A STUDY OF THE PREPLANNING BETWEEN NURSING SERVICE AND NURSING EDUCATION IN TWO SELECTED COLLEGIATE PROGRAMS

by

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A Study of the Preplanning Between Nursing Service and Nursing Education in Two Selected Collegiate Programs

Thesis directed by Professor Irene Murchison

This study was conducted to ascertain the planning between nursing service and nursing education to facilitate operations in two collegiate nursing programs, to determine current practices to achieve an understanding of the objectives of education, and to seek evidences of working relationships. The need for planning has resulted from the administrative trend toward separation of nursing service and nursing education in collegiate programs, and a study of current practices may be of value in future planning.

The method of study was the descriptive survey, conducted by means of the interview. The tool used to gather information was a check list and interview guide. This tool was designed to solicit information from (1) Administrators and (2) Clinical instructors, Supervisors, and/or head nurses in regard to philosophy and objectives, contracts, policies, implementation of policies through planning and meetings.

In general, the finding revealed that although contracts or agreements were provided, administrators of nursing service were not aware of their provisions. There was no consistent pattern for achieving a common understanding of the objectives of education between nursing service and nursing education. Formal meetings as one means of communication for achieving closer working relationships were not held regularly and were somewhat limited. Informal

conferences were the primary means of communication between nursing service and nursing education regarding students and student education. Of each service approximately one-half of the personnel attended the meetings conducted by the other department. Written plans and guides were provided, but were not always circulated.

This abstract of about 240 words is approved as to form and content. I recommend its publication.

Signed Irene Murchison RLG
Instructor in charge of thesis

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CHAPTER I

I. INTRODUCTION

Historically, nursing education has been secondary to nursing service in that student nurses provided inexpensive personnel to care for patients, and in the process they learned by doing.[1]

In recent years collegiate programs have evolved with an administrative trend toward a separation of nursing service and nursing education. In those programs in which this separation has developed, the responsibility for student education has been assumed by nurse educators with no direct authority borne by nursing service. As a result of this reorganization, certain strains have resulted from having two independently organized activities.[2]

The hospitals and public health agencies, whose major purpose is care of the patients, have facilities available which are desirable for clinical experience. In order for the school of nursing, whose primary objective is student education, to utilize these facilities for such a program, it would seem that there would be a need to reach an understanding on the part of both nursing service and nursing education.

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[1]Harry W. Martin, "Education and Service Division and Unity," Nursing Outlook, 7:11 (November, 1959), 650.

[2]Ibid., 651.

The two groups cannot carry out their respective functions effectively if each person does not have an understanding of the role of the other and respect the contribution each may make.[3]

Some means of planning should be carried out between nursing service and nursing education to protect the health and welfare of the patient against an interruption in the continuity of care and still meet the objectives of student education. There must be consultation and conferences, sharing and comparing of plans and activities, and recognition of the interdependence of each of the two functions.[4]

Since both organizations use the same environment for attaining their respective goals,[5] evidence of working relationships in collegiate programs, which has resulted from planning between nursing service and nursing education, to provide the clinical resources of the community agencies for student education would be valuable in future planning of collegiate programs. As a part of this inquiry, to achieve an understanding of the objectives of education would be beneficial. From a study of current practices of planning between the two organizations in collegiate programs, recommendations may be made.

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[3]Loretta Heidgerken, "Some Problems in Modern Nursing," Nursing Outlook, 7:7 (July, 1959), 396.

[4]Edmund J. Shea and Helen R. Johnson, "Another Administrative Role Building Unity of Purpose," Hospitals, 34 (January, 1960), 55.

[5]Martin, op. cit., p. 653.

II. THE PROBLEM

Statement of the problem. It was the purpose of this study to ascertain the preplanning between nursing service and nursing education to facilitate operations in two collegiate nursing programs; (2) to determine current practices to achieve an understanding of the objectives of education; and (3) to seek evidences of working relationships necessary to define operational practices between nursing service and nursing education, as they relate to the two collegiate programs.

III. DEFINITION OF TERMS USED

Nursing education. Nursing education is the total education of the student nurse, planned and conducted to prepare graduates for baccalaureate-level competence in the practice of professional nursing; to lay the foundation for continuing professional and personal development.[6]

Nursing service. Nursing service is a broad term which applies to all of the services of the professional nurses and assistants which are carried out in hospitals, homes, health agencies, schools, and industries. This includes services to the sick and maintenance of health of people from pre-natal life through senescence.[7]

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[6]National League for Nursing, Criteria for the Evaluation of Educational Programs in Nursing That Lead to Baccalaureate or Masters Degrees (10 Columbus Circle, New York 19, N. Y.: Department of Baccalaureate and Higher Degree Programs, 1960), p. 10.

[7]Charlotte Seyffer (ed.), The Organization of Hospital Nursing Services (Washington 17, D.C.: The Catholic University of America Press, 1956), p. 1.

IV. ORGANIZATION OF REMAINDER OF THE THESIS

The remainder of the study will be presented in four chapters. Chapter II will present a review of the literature. Chapter III will describe the methodology used for the study, construction of the instruments, collection of data, and methods of analysis of data. Chapter IV will present the analysis and interpretation of the data. Chapter V will complete the study with a summary, conclusions, and recommendations. Following the bibliography, the appendix will contain copies of the original data that were not included in the text and samples of the instruments used.

CHAPTER II

REVIEW OF THE LITERATURE

Pertinent literature from 1943 to the present time was reviewed. A brief summary of the history of the hospital schools of nursing and the evolution of the collegiate program with its implications for planning between nursing education and nursing service shall be included in this chapter.

HISTORICAL DEVELOPMENTS IN NURSING

Historically, a type of apprentice "training" for student nurses had its origin in medieval times, in which the student learned by doing.[1]

This traditional pattern of training was followed when hospitals in the United States established schools of nursing. These were hospital owned schools of nursing in which the nursing school was a department of the hospital on the same basis as other hospital service departments.[2]

In the hospitals the administration of both nursing service and student training was vested in one person; she directed nursing service

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[1]Josephine A. Dolan, Goodnou's History of Nursing (Philadelphia, London: W. B. Saunders Company, 1958), p. 298.

[2]Sister Charles Marie Frank, Foundations of Nursing (Philadelphia, London: W. B. Saunders Company, 1959), p. 170.

as well as the student program. The head nurses and supervisors of nursing service assumed a dual role, as did the administrator. They were expected to teach as well as be the administrators of the nursing service on the ward.

During this period in history most of the nursing service to patients was supplied by students. The students earned their education through service to the hospital and patients; there was little emphasis upon, or time for, academic pursuits of education.[3]

EVOLUTION OF THE COLLEGIATE PROGRAMS IN NURSING

"Collegiate programs in nursing have been evolving in the United States for the past sixty years,"[4] and in recent years are gaining more and more acceptance.

The hospital schools of nursing had served, and are still serving, a purpose in nursing in the preparation of nurses for giving nursing care to the public. However, nursing leaders at the beginning of the twentieth century began to see the limitations of the resources available in the hospital. They saw the need to secure affiliations outside of the hospital and in a variety of hospitals and agencies,[5]

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[3]Harry W. Martin, "Education and Service: Division and Unity," Nursing Outlook, 7:11 (November, 1959), 650.

[4]Lulu Wolf Hassenplug, "Nursing Education in Universities," Nursing Outlook, 8:2 (February, 1960), 92.

[5]Isabel Maitland Stewart, The Education of Nurses (New York: The Macmillan Company, 1943), pp. 170-172.

for the purpose of broadening the student's clinical experience.

Having extended education to other service agencies, nursing educators saw the desirability for the preparation of nurses to be in institutions whose primary function was education, with the hospitals being utilized only for practical experience. In order to make this transition the apprentice type training came under scrutiny. It was believed by some that real professional status could not be reached until there was greater emphasis on knowledge and intellectual stimulation than was provided by the apprentice system.[6]

During this period of history, medicine, which had a similar type of apprentice training for doctors, experimented with a plan of separate instruction in institutions conducted for the sole purpose of education of medical students. They found it to be successful in the preparation of doctors who were then better able to meet the medical needs of society.[7]

As a result, certain members of the medical profession were influential in helping convince nursing leaders, who were reluctant to give up the apprentice type training, that schools of nursing could not become a school in the full sense unless education could be put in its proper place.[8]

In addition to the realization that the apprentice type training provided no room for including cultural values, another factor

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[6] Ibid., pp. 173-181. [7] Ibid., pp. 174-180.

[8] Ibid., pp. 174-180.

which influenced the change in nursing education was the challenge which faced nursing as an outgrowth of advancements in technology, medicine, education, and changing world affairs. There could no longer be any doubt that the preparation of the professional nurse belonged within the institutions of higher learning,[9] if nursing was to assume its rightful place as a profession and to meet the challenges of the increasing complexity of nursing.

In development of the collegiate programs, the nursing school must be an autonomous unit vested with the same status as other professional schools.[10] The educational unit should be organized under the general policies which govern the programs of comparable type and academic level in the degree granting institution. The nursing unit has control over, and is responsible for, all aspects of education under its jurisdiction.[11]

Following the recognition that the control and provision for the preparation of the professional nurse should be in collegiate programs, courses were "organized in accordance with general policies of higher education."[12] The education of the student then became the sole responsibility of the collegiate school of nursing.

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[9]Faye G. Abdellah, "Some Trends in Nursing Education," The American Journal of Nursing, 53:7 (July, 1953), 842.

[10]Esther Lucile Brown, Nursing for the Future (New York: Russell Sage Foundation, 1948), p. 153.

[11]National League for Nursing, op. cit., pp. 2-3.

[12]Margaret Bridgman, Collegiate Education for Nursing (New York: Russell Sage Foundation, 1953), p. 167.

The nursing faculties were given freedom to seek learning experiences for the students anywhere in the hospitals and related agencies which provided the clinical facilities for the education of the nurse. The difficulty in implementing the educational control was that it involved the use of many community agencies which brought in inter-agency relationships. In seeking the clinical facilities for student experience, personnel concerned with the collegiate program saw the need to define the working relationships between the universities and colleges and nursing service of community agencies; "since the quality of the collegiate program in nursing will depend to a large extent on how these groups can put a sound concept of educational control into practice."[13]

One of the steps to define these relationships to put education control into practice was through contracts and agreements. A contract by legal definition "has been defined as a promise, or set of promises of which the law gives a remedy or in some way recognized the fulfillment as a duty."[14] An agreement is "an offer and an acceptance manifesting mutual assent that has resulted in an agreement between two or more parties having legal capacity."[15]

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[13]Irene Murchison, "A Four-Year Basic Collegiate Program," The American Journal of Nursing, 52:4 (April, 1952), 481.

[14]Milton J. Lesnik, Bernice E. Anderson, Nursing Practice and the Law (Philadelphia, Montreal: J. B. Lippincott Company, 1955), p. 111.

[15]Ibid., p. 111.

