes in the student.

8. a. Motivation is extremely important in success or failure. The student's original motivation may need to be reinforced by the instructor.

b. The instructor may set the stage and manipulate the environment so that the purpose of the learning experience may appear meaningful to the learner and be in harmony with the purpose of the learner.
Dear Faculty Member:

I am a student in the Graduate School, Department of Nursing, at the University of Colorado. I am developing a guide for use by nursing instructors to aid students in developing an understanding of the concepts of rehabilitation as they apply to nursing.

From a review of rehabilitation literature, a list of concepts of rehabilitation was prepared. Only those concepts which may be applied to nursing are desired for use in the guide. Selection of the concepts of rehabilitation which apply to nursing will be based on evaluations made by a jury of nurses. The jury is composed of nurses who are experts in their clinical areas. Members of the jury will remain anonymous throughout the study.

As a clinical expert in nursing, your judgment of the applicability of the concepts of rehabilitation to nursing would aid me immensely in completing my Master's Thesis. The completion of the check-list, based on your judgment, would require approximately ten minutes of your time. Your assistance will be deeply appreciated.

Sincerely yours,

Mrs. Roberta D. Thiry

Mrs. Roberta Thiry is a student in the Medical-Surgical clinical specialty area at the University of Colorado Graduate School, Department of Nursing. Your assistance will be greatly appreciated.

Miss Patricia VanderLeest
Thesis Chairman
CHECK LIST FOR CONCEPTS OF REHABILITATION WHICH MAY BE APPLIED TO NURSING

DIRECTIONS:

Please read each of the concepts of rehabilitation carefully. You will note that there are several statements below each of the underlined concepts. These statements are present only to clarify and to illustrate the scope of the concepts. If, in your judgment as a nursing instructor, the concept does not apply to nursing make a check in the space provided by the word "Yes". If the concept does not apply to nursing, make a check in the space indicated by "No".

CONCEPT:

Rehabilitation is a continuous process.

a. Rehabilitation incorporates the preventive as well as the curative approach to medicine.

b. Rehabilitation begins before the illness strikes, continues through the illness, and does not end until the individual returns to his place in the community.

c. Continuity of care is provided from the hospital to the home through clinics, agencies, or other institutions.

Does this concept have application to nursing?

_____ Yes.

_____ No.

CONCEPT:

Rehabilitation is an individualized process.

a. Every patient is a person regardless of the illness or disability sustained.

b. The individual varies in some respects from every other person.
c. The individual is a united entity with all the facets of personality organization coordinated.

d. Man is a total being composed of body, mind and spirit.

Does this concept have application to nursing?

_____ Yes.

_____ No.

CONCEPT:

Maximum physical and emotional health must be maintained during the rehabilitation process.

a. Good physical and mental health are necessary if the patient is to benefit from all the other available rehabilitation services.

b. Maintenance of physical and emotional health involves:

Preventing superimposed deformities, which interfere with progress, by adequate exercise, proper use of body mechanics and alignment, and by early ambulation.

Promoting good general health through nutrition, hygiene, elimination, and regular rest and sleep.

Maintaining mental health through counseling, diversion, recreation, occupational therapy, and spiritual guidance.

Does this concept have application to nursing?

_____ Yes.

_____ No.

CONCEPT:

Rehabilitation is a learning process.

a. The activities of daily living (self-care activities) are essential to independence.
b. Rehabilitation may be limited to some degree of self-care, though it aims at vocational and economic self-sufficiency as well.

c. Close and prolonged contact with the patient is necessary to teach rehabilitation procedures and techniques.

d. All rehabilitation workers are teachers.

e. The principles of learning apply in the rehabilitation process.

Does this concept have application to nursing?

_____ Yes.

_____ No.

CONCEPT:

Rehabilitation is dependent upon the motivation of the patient and upon his cooperation in the program of rehabilitation.

a. No one can rehabilitate the patient unless he desires to be rehabilitated.

b. The patient must be willing to put forth constant and prolonged effort in the rehabilitation process.

c. Setting attainable goals stimulates motivation.

d. The patient must accept his limitations, but also be willing to develop his assets.

e. Ability to assume responsibility for his own welfare provides the patient with a sense of dignity and personal worth.

Does this concept have application to nursing?

_____ Yes.

_____ No.
CONCEPT:

The patient is a member of a family and of a community.

a. The patient needs the support of his family and friends during the rehabilitation process, and to make a satisfactory adjustment when he returns home.

b. The family must be prepared to receive the patient back into the home.

c. The community must be educated to accept the individual without prejudice and to allow him to complete vocationally.

Does this concept have application to nursing?

_____ Yes.

_____ No.

CONCEPT:

Teamwork facilitates the restoration of the individual to his fullest capacity.

a. The team includes the patient and his family as well as members of the various fields involved in the rehabilitation program.

b. Good interpersonal relationships are essential for smooth functioning of the team.

c. The nurse frequently acts as coordinator of the team.

d. Knowledge and use of community resources improves the effectiveness of the team.

Does this concept have application to nursing?

_____ Yes.

_____ No.
June 23, 1961

Miss Ilse Steg
Director, School of Nursing
Wesley Hospital
550 North Hillside
Wichita 14, Kansas

Dear Miss Steg:

This letter is to confirm our conversation in which you gave me permission to use the curriculum plan, the philosophy and objectives, and the principles of learning of the Wesley Hospital School of Nursing to develop a resource unit in rehabilitation nursing. The resource unit is a guide for nursing instructors to use in selecting learning experiences which would aid the nursing student in developing an understanding of the concepts of rehabilitation.