Contracts or agreements were developed by administrative personnel in the educational institutions and community agency as a means of defining overall policies to provide for inter-agency relationships. The contracts took into consideration the welfare of the patient, limitations of service facilities available to the university, and the program of the hospital or agency. They make clear the responsibility of the university for assuming the cost of education, as well as the control of the clinical instructors.[16]

Having set up the controls for the program, the next step is its implementation. As one phase, persons who are to participate in the implementation should have a voice in policy making within their spheres of competence, by direct participation or through a representative.[17]

Another device of group implementation may take the form of procedure manuals which give consistent direction to supervision. They act as a source of reference, uniform guides to action, a means of control, and prevent variations of individual interpretation of policy. A policy or procedure manual sets down what should be done or what can be done, to establish working relationships.[18]

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[16]Mary O. Tschudin, "What is a Sound Basic Collegiate Program in Nursing Education," The American Journal of Nursing, 52:8 (August, 1952), 987.

[17]Roy W. Bixler, Genevieve K. Bixler, Administration for Nursing Education (New York: G. P. Putnam's Sons, 1954), pp. 57-58.

[18]Henry J. Kutsch, "Policy and Procedure Manual: A Guide for Consistent Action," Hospitals, 30 (August, 1956), 42-43.

NURSING FACULTIES AND CLINICAL TEACHING IN THE COLLEGIATE PROGRAMS

The role of the nursing faculty member in the education of the student has been placed under the control of the university faculty members, and members are given academic rank on the institutions faculty which is appropriate to their respective functions.[19] The nursing faculty's functions are the same as other disciplines; however, the laboratories for the practice of the professional student are found in the hospital and community agencies.

In utilizing these laboratories for teaching purposes, the educational institution sends its faculty into these laboratories. The faculty members may be called clinical coordinators, clinical instructors, or field teachers. They are invested with the responsibility for planning and directing the instructional program in one of the various clinical areas of the hospital;[20] in addition to this they assume a large measure of responsibility for educational policies and program of the school.[21]

Provision for collegiate education with adequately prepared faculty members does not in itself insure education of a whole person without separation of clinical learning from other learnings.[22] Early

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[19]National League for Nursing, op. cit., pp. 2-3.

[20]Amy Frances Brown, Curriculum Development (Philadelphia, London: W. B. Saunders Company, 1960), p. 363.

[21]Dolan, op. cit., p. 306.

[22]Bixler, op. cit., p. 121.

collegiate schools had added liberal education to their curriculum, but many schools had also retained the clinical experience of the early hospital schools;[23] therefore, since the introduction of the early collegiate programs, there has been a need for the nursing faculties to constantly evaluate and revise the clinical learning experiences of these schools. In recent years more effective learning experiences are being sought for student nurses as a result of experimentation, more careful scrutiny of the amount of clinical experience necessary, and a better understanding of the learning process.

One of the more recent major developments in the area of clinical teaching has been the introduction of a laboratory method of teaching in order to integrate total learning experiences. A clinical coordinator in one collegiate school of nursing formulated the following definition of the laboratory method of teaching in relation to its objectives in student education:

> Laboratory teaching is a system by which concurrent scheduling nursing theory and related practice is planned for and implemented. With this method the nursing student is given opportunity to practice, see, hear about, and understand the comprehensive nursing care of patients with selected conditions.
>
> These classroom experiences are planned to include the etiology, symptomatology, and medical and surgical treatment of selected conditions in addition to nutrition and dietary treatment and the pharmacological, teaching, community, and mental health aspects of the comprehensive nursing care of patients with selected conditions.[24]

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[23] Ibid., p. 156.

[24] Patricia VanderLeest, of Colorado University, in a seminar in administration, Nursing 678, March 23, 1960. Permission to quote secured.

RELATIONSHIPS BETWEEN INSTRUCTORS, SUPERVISORS, AND HEAD NURSES

Essentially the functions of the supervisors and head nurses in relation to nursing service had not changed. The head nurses were directly responsible for maintaining the standard of care for patients,[25] supervisors were responsible for several head nurses and floors in the same special division;[26] however, they were no longer responsible for student education; therefore, a definition of working relationships was necessary to achieve a common understanding of the role of faculty member and the nursing service personnel who work together in the same clinical area.

In order to implement the education program in each clinical area, some means of planning, either by written or oral communication, must be carried out between the two organizations so that the objectives of education are understood, and the role of the supervisor and head nurse is clearly defined.

Written communication concerning objectives of education and student rotation plans may be provided for nursing service. Meetings and conferences may be beneficial since another means of developing better interrelationships between the two groups is to provide considerable opportunity for heads of departments to talk freely and

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[25]Brown, op. cit., p. 364.

[26]Temple Burling, Edith M. Lentz, and Robert N. Wilson, The Give and Take in Hospitals (New York: G. P. Putnam's Sons, 1956), p. 118.

frankly to each other.[27] Direct communication between the two organizations provides a means for representatives of nursing education and nursing service to keep informed in order that each may assume the appropriate responsibility for keeping her staff or the students informed about new policies and plans.[28]

The means of securing working relationships may vary; however, measures which can be relied upon for bringing the two nursing organizations closer together may be (1) good will on the part of individuals involved; (2) commitment to professional goals; (3) individuals assuming responsibility beyond that formally defined; (4) faculty representation to nursing service committees and conferences.[29] The question remains how to make these measures effective and acceptable to both groups.

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[27]Lucy D. Germain, "Personal Relationships and Nursing Service," The American Journal of Nursing, 52:10 (October, 1952), 1257.

[28]Ibid.

[29]Martin, op. cit., p. 651.

CHAPTER III

METHODOLOGY

In this study the investigator wanted to ascertain the current practices in planning between nursing service and nursing education to facilitate the operations of collegiate programs for nurses. The study was conducted in two selected nursing programs in the Western Region.

I. METHOD OF STUDY

Of the methods which would lend themselves to the solution of this problem, the method used in this study was the descriptive survey. The survey, or descriptive study, constitutes a way of obtaining facts about current situations. This method attempts usually to describe a condition or to learn the status of something, and whenever possible, to draw valid general conclusions from facts discovered.[1] Even though the survey approach to problem solving may not in itself be forward looking, it may serve the useful purpose of providing pertinent evidence for persons who are in a position to use the data for such purpose.[2]

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[1]Tyrus Hillway, Introduction to Research (Boston: Houghton Mifflin Company, 1956), p. 175.

[2]Amy Frances Brown, Research in Nursing (Philadelphia, London: W. B. Saunders Company, 1958), p. 155.

Following the selection of a method of study, techniques for collecting data were reviewed. "The principle devices for gathering data from other people through the survey method are the interview and the questionnaire."[3] Of these two techniques, a decision was made to utilize the interview, since the selected number of respondents and proximity of the population to the investigator made it possible to collect the data directly from the respondents.

Through the personal interview in face-to-face contacts, it is possible that the respondent would be stimulated to give more confidential information. Another advantage of the interview is that it allows for greater flexibility. If the subject misinterprets a question it may be rephrased, repeated, or further questions may be asked in order to clarify the meaning of a response.[4] By means of the interview, it is also possible to secure many data that cannot be obtained in a less impersonal procedure; furthermore, it permits the interviewer to gain an impression of the person who is giving the facts, to form some judgment of the truth of the facts.[5]

Although the interview is considered a good technique for gathering data, it also has limitations which must be recognized.

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[3]Hillway, op. cit., p. 197.

[4]Marie Jahoda and others, Research Methods in Social Relations (Henry Holt and Company, Inc., 1959), pp. 241-242.

[5]Carter V. Good, Douglas E. Scates, Methods of Research, Educational, Psychological, Sociological (New York: Appleton-Century-Crofts, Inc., 1954), p. 637.

One of these limitations is the involvement of the individual in the data he is reporting, and as a result there is a likelihood of bias being introduced into the study.[6] A second limitation which must be recognized is the degree of skill which the interviewer possesses in conducting the interview, recording the answers, and in interpreting the responses of the respondents.

In preparation for constructing the interview tool, the decision was made to construct guides to assist in the interviews. An interview guide is a list of points or topics which an interviewer must cover during the interview; however, it leaves flexibility in the manner of asking questions.[7] The depth is not sacrificed in order to gain standardization, because the guide allows for rephrasing the questions in keeping with the understanding of the situation. This permits the interviewer to probe more deeply when the occasion demands.[8]

Four tools were constructed to be used as guides for interviewing persons in the following positions: (1) Nursing Service Administration, (2) Nursing Education Administration, (3) Clinical Instructor, and (4) Supervisor and/or Head Nurse.

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[6]Leon Festinger, Daniel Katz, Research Methods in the Behavioral Sciences (New York: The Dryden Press, 1953), pp. 330-331.

[7]William J. Goode, Paul K. Hatt, Methods in Social Research (New York-Toronto-London: McGraw-Hill Book Company, Inc., 1952), p. 133.

[8]Ibid., pp. 185-186.

Each interview guide consisted of five major questions and related questions for eliciting further responses. Samples of the interview guides are included in Appendix C.

Population used to gather data. The plan was to conduct the study in two collegiate schools of nursing and related nursing service community agencies. Having obtained permission for the study from the administrators, the next step was to select the people in terms of the above categories. The population used for collecting the data was limited to the same number of respondents from each of the two educational institutions and hospitals. Since the two institutions varied in size, the number of respondents available in the smaller institution was used to determine the population.

The population selected included administrators of nursing education from each of the collegiate programs and two administrators of nursing service from each of the related hospitals to determine the preplanning on the administrative level. The remainder of the nursing education population included three clinical instructors or coordinators from the medical-surgical areas, two instructors from maternal and child health, one instructor from psychiatry, and one field teacher or coordinator from the public health field from each of the educational programs.

The number of supervisors and/or head nurses included in the total population was equal to the number of instructors and field teachers interviewed. This included seven supervisors and/or head nurses from each hospital and related agencies. Since the public

health supervisors' contact with the field teachers or instructors in public health nursing is limited, it was necessary to interview the assistant directors of public health nursing service rather than supervisors.

II. PILOT STUDY

Even though the tool is constructed with care, it is necessary to do a pretest, or a miniature study. The first function of the pilot study is testing the tool from the research point of view to determine whether the objectives have been fulfilled. A second function is to determine the extent to which the questions are understood by the respondent--do they promote appropriate relationships with the respondents, are the words exact and clear.[9]

Population for the pilot study. The population for the pilot study was selected from a collegiate school and its related nursing service agency, both of which were similar to the colleges and related nursing service agencies from which the population for the larger study was selected. Having obtained permission to conduct the pilot study, pretesting the tool included interviews with one administrator of education, one administrator of nursing service, and three clinical instructors. This included one coordinator from the medical-surgical area, one instructor from maternal and child health, and one field teacher from public health. Three persons from the

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[9]Festinger, op. cit., p. 353.

related nursing service areas were also interviewed; this included one supervisor, one assistant director in public health, and one education director. The purpose of the interview was explained to the respondent, and the interviewer was given her consent to record the answers during the interview.

Results of the Pilot Study. The results of the interviews were summarized under the categories of (1) Policies and Implementation of Policies, (2) Planning, (3) Cooperation, (4) Coordinating, and (5) Reporting. The results of the pilot study are shown in Appendix D. The pilot study revealed that, although the questions were clear to the respondents, they encouraged a wide range of responses that did not focus directly upon the objectives of the study. There was a need to delimit some questions and construct a more sharp appraisal tool, which asked the same questions of all respondents.

III. REVISION OF THE TOOL

Revision of the tool. In the revision of the tool the evidences of the need for reconstruction were taken into consideration. The questions soliciting information from (1) administrators, (2) clinical instructors, and (3) supervisors and head nurses were constructed to limit responses more directly in line with the objectives of the study. Two tools were constructed, one which sought information from (1) ADMINISTRATION and the other from (2) CLINICAL INSTRUCTORS, SUPERVISORS, AND/OR HEAD NURSES.

For those in administrative positions the questions were prepared under the broad heading of Organization, with subheadings of (1) Philosophy and Objectives, (II) Contracts, (III) Policies, and (IV) Meetings. The questions prepared for Clinical Instructors, Supervisors and Head Nurses were entered under broad headings of (I) Philosophy and Objectives, (II) Implementation of Policies Through Planning, and (III) Meetings. The questions were of two types, one allowed for a check and one for comments of the respondents. Samples of the new tools are included in Appendices E and F.

IV. COLLECTION OF THE DATA

After administrative clearance was obtained, individual appointments were made with each respondent. Each interview was recorded separately on the appropriate tool prepared for each respondent.

V. METHODS OF ANALYSIS

Several methods for analysis of the data were investigated. It was decided that the check lists would be analyzed by number of responses to each question. It was further decided that the data from the comments could be best analyzed in a meaningful way by use of content analysis.

One of the major purposes of content analysis is to code open-ended questions in survey interviews and questionnaires.[10] There are

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[10]Marie Jahoda, Morton Deutsch, and Stuart W. Cook, Research Methods in Social Relations (New York: The Dryden Press, 1951), pp. 235-244.

three broad approaches to the analysis of content. In the first, the researcher is interested in the characteristics of the content itself. In the second, he tries to make valid inferences from the nature of the content to characteristics of the producers of the content. In the third, he interprets the content to reveal something about the nature of its audience or of its effects.[11]

This method of analysis assumes that actual relationships between the data collected can be established, that the content is meaningful, and that the content can be accepted as a "common meeting-ground" for the communicator, the audience, and the analyst. This method may be used when the content units have a more or less equal weight for purpose of analysis.[12]

Content analysis aims at a quantitative classification of data, in terms of a system of categories or subcategories devised to yield data relevant to what the content is trying to reveal.[13] These categories of analysis are derived by inducation from content and are in turn used to classify content. The analyst is not free to select and report what is most interesting, but must methodically classify all relevant material.[14] Relatively specific and concrete categories in relation to the problem are often the most meaningful; however, to broaden the proposition resulting from their use, every effort should

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[11]Festinger, op. cit., pp. 330-331.

[12]Bernard Berelson, Content Analysis in Communication Research (Glencoe, Illinois: The Free Press, 1952), pp. 15-20.

[13]Ibid., p. 15. [14]Jahoda, op. cit., p. 555.

be made for generalization of categories, but not at the expense of distorting or diluting their application to the study which is being conducted.[15]

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[15]Berelson, op. cit., p. 148.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

In a study of the current practices of preplanning between nursing service and nursing education, the questions for administration were prepared under the headings of (I) Philosophy and Objectives, (II) Contracts, (III) Policies, and (IV) Meetings. The questions prepared for Clinical Instructors, Supervisors, and Head Nurses were entered under the headings of (I) Philosophy and Objectives, (II) Implementation of Policies Through Planning, and (III) Meetings. The data has been presented in response to these questions, and two methods were used for the analysis. Data which were collected by the use of the check lists lent itself to a frequency distribution or tabulation. The second method was content analysis of the respondents' comments to the questions.

ANALYSIS OF DATA COLLECTED THROUGH USE OF CHECK LISTS

RESPONSES OF ADMINISTRATION

Philosophy and objectives. In response to the question of whether or not meetings are held to achieve a common understanding of the philosophy and objectives of the collegiate program in nursing, the two administrators of nursing service stated they did not meet with the administrators of nursing education. Of the two administrators of nursing education, one stated she met with the administrator of nursing service and one stated she did not. Of the two

administrators of nursing service, one stated that a bulletin on the school of nursing was circulated, one stated that the bulletin was not circulated. The two administrators of nursing education stated that a bulletin of the school of nursing was circulated. Results are shown in Table I.

Contracts. In response to questions concerned with contracts or agreements and their special provisions, of the two administrators of nursing service both administrators stated that there was a contract or agreement between the university and hospital and that the contract or agreement was developed by hospital administration and the president of the college. One administrator of nursing service stated that the contracts and agreements were revised to meet new needs, one did not know if the contracts or agreements were revised. One administrator of nursing service stated that the contract or agreement did not provide for accreditation of the hospital or provide for accreditation of the educational institution, one stated she did not know whether or not the contract or agreement provided for accreditation.

Of the two administrators of nursing service, one stated that the contract or agreement made provisions for the hospital to protect the welfare of the patient as well as provision for the educational institution to be responsible for the student. One administrator did not know if the contracts or agreements made provisions for the hospital to protect the welfare of the patient or for the educational institution to be responsible for the student. One administrator of

TABLE I

RESPONSES OF TWO ADMINISTRATORS OF NURSING SERVICE AND TWO ADMINISTRATORS OF NURSING EDUCATION TO QUESTIONS CONCERNED WITH ACHIEVING A COMMON UNDERSTANDING OF THE PHILOSOPHY AND OBJECTIVES OF THE COLLEGIATE PROGRAM IN NURSING

	NURSING SERVICE		NURSING EDUCATION	
	YES	NO	YES	NO
What is done to achieve a common understanding of the philosophy and objectives of the collegiate program				
Are meetings held between the administrator of nursing service and nursing education		2	1	1
Is a bulletin of the school of nursing circulated	1	1	2	

nursing service stated that there were no limitations imposed on the number of students and the number and kinds of wards. The other stated she did not know whether limitations were imposed.

Of the two administrators of nursing education, both stated that there was a contract or agreement between the university and hospital. Both stated that they were developed by the hospital administrator and the president of the college and were revised to meet new needs. One administrator of education stated that the contract or agreement provided for accreditation of the hospital as well as the educational institution. The other stated that the contract or agreement did not provide for accreditation. Both administrators of nursing education stated the contracts or agreements made provision for the hospital to protect the welfare of the patient and for the educational institution to be responsible for the student. Both stated that the contracts or agreements imposed no limitations on the number of students and the number and kinds of wards. Results are shown in Table II.

Policies. In response to questions concerning policies regarding a master rotation, of the two administrators of nursing service, a master rotation plan was made available to one. The other stated the rotation plan was not made available to her. Both stated that the master rotation plan was developed by a representative from nursing education and not by a representative of nursing service. One administrator of nursing service stated that the master rotation plan provided for each student, each class and all classes. One stated she

TABLE II

RESPONSES OF TWO ADMINISTRATORS OF NURSING SERVICE AND TWO ADMINISTRATORS OF NURSING EDUCATION TO QUESTIONS CONCERNING CONTRACTS OR AGREEMENTS AND THEIR SPECIFIC PROVISIONS

	NURSING SERVICE			NURSING EDUCATION	
	YES	NO	DON'T KNOW	YES	NO
Is there a contract or agreement between the university and hospital	2			2	
Was the contract or agreement developed by hospital administration	2			2	
Was the contract or agreement developed by the president of the college	2			2	
Are contracts and agreements revised between nursing service and education to meet new needs	1		1	2	
Does the contract or agreement provide for accreditation of the hospital		1	1	1	1
Does the contract or agreement provide for accreditation of the educational institution		1	1	1	1
Does the contract or agreement provide for the hospital to protect the welfare of the patient	1		1	2	
Does the contract or agreement make provisions for the educational institution to be responsible for the student	1		1	2	
Does the contract or agreement impose limits on the number of students and the number and kinds of wards		1	1		2

did not know what the rotation provided for. The two administrators of nursing service did not know if the rotation was changed when a student withdrew; one stated she was notified of changes in the rotation plan, and one was not notified of changes in the master rotation plan.

Of the two administrators of nursing education, both stated that a master rotation plan was made available to nursing service, and both stated that the rotation was developed by a representative of nursing education but was not developed by a representative of nursing service. Both administrators of nursing education stated that the master rotation plan provided for each student, each class and all classes, and was not changed if a student withdrew. Both stated that nursing service was notified of any changes in the rotation. Results are shown in Table III.

Meetings. In response to questions in relation to meetings, the two administrators of nursing service stated they were not members of the faculty committee. Both stated that regular meetings were not held between nursing service and nursing education administration. Of the two administrators of nursing service, one stated that meetings between nursing service and nursing education administrators were called as necessary. The other stated meetings were not called. The two administrators of nursing service stated there was no coordinating council between nursing service and nursing education. Both administrators held meetings to inform the supervisors and head nurses.

TABLE III

RESPONSES OF TWO ADMINISTRATORS OF NURSING SERVICE AND TWO ADMINISTRATORS OF NURSING EDUCATION TO QUESTIONS CONCERNED WITH POLICIES REGARDING A MASTER ROTATION PLAN

	NURSING SERVICE			NURSING EDUCATION	
	YES	NO	DON'T KNOW	YES	NO
Is a master rotation plan made available to nursing service	1	1		2	
Was the master rotation plan developed by a representative from nursing education	2			2	
Was the master rotation plan developed by a representative from nursing service		2			2
Does the master rotation plan provide for each student, each class and all classes	1		1	2	
If a student withdraws is the master rotation changed			2		2
Is the director of nursing service notified of any changes in the rotation plan	1	1		2	

Of the two administrators of nursing education, one stated that the director of nursing service was a member of the faculty committee, and one stated that the director of nursing service was not a member of the faculty committee. One administrator of nursing education stated that regular meetings were held between nursing service and nursing education administrators, and one stated they were not. The two administrators of nursing education stated that meetings between nursing service and nursing education were called as necessary. Both administrators of education held meetings to inform the clinical instructors. One stated that there was a coordinating council between nursing service and nursing education. The other stated that there was no coordinating council. Results are shown in Table IV.

RESPONSES OF CLINICAL INSTRUCTORS

Philosophy and objectives. In response to questions concerned with achieving a common understanding of the philosophy and objectives of the school of nursing, of the fourteen respondents, eleven clinical instructors had meetings with the supervisors and/or head nurses, and three clinical instructors did not meet with the supervisors or head nurses. All fourteen clinical instructors had informal conferences with the supervisors and/or head nurses about the philosophy and objectives of the school of nursing. Of the fourteen clinical instructors, eight stated that a bulletin of the school was available to nursing service, and six stated that the bulletin of the school was not available to nursing service. Results are shown in Table V.