Your kindness and consideration in this regard has been greatly appreciated. The use of these materials has facilitated the preparation of my thesis.

Sincerely yours,

(Mrs.) Roberta D. Thiry
June 28, 1961

Mrs. Roberta D. Thiry
830 Cherry Street
Denver 20, Colorado

Dear Mrs. Thiry:

You have my permission as well as the permission of the faculty to use the curriculum plan, philosophy and objectives, and the principles of learning developed by our faculty in any way you see fit. We shall be pleased to have you make use of these materials in the development of a resource unit in rehabilitation nursing.

Sincerely yours,

(Miss) Ilse C. Steg, R.N.
Director, Nursing Education

ICS: fl
# Appendix E

## Wesley Hospital School of Nursing

### Schedule of Courses and Clinical Experience

**Class of 1963**

**First Year**

<table>
<thead>
<tr>
<th>THEORETICAL COURSES</th>
<th>Total No. Hrs.</th>
<th>Clock Hrs.</th>
<th>Rec. Hrs.</th>
<th>Inst. Hrs.</th>
<th>CLINICAL EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Term</strong> (22 wks)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemistry .......</td>
<td>112</td>
<td>48</td>
<td>64</td>
<td></td>
<td>3 weeks orientation.</td>
</tr>
<tr>
<td>Human Biology .....</td>
<td>112</td>
<td>48</td>
<td>64</td>
<td></td>
<td>8 weeks clinical experience.</td>
</tr>
<tr>
<td>Nursing I a .......</td>
<td>76</td>
<td>46</td>
<td>30</td>
<td>4</td>
<td>(4 weeks medical and surgical)</td>
</tr>
<tr>
<td>Personal and Professional Development I ....</td>
<td>16</td>
<td>16</td>
<td></td>
<td></td>
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<tr>
<td><strong>Second Term</strong> (22 wks.)</td>
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<tr>
<td>Microbiology ......</td>
<td>80</td>
<td>16</td>
<td>64</td>
<td></td>
<td>16 weeks clinical experience.</td>
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<tr>
<td>Sociology ..........</td>
<td>48</td>
<td>48</td>
<td></td>
<td></td>
<td>(8 weeks medical and surgical)</td>
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<tr>
<td>Nutrition ..........</td>
<td>32</td>
<td>32</td>
<td></td>
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<tr>
<td>Psychology ..........</td>
<td>48</td>
<td>48</td>
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<tr>
<td>Nursing I b .......</td>
<td>49</td>
<td>25</td>
<td>9</td>
<td>15</td>
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<tr>
<td><strong>Third Term</strong> (8 wks.)</td>
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<tr>
<td>Med-Surg I .......</td>
<td>158</td>
<td>121</td>
<td>16</td>
<td>36*</td>
<td>9 weeks clinical experience on total patient care including medications and simple treatments.</td>
</tr>
</tbody>
</table>

*This includes 28 hours diet conferences.
Vacation: 4 weeks in 1st and 2nd terms coinciding with W. U. Program.
4 weeks summer vacation.

Med-Surg I includes the basic concepts of the care of the patient with a communicable disease as well as the care of patients with the following types of conditions: circulatory, renovascular, alimentary, allergic, and endocrine.
### Wesley Hospital School of Nursing

**Schedule of Courses and Clinical Experience**

**Class of 1963**

**Second Year**

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## SECOND YEAR (cont'd.)

### CONTENT OF THEORY AND EXPERIENCE

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SECOND YEAR (cont'd.)

CONTENT OF THEORY AND EXPERIENCE

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Vacation: 8 weeks, May 14 to July 8, 1962 or July 9 to Sept. 3, 1962

Med-Surg IIa includes the care of the patient with respiratory conditions, urological conditions, disorders of the skin and integument, gynecological conditions, and conditions of the eye and ear.
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### THIRD YEAR (Cont.)

#### CONTENT OF THEORY AND EXPERIENCE

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<td>(2 wks. - 3-11:30)</td>
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<td>(2 wks. - 11-7:30)</td>
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Elective: 7 weeks, July 8, 1963 to August 26, 1963.
APPENDIX F

BIBLIOGRAPHICAL SUPPLEMENT

Community Agencies

Al-Anon, Family Group Headquarters, P.O. Box 182, Madison Square Station, New York 10, New York. Information about local chapters and literature available from the national office.

Alcoholics Anonymous, General Service Office, P.O. Box 459, Grand Central Station, New York 17, New York. Information about local chapters and literature available from the national office. The local chapter in Wichita, Kansas, is located at 127-1/2 North Topeka.

American Cancer Society, Inc., 521 West 57th Street, New York 19, New York. Information about local chapters may be obtained from the national office, as well as literature.

American Heart Association, 44 East 23rd Street, New York 28, New York. Information and literature available from the national office. The local chapter in Wichita, Kansas, is the Sedgwick County Heart Association, 2827 East Central.


Ileostomy Quarterly, 10 Arlington Street, Boston 16, Massachusetts. Information about local chapters may be obtained from the above address.

Institute of Logopedics, 2400 Jardine, Wichita, Kansas. A rehabilitation center specializing in speech correction.


Multiple Sclerosis Association, 257 Park Avenue South, New York 10, New York. Information about local chapters may be obtained from the national office.

Muscular Dystrophy Associations of America, Inc., 1790 Broadway, New York 19, New York. Information about local chapters may be obtained from the national office.

Winkley Artificial Limb Company, 736 North Main, Wichita, Kansas. Manufacturers and retailers of artificial limbs.