TABLE IV

RESPONSES OF TWO ADMINISTRATORS OF NURSING SERVICE AND TWO ADMINISTRATORS OF NURSING EDUCATION TO QUESTIONS IN RELATION TO MEETINGS

	NURSING SERVICE		NURSING EDUCATION	
	YES	NO	YES	NO
Is the director of nursing service a member of the faculty committee		2	1	1
Are regular meetings held between nursing service and nursing education administrators		2	1	1
Are meetings between nursing service and nursing education administrators called as necessary	1	1	2	
Is there a coordinating council between nursing service and nursing education		2	1	1
Are meetings held by the educational administrator to inform the clinical instructors	2		2	
Are meetings held by the administrator of service to inform the supervisors and head nurses	2		2	

TABLE V

RESPONSES OF FOURTEEN CLINICAL INSTRUCTORS TO QUESTIONS CONCERNED WITH ACHIEVING A COMMON UNDERSTANDING OF THE PHILOSOPHY AND OBJECTIVES OF THE SCHOOL OF NURSING

	Yes	No
What is done to achieve a common understanding of the philosophy and objectives of the school of nursing		
Do the clinical instructors have meetings with the supervisors and/or head nurses	11	3
Do the instructors have informal conferences with supervisors and/or head nurses	14	
Is a bulletin of the school available to nursing service	8	6

Implementation of policies through planning. In response to questions regarding the implementation of policies through planning, of the fourteen clinical instructors, eleven stated that a master rotation plan was available to them, and three stated that a master rotation plan was not available. All fourteen clinical instructors stated that supervisors and/or head nurses were notified of the number and names of students assigned, and that all clinical instructors were notified if a student withdrew. Of the fourteen clinical instructors, twelve were notified by the administrator of the educational unit if a student withdrew, and two were not notified by the administrator.

Of the fourteen clinical instructors, nine stated they met with supervisors or head nurses to discuss case selection, and five stated they did not meet with supervisors and head nurses. The fourteen clinical instructors stated that supervisors and/or head nurses alert the instructors to cases for teaching; thirteen clinical instructors selected cases for teaching and notified the supervisor and/or head nurse, and one did not notify the supervisor or head nurse.

Of the fourteen clinical instructors, seven stated that supervisors and/or head nurses assisted the instructor with actual assignments, and seven stated they did not assist with actual assignments. The fourteen instructors stated that assignments were not made around the staff, they were made for educational value. Thirteen of the fourteen clinical instructors stated that changes in assignments were

discussed with supervisors and/or head nurses, and one stated changes in assignments were not discussed. Results are shown in Table VI.

Meetings. In response to questions in regard to meetings, of the fourteen clinical instructors, seven instructors stated that joint meetings were held between clinical instructors, supervisors, and/or head nurses centering around education, and seven stated meetings were not held.

Of the fourteen instructors, eight stated that supervisors and/or head nurses attended faculty meetings, and six stated they did not. Eight of the fourteen instructors stated that the faculty attended supervisors and head nurse meetings, and six stated they did not attend. All fourteen clinical instructors stated they had informal conferences with supervisors and/or head nurses.

Of the fourteen clinical instructors, six stated they had conferences with supervisors and/or head nurses regarding student capabilities, and eight stated they did not have conferences regarding student capabilities. Twelve of the fourteen instructors stated that supervisors and/or head nurses had an opportunity to make suggestions regarding student education, and two stated they had no opportunity to make suggestions. Results are shown in Table VII.

RESPONSES OF SUPERVISORS AND/OR HEAD NURSES

Philosophy and objectives. Of the responses of fourteen supervisors and/or head nurses to questions concerned with achieving a common understanding of the philosophy and objectives of the school of nursing, nine of the supervisors and/or head nurses stated they had

TABLE VI

RESPONSES OF FOURTEEN CLINICAL INSTRUCTORS TO QUESTIONS REGARDING THE IMPLEMENTATION OF POLICIES THROUGH PLANNING

	YES	NO
Is a master rotation plan available to clinical instructors	11	3
Are supervisors and/or head nurses notified of the number and names of students assigned	14	
Is the clinical instructor notified if a student withdraws	14	
By the administrator of the educational unit	12	2
Do the clinical instructors and/or head nurses meet to discuss case selection	9	5
Do supervisors and/or head nurses alert the instructors to cases for teaching	14	
Does the instructor select cases for teaching and notify supervisors and/or head nurses	13	1
Does the supervisor and/or head nurse assist the instructor with actual assignments	7	7
Are assignments made around staff assignments		14
Are assignments made for educational value only	14	
Are changes in assignments discussed with supervisors and/or head nurses	13	1

TABLE VII

RESPONSES OF FOURTEEN CLINICAL INSTRUCTORS TO QUESTIONS IN REGARD TO MEETINGS

	YES	NO
Are there joint meetings between clinical instructors, supervisors, and/or head nurses centering around education	7	7
Do supervisors and/or head nurses attend faculty meetings	8	6
Does the faculty attend supervisors and/or head nurse meetings	8	6
Does the faculty have informal conferences with supervisors and/or head nurses	14	
Do the clinical instructors have conferences with supervisors and/or head nurses regarding student capabilities	6	8
Do supervisors and/or head nurses have an opportunity to make suggestions regarding student education	12	2

meetings with the clinical instructors concerned with the philosophy and objectives, and five stated they did not have meetings.

Of the fourteen supervisors and/or head nurses, twelve stated they had informal discussions with the clinical instructors; two stated they did not have informal discussions about the philosophy and objectives of the school of nursing. Eight stated that a bulletin of the school was available to them, and six stated that a bulletin of the school was not available to them. Results are shown in Table VIII.

Implementation of policies through planning. Of the responses of fourteen supervisors and/or head nurses to questions regarding the implementation of policies through planning, six supervisors and/or head nurses stated that a master rotation plan was available to them, and eight stated that a master rotation plan was not available. All fourteen supervisors and/or head nurses were notified of the number and names of students assigned, twelve of the supervisors and/or head nurses were notified if a student withdrew, and two were not notified if a student withdrew. Of the twelve supervisors and/or head nurses who were notified if a student withdrew, three were notified by the administrator of the educational unit, and eleven were not. Nine of the supervisors and/or head nurses were notified by the clinical instructor if a student withdrew, and five were not notified by the instructor.

Of the fourteen supervisors and/or head nurses, five met with clinical instructors to discuss case selection, and nine did not meet with the clinical instructors. Twelve of the fourteen supervisors

TABLE VIII

RESPONSES OF FOURTEEN SUPERVISORS AND/OR HEAD NURSES TO QUESTIONS CONCERNED WITH ACHIEVING A COMMON UNDERSTANDING OF THE PHILOSOPHY AND OBJECTIVES OF THE SCHOOL OF NURSING

	YES	NO
What is done to achieve a common understanding of the philosophy and objectives of the school of nursing		
Do the supervisors and/or head nurses have meetings with the clinical instructors concerned with the philosophy and objectives of education	9	5
Do supervisors and/or head nurses have informal discussion with the clinical instructors	12	2
Is a bulletin of the school available to nursing service	8	6

and/or head nurses alerted the instructors to cases for teaching; two did not alert the instructors to cases for teaching. Twelve supervisors and/or head nurses stated that the instructor selected cases for teaching and notified the supervisors and/or head nurses, and two stated that the clinical instructor did not select the cases for teaching. Two supervisors and/or head nurses stated that they assisted the instructor with actual assignments, and twelve stated that they did not assist the instructor with assignments. All fourteen supervisors and/or head nurses stated that assignments were made for educational value only. Thirteen of the fourteen supervisors and/or head nurses stated that changes in assignments were discussed with them, and one supervisor and/or head nurse stated that changes in assignments were not discussed with her. Results are shown in Table IX.

Meetings. Of the responses of fourteen supervisors and/or head nurses to questions regarding meetings, four of the supervisors and/or head nurses stated that they had joint meetings with clinical instructors centering around education, and ten stated that they did not have joint meetings. Six supervisors and/or head nurses stated that they attended faculty meetings, and eight supervisors and head nurses did not attend faculty meetings. Of the fourteen supervisors and/or head nurses, eight stated that the faculty attended supervisors and head nurse meetings, and six stated that they did not attend.

Of the fourteen supervisors and/or head nurses, twelve stated that they had informal conferences with the faculty, and two stated

TABLE IX

RESPONSES OF FOURTEEN SUPERVISORS AND/OR HEAD NURSES TO QUESTIONS REGARDING THE IMPLEMENTATION OF POLICIES THROUGH PLANNING

	YES	NO
Is a master rotation plan available to supervisors and/or head nurses	6	8
Are supervisors and/or head nurses notified of the number and names of students assigned	14	
Are supervisors and/or head nurses notified if a student withdraws	12	2
By the administrator of the educational unit	3	11
By clinical instructors	9	5
Do clinical instructors and supervisors and/or head nurses meet to discuss case selection	5	9
Do supervisors and/or head nurses alert the instructors to cases for teaching	12	2
Does the instructor select cases for teaching and notify supervisors and/or head nurses	12	2
Does the supervisor and/or head nurse assist the instructor with actual assignments	2	12
Are assignments made around staff assignments		14
Are assignments made for educational value only	14	
Are changes in assignments discussed with supervisors and/or head nurses	13	1

that they did not have informal conferences. Four supervisors and/or head nurses stated that they have conferences with clinical instructors regarding student capabilities, and ten supervisors and head nurses did not have conferences. Eight supervisors and/or head nurses had an opportunity to make suggestions regarding student education, and six had no opportunity to make suggestions. Results are shown in Table X.

ANALYSIS OF DATA COLLECTED FROM RESPONSES TO QUESTIONS

Analysis of the comments made in response to the questions was made for major ideas. The respondents' comments from the interviews were transcribed on small cards. The cards were then sorted and resorted until major categories and subcategories evolved. Six categories were developed. These categories were as follows: (1) Ways and means of insuring student education and protection of the patients. (2) Means of achieving a common understanding of the aims of education between nursing service and nursing education. (3) Exchange of personnel at meetings concerned with student education. (4) Methods of informing nursing service of students assigned to the clinical areas. (5) Relationship between nursing service and nursing education in the selection of learning experiences. (6) Interchange of ideas concerning students and student education.

Since the respondents interviewed were in four groups as to position, it was decided to analyze the comments in terms of categories and subcategories according to (1) Nursing education personnel

TABLE X

RESPONSES OF FOURTEEN SUPERVISORS AND/OR HEAD NURSES TO QUESTIONS IN REGARD TO MEETINGS

	YES	NO
Are there joint meetings between clinical instructors and supervisors and/or head nurses centering around education	4	10
Do supervisors and/or head nurses attend faculty meetings	6	8
Does the faculty attend supervisors and/or head nurses meetings	8	6
Do supervisors and head nurses have informal conferences with the faculty	12	2
Do supervisors and/or head nurses have conferences with clinical instructors regarding student capabilities	4	10
Do supervisors and/or head nurses have an opportunity to make suggestions regarding student education	8	6

and (2) Nursing service personnel. Results of the analysis of the comments from the respondents appear on the following pages.

ANALYSIS OF RESPONSES FROM NURSING EDUCATION ADMINISTRATORS AND CLINICAL INSTRUCTORS

I. WAYS AND MEANS OF INSURING STUDENT EDUCATION AND PROTECTION OF THE PATIENTS

Contracts or agreements between the college or university and the hospital were developed. In addition to the contracts and agreements, guides and policies were written between the educational institutions and the public health agencies.

II. MEANS OF ACHIEVING A COMMON UNDERSTANDING OF THE AIMS OF EDUCATION BETWEEN NURSING SERVICE AND NURSING EDUCATION

Formal meetings between administrators. The frequency of the formal meetings depended upon current needs and distances between institutions. When a new educational program was first introduced in one school, the administrators from the school of nursing, the hospitals, and agencies met to discuss plans and implementation of educational policies. Unless the need arose, these meetings were not continued after implementation of the program.

In one institution, when nursing education was experimenting with the implementation of a new program, the administrator of education had a planned conference with the administrator of nursing service, in-service coordinators, supervisors, and head nurses. Nursing

service personnel did not participate in planning or in formulation of objectives of education; however, copies of the objectives were distributed in the meetings and reviewed with nursing service. Following this, they had no regularly planned meetings, but they met two or three times each quarter, in addition to four or five planned meetings during the year.

In one institution, a liason committee composed of personnel of the medical staff, nursing service, and nursing education, was one means of identifying problems for achieving a better working relationship.

After the initial planning and orientation, implementation of the educational program was the responsibility of clinical instructors, field teachers, supervisors, and head nurses.

Formal meetings between clinical instructors, supervisors, and head nurses. There was no consistent pattern of formal meetings between nursing service and nursing education. Three areas had joint meetings when a new program was instituted or when changes were made in the program and the curriculum. Three areas held meetings once a year. These were not repeated unless there were new people to orient or if the need arose.

The combined meetings in one institution were to inform supervisors and head nurses of the philosophy and objectives of education and what the clinical instructors hoped to attain in relation to student education. Instructors found what physical limitation would be imposed and what nursing service could provide in the way of

clinical experience for students. The orientations included how assignments were to be made, the basis for assignments, what the students looked for and to whom the students were responsible. Following the orientations, these meetings were held weekly, twice a month, or quarterly, depending upon the area and the institution. In one area either nursing service or nursing education called the meetings.

In one clinical area, joint meetings were held at the beginning of each quarter and several times during the quarter. In another department, luncheon meetings between nursing service and nursing education were held every two weeks for an interchange of ideas regarding student evaluations and policies.

Informal conferences. The informal conferences varied from frequent to occasional; the value of the conferences varied with individuals. The conferences were concerned with objectives of education, new programs, and limitations, as well as the expectations of both nursing service and nursing education.

In three clinical areas the method of patient assignment when the instructors made rounds to select patients for student assignment did precipitate discussions from supervisors and head nurses. This gave the faculty an opportunity to explain the differences between education and service and why the assignments were made. One area had conferences each week before the students went to the ward.

III. EXCHANGE OF PERSONNEL AT MEETINGS CONCERNED WITH STUDENT EDUCATION

Nursing service personnel attends education meetings. The attendance of directors of nursing service to the faculty meetings may be limited due to such factors as distance between the institutions. The director of nursing service in one division attended faculty meetings and very often brought various members of her staff, including supervisors and head nurses.

The attendance of the supervisors and head nurses to faculty meetings varied with institutions. In one institution they were invited to attend, and one or two supervisors always attended from two institutions; however, from a third institution attendance was limited to the inservice coordinator, since the supervisors were not relieved from duties.

In one institution the supervisors and head nurses rarely attended faculty meetings unless new programs were being discussed. Nursing service may be limited from attendance to faculty meetings because the programs were too varied to be of value, and as a result the responsibility for informing nursing service personnel was assumed by the administrator of nursing service and the clinical coordinators.

Nursing education personnel attend nursing service meetings. In the different clinical areas there was no consistent pattern of faculty attendance at nursing service meetings. The attendance ranged from "occasionally" to as frequently as "once a week." In one area the faculty committee kept informed by attending nursing

service meetings once a month. Respondents listed as reasons for not attending: (1) conflicts in schedules, and (2) the agenda of the meetings was of no value to faculty members. The faculty was invited to supervisors and head nurse meetings to explain new programs or when the agenda was concerned with the education of students and may also have the responsibility for conducting some of the meetings.

Faculty members in one institution rarely attended supervisors and head nurse meetings, however, they did receive a copy of the minutes of the meetings.

IV. METHODS OF INFORMING NURSING SERVICE OF STUDENTS ASSIGNED TO THE CLINICAL AREAS

Master rotation plan. The master rotation plans were planned one year in advance. When the rotations were constructed, administrators took into consideration the contracts or agreements with nursing service in the number of students assigned to each area. If a student withdrew the rotations were changed depending upon the agency, conditions, or circumstances, and could be changed if a large number of students withdrew. Separate rotations were provided for public health agencies and psychiatry, since several schools were involved in these agencies.

Quarterly rotations. Each quarter, before making arrangements for clinical practice, the clinical coordinator in one area wrote a letter asking nursing service for permission to carry out the clinical program. They were given course outlines, objectives, and an

explanation of what the faculty hoped to attain by the program. Nursing service replied by letter.

Nursing service personnel in the agencies and hospitals in ten clinical areas were provided guides or mimeographed class schedules for the quarter. This often included only the students' names and class schedules.

Weekly schedules. After the names and number of students have been provided nursing service for the quarter, individual student assignments were made. In three clinical areas assignments were made on a weekly basis, according to the educational needs of the student.

Daily schedules. In nine clinical areas, since nursing service does not depend upon students for service, following the quarterly schedule student assignments were made on a daily basis. The instructors selected the ward which best met the objectives of the course the students were taking at that time. They then notified nursing service of the assignments which were made in any clinical area in the hospital or community.

V. RELATIONSHIPS BETWEEN NURSING SERVICE AND NURSING EDUCATION IN THE SELECTION OF THE LEARNING EXPERIENCES

Appraisal of the resources. In one institution the faculty appraised resources for clinical teaching by means of a study. Following this, the administrators of nursing service and education met to discuss results of the study and the plans of the educational institution. This gave nursing service an appreciation of what the

faculty planned to accomplish as well as an opportunity to determine whether or not the program could be implemented in the clinical areas. When the study was being conducted, the supervisors and head nurses in one clinical area were consulted regarding which ward they would consider the best for teaching purposes. In the public health agencies, nursing service and nursing education personnel initially appraised the resources for teaching together.

Case selection for specific assignments. Methods for case selection in preparation for student assignments varied in the clinical areas. In public health the supervisors, district nurses, or staff nurses were notified in advance of the types of families needed for student experience. The district or staff nurses selected the families for the supervisors and instructors or field teacher to review before the final selection.

In psychiatry, since the student selected her own patient for intensive study, a list of desirable patients was supplied to the students by the head nurse, upon approval of the instructor.

VI. INTERCHANGE OF IDEAS CONCERNING STUDENTS AND STUDENT EDUCATION

Discussion of student capabilities. In five clinical areas student capabilities were discussed when there were problems regarding students or when the student was exceptionally good.

Suggestions regarding student education. The exchange of ideas or suggestions regarding student education varied. Some supervisors

or head nurses had unlimited opportunities for making suggestions. Others made their views known to education through the administrator of nursing service, who was a member of the faculty committee.

In general the suggestions were limited to the areas of students' clinical practice, ward activities, and working relationships between supervisors, head nurses, and faculty members; however, one instructor received ideas from nursing service regarding more valuable experiences for students, improving supervision, and suggestions for more detailed observation.

ANALYSIS OF RESPONSES FROM NURSING SERVICE ADMINISTRATORS, SUPERVISORS, AND HEAD NURSES

I. WAYS AND MEANS OF INSURING STUDENT EDUCATION AND PROTECTION OF THE PATIENT

Contracts and agreements were provided; in addition to this, insurance contracts were provided to protect the hospitals and the students. The visiting nurse services also had agreements with the colleges in relation to student education. The public health agencies had written guides, procedures, and policies concerning student nurse and agency relationships.

II. MEANS OF ACHIEVING A COMMON UNDERSTANDING OF THE AIMS OF EDUCATION BETWEEN NURSING SERVICE AND EDUCATION

Formal meetings between administrators. For overall planning in public health, all visiting nurse agencies in this vicinity and

all administrators of the educational programs met three times a year to discuss educational facilities in public health field nursing programs and to make the division of the agencies. Following this the individual directors of the agencies met with educational administrators of the collegiate programs once a month. Special divisional conferences were also arranged to discuss problem and student needs.

Formal meetings between clinical instructors, supervisors, and head nurses. The joint meetings between nursing service and nursing education personnel varied. They ranged from one meeting to discuss new programs to frequent meetings. Personnel from the two services in seven clinical areas met once or twice for the instructors to explain new programs concerned with laboratory experience. In two clinical areas joint meetings to discuss the aims and goals of education were held between nursing service and nursing education at least twice each quarter. Either education or service personnel asked for the meetings to be called.

Informal conferences. In two clinical areas the planning and orientation between nursing service and nursing education was done several years ago. Communication is now between individuals on an informal basis.

The number and how effective the informal conferences were varied according to individuals and clinical areas. There were frequent meetings to discuss whether or not changes were to be made, or to discuss current problems in relation to student practice.

III. EXCHANGE OF PERSONNEL AT MEETINGS CONCERNED WITH STUDENT EDUCATION

Nursing service personnel attends education meetings. Administrators of nursing service who were members of the faculty committee attended meetings as frequently as they could. Distance between institutions was one contributing factor for not attending.

Supervisors in one clinical area rotated to attend faculty meetings. In one institution where the supervisors were permitted to attend, the attendance of supervisors at nursing education meetings was irregular. It was believed they were not beneficial, since the faculty discussions rarely concerned nursing service.

Nursing education personnel attend nursing service meetings. Eight respondents stated at least one member of the faculty attended nursing service meetings. In the eight clinical areas, two respondents stated that a faculty member was a member of the nursing service executive committee. One faculty member attended public health supervisors conferences once a week.

IV. METHODS OF INFORMING NURSING SERVICE OF STUDENTS ASSIGNED TO THE CLINICAL AREAS

Master rotation plan. The master rotation plans were in existence when the administrators of nursing service came to the respective hospitals. In public health and psychiatry the education administrators furnished separate master plans for student experience.

In one institution a master rotation plan was provided for clinical experience in ward administration.

Quarterly rotations plan. Six supervisors were provided quarterly schedules of the names of the students assigned to their clinical area. One clinical instructor in pediatrics taught the course by age groups so the supervisor was aware of the plan of assignments for each quarter.

Weekly schedules. Five supervisors and head nurses were notified of student assignment to the clinical area for laboratory experience on a weekly basis. The instructors made the assignments according to the condition of the patients; therefore, they did not know where the students would be assigned for the quarter. Nursing service was given the names of the students as well as the ward to which the students were assigned for one week. In one clinical area, one ward was utilized for only one week's experience.

Daily schedules. Three head nurses and supervisors were notified of student assignments to the clinical areas for laboratory experience on a daily basis, by means of a slip with the student's name, date, time, and the patient's name.

V. RELATIONSHIPS BETWEEN NURSING SERVICE AND NURSING EDUCATION IN THE SELECTION OF THE LEARNING EXPERIENCES

Appraisal of the resources. Nursing education controlled the choice of clinical areas for the student's laboratory experience. In one clinical area the supervisors and head nurses were asked about the

desirability of a ward for teaching experience, but there was no formal basis for planning for clinical resources between nursing service and nursing education. The supervisors of public health informed the public health nursing faculty which districts were to be utilized.

Case selection for specific assignments. Case selection of families in public health was made initially by the staff and district nurses. The family records were then reviewed by the supervisor and given to the field teacher or instructor for final approval.

In psychiatry, all of the nursing service personnel knew the types of cases which could be chosen by students. The student contacted the head nurse when she decided with which patient she would like to work for her interpersonal relationship experience.

VI. INTERCHANGE OF IDEAS CONCERNING STUDENTS AND STUDENT EDUCATION

Discussion of student capabilities. Field teachers and supervisors in public health discussed student capabilities individually. Five head nurses and supervisors stated they discussed student capabilities only when there were problems or when the student was exceptional. There were discussions of student capabilities in two ward management areas. The head nurses work more closely with students during this clinical experience.

Suggestions regarding student education. Five persons from nursing service stated they worked closely with the faculty. This resulted in a free exchange of ideas regarding education of students. The exchange of ideas included a discussion of how to work more closely together, problems in relation to both services, additional experiences for students, and suggestions about new programs.

Two supervisors made suggestions about student education concerned with student performance in relation to problems regarding clinical experience. Two supervisors and head nurses had limited opportunity to make suggestions about student education.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

I. SUMMARY

This study was conducted for the purpose of ascertaining the current practices of planning between nursing service and nursing education in two collegiate schools of nursing.

Chapter I introduced the problem by showing that the evolution of collegiate programs in nursing, with an administrative trend toward separation of nursing service and nursing education, had resulted in the need for planning between the two services in order to utilize the clinical facilities of hospitals for student education. The problem was (1) to study the preplanning between nursing service and nursing education to facilitate operations in two collegiate nursing programs; (2) to determine current practices to achieve an understanding of the objectives of education; and (3) to seek evidences of working relationships necessary to define operational practices between nursing service and nursing education as they relate to the two collegiate programs. The results of the study and recommendations may be valuable in future planning of collegiate programs.

A review of the literature in Chapter II outlined the history of the hospital controlled schools of nursing and the limitations of these schools which made it necessary to seek learning experiences elsewhere for the students. These factors and challenges which faced

nursing influenced the change in nursing education toward institutions of higher learning. The provisions for educational control and for changes in the responsibilities of nursing personnel in collegiate programs, where there had been an administrative separation, were also reviewed.

Chapter III included the method and technique which would lend themselves to the solution of the problem. The technique used to gather data for the descriptive survey was the interview. Guides for the interviews were constructed and pretested in a collegiate program with a similar population as that used in the study. From the results of the pilot study the tools were revised to limit responses in line with the objectives of the study and to solicit information from (1) Administration and (2) Clinical Instructors, Supervisors and Head nurses.

For those in administrative positions the questions were prepared under the broad headings of Organization with subheadings of (1) Philosophy and Objectives, (II) Contracts, (III) Policies, and (IV) Meetings. Questions prepared for Clinical Instructors, Supervisors, and/or Head nurses were entered under broad headings of (I) Philosophy and Objectives, (II) Implementation of Policies Through Planning, and (III) Meetings.

The tools were used as a guide for interviewing the selected total population of one administrator of nursing service, one administrator of nursing education, seven clinical instructors, and seven supervisors and/or head nurses from each of the two collegiate programs, hospitals, and related community agencies.

Chapter IV presented the evidence which was gathered from the total population of four administrators, fourteen clinical instructors, and fourteen supervisors and/or head nurses. A general summary of the findings are herewith presented.

In response to questions concerning meetings as one means of achieving a common understanding of the philosophy and objectives of the collegiate program, two administrators of nursing service did not meet with the two administrators of nursing education. One administrator of education stated that joint meetings were held with nursing service. Eleven of the fourteen clinical instructors met with supervisors and/or head nurses. Nine of the fourteen supervisors and/or head nurses met with instructors. A bulletin of the school was made available to one of the two administrators of nursing service, and to eight of the fourteen supervisors and/or head nurses. Of the total of twenty-eight clinical instructors, supervisors, and/or head nurses, only two supervisors or head nurses reported they did not have informal conferences with the instructors.

Contracts or agreements were provided between the universities and the hospitals. The administrators of both nursing education and nursing service were aware of the contracts or agreements, and the administrators of nursing education were aware of the provisions. One administrator of nursing service had not seen the contracts or agreements but was aware of some of the provisions. The other stated she had not seen the contract or agreement and was not aware of the provisions.

A master rotation plan was made one year in advance and was constructed by the administrators of nursing education to provide for each student, each class, and all classes. The master rotation plan was made available to one of the two administrators of nursing service, eleven of the fourteen clinical instructors, and six of the fourteen supervisors and/or head nurses. The faculty controlled the selection of the clinical areas for student assignments.

All fourteen supervisors and/or head nurses were notified of the number and names of students assigned; however, the methods of assignment varied with each clinical area. Nine of the fourteen clinical instructors stated nursing service personnel were given a quarterly rotation plan, six of the fourteen supervisors and/or head nurses stated they received a quarterly rotation plan. The remaining five clinical instructors stated that the supervisors and/or head nurses were notified by a weekly or daily schedule, and eight of the fourteen supervisors and/or head nurses stated they were notified by means of a weekly or daily schedule. Fourteen of the clinical instructors and ten of the fourteen supervisors and/or head nurses were notified if a student withdrew.

Of the fourteen clinical instructors, nine met with supervisors and/or head nurses to discuss cases for teaching, five of the fourteen clinical instructors stated that they were alerted to cases for teaching, and twelve of the fourteen supervisors and/or head nurses stated that they alerted instructors to cases for teaching. Thirteen of the fourteen instructors stated they made the final

selection of patients, but seven stated that they were assisted by supervisors and/or head nurses in actual assignments. Twelve of the fourteen supervisors and/or head nurses stated that the instructor made the final selection; however, two supervisors and/or head nurses assisted with actual assignments. The twenty-eight respondents stated that all assignments were made with consideration of their educational value. Thirteen of the fourteen instructors discussed changes in assignments with the supervisors and/or head nurses, and thirteen of the supervisors and/or head nurses stated changes in assignments were discussed with them.

As a means of communication between nursing service and nursing education, of the two administrators of education one had regular meetings with nursing service administrators. Three of the four administrators stated that meetings were called as necessary. One stated that no meetings were held.

The four administrators held meetings to inform their clinical instructors, supervisors, and head nurses. Seven of the fourteen instructors held meetings with supervisors and/or head nurses, four of the fourteen instructors stated they attended supervisors and head nurse meetings, and eight supervisors and head nurses attended faculty meetings. Six of the supervisors and/or head nurses stated they attended faculty meetings. Six of the fourteen instructors stated they had conferences with supervisors and/or head nurses and that twelve supervisors and head nurses had an opportunity to make suggestions regarding student education. Four of the fourteen supervisors and/or head nurses met with clinical instructors to discuss

student capabilities, and eight had an opportunity to make suggestions regarding education.

Formal meetings between instructors and supervisors and head nurses varied from frequent meetings to one or two orientation meetings when new programs were implemented. There was no consistent pattern for attendance of personnel at meetings which were held by the other service. Personnel may attend the meetings rarely or frequently. Informal conferences also varied from "frequent" to "occasional" and the value of the conferences depended upon individuals. For the most part, discussions regarding student capabilities were limited to student problems. The contribution made by nursing service personnel regarding student education was confined to the clinical activities of the students. In five clinical areas the supervisors and/or head nurses worked closely with the faculty, which resulted in a free exchange of ideas regarding education of students.

II. CONCLUSIONS

Within the limitations of the tool which was used for collection of the data, the following conclusions based on the findings from this study are that:

1. Contracts or agreements with specific provisions were made between the educational institution and hospitals; however, the administrators of nursing service were not as familiar with the contracts or agreements and provisions as they should be. There was a need to make available the information regarding student education as well as a need for the administrators of nursing education to make an

explanation of the educational program.

2. In one institution, the orientation given nursing service personnel regarding students and student education was made several years ago and has not been repeated unless a need arose.

3. There was no consistent pattern for achieving a common understanding of the objectives of education between nursing service and nursing education, either by means of meetings or circulation of the school of nursing bulletin.

4. Formal meetings as one means of achieving a closer working relationship between nursing service and nursing education were not held regularly and were somewhat limited in several clinical areas.

5. Informal conferences were the primary means of communication between nursing service and nursing education personnel. The conferences were for the most part concerned with problems which arose regarding students' clinical experiences.

6. Attendance of personnel at the meetings of the other service was limited to one-half of the total population used for this study and varied from "frequent" to "occasional" attendance.

7. Student assignments were made by the clinical instructors. Even though supervisors and/or head nurses alerted instructors to cases for teaching, there was no consistent pattern in regard to methods of selecting cases for teaching.

8. When supervisors or head nurses and clinical instructors have a clear definition of their roles and responsibilities and have achieved a close working relationship resulting in a free exchange of

ideas between individuals in the clinical areas, persons were more willing to cooperate.

III. RECOMMENDATIONS

The following recommendations for achieving a closer working relationship between nursing service and nursing education based on the study are that:

1. A joint meeting should be held by administrators of nursing service and nursing education once a year for a re-orientation to contracts or agreements and their provisions in relation to nursing service and the educational program.

2. A joint meeting of administrators of nursing service, nursing education, supervisors, head nurses, and clinical instructors should be held once a year to review the overall policies of education.

3. Supervisors, head nurses, and clinical instructors should hold joint meetings with a planned agenda at least once each quarter.

4. Provisions should be made for a free exchange of both written and oral communication. Definite plans should be made for assuring that the communication is received and clearly understood.

5. Consideration should be given to the concept that nursing service administrators, supervisors, and head nurses who are consulted regarding their ideas, beliefs, and suggestions may be more willing to cooperate in, and feel a personal obligation for the actual implementation of a program, when they have had some part in the policy formation within the limits of their orientation.

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APPENDIX A

LETTERS SOLICITING PERMISSION FOR THE PILOT STUDY

Director of Nursing Education

Re: Proposed thesis study

Dear

I am interested in doing a study of the preplanning between nursing service and nursing education in order to implement the laboratory method of clinical teaching. I am hoping to solicit the interest of collegiate programs. The plan in operation at _____ University is one that could contribute to my topic; therefore, I should like to include it in my study as a pilot study.

I intend to use the interview method to secure the data. The time requested for each interview of the personnel involved in both areas should not exceed thirty minutes.

Neither the name of the school nor the names of the personnel will be used in the study.

Any contributions to my study which you can make will be greatly appreciated, and I shall be glad to furnish any additional information which you should request.

Yours very truly,

Alice Henderson, R. N.
Graduate Student, Nursing
University of Colorado

Any assistance you can give Miss Henderson will be greatly appreciated.

Irene Murchison, R. N.
Chairman, Thesis Committee

Director of Nursing Service

Re: Proposed thesis study

Dear

I am interested in doing a study of the preplanning between nursing service and nursing education in order to implement the laboratory method of clinical teaching. I am hoping to solicit the interest of collegiate programs. The plan in operation at _____ University is one that could contribute to my topic; therefore, I should like to include it in my study as a pilot study.

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Yours very truly,

Alice Henderson, R. N.
Graduate Student, Nursing
University of Colorado

Any assistance you can give Miss Henderson will be greatly appreciated.

Irene Murchison, R. N.
Chairman, Thesis Committee

APPENDIX B

LETTERS SOLICITING PERMISSION FOR THE THESIS STUDY

Director of Nursing Education

Re: Proposed thesis study

Dear

I am interested in doing a study of the preplanning between nursing service and nursing education in order to implement the laboratory method of clinical teaching. I am hoping to solicit the interest of two collegiate programs. The plan in operation at the University _____ is one that could contribute to my topic; therefore, I should like to include it in my study.

I intend to use the interview method to secure the data. The time requested for each interview of the personnel involved in both areas should not exceed thirty minutes.

Neither the name of the school nor the names of the personnel will be used in the study.

Any contributions to my study which you can make will be greatly appreciated, and I shall be glad to furnish any additional information which you should request.

Yours very truly,

Alice Henderson, R. N.
Graduate Student, Nursing
University of Colorado

Any assistance you can give Miss Henderson will be greatly appreciated.

Irene Murchison, R. N.
Chairman, Thesis Committee

Director of Nursing Service

Re: Proposed thesis study

Dear

I am interested in doing a study of the preplanning between nursing service and nursing education in order to implement the laboratory method of clinical teaching. I am hoping to solicit the interest of two collegiate programs. The plan in operation at _____ College is one that could contribute to my topic; therefore, I should like to include it in my study.

I intend to use the interview method to secure the data. The time requested for each interview of the personnel involved in both areas should not exceed thirty minutes.

Neither the name of the school nor the names of the personnel will be used in the study.

Any contributions to my study which you can make will be greatly appreciated, and I shall be glad to furnish any additional information which you should request.

Yours very truly,

Alice Henderson, R. N.
Graduate Student, Nursing
University of Colorado

Any assistance you can give Miss Henderson will be greatly appreciated.

Irene Murchison, R. N.
Chairman, Thesis Committee

APPENDIX C

INTERVIEW GUIDES FOR THE PILOT STUDY

NURSING SERVICE ADMINISTRATION

This is a research project to gather data concerning the pre-planning between nursing service and nursing education considered necessary to implement the laboratory method of clinical teaching. It is the purpose of this project to interview the personnel most directly connected with this plan of teaching. Your answers will remain confidential.

1. What are the overall administrative policies which have been set up to provide for student education in the nursing laboratory? Have these policies been set up in cooperation with nursing education? How are these policies implemented?

2. Is a master plan provided for nursing service? How is the information concerning student rotation made available?

3. What provisions have been made for staffing to allow for student assignments? Do you develop the staffing patterns around the number of students coming to the ward? Are you notified of changes in assignments? How far in advance is this notice given?

4. When changes are made in the curriculum how are you acquainted with the new program?

5. How do you transmit this information to the supervisors and head nurses so that they are aware of the contribution of nursing service to the education of students?

NURSING EDUCATION ADMINISTRATION

This is a research project to gather data concerning the pre-planning between nursing service and nursing education considered necessary to implement the laboratory method of clinical teaching. It is the purpose of this project to interview the personnel most directly connected with this plan of teaching. Your answers will remain confidential.

1. What are the overall administrative policies which have been set up to provide for use of practice fields? How are these policies implemented?
2. Is a master plan of student rotations made available to nursing service?
3. What provisions are made, if any, when changes in the rotation schedule are necessary? Is the rotation changed to keep the number of students the same as set up in the master plan? If changes are made in the number of students for laboratory experience, how far in advance is nursing service notified of the changes?
4. When changes are made in the curriculum or overall program how is nursing service made aware of the changes?
5. How do you share your planning of program and curriculum changes with the clinical instructors so that they may carry on the planning on their administrative level?

CLINICAL INSTRUCTORS

This is a research project to gather data concerning the preplanning between nursing service and nursing education considered necessary to implement the laboratory method of clinical teaching. It is the purpose of this project to interview the personnel most directly connected with this plan of teaching. Your answers will remain confidential.

1. What provision has been made for preplanning between the supervisor and head nurse and yourself? Do you have regular meetings? Do you have informal conferences? What do you deal with in each type of meeting?

2. To implement the laboratory system of teaching, what forms, such as the master plan, are provided the supervisor and/or the head nurse so that she will know how many students will be on the ward? How are they made aware of the types of experiences you need for students? What other means of planning is carried out to let the supervisor or head nurse know when the students will be on the ward?

3. What is the role of the supervisor or head nurse in regard to informal teaching and supervision of students on her divisions? Are agreements made between yourself and the supervisor or head nurse, or is there an overall plan regarding nursing services relationship with students?

4. What provisions are made to introduce the supervisor or head nurse to the aims of the educational program and to their

contribution to the program? How do you endeavor to keep them informed?

5. How do you handle changes made in the schedule so that the supervisor or head nurses are aware of them?

SUPERVISORS AND/OR HEAD NURSES

This is a research project to gather data concerning the preplanning between nursing service and nursing education considered necessary to implement the laboratory method of clinical teaching. It is the purpose of this project to interview the personnel most directly connected with this plan of teaching. Your answers will remain confidential.

1. What provisions have been made for preplanning between the clinical instructor and yourself? Do you have regular meetings? Do you have informal conferences? What do you deal with in each type of meeting?

2. What preplanning goes on between the supervisor and/or the head nurse and the clinical instructor regarding assignments of students? Do you know how many students will be coming to the ward? How far in advance are you notified?

3. What role do you have in dealing with the responsibility which the students may have in the absence of the clinical instructor? In meeting the problems and educational needs of the students does the nursing service staff have a responsibility? What evidence do you have that this responsibility is assumed?

4. What provisions have been made to acquaint you with the aims of the educational program and the contributions of nursing service? How are you kept informed?

5. How do you transmit the information to the staff nurses so that they are aware of the aims of the nursing school?

APPENDIX D

RESULTS OF THE PILOT STUDY

SUMMARY OF THE RESPONSES OF NURSING EDUCATION

AND NURSING SERVICE ADMINISTRATORS

I. POLICIES AND IMPLEMENTATION OF POLICIES

*E. The overall policy was a contract signed by the administrators and business management. The university abided by the health policies of the agencies such as tuberculosis and public health. The policies were implemented with the school of nursing and cooperating agencies according to the requirements set up in the contracts between the school and agencies.

*S. The administrator of service was not aware of the contract. The hospital had a responsibility toward education; this was to provide the clinical facilities.

Earlier in the new school of nursing program, nursing service contributed to the philosophy. This has not been a consistent pattern.

Guide lines are provided through an organization between nursing service and nursing education. There was also a coordinating council between nursing service and education. This council met every two months.

II. PLANNING

E. A master plan was used as a guide for student rotation. If the number of students went beyond the number provided in the master plan, an individual class rotation was provided. The rotation was given to nursing service.

S. A master plan was provided to the administrator of nursing service. This arrangement had not always been satisfactory to inform nursing service of the number of students and areas of assignment.

III. COOPERATING

E. After the individual student rotations plans were provided for the quarter, the number of students was kept

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*Key: E. = Education; S. = Service (individuals interviewed from the two services)

the same. Nursing service was notified at least one month in advance if there were to be changes made before the beginning of the quarter.

S. Student assignments did not affect the staffing pattern of the hospital. It may be necessary to take the number of students into account when changing the personnel if some areas were short service personnel. The staffing pattern was not developed around the students; however, both nursing service and education attempted to distribute students to prevent having too many students in one area. The instructors attempted to notify the administrator of service of changes in the schedule. The nursing service department needed to be informed of changes in student schedules at least two weeks in advance.

IV. COORDINATING

E. When changes were made in the overall program or curriculum they were made through a coordinating council. This council consists of the administrator of nursing service, the administrator of nursing education, the dean of the university, the superintendent of the hospital, two faculty members from the university, and two nursing service personnel from the hospital. This was a closed council for discussion or to inform the council of changes and to define needs in relation to the changes made.

In addition to the council there were planned group conferences between nursing service and nursing education in relation to other cooperating agencies outside of the university, to discuss needs of curriculum and changes in the program.

The changes were then referred to an organization of nursing service and education personnel. This council was concerned with curriculum changes. It consisted of administrators of nursing service and education plus all faculty members and head nurses. The council gave nursing service an opportunity to explain changes they had made, and for education to inform nursing service of their responsibilities. This organization advised nursing service of the aims of the collegiate program, what the educational objectives were, and the formal organization of the school. The limitations of nursing service were set forth.

S. There was a need in the area of transmitting sufficient information to nursing service. There must be more interpretation of educational objectives to nursing service. This was forthcoming, possibly, in the coordinating council or the organization of nursing service and nursing education.

V. REPORTING

E. All changes in the educational program were made through group planning in conjunction with the administrator. The curriculum and subcommittees had the authority to institute activity. The faculty members must assume responsibility in the curriculum committees. Each was responsible for determining how general changes affected the area in which she taught. The faculty member discussed the changes she must make with the director who in turn made recommendations to the curriculum committee and implementation was the responsibility of the coordinator and faculty after the committee had voted to accept the changes in the program.

S. The administrator in nursing service transmitted the information regarding curriculum changes to head nurses in weekly meetings. When area supervisors are oriented in the near future, the director will transmit the objectives of education to them who in turn will inform the head nurses.

SUMMARY OF THE RESPONSES OF CLINICAL INSTRUCTORS AND SUPERVISORS OR HEAD NURSES FROM MATERNAL AND CHILD HEALTH

I. POLICIES AND IMPLEMENTATION OF POLICIES

E. The educational coordinator of the service was contacted to ask for clinical facilities. The clinical instructor was introduced to personnel in nursing service and assigned to the medical supervisor. Time was alloted for the clinical instructor to survey the clinical facilities. A report of the findings and how the facilities might be utilized was given to the medical supervisor. She distributed written reports to the service personnel involved. Evaluations, determinations, and suggestions were solicited from all members of nursing service. The survey report and evaluation was then returned to the instructor from the medical supervisor.

Inservice education meetings were held three times with different segments of the nursing service personnel to discuss the philosophy and objectives of education and how the courses were to be taught. Nursing service had the responsibility to be prepared for receiving the students. The instructor's responsibility was to explain the student's background and to teach.

S. The clinical instructor reviewed the facilities and made an evaluation. The medical supervisor reviewed the summary and made recommendations.

To coordinate activities, the meetings were informal. The supervisor and head nurse were available for help as needed. There were no formal meetings. Problems were dealt with as they arose.

II. PLANNING

E. Mimeographed schedules with the exact hours were given to all areas where students would be assigned. This was a weekly, daily, and hour-to-hour schedule for students and was given to nursing service one month before the students were sent to the hospital.

If there was a valuable related experience, the instructor called nursing service and made arrangements or had nursing service schedule the experience.

S. Preplanning regarding assignments, the names and number of students were supplied by means of a mimeographed form.

The training officer oriented the instructor to the clinical facilities, the students are then the responsibility of the instructor, and the hospital only furnished the institution.

The hospital was notified one week in advance when students were coming to the wards.

III. COOPERATING

E. The personnel in nursing service were made aware of the program, teaching needs of the students, and objectives of education. The head nurse, doctors, and instructor made the students' assignments together.

The head nurse was responsible for informal teaching and for setting an example of performance. The student did not engage in any clinical experience until the instructor was present.

There was good rapport between nursing service and education. The head nurse had freedom to criticize any area she chose.

S. The instructor must be with the students at all times. The hospital cannot assume any responsibility for teaching. Nursing service supervision was coordinated with only professional counseling and guidance to the students, unless student performance was contrary to good patient care or contrary to the policy of the hospital; however, nursing service personnel did informal teaching, since the hospital was a teaching institution.

IV. COORDINATING

E. Provisions were made to introduce the supervisor or head nurse to the aims of the educational program. The instructor had a preplanning conference with the students as well as the head nurse to clarify the educational program.

S. Nursing service personnel were only advisory personnel, since the legal requirements of the institution prevented participation in the educational program.

V. REPORTING

E. The instructor made daily rounds to observe how the students functioned, and a daily conference was held with every head nurse. These conferences dealt with changes in the schedule, interpretation, and reinterpretation of students' capabilities, and whether or not an experience was a learning experience.

S. The aims of the school of nursing were transmitted informally to the nursing service staff.

SUMMARY OF THE RESPONSES OF CLINICAL INSTRUCTORS AND SUPERVISORS OR HEAD NURSES FROM MEDICAL AND SURGICAL AREAS

I. POLICIES AND IMPLEMENTATION OF POLICIES

E. The coordinator met with the administrator of nursing service in regard to types of clinical experience needed and the number of students to be assigned. There was also discussion of the aims of education, how to achieve them, and areas where the aims might best be achieved. The administrator of service then contacted supervisors and head nurses.

Nursing education had regular meetings with head nurses before each quarter for evaluation of clinical facilities. The coordinators had informal conferences with the head nurses to discuss whether or not the objectives of education were being achieved. These conferences answered the questions of either nursing service or education and provided a means for suggested improvements.

S. There were no formal provisions for preplanning except through an organization of nursing service and nursing education. This was a limited means of informing nursing service of the objectives of education.

There are no informal conferences about student capabilities except in relation to problems and students who needed additional guidance.

II. PLANNING

E. The head nurses were given a rotation plan which intimately concerned each quarter. The head nurses were also provided written aims and objectives of education.

The type of student experience needed was sought in informal and evaluation conferences at the beginning of each quarter.

A rotation plan was provided nursing service with the names, exact number of students, and the length of time the students would be assigned to each ward. The rotation was provided two or three weeks before the beginning of the next quarter. This information was also provided the administrator of nursing service.

S. A rotation plan is provided at the beginning of the quarter. The instructors choose the patients for student assignments. Occasionally they asked the head nurse about patient assignments if there were no patients available in the area they wished to study.

The head nurse was informed of the number of students coming to the ward about two weeks in advance.

III. COOPERATING

E. Informal teaching was done by the head nurses. The head nurse's role in teaching depended upon the objectives and the academic level of the students. Earlier in the student's experience the clinical instructor had more responsibility, and the head nurse was consulted about the assignments and experience for the students. Later in the experience when the student was learning the duties and function of the head nurse, she was more closely allied to the head nurse.

The personnel in the hospital have a responsibilityfor student education; however, there was no formal structure for this relationship. There was a one-to-one relationship between the clinical instructor and head nurse regarding informal teaching.

If clinical experiences were to be changed, the clinical instructor contacted the coordinator, and she in turn contacted the administrator of service who instituted the change.

S. The clinical instructor did the teaching. The head nurse had a consultant role. She had no responsibility for teaching except informal teaching such as answering questions if the instructor was not present. Team leaders were also consulted if students were assigned to the team, since she was more aware of the student's needs than head nurses.

IV. COORDINATING

E. The coordinating aspect was the same as the planning for student experience.

S. There was no formal provision made to acquaint head nurses of the aims of education.

V. REPORTING

E. Informal conferences have eliminated monthly meetings. The coordinator attended the head nurse meetings on an invitation basis.

S. Communication between head nurses, staff nurses, and the clinical instructors is verbal as well as written, regarding student experience. An overall orientation to the objectives of education would be helpful for the head nurses.

SUMMARY OF THE RESPONSES OF CLINICAL INSTRUCTORS AND SUPERVISORS OR HEAD NURSES FROM PUBLIC HEALTH

I. POLICIES AND IMPLEMENTATION OF POLICIES

E. The clinical instructors met with the director of public health since she was more involved than the supervisors. They also met with the health officer or medical director of the health department. Nursing service and education discussed the program. objectives of the school, what was expected of nursing service and how the school was to participate in field and areas utilized.

A manual of responsibilities was written jointly by the public health agency and the faculty of the school of nursing.

The instructors met with the supervisors and staff to interpret policies and intent of the educational experiences of the students after the written agreement was formulated.

The faculty had meetings once a month with the supervisors. The instructors attended the agency staff meetings once a week. In addition there are many informal conferences concerned with problems, questions of the staff relative to student activity, and about families to which students were assigned.

S. The school of nursing and the agency had several meetings when the program was initiated to write the agreements. The two services discussed the problem of physical facilities, numbers of students, and student rotations.

There were no regular meetings regarding student education; however, instructors came to the regular meetings of the supervisors at least every month. Conferences for interpretation of the service agencies' responsibility were also held. The two areas reviewed policies and practices as the needs arose.

II. PLANNING

E. A master plan was sent to the agency the first day of the student's field experience. This was a day-by-day activity schedule.

The two services planned ahead for appointments with staff nurses for staff nurses to accompany the student once during the experience, as an orientation to the field.

S. The instructor informed the agency of the types of families they needed for student experience. The staff presented the families through the supervisor and turned the family over to the student. The family was turned back to the staff nurse at the end of the service by means of another conference.

The agency was given the number and names of students. This rotation was prepared for one year.

III. COOPERATING

E. The supervisors and staff nurses are responsible for interpretation, consultation, and informal teaching in the absence of the clinical instructor.

S. The service agency had no responsibility to students in regard to education; they supply the service. The agency had staff nurses visit families between student assignments and the staff may alternate with students if the student does not need the learning experience for a full week. The agency staff had a responsibility for home visits by demonstration of care. They also have a responsibility at the child health conferences. If the instructor cannot be there the staff nurse must teach. The staff nurse had some responsibility for teaching to maintain good service to patients; therefore, the two services communicate to provide good patient care.

IV. COORDINATING

E. The instructors had conferences with staff nurses regarding case selection, otherwise staff nurses had no responsibility for student assignments.

S. Nursing education presented the philosophy and objectives of education to the agency. The agency is not held liable for the students. Students are covered by liability insurance from the university and the instructors assume full responsibility for the students.

V. REPORTING

E. Changes made in the schedule were made individually through informal conferences or discussed at staff meetings.

Nursing service and education were free to go to each other regarding changes and schedules.

S. By means of conferences the instructors oriented the staff to the needs of the educational program in relation to the students. This was done through meetings on an individual basis.

The administrator of the agency had interpreted the education program to staff nurses. Too many conferences were considered time consuming so an attempt was made to limit them by interpretation of roles.

APPENDIX E

CHECK LIST AND INTERVIEW GUIDE FOR ADMINISTRATORS

ADMINISTRATION

ORGANIZATION		COMMENTS
I. PHILOSOPHY AND OBJECTIVES		
What is done to achieve a common understanding of the philosophy and objectives of the collegiate program in nursing?		
Nursing service and Nursing education meetings?		
Bulletin of the school of nursing circulated?		
II. CONTRACT		
A. Is there a contract between the university and the hospital?		
B. By whom developed?		
Hospital Administration?		
President of the college?		

INTERPRETATIONS:

C. Are contracts revised between service and education to meet new needs?		
How often?		
When was the last revision made?		
D. Provisions of contract:		
Accreditation of the hospital.		
Accreditation of the educational institution.		
Hospital to protect welfare of the patient.		
Education institution to be responsible for the student.		
Are limitations imposed:		
On the number of students		
On the number and kinds of wards.		

III. POLICIES		COMMENTS
A. Master rotation available?		
By whom developed?		
A representative of nursing education?		
A representative of nursing service?		
Both?		
How far in advance is it made available?		
Does it provide a rotation plan for:		
Each student		
Single class		
For all classes		
If a student withdraws is the master rotation changed?		
Is the director of nursing service notified?		
By whom:		
Administrator of the educational unit:		
Clinical instructor		

IV. MEETINGS		COMMENTS
Is the director of nursing service a member of the faculty committee?		
Are meetings held between nursing service and nursing education?		
Regular meetings?		
Called as necessary		
Is there a coordinating council between nursing service and nursing education?		
If so who composes this council?		
Are meetings held to inform?		
Supervisors and head nurses.		
Clinical instructors.		

APPENDIX F

CHECK LIST AND INTERVIEW GUIDE FOR CLINICAL INSTRUCTORS, SUPERVISORS AND HEAD NURSES

CLINICAL INSTRUCTORS, SUPERVISORS, HEAD NURSES

I. PHILOSOPHY AND OBJECTIVES:		COMMENTS
What is done to achieve a common understanding of the philosophy and objectives of the school of nursing?		
Meetings with the clinical instructors.		
Meetings with supervisors and head nurses.		
Informal discussions.		
With whom?		
Is a bulletin of the school of nursing made available to nursing service?		
Are the philosophy and objectives made known to nursing service in any other way?		

INTERPRETATIONS:

II. IMPLEMENTATION OF POLICIES THROUGH PLANNING		COMMENTS
A. Is the master rotation available to:		
Clinical instructor		
Supervisor		
Head nurse		
Who notifies supervisors and/or head nurses of the number and names of students assigned?		
If a student withdraws are you notified?		
By whom:		
Administrator of educational unit.		
Clinical instructor		
B. Appraisal of resources for teaching:		
The clinical instructor and supervisor or head nurse meet together to discuss case selection		

The supervisor or head nurse alerts the instructor to cases for teaching.		
The instructor selects cases for teaching and notifies supervisors or head nurses.		
C. Assignments:		
Does the supervisor or head nurse assist with assignments?		
What is the method of assignment?		
Around staff assignments		
For educational value only		
Are changes in assignments discussed with:		
Supervisor		
Head nurse		

IV. MEETINGS:		COMMENTS
Are there joint meetings between clinical instructors and supervisors or head nurses centering around education?		
Do supervisors and head nurses attend faculty meetings?		
Do faculty attend supervisors and head nurse meetings?		
Are there informal conferences?		
Conferences regarding student capabilities:		
With supervisors		
With head nurses		
With clinical instructors		
Do persons in nursing service have an opportunity to make suggestions regarding education?		
In what way?